

1 AN ACT to create the Health Care Justice Act.

2 Be it enacted by the People of the State of Illinois,
3 represented in the General Assembly:

4 Section 1. Short title. This Act may be cited as the
5 Health Care Justice Act.

6 Section 5. Legislative findings. The General Assembly
7 recognizes that an estimated 1,800,000 Illinoisans are
8 without health insurance, a growing number of Illinoisans are
9 under-insured, the consumer's share of the cost of health
10 insurance is growing, coverage in benefit packages is
11 decreasing, and record numbers of consumer complaints are
12 lodged against managed care companies regarding access to
13 necessary health care services. The General Assembly
14 believes that the State must work to assure access to quality
15 health care for all residents of Illinois, and at the same
16 time, the State must contain health care costs while
17 maintaining and improving the quality of health care. The
18 General Assembly finds that community-based primary health
19 care services provided by a wide range of qualified health
20 care providers is the most effective way to achieve the
21 health and well-being of residents of Illinois.

22 Section 10. Policy. It is the policy of the State of
23 Illinois to insure that all residents have access to quality
24 health care at costs that are affordable.

25 Section 15. Health care access plan. On or before
26 January 1, 2007, the State of Illinois shall implement a
27 health care access plan that does the following:

28 (1) provides access to a full range of preventive,
29 acute, and long-term health care services;

1 (2) maintains and improves the quality of health
2 care services offered to Illinois residents;

3 (3) provides portability of coverage, regardless of
4 employment status;

5 (4) provides uniform benefits for all Illinois
6 residents;

7 (5) encourages regional and local consumer
8 participation in decisions about health care delivery,
9 financing, and provider supply;

10 (6) controls capital and overall expenditures;

11 (7) provides global budgeting for health care
12 providers;

13 (8) avoids unnecessary duplication in the
14 development and availability of health care facilities
15 and services;

16 (9) provides a mechanism for reviewing and
17 implementing multiple approaches to preventive medicine
18 based on new technologies; and

19 (10) implements comprehensive health planning tied
20 to a unified State health care budget.

21 Section 20. Bipartisan Health Care Reform Commission.

22 There is created a Bipartisan Health Care Reform Commission.

23 The Commission shall consist of 30 members including the

24 Director of the Department of Public Health or his designee,

25 the Director of the Department on Aging or his designee, the

26 Director of the Department of Public Aid or his designee, the

27 Director of the Department of Insurance or his designee, and

28 3 members from the Department of Human Services, including

29 the Secretary of Human Services or his designee, the Director

30 of the Division of Community Health and Prevention or his

31 designee, and the Director of the Division of Disability and

32 Behavioral Health Services, or his designee, all of whom

33 shall be ex-officio non-voting members. Voting members of

1 the Commission shall include 2 members appointed by the
2 President of the Senate, 2 members appointed by the Minority
3 Leader of the Senate, 2 members appointed by the Speaker of
4 the House of Representatives, and 2 members appointed by the
5 Minority Leader of the House of Representatives. The
6 remaining 15 members shall be appointed by the Governor and
7 shall include health care consumers, advocates for health
8 care consumers, health care providers, health policy
9 analysts, representatives from organized labor,
10 representatives from the business community, economists, and
11 a representative from a statewide advocacy organization for
12 persons with disabilities. Physicians, nurses, social
13 workers, and health care administrators shall have
14 representation on the Commission. Appointment of members of
15 the Commission shall ensure proportional representation with
16 respect to geography, ethnicity, race, gender, and age. The
17 Commission shall have a chairman and a vice-chairman who
18 shall be elected by the voting members at the first meeting
19 of the Commission. The members of the Commission shall be
20 appointed within 90 days after the effective date of this
21 Act. The Departments of State government represented on the
22 Commission shall work cooperatively to provide administrative
23 support for the Commission.

24 Section 25. Public hearings and preliminary report.

25 (a) The Commission shall seek public input on the
26 development of the health care access plan by holding at
27 least 10 public hearings in different geographic locations in
28 the State, including urban, rural, suburban, and small city
29 sites between January 2, 2004, and September 1, 2004. The
30 Commission may also consult with health care providers,
31 health care consumers, and other appropriate individuals and
32 organizations to assist in the development of the health care
33 access plan.

1 (b) Not later than April 1, 2004, the Illinois
2 Department of Public Health, using a public request for
3 proposals process, shall contract with an independent
4 research entity experienced in assessing health care reforms,
5 health care financing, and health care delivery models. The
6 research entity shall be required to review issues and
7 information from the public hearings described in this
8 Section and analyze various health care plan options.

9 (c) The research entity shall be required to submit a
10 report on the public hearings and an analysis of health care
11 plan options to the Department of Public Health no later than
12 February 1, 2005. Copies of the report shall be sent to the
13 members of the General Assembly, the Governor, and the
14 Commission.

15 Section 30. Public hearings and final report. Following
16 the submission of the report by the research entity, the
17 Commission shall hold 10 additional public hearings in
18 different geographic locations in the State, including urban,
19 rural, suburban, and small city sites to obtain public input
20 in the development of the final health care access plan.
21 These hearings shall be held between April 1, 2005 and
22 October 31, 2005. The Commission shall also ensure that
23 residents throughout the State of Illinois are informed about
24 the different plan proposals under consideration including
25 the content of each of the plan proposals and the impact each
26 may have on the quality and availability of health care in
27 Illinois.

28 No later than February 1, 2006, the Commission shall
29 submit its final report on the health care access plan to the
30 General Assembly and the Governor. The final report may
31 recommend more than one type of plan and alternative methods
32 of funding the plan. The final report by the Commission shall
33 make recommendations that shall be the basis for a health

1 care access plan or plans that provide access to a full range
2 of preventive, acute, and long-term health care services to
3 residents of the State of Illinois by January 1, 2007,
4 including:

5 (1) an integrated system or systems of health care
6 delivery;

7 (2) incentives to be used to contain costs and
8 direct resources;

9 (3) uniform benefits that would be provided under
10 each type of plan;

11 (4) reimbursement mechanisms for health care
12 providers;

13 (5) administrative efficiencies;

14 (6) mechanisms for generating spending priorities
15 based on multidisciplinary standards of care established
16 by verifiable replicated research studies demonstrating
17 quality and cost effectiveness of interventions,
18 providers, and facilities;

19 (7) mechanisms for applying and implementing the
20 unified health care budget on a statewide basis to all
21 sectors of the health care system;

22 (8) methods for reducing the cost of prescription
23 drugs both as part of, and as separate from, the health
24 care access plan;

25 (9) appropriate reallocation of existing health
26 care resources;

27 (10) equitable financing of each proposal; and

28 (11) recommendations concerning the delivery of
29 long-term care services, including:

30 (A) those currently covered under Title XIX of
31 the Social Security Act;

32 (B) recommendations on potential cost sharing
33 arrangements for long-term care services and the
34 phasing in of such arrangements over time;

1 (C) consideration of the potential for
2 utilizing informal care-giving by friends and family
3 members;

4 (D) recommendations on cost-containment
5 strategies for long-term care services;

6 (E) the possibility of using independent
7 financing for the provision of long-term care
8 services; and

9 (F) the projected cost to the State of
10 Illinois over the next 20 years if no changes were
11 made in the present system of delivering and paying
12 for long-term care services.

13 The final report shall also include findings from the
14 public hearings held by the Commission between April 1, 2005,
15 and October 31, 2005. In addition, the Commission shall
16 present in its final report the range of services that would
17 be available under each plan proposal if there were to be no
18 increase, beyond inflation, in the total gross health care
19 expenditures in Illinois as determined by the Commission for
20 the first year that the health care access plan would be in
21 effect. The plan proposals shall also address any
22 anticipated or actual changes in federal policies regarding
23 the availability and cost of health care and assess their
24 adequacy for achieving the goals of this Act. The Commission
25 shall consult with the Illinois Department on Aging in
26 developing its recommendations on long-term care services.

27 Section 35. Effective Date. This Act takes effect upon
28 becoming law.