



Sen. Barack Obama

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LRB093 06262 WGH 50425 a

1 AMENDMENT TO HOUSE BILL 2268

2 AMENDMENT NO. _____. Amend House Bill 2268, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

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

7 Section 5. Legislative findings. The General Assembly
8 recognizes that the U.S. census reported that on any given day
9 an estimated 1,800,000 Illinoisans are without health
10 insurance, and according to a March 2003 Robert Wood Johnson
11 study, nearly 30% of the non-elderly Illinois population
12 (3,122,000) during all or a large part of 2001 or 2002 were
13 uninsured; a growing number of Illinoisans are under-insured,
14 the consumer's share of the cost of health insurance is
15 growing, coverage in benefit packages is decreasing, and record
16 numbers of consumer complaints are lodged against managed care
17 companies regarding access to necessary health care services.
18 The General Assembly believes that the State must work to
19 assure access to quality health care for all residents of
20 Illinois, and at the same time, the State must contain health
21 care costs while maintaining and improving the quality of
22 health care. The General Assembly finds that community-based
23 primary health care services provided by a wide range of
24 qualified health care providers is the most effective way to

1 achieve the health and well-being of residents of Illinois.

2 Section 10. Policy. It is a policy goal of the State of
3 Illinois to insure that all residents have access to quality
4 health care at costs that are affordable.

5 Section 15. Health care access plan. On or before July 1,
6 2007, the State of Illinois is strongly encouraged to implement
7 a health care access plan that does the following:

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

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

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

14 (4) provides core benefits for all Illinois residents;

15 (5) encourages regional and local consumer
16 participation;

17 (6) contains cost-containment measures;

18 (7) provides a mechanism for reviewing and
19 implementing multiple approaches to preventive medicine
20 based on new technologies; and

21 (8) promotes affordable coverage options for the small
22 business market.

23 Section 20. Adequate Health Care Task Force. There is
24 created an Adequate Health Care Task Force. The Task Force
25 shall consist of 24 members, including the Director of Public
26 Health or his or her designee, the Director of Aging or his or
27 her designee, the Director of Public Aid or his or her
28 designee, the Director of Insurance or his or her designee, and
29 the Secretary of Human Services or his or her designee, all of
30 whom shall be ex-officio non-voting members. The remaining 19
31 members of the Task Force shall be voting members and shall be

1 appointed by the Governor, one from each congressional district
2 in Illinois. These voting members shall be appointed to include
3 representation of health care consumers, advocates for health
4 care consumers, health care providers, health policy analysts,
5 organized labor, the business community or a business
6 association, economists, a statewide advocacy organization for
7 persons with disabilities, physicians, nurses, social workers,
8 a hospital or hospital network or association, an insurer or
9 insurance group, and health care administrators. Appointment
10 of members of the Task Force shall ensure proportional
11 representation with respect to geography, ethnicity, race,
12 gender, and age. The Task Force shall have a chairman and a
13 vice-chairman who shall be elected by the voting members at the
14 first meeting of the Task Force. The members of the Task Force
15 shall be appointed within 30 days after the effective date of
16 this Act. The departments of State government represented on
17 the Task Force shall work cooperatively to provide
18 administrative support for the Task Force; the Department of
19 Public Health shall be the primary agency in providing that
20 administrative support.

21 Section 25. Public hearings.

22 (a) The Task Force shall seek public input on the
23 development of the health care access plan by holding a public
24 hearing in each Illinois congressional district starting no
25 later than January 1, 2005 and ending on November 30, 2005.
26 Each State Representative and State Senator located in each
27 such congressional district shall be invited to participate in
28 the hearing in that district and help to gather input from
29 interested parties. A web site for the Task Force shall be
30 developed and linked to the Governor's home page for input to
31 be provided and to keep the public informed. The Task Force's
32 web site shall be specifically highlighted and have independent
33 pages reporting all activities and linkages for people to

1 access. Minutes from all of the Task Force's meetings shall be
2 available on the web site, and a hard copy of this information
3 shall also be made available for those persons without access
4 to the Task Force's web site. The Task Force may also consult
5 with health care providers, health care consumers, and other
6 appropriate individuals and organizations to assist in the
7 development of the health care access plan.

8 (b) Not later than September 1, 2004, the Illinois
9 Department of Public Health, subject to appropriation or the
10 availability of other funds for such purposes and using a
11 public request for proposals process, shall contract with an
12 independent research entity experienced in assessing health
13 care reforms, health care financing, and health care delivery
14 models. Upon the request of at least one-fourth of the Task
15 Force members, the research entity shall be available to the
16 Task Force for the purpose of assessing financial costs and the
17 different health care models being discussed. All inquiries
18 made by Task Force members to the independent research entity
19 shall be made available on the Task Force's web site.

20 Section 30. Final report. No later than March 15, 2006, the
21 Task Force shall submit its final report on the health care
22 access plan to the General Assembly and the Governor. The final
23 report may recommend a combination of more than one type of
24 plan and alternative methods of funding the plan. The final
25 report by the Task Force shall make recommendations for a
26 health care access plan or plans that would provide access to a
27 full range of preventive, acute, and long-term health care
28 services to residents of the State of Illinois by July 1, 2007,
29 including:

30 (1) an integrated system or systems of health care
31 delivery;

32 (2) incentives to be used to contain costs;

33 (3) core benefits that would be provided under each

1 type of plan;

2 (4) reimbursement mechanisms for health care
3 providers;

4 (5) administrative efficiencies;

5 (6) mechanisms for generating spending priorities
6 based on multidisciplinary standards of care established
7 by verifiable replicated research studies demonstrating
8 quality and cost effectiveness of interventions,
9 providers, and facilities;

10 (7) methods for reducing the cost of prescription drugs
11 both as part of, and as separate from, the health care
12 access plan;

13 (8) appropriate reallocation of existing health care
14 resources;

15 (9) equitable financing of each proposal; and

16 (10) recommendations concerning the delivery of
17 long-term care services, including:

18 (A) those currently covered under Title XIX of the
19 Social Security Act;

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

23 (C) consideration of the potential for utilizing
24 informal care-giving by friends and family members;

25 (D) recommendations on cost-containment strategies
26 for long-term care services;

27 (E) the possibility of using independent financing
28 for the provision of long-term care services; and

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

33 Section 35. Further legislative action. No later than

1 December 31, 2006, the General Assembly is strongly encouraged
2 to vote on legislation that either enacts the Task Force's
3 recommendation or provides for another health care access plan
4 that meets the criteria set forth in Section 15.

5 Section 99. This Act takes effect July 1, 2004.".