



Sen. Dale A. Righter

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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 citizens 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.

23 Section 10. Policy. It is a policy goal of the State of

1 Illinois to insure that all citizens have access to quality
2 health care at costs that are affordable.

3 Section 15. Adequate Health Care Task Force. There is
4 created an Adequate Health Care Task Force. The Task Force
5 shall consist of 29 members, including the Director of Public
6 Health or his or her designee, the Director of Aging or his or
7 her designee, the Director of Public Aid or his or her
8 designee, the Director of Insurance or his or her designee, and
9 the Secretary of Human Services or his or her designee, all of
10 whom shall be ex-officio voting members. Of the remaining 24
11 members, 6 shall be appointed by the President of the Senate, 6
12 shall be appointed by the Minority Leader of the Senate, 6
13 shall be appointed by the Speaker of the House of
14 Representatives, and 6 shall be appointed by the Minority
15 Leader of the House of Representatives. The voting members
16 should include a broad representation of health care consumers,
17 advocates for health care consumers, health care providers,
18 health policy analysts, organized labor, the business
19 community or a business association, economists, a statewide
20 advocacy organization for persons with disabilities,
21 physicians, nurses, social workers, a hospital or hospital
22 network or association, an insurer or insurance group, an
23 insurance agent or broker, and health care administrators.
24 Appointment of members of the Task Force shall ensure
25 proportional representation with respect to geography,
26 ethnicity, race, gender, and age. The Task Force shall have a
27 chairman and a vice-chairman who shall be elected by the voting
28 members at the first meeting of the Task Force. The members of
29 the Task Force shall be appointed within 30 days after the
30 effective date of this Act. The departments of State government
31 represented on the Task Force shall work cooperatively to
32 provide administrative support for the Task Force; the
33 Department of Public Health shall be the primary agency in

1 providing that administrative support.

2 Section 20. Public hearings.

3 (a) The Task Force shall seek public input on the
4 development of a plan for the cost-effective delivery of health
5 care by holding at least 5 hearings starting no later than
6 January 1, 2005 and ending on November 30, 2005. Each State
7 Representative and State Senator shall be invited to
8 participate in the hearing and help to gather input from
9 interested parties. A web site for the Task Force shall be
10 developed and linked to the General Assembly's home page and
11 the Governor's home page for input to be provided and to keep
12 the public informed. The Task Force's web site shall be
13 specifically highlighted and have independent pages reporting
14 all activities and linkages for people to access. Minutes from
15 all of the Task Force's meetings shall be available on the web
16 site, and a hard copy of this information shall also be made
17 available for those persons without access to the Task Force's
18 web site. The Task Force may also consult with health care
19 providers, health care consumers, and other appropriate
20 individuals and organizations to assist in the study.

21 (b) Not later than September 1, 2004, the Illinois
22 Department of Public Health, subject to appropriation or the
23 availability of other funds for such purposes and using a
24 public request for proposals process, shall contract with an
25 independent research entity experienced in assessing health
26 care reforms, health care financing, and health care delivery
27 models. Upon the request of at least one-fourth of the Task
28 Force members, the research entity shall be available to the
29 Task Force for the purpose of assessing financial costs and the
30 different health care models being discussed. All inquiries
31 made by Task Force members to the independent research entity
32 shall be made available on the Task Force's web site.

1 Section 25. Final report. No later than March 15, 2006, the
2 Task Force shall submit its final report, containing options
3 for the cost-effective delivery of health care, to the General
4 Assembly and the Governor. The final report may recommend a
5 combination of more than one type of plan and alternative
6 methods of funding the plan. The final report by the Task Force
7 may offer recommendations for the cost-effective delivery of
8 health care that would provide access to a full range of
9 preventive, acute, and long-term health care services to
10 citizens of the State of Illinois by July 1, 2007. The final
11 report of the Task Force may evaluate the following:

12 (1) an integrated system or systems of health care
13 delivery;

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

15 (3) benefits that would be provided under each type of
16 plan;

17 (4) reimbursement mechanisms for health care
18 providers;

19 (5) administrative efficiencies of public or
20 State-sponsored health care programs;

21 (6) mechanisms for generating spending priorities
22 based on multidisciplinary standards of care established
23 by verifiable replicated research studies demonstrating
24 quality and cost effectiveness of interventions,
25 providers, and facilities;

26 (7) methods for reducing the cost of prescription drugs
27 both as part of, and as separate from, the delivery of
28 health care;

29 (8) analysis of the allocation of existing health care
30 resources;

31 (9) equitable financing of each proposal; and

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

34 (A) those currently covered under Title XIX of the

1 Social Security Act;

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

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

7 (D) recommendations on cost-containment strategies
8 for long-term care services;

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

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

15 (11) the maintenance and improvement of the quality of
16 health care services offered to Illinois citizens;

17 (12) providing for the portability of coverage,
18 regardless of employment status;

19 (13) encouraging regional and local consumer
20 participation;

21 (14) providing a mechanism for reviewing and
22 implementing multiple approaches to preventive medicine
23 based on new technologies; and

24 (15) promoting affordable coverage options for
25 Illinois employees including consumer-driven models.

26 Section 30. Cost Analysis. A thorough cost analysis of each
27 recommendation of the Task Force must be included in the final
28 report.

29 Section 35. Further legislative action. No later than
30 December 31, 2006, the General Assembly may consider
31 legislation addressing the recommendations of the Task Force.

1 Section 99. Effective date. This Act takes effect July 1,
2 2004.".