



**93RD GENERAL ASSEMBLY**  
**State of Illinois**  
**2003 and 2004**

Introduced 2/4/2004, by Barack Obama, Vince Demuzio, Debbie DeFrancesco Halvorson

**SYNOPSIS AS INTRODUCED:**

New Act

Creates the Health Care Justice Act. Provides that by July 1, 2007, the State of Illinois shall implement a health care access plan that provides access to a full range of preventive, acute, and long-term health care services and contains other features. Establishes the Adequate Health Care Task Force with members appointed by the Governor. Provides for public hearings and requires a final report from the Task Force by March 15, 2006. Requires enactment of legislation by December 31, 2006. Effective July 1, 2004.

LRB093 17705 DRJ 43382 b

FISCAL NOTE ACT  
MAY APPLY

1 AN ACT concerning health care.

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 Health  
5 Care Justice Act.

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

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

28 Section 15. Health care access plan. On or before July 1,  
29 2007, the State of Illinois shall implement a health care  
30 access plan that does the following:

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

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

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

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

8 (5) encourages regional and local consumer  
9 participation;

10 (6) contains cost-containment measures;

11 (7) provides a mechanism for reviewing and  
12 implementing multiple approaches to preventive medicine  
13 based on new technologies; and

14 (8) promotes affordable coverage options for the small  
15 business market.

16 Section 20. Adequate Health Care Task Force. There is  
17 created an Adequate Health Care Task Force. The Task Force  
18 shall consist of 24 members, including the Director of Public  
19 Health or his or her designee, the Director of Aging or his or  
20 her designee, the Director of Public Aid or his or her  
21 designee, the Director of Insurance or his or her designee, and  
22 the Secretary of Human Services or his or her designee, all of  
23 whom shall be ex-officio non-voting members. The remaining 19  
24 members of the Task Force shall be voting members and shall be  
25 appointed by the Governor, one from each congressional district  
26 in Illinois. These voting members shall be appointed to include  
27 representation of health care consumers, advocates for health  
28 care consumers, health care providers, health policy analysts,  
29 organized labor, the business community or a business  
30 association, economists, a statewide advocacy organization for  
31 persons with disabilities, physicians, nurses, social workers,  
32 a hospital or hospital network or association, an insurer or  
33 insurance group, and health care administrators. Appointment  
34 of members of the Task Force shall ensure proportional  
35 representation with respect to geography, ethnicity, race,

1 gender, and age. The Task Force shall have a chairman and a  
2 vice-chairman who shall be elected by the voting members at the  
3 first meeting of the Task Force. The members of the Task Force  
4 shall be appointed within 30 days after the effective date of  
5 this Act. The departments of State government represented on  
6 the Task Force shall work cooperatively to provide  
7 administrative support for the Task Force, with the Department  
8 of Public Health taking the lead.

9 Section 25. Public hearings.

10 (a) The Task Force shall seek public input on the  
11 development of the health care access plan by holding a public  
12 hearing in each Illinois congressional district starting no  
13 later than January 1, 2005 and ending on November 30, 2005.  
14 Each State Representative and State Senator located in each  
15 such congressional district shall host or otherwise involve  
16 themselves in the hearing in that district and help to gather  
17 input. A web site for the Task Force shall be developed and  
18 linked to the General Assembly's home page and the Governor's  
19 home page for input to be provided and to keep the public  
20 informed. The Task Force's web site shall be specifically  
21 highlighted and have independent pages reporting all  
22 activities and linkages for people to access. Minutes from all  
23 of the Task Force's meetings shall be available on the web  
24 site, and a hard copy of this information shall also be made  
25 available for those persons without access to the Task Force's  
26 web site. The Task Force may also consult with health care  
27 providers, health care consumers, and other appropriate  
28 individuals and organizations to assist in the development of  
29 the health care access plan.

30 (b) Not later than September 1, 2004, the Illinois  
31 Department of Public Health, subject to appropriation or the  
32 availability of other funds for such purposes and using a  
33 public request for proposals process, shall contract with an  
34 independent research entity experienced in assessing health  
35 care reforms, health care financing, and health care delivery

1 models. Upon the request of at least one-fourth of the Task  
2 Force members, the research entity shall be available to the  
3 Task Force for the purpose of assessing financial costs and the  
4 different health care models being discussed. All inquiries  
5 made by Task Force members to the independent research entity  
6 shall be made available on the Task Force's web site.

7 Section 30. Final report. No later than March 15, 2006, the  
8 Task Force shall submit its final report on the health care  
9 access plan to the General Assembly and the Governor. The final  
10 report may recommend a combination of more than one type of  
11 plan and alternative methods of funding the plan. The final  
12 report by the Task Force shall make recommendations that shall  
13 be the basis for a health care access plan or plans that shall  
14 attempt to answer all or some of the following issues that  
15 would provide access to a full range of preventive, acute, and  
16 long-term health care services to residents of the State of  
17 Illinois by July 1, 2007, including:

18 (1) an integrated system or systems of health care  
19 delivery;

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

21 (3) core benefits that would be provided under each  
22 type of plan;

23 (4) reimbursement mechanisms for health care  
24 providers;

25 (5) administrative efficiencies;

26 (6) mechanisms for generating spending priorities  
27 based on multidisciplinary standards of care established  
28 by verifiable replicated research studies demonstrating  
29 quality and cost effectiveness of interventions,  
30 providers, and facilities;

31 (7) methods for reducing the cost of prescription drugs  
32 both as part of, and as separate from, the health care  
33 access plan;

34 (8) appropriate reallocation of existing health care  
35 resources;

- 1           (9) equitable financing of each proposal; and
- 2           (10) recommendations concerning the delivery of
- 3 long-term care services, including:
- 4           (A) those currently covered under Title XIX of the
- 5 Social Security Act;
- 6           (B) recommendations on potential cost sharing
- 7 arrangements for long-term care services and the
- 8 phasing in of such arrangements over time;
- 9           (C) consideration of the potential for utilizing
- 10 informal care-giving by friends and family members;
- 11           (D) recommendations on cost-containment strategies
- 12 for long-term care services;
- 13           (E) the possibility of using independent financing
- 14 for the provision of long-term care services; and
- 15           (F) the projected cost to the State of Illinois
- 16 over the next 20 years if no changes were made in the
- 17 present system of delivering and paying for long-term
- 18 care services.

19           Section 35. Further legislative action. No later than

20 December 31, 2006, the General Assembly shall vote on

21 legislation that either enacts the Task Force's recommendation

22 or provides for another health care access plan that meets the

23 criteria set forth in Section 15.

24           Section 99. Effective Date. This Act takes effect on July

25 1, 2004.