

HOUSE BILL No. 6006

April 26, 2006, Introduced by Reps. Murphy, Gonzales, Zelenko, Condino, Polidori, Hopgood, Sheltroun, Ball, Kahn, Vagnozzi, Clack, Farrah, Plakas, Leland, Kathleen Law, Alma Smith, Gaffney, Cushingberry, Bieda, Lemmons, III, Espinoza and Gleason and referred to the Committee on Health Policy.

A bill to create an adequate health care task force; and to provide for a report.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1. (1) There is created an adequate health care task
2 force. The task force shall consist of 29 voting members appointed
3 as follows:

4 (a) Five members appointed by the governor.

5 (b) Six members appointed by the senate majority leader.

6 (c) Six members appointed by the senate minority leader.

7 (d) Six members appointed by the speaker of the house of
8 representatives.

9 (e) Six members appointed by the minority leader of the house
10 of representatives.

11 (2) The task force shall have a chairperson and vice-

1 chairperson who shall be elected by the voting members at the first
2 meeting of the task force.

3 (3) The director of the department of community health or his
4 or her designee, the director of the office of services to the
5 aging or his or her designee, the director of the department of
6 human services or his or her designee, and the commissioner of the
7 office of financial and insurance services or his or her designee
8 shall represent their respective departments and offices and shall
9 be invited to attend task force meetings, but shall not be members
10 of the task force. The members of the task force shall be appointed
11 by August 1, 2006. The departments and offices of state government
12 represented on the task force shall work cooperatively to provide
13 administrative support for the task force, with the department of
14 community health acting as the primary agency in providing that
15 administrative support.

16 Sec. 3. (1) The task force shall seek public input on the
17 development of a health care access plan by holding a public
18 hearing in each Michigan congressional district starting no later
19 than January 1, 2007 and ending on November 30, 2007. Each state
20 representative and state senator located in each congressional
21 district shall be invited to participate in the hearing in that
22 district and help to gather input from interested parties. A
23 website for the task force shall be developed and linked to the
24 governor's homepage for input to be provided and to keep the public
25 informed. The task force's website shall be specifically
26 highlighted and have independent pages reporting all activities and
27 linkages for people to access. Minutes from all of the task force's

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

7 (2) Not later than September 1, 2006, the department of
8 community health, subject to appropriation or the availability of
9 other funds for such purposes and using a public request for
10 proposals process, shall contract with an independent research
11 entity experienced in assessing health care reforms, health care
12 financing, and health care delivery models. Upon the request of at
13 least 1/4 of the task force members, the research entity shall be
14 available to the task force for the purpose of assessing financial
15 costs and the different health care models being discussed. All
16 inquiries made by task force members to the independent research
17 entity shall be made available on the task force's website.

18 Sec. 5. No later than March 15, 2008, the task force shall
19 submit its final report on a health care access plan to the
20 legislature and the governor. The final report may recommend a
21 combination of more than 1 type of plan and alternative methods of
22 funding the plan. The final report by the task force shall make
23 recommendations for a health care access plan or plans that would
24 provide access to a full range of preventive, acute, and long-term
25 health care services to residents of this state by July 1, 2009,
26 including all of the following:

27 (a) An integrated system or systems of health care delivery.

1 (b) Incentives to be used to contain costs.

2 (c) Core benefits that would be provided under each type of
3 plan.

4 (d) Reimbursement mechanisms for health care providers.

5 (e) Administrative efficiencies.

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

10 (g) Methods for reducing the cost of prescription drugs both
11 as part of, and as separate from, the health care access plan.

12 (h) Appropriate reallocation of existing health care
13 resources.

14 (i) Equitable financing of each proposal.

15 (j) Recommendations concerning the delivery of long-term care
16 services, including:

17 (i) Those currently covered under title XIX of the social
18 security act, 42 USC 1396 to 1396v.

19 (ii) Recommendations on potential cost-sharing arrangements for
20 long-term care services and the phasing in of such arrangements
21 over time.

22 (iii) Consideration of the potential for utilizing informal
23 caregiving by friends and family members.

24 (iv) Recommendations on cost-containment strategies for long-
25 term care services.

26 (v) The possibility of using independent financing for the
27 provision of long-term care services.

1 (vi) The projected cost to this state over the next 20 years if
2 no changes were made in the present system of delivering and paying
3 for long-term care services.

4 Sec. 7. No later than December 31, 2008, the legislature is
5 strongly encouraged to vote on legislation that either enacts the
6 task force's recommendation or provides for another health care
7 access plan that meets all of the following:

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

10 (b) Maintains and improves the quality of health care services
11 offered to Michigan residents.

12 (c) Provides portability of coverage, regardless of employment
13 status.

14 (d) Provides core benefits for all Michigan residents.

15 (e) Encourages regional and local consumer participation.

16 (f) Contains cost-containment measures.

17 (g) Provides a mechanism for reviewing and implementing
18 multiple approaches to preventive medicine based on new
19 technologies.

20 (h) Promotes affordable coverage options for the small
21 business market.

22 Sec. 9. This act takes effect July 1, 2006.