

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007

H

D

HOUSE DRH80360-LN-163 (3/5)

Short Title: Health Care for All Planning Commission.

(Public)

Sponsors: Representative Insko.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE NORTH CAROLINA HEALTH CARE FOR ALL
PLANNING COMMISSION.

The General Assembly of North Carolina enacts:

SECTION 1.(a) Commission Established. – There is established the North Carolina Health Care for All Planning Commission ("Commission"). The purpose of the Commission is to conduct a comprehensive review of the current health care system in North Carolina and make recommendations to the General Assembly on moving from a fragmented system to an integrated system of public and private health care services such that all North Carolinians have access to appropriate health care on a regular basis.

SECTION 1.(b) Membership. – The Commission shall consist of 17 members, appointed as follows:

- (1) Two members of the House of Representatives appointed by the Speaker of the House of Representatives.
- (2) Two members of the Senate appointed by the President Pro Tempore of the Senate.
- (3) The Governor shall appoint nine members. The Governor shall select appointees after public solicitation and receipt of applications from interested parties. In making the appointments, the Governor shall consider the gender, ethnic, and racial distribution of the population of North Carolina:
 - a. One member representing the health insurance industry in the State.
 - b. One member representing hospitals licensed in this State.
 - c. Two members representing employers, one of whom represents employers with fewer than 25 employees and one of whom represents employers with 25 or more employees.

- 1 d. Two members of the general public with demonstrated interest
- 2 in health coverage for all North Carolinians.
- 3 e. Two health care practitioners licensed to practice in this State.
- 4 f. One member representing health services policy experts.
- 5 (4) The following shall serve ex officio:
- 6 a. The Cochairs of the House of Representatives Appropriations
- 7 Subcommittee on Health and Human Services, and the Cochairs
- 8 of the Senate Appropriations Committee on Health and Human
- 9 Services.
- 10 b. The Secretary of Health and Human Services.
- 11 c. The Commissioner of Insurance, or the Commissioner's
- 12 designee.
- 13 d. The Executive Director of the Teachers' and State Employees'
- 14 Comprehensive Major Medical Plan, or the Executive Director's
- 15 designee.

16 **SECTION 1.(c)** Vacancies in Membership. – Vacancies on the Commission
17 shall be filled by the original appointing authority as provided in this section.

18 **SECTION 1.(d)** Cochair appointment. – The Speaker of the House of
19 Representatives, the President Pro Tempore of the Senate, and the Governor, shall each
20 name one cochair of the Commission.

21 **SECTION 1.(e)** Public Input and Reports. – The agenda of each full
22 Commission meeting shall provide for a public comment period. All reports produced
23 at the request of the Commission shall be made reasonably available to the public.

24 **SECTION 1.(f)** Commission Funds. – Funds appropriated to the General
25 Assembly for the 2007-2008 fiscal year and the 2008-2009 fiscal year shall be allocated
26 by the Legislative Services Commission for the expenses of the North Carolina Health
27 Care for All Planning Commission, including per diem, subsistence, and travel
28 allowances as authorized under G.S. 120-3.1, 138-5, or 138-6, as applicable.

29 **SECTION 1.(g)** Commission Staff. – The Legislative Services Commission,
30 through the Legislative Services Officer, shall assign professional staff to assist the
31 Commission in its work. The Supervisors of Clerks of the House of Representatives
32 and the Senate shall assign clerical staff to the Commission. Expenses related to the
33 clerical employees shall be borne by the Commission from funds allocated to it.

34 **SECTION 1.(h)** Professional Services. – In accordance with G.S. 120-32.02,
35 the Commission shall engage the services of State and national consultants who are
36 experts in the analysis of the organization, quality, and cost of health care delivery
37 models to assist with the study. Before contracting with a consultant, the Commission
38 shall report to the Joint Legislative Commission on Governmental Operations on the
39 consultant selected, the work products to be provided by the consultant, and the cost of
40 the contract, including an itemization of the cost components. Reports of the
41 consultants shall be made available to the public.

42 **SECTION 2.(a)** Health Care for All Plan. – The Commission shall develop
43 and recommend to the General Assembly a Health Care for All Plan ("Plan") for
44 phased-in transitioning from the current fragmented system of health care delivery to a

1 comprehensive, coordinated, and efficient system that integrates public and private
2 funding and services and ensures that all North Carolinians have access to regular,
3 affordable, and appropriate health care by the year 2012. In developing the Plan, the
4 Commission shall review the current status of health care in this State. The review shall
5 include:

- 6 (1) The level of access to: public health programs, private health care
7 services, and health care insurance coverage.
- 8 (2) The quality of health care services.
- 9 (3) Public and private health care expenditures in this State.
- 10 (4) The efficiency and quality of the current health care delivery system
11 and the efficiency and accessibility of the current health insurance
12 system.
- 13 (5) Other reviews or studies the Commission deems necessary to carry out
14 its purpose.

15 **SECTION 2.(b)** Plan Development. – The Plan shall address the following:

- 16 (1) All people living in North Carolina shall, by the year 2012, have
17 access to regular and comprehensive health care, of high quality,
18 whether public or private, that is affordable for individuals, taxpayers,
19 employers, and other payers.
- 20 (2) Development of the Plan shall take into account the costs of
21 implementation, impact on the State's economy, economic impact of
22 the improved health of North Carolinians, and savings inherent in a
23 comprehensive system of health care services that improves access to
24 preventive and primary care and reduces unnecessary acute care,
25 emergency services, and administrative costs.
- 26 (3) Initiatives to measure and improve the quality of health care in this
27 State, including consumer and provider satisfaction and health
28 outcomes.
- 29 (4) Funding of the Plan shall be from all participants in the health care
30 system, including:
 - 31 a. State, local, and federal funding for the Medicaid program;
 - 32 b. State, local, and federal funding for public health programs and
33 services;
 - 34 c. Health insurance industry assessments;
 - 35 d. Provider reimbursement levels;
 - 36 e. Premiums and other cost-sharing by recipients of system care;
37 and
 - 38 f. Other public and private sources.
- 39 (5) The Plan shall provide for continuous monitoring and evaluation of the
40 integrated system to identify successes and address areas that need
41 strengthening. The Plan shall also provide for regular reporting to the
42 General Assembly and the Governor on the implementation of the
43 integrated system of care.

1 **SECTION 2.(c)** The Commission shall present annual interim reports,
2 including recommended legislation, to the Speaker of the House of Representatives, the
3 President Pro Tempore of the Senate, and the Governor beginning May 1, 2008. The
4 Commission shall present its final report to the 2011 General Assembly upon its
5 convening, and to the Governor upon the convening of the 2011 General Assembly.
6 Upon issuing its final report, the Commission shall terminate.

7 **SECTION 3.** There is appropriated from the General Fund to the General
8 Assembly, Legislative Services Office, the sum of one hundred thousand dollars
9 (\$100,000) for the 2007-2008 fiscal year and the sum of one hundred thousand dollars
10 (\$100,000) for the 2008-2009 fiscal year. These funds shall be used for consultant and
11 other professional services to aid the North Carolina Health Care for All Planning
12 Commission in fulfilling its purpose.

13 **SECTION 4.** Section 3 of this act becomes effective July 1, 2007. The
14 remainder of this act is effective when it becomes law.