

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007

H

1

HOUSE BILL 2688*

Short Title: Health Care Policy Council. (Public)

Sponsors: Representatives Insko, Holliman, Wainwright, Fisher (Primary Sponsors); Allen, Allred, Barnhart, Bell, Braxton, Brisson, Bryant, Carney, Coleman, Cotham, Current, Dickson, Dockham, Earle, Faison, Farmer-Butterfield, Gibson, Goodwin, J. Harrell, Harrison, Hill, Hughes, Jeffus, Jones, Luebke, Martin, McLawhorn, Michaux, Mobley, Owens, Parmon, Pierce, Ross, Saunders, Spear, Tarleton, Tolson, Underhill, Walend, E. Warren, R. Warren, Weiss, Wilkins, Womble, and Wray.

Referred to: Health, if favorable, Appropriations.

May 28, 2008

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE BILL MARTIN AND RUTH EASTERLING
HEALTH CARE POLICY COUNCIL.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 143 of the General Statutes is amended by adding the following new Article to read:

"Article 80.

"Health Care Policy Council.

"§ 143-750. Council established; purpose; findings.

(a) There is established the Health Care Policy Council ("Council"). The Council shall be known and may be cited as the Bill Martin and Ruth Easterling Health Care Policy Council. The purpose of the Council is to conduct ongoing review and analysis of health care policies, programs, and plans to determine whether such policies, programs, and plans ensure that all North Carolinians have access to appropriate and affordable health care on a regular basis. To this end the Council has an ongoing duty to provide timely information and recommendations to the General Assembly, the Governor, and the public at large on health policy in North Carolina and to advise and make recommendations to the General Assembly and the Governor for improvements and enhancements that will result in appropriate and affordable health care for all in North Carolina. Recommendations to the General Assembly shall include detailed plans for moving from the current fragmented health care system to an integrated system of public and private health care services. The plans shall include the costs and benefits to

1 the State, private industry, and the general public of improving the health care system.
2 The Council shall be in the Department of Administration for budgetary purposes only.

3 (b) The General Assembly finds the following:

4 (1) For over a decade the number of uninsured has remained at over
5 1,000,000 North Carolinians.

6 (2) Efforts to improve access to health care have been made by the State
7 as far back as the 1940s under Governor Broughton's "Good Health
8 Plan." However, these and more recent efforts have not fully addressed
9 the aspects of health care access necessary to ensure a healthy citizenry
10 and to contribute to a vital economy.

11 (3) Health care policy should be guided by the following principles:

12 a. Continuous oversight of the health care policy, programs, and
13 plans in North Carolina is essential to ensure access to
14 appropriate and affordable health care for all North Carolinians
15 by reviewing and addressing system strengths and weaknesses
16 over time.

17 b. Health care providers and clients should have a primary role in
18 medical care decisions, taking into consideration
19 evidence-based care and cost of care. Medical care should be
20 based on evidence of safety and effectiveness.

21 c. All North Carolinians should have access to appropriate and
22 affordable comprehensive care, including dental care, vision
23 care, and mental health services.

24 d. Health care policy must recognize the value of prevention, early
25 intervention, and wellness and should provide incentives for
26 clients to engage in these practices.

27 e. Health care policy must recognize the value of public health
28 services that contribute to the improved health of the individual
29 and the community as a whole.

30 f. Everyone that benefits from the State's health care system
31 should contribute to its support to the extent possible.

32 **"§ 143-751. Council membership; appointment; per diem.**

33 (a) The Council shall consist of 31 members appointed as follows:

34 (1) Twelve appointed by the General Assembly upon the recommendation
35 of the Speaker of the House of Representatives. Of these 12 members,
36 five shall be members of the House. The remaining seven shall have
37 the following qualifications:

38 a. Two members of the general public neither of whom is
39 affiliated with the insurance industry or health care industry.

40 b. Three health care providers, one of whom is a pediatrician, one
41 of whom practices in a rural public or private hospital, and one
42 of whom is a nonphysician licensed in mental health,
43 developmental disabilities, and addictive disease conditions.

- 1 c. One advocate selected by the Covenant with North Carolina's
2 Children.
- 3 d. A representative of the health insurance industry.
- 4 (2) Twelve appointed by the General Assembly upon the recommendation
5 of the President Pro Tempore of the Senate. Of these 12 members, five
6 shall be members of the Senate. The remaining seven shall have the
7 following qualifications:
- 8 a. Two members who are small employers (50 or fewer
9 employees) not affiliated with the insurance industry or the
10 health care industry.
- 11 b. Three health care providers, one of whom is a nurse, one of
12 whom practices in an urban public or private hospital, and one
13 of whom is a primary care physician.
- 14 c. One advocate selected by the NC Health Access Coalition
- 15 d. One member from the pharmaceutical industry.
- 16 (3) Five appointed by the Governor, one of whom represents health
17 economists, one of whom represents the academic community, one of
18 whom represents public or private hospitals, one of whom represents
19 employers with 100 or more employees, and one of whom is a
20 provider of services through a State or local health care program
21 serving uninsured individuals. Two of the Governor's initial appointees
22 shall serve three-year terms; Two shall serve an initial two-year term,
23 and one shall serve an initial one-year term. Thereafter, terms shall be
24 for two years.
- 25 (4) The Commissioner of Insurance and the Secretary of Health and
26 Human Services shall serve on the Council ex-officio.

27 When making appointments to the Council, the appointing authorities shall strive to
28 achieve membership diversity to reflect representation by gender, race, handicapping
29 condition, and persons with special needs. The appointing authority shall also consider
30 representation of the geographic regions of the State.

31 (b) Vacancies on the Council shall be filled by the appointing authority that made
32 the initial appointment. The appointing authority shall fill the vacancy by appointing a
33 person having the same qualifications. Initial appointees to the Council shall serve
34 staggered terms such that two of each appointing authority's initial appointments serve
35 three-year terms, and one by each appointing authority shall serve an initial one-year
36 term. Subsequent appointments shall be for two-year terms. Members may serve not
37 more than two consecutive two-year terms, in addition to any partial term, but may be
38 reappointed after having been off the Council for two years.

39 (c) Council members shall receive no salary as a result of serving on the Council
40 but shall receive necessary subsistence and travel expenses in accordance with the
41 provisions of G.S. 120-3.1, 138-5, and 138-6, as applicable.

42 (d) The Governor shall appoint the chair of the Council.

43 **§ 143-752. Power, duties, and responsibilities of the Council.**

44 The Council shall:

- 1 (1) Propose to the General Assembly detailed plans for moving from the
2 current fragmented health care system to an integrated system of
3 public and private health care services by January 1, 2013.
- 4 (2) Conduct ongoing in-depth reviews of current health care access in
5 North Carolina. The reviews shall include at least the following:
- 6 a. A literature review of health care policy issues in this State and
7 throughout the country.
- 8 b. Health care services provided in North Carolina in both the
9 private and public sectors and by all provider delivery methods.
- 10 c. The demographics of the uninsured population of North
11 Carolina. Such demographics shall include, if available, age,
12 income, race, gender, and geographic locations of each
13 population.
- 14 d. Actual cost of health care in North Carolina; e.g, inpatient and
15 outpatient hospital care; primary care; specialty care; long-term
16 care; and chronic disease care.
- 17 e. Appropriateness and availability of mental health,
18 developmental disabilities, and addictive disease services.
- 19 f. Incentives to encourage healthy lifestyles, health protection, and
20 disease prevention.
- 21 g. An assessment of policies, programs, and services for
22 underserved and racial and ethnic minority populations to
23 reduce barriers to health care.
- 24 h. Cost to the State and the impact on its economy of providing
25 access to comprehensive health care for all North Carolinians.
- 26 i. Areas of the State health system where potential savings could
27 be realized and what would need to be done to achieve savings.
- 28 j. Other matters necessary for the Council to carry out its
29 purposes.
- 30 (3) Obtain the input of all parties interested in the health care system
31 through ongoing public hearings and other methods.

32 **"§ 143-753. Council meetings.**

33 The Council shall have its initial meeting no later than January 31, 2009. The
34 President Pro Tempore of the Senate and the Speaker of the House of Representatives
35 shall each appoint a cochair from the membership of the Council. The Council shall
36 meet at least three times each calendar year and may meet at other times upon the call of
37 the cochairs. A majority of the members of the Council shall constitute a quorum for the
38 transaction of business. The affirmative vote of a majority of the members present at
39 meetings of the Council shall be necessary for action to be taken by the Council.

40 **"§ 143-754. Public hearings.**

41 The Council may hold public meetings across the State to solicit public input with
42 respect to issues related to health care policy in North Carolina.

43 **"§ 143-755. Assistance from other agencies.**

1 The Council may obtain information and data from all State officers, agents,
2 agencies, and departments, while in the discharge of its duties, pursuant to the
3 provisions of G.S. 120-19, as if it were a committee of the General Assembly. The
4 Council may also call witnesses, compel testimony relevant to any matter properly
5 before the Council, and subpoena records and documents, provided that any patient
6 record shall have patient identifying information removed. The provisions of
7 G.S. 120-19.1 through G.S. 120-19.4 shall apply to the proceedings of the Council as if
8 it were a joint committee of the General Assembly. In addition to the other signatures
9 required for the issuance of a subpoena under this section, the subpoena shall also be
10 signed by the cochairs of the Council. Any cost of providing information to the Council
11 not covered by G.S. 120-19.3 may be reimbursed by the Council from funds
12 appropriated to it for its continuing duties.

13 **"§ 143-756. Council subcommittees.**

14 The Council cochairs may establish subcommittees for the purpose of making
15 special studies or analyses pursuant to its duties and may appoint members who are not
16 members of the Council to serve on each subcommittee as resource persons. Resource
17 persons shall be voting members of the subcommittee and shall receive subsistence and
18 travel expenses in accordance with G.S. 138-5 and G.S. 138-6, as applicable.

19 **"§ 143-757. Reports.**

20 The Council shall report annually to the General Assembly and the Governor the
21 results of its work. A written report shall be submitted to each session of the General
22 Assembly upon its convening. The Council may propose legislation for introduction in
23 any session of the General Assembly.

24 **"§ 143-758. Council staff and meeting place.**

25 The Council may contract for clerical or professional staff or for any other services it
26 may require in the course of its ongoing study. At the request of the Council, the
27 Legislative Services Commission may supply members of the staff of the Legislative
28 Services Office and clerical assistance to the Council as the Legislative Services
29 Commission considers appropriate.

30 The Council may, with the approval of the Legislative Services Commission, meet
31 in the State Legislative Building or the Legislative Office Building."

32 **SECTION 2.** There is appropriated from the General Fund to the
33 Department of Administration the sum of three hundred thousand dollars (\$300,000) for
34 the 2008-2009 fiscal year. These funds shall be allocated by the Department for the
35 expenses of the North Carolina Health Care Policy Council established under Section 1
36 of this act.

37 **SECTION 3.** This act becomes effective July 1, 2008.