GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

H **2**

HOUSE BILL 2688*
Committee Substitute Favorable 7/9/08

Short Title: NCIOM- Access to Health Care Study Group. (Public)

Sponsors:

Referred to:

May 28, 2008

1 A BILL TO BE ENTITLED
2 AN ACT TO DIRECT THE NORTH CAROLINA INSTITUTE OF MEDICINE TO
3 CONTINUE TO STUDY ISSUES RELATING TO ACCESS TO HEALTH CARE
4 BY ESTABLISHING THE ACCESS TO HEALTH CARE STUDY GROUP.
5 The General Assembly of North Carolina enacts:
6 **SECTION 1.** Chapter 143 of the General Statutes is amended by adding the
7 following new Article to read:
8 "Article 80.
9 "Access to Health Care Study Group.
10 "**§ 143-750. Study group established; purpose; findings.**
11 (a) The North Carolina Institute of Medicine shall continue to study the issue of
12 access to health care. In order to assist with this work, there is established the Access to
13 Health Care Study Group (Study Group). The Study Group shall be housed in the
14 Department of Health and Human Services for budgetary purposes only.
15 (b) The purpose of the Study Group is to make recommendations to the General
16 Assembly and the Governor for improvements in health care policy with the goal of
17 expanding access to appropriate and affordable health care on a regular basis to all
18 North Carolinians. The intent of the General Assembly is to move to an integrated
19 system of public and private health care services that would serve all North Carolinians.
20 (c) The General Assembly finds the following:
21 (1) More than 1,300,000 nonelderly people in the State lacked health
22 insurance coverage in 2004. This is more than one-sixth of the State's
23 population. The percentage of State residents who lack health
24 insurance for a full year has risen from fifteen and three-tenths percent
25 (15.3%) in 2000 to seventeen and two-tenths percent (17.2%) in 2005.
26 The percentage of the State's population without health insurance is
27 growing more rapidly in North Carolina than in most of the rest of the
28 country.

1 (2) Access to health care is essential to ensure the sustained development
2 of a healthy, educated, and productive workforce. Such a workforce is
3 necessary to support North Carolina's ability to compete in a diverse,
4 global marketplace.
5 (3) Many areas of North Carolina are currently experiencing provider
6 shortages. Rural North Carolina suffers disproportionately from these
7 shortages and lack of access. If nothing is done to improve growth in
8 provider supply in North Carolina, the ratio of physicians to population
9 is expected to drop eight percent (8%) by 2020 and twenty-one percent
10 (21%) by 2030.
11 (4) Efforts to improve access to health care have been made by the State
12 as far back as the 1940s under Governor Broughton's 'Good Health
13 Plan.' Although the State has made significant progress, these and
14 more recent efforts have not fully addressed the aspects of health care
15 access necessary to ensure a healthy citizenry and to contribute to a
16 vital economy.
17 (5) The most efficient and effective method to deliver health care services
18 is through a medical home. Introduced by the American Academy of
19 Pediatrics in 1967, a patient-centered medical home is an approach to
20 providing comprehensive primary care for people of all ages and
21 medical conditions. It is a way for a physician-led medical practice,
22 chosen by the patient, to integrate health care services for that patient
23 who confronts a complex and confusing health care system to achieve
24 better health outcomes.
25 (6) Health care policy should be guided by the following principles:
26 a. Continuous review of health care system strengths and
27 weaknesses is essential to ensure access to appropriate and
28 affordable health care.
29 b. Health care providers and clients should have a primary role in
30 medical care decisions, taking into consideration
31 evidence-based care and cost of care. Medical care should be
32 based on evidence of safety and effectiveness.
33 c. Appropriate and affordable comprehensive care includes dental
34 care, vision care, and mental health, developmental disability,
35 substance abuse, and addictive disease services.
36 d. Health care policy must recognize the value of prevention, early
37 intervention, and wellness and should provide incentives to
38 encourage healthy lifestyles and health protection.
39 e. Health care policy must recognize the value of public health
40 services that contribute to the improved health of the individual
41 and the community as a whole.
42 "**§ 143-751. Group membership; appointment; per diem.**
43 (a) The Study Group shall consist of at least 36 members but not more than 45
44 members. The Study Group shall include the following:

1 (1) Five members of the North Carolina House of Representatives,
2 appointed by the Speaker of the House of Representatives.
3 (2) Five members of the North Carolina Senate, appointed by the
4 President Pro Tempore of the Senate.
5 (3) Other members, including employers, physicians, public health and
6 other health care professionals, representatives of the hospital and
7 insurance industry, safety net providers, consumers and other public
8 members.
9 (b) The North Carolina Institute of Medicine shall appoint as cochairs one
10 member of the North Carolina House of Representatives, one member of the North
11 Carolina Senate, and one other non-legislative member. In selecting Study Group
12 members which shall include at least one attorney who specializes in defending medical
13 malpractice claims, the North Carolina Institute of Medicine shall solicit
14 recommendations from relevant organizations and shall have a membership that reflects
15 the geographic and ethnic diversity of the State. Consideration shall also be given to
16 gender, race, and persons with disabilities.
17 (c) Legislators appointed to the Study Group shall receive per diem and
18 necessary travel and subsistence expenses in accordance with the provisions of
19 G.S. 138-5.
20 "**§ 143-752. Power, duties, and responsibilities of the Group.**
21 (a) The Study Group shall:
22 (1) Review assessments of current health care access in North Carolina
23 and the nation as a whole. The assessments shall include the following:
24 a. The demographics of the uninsured population of North
25 Carolina. Such demographics shall include, if available, age,
26 income, race, gender, and geographic locations of each
27 population.
28 b. Quality, safety, and cost of health care in North Carolina; e.g.,
29 inpatient and outpatient hospital care; primary care; specialty
30 care; long-term care; and chronic disease care.
31 c. The policies, programs, and services for indigent, underserved,
32 and racial and ethnic minority populations to reduce barriers to
33 health care.
34 d. The State's ability to respond to small and large emergencies
35 through the State's emergency response system.
36 e. The ability of rural and urban health care providers to obtain
37 and utilize new technologies and the potential impact of new
38 technologies on cost and quality of health care.
39 f. Increases in the cost to the delivery of health care associated
40 with the practice of defensive medicine.
41 g. Other matters necessary for the Group to carry out its purpose.
42 (2) Convene public hearings across the State to solicit input from diverse
43 members of the public with respect to issues related to health care
44 access in North Carolina.

1 (3) Develop proposals that will help North Carolina move to an integrated
2 system of health care that provides access to appropriate and
3 affordable health care on a regular basis to all North Carolinians.
4 (4) Report annually to the General Assembly, the Joint Legislative Health
5 Care Oversight Committee, and the Governor the results of its work. A
6 written report shall be submitted to each session of the General
7 Assembly upon its convening.
8 (b) The Group may recommend legislation, which shall be eligible in any regular
9 session of the General Assembly.
10 (c) The Group shall not review or make recommendations regarding scope of
11 practice or professional licensing standards.
12 "**§ 143-753. Study Group meetings; quorum.**
13 The Study Group shall meet at least three times each calendar year and may meet at
14 other times upon the call of the chairs. A majority of the members of the Study Group
15 shall constitute a quorum for the transaction of business. The affirmative vote of a
16 majority of the members present at meetings of the Study Group shall be necessary for
17 action to be taken by the Study Group.
18 "**§ 143-754. Assistance from other agencies.**
19 The Study Group may obtain information and data from all State officers, agents,
20 agencies, and departments, while in the discharge of its duties, pursuant to G.S. 120-19,
21 as if it were a committee of the General Assembly.
22 "**§ 143-755. Group staff and meetings.**
23 (a) The North Carolina Institute of Medicine ("NC IOM") shall provide staff and
24 arrange for meeting places for the Study Group.
25 (b) The Study Group may, with the approval of the Legislative Services
26 Commission, meet in the State Legislative Building or the Legislative Office Building."
27 **SECTION 2.** The Access to Health Care Study Group shall convene its first
28 meeting not later than September 1, 2009.
29 **SECTION 3.** Of funds appropriated to the Department of Health and Human
30 Services in the 2008-2009 fiscal year, the sum of three hundred thousand dollars
31 ($300,000) shall be allocated by the Department to the North Carolina Institute of
32 Medicine for the expenses of the Access to Health Care Study Group established under
33 Section 1 of this act.
34 **SECTION 4.** Section 3 of this act becomes effective July 1, 2008. The
35 remainder of this act is effective when it becomes law.