AN ACT to create the Health Care Justice Act.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 1. Short title. This Act may be cited as the Health Care Justice Act.

Section 5. Legislative findings. The General Assembly recognizes that the U.S. census reported that on any given day an estimated 1,800,000 Illinoisans are without health insurance, and according to a March 2003 Robert Wood Johnson study, nearly 30% of the non-elderly Illinois population (3,122,000) during all or a large part of 2001 or 2002 were uninsured; a growing number of Illinoisans are under-insured, the consumer's share of the cost of health insurance is growing, coverage in benefit packages is decreasing, and record numbers of consumer complaints are lodged against managed care companies regarding access to necessary health care services. The General Assembly believes that the State must work to assure access to quality health care for all residents of Illinois, and at the same time, the State must contain health care costs while maintaining and improving the quality of health care.

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

Section 15. Health care access plan. On or before July 1, 2007, the State of Illinois is strongly encouraged to implement a health care access plan that does the following:

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

(2) maintains and improves the quality of health care

services offered to Illinois residents;

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

(4) provides core benefits for all Illinois residents;

(5) encourages regional and local consumer participation;

(6) contains cost-containment measures;

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

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

Section 20. Adequate Health Care Task Force. There is created an Adequate Health Care Task Force. The Task Force shall consist of 29 voting members appointed as follows: 5 shall be appointed by the Governor; 6 shall be appointed by the President of the Senate, 6 shall be appointed by the Minority Leader of the Senate, 6 shall be appointed by the Speaker of the House of Representatives, and 6 shall be appointed by the Minority Leader of the House of Representatives. The Task Force shall have a chairman and a vice-chairman who shall be elected by the voting members at the first meeting of the Task Force. The Director of Public Health or his or her designee, the Director of Aging or his or her designee, the Director of Public Aid or his or her designee, the Director of Insurance or his or her designee, and the Secretary of Human Services or his or her designee shall represent their respective departments and shall be invited to attend Task Force meetings, but shall not be members of the Task Force. The members of the Task Force shall be appointed within 30 days after the effective date of this Act. The departments of State government represented on the Task Force shall work cooperatively to provide administrative support for the Task Force; the Department of Public Health shall be the primary agency in providing that administrative support.

Section 25. Public hearings.

(a) The Task Force shall seek public input on the development of the health care access plan by holding a public hearing in each Illinois congressional district starting no later than January 1, 2005 and ending on November 30, 2005. Each State Representative and State Senator located in each such congressional district shall be invited to participate in the hearing in that district and help to gather input from interested parties. A web site for the Task Force shall be developed and linked to the Governor's home page for input to be provided and to keep the public informed. The Task Force's web site shall be specifically highlighted and have independent pages reporting all activities and linkages for people to access. Minutes from all of the Task Force's meetings shall be available on the web site, and a hard copy of this information shall also be made available for those persons without access to the Task Force's web site. The Task Force may also consult with health care providers, health care consumers, and other appropriate individuals and organizations to assist in the development of the health care access plan.

(b) Not later than September 1, 2004, the Illinois Department of Public Health, subject to appropriation or the availability of other funds for such purposes and using a public request for proposals process, shall contract with an independent research entity experienced in assessing health care reforms, health care financing, and health care delivery models. Upon the request of at least one-fourth of the Task Force members, the research entity shall be available to the Task Force for the purpose of assessing financial costs and the different health care models being discussed. All inquiries made by Task Force members to the independent research entity shall be made available on the Task Force's web site.

Section 30. Final report. No later than March 15, 2006, the Task Force shall submit its final report on the health care

access plan to the General Assembly and the Governor. The final report may recommend a combination of more than one type of plan and alternative methods of funding the plan. The final report by the Task Force shall make recommendations for a health care access plan or plans that would provide access to a full range of preventive, acute, and long-term health care services to residents of the State of Illinois by July 1, 2007, including:

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

(2) incentives to be used to contain costs;

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

(4) reimbursement mechanisms for health care providers;

(5) administrative efficiencies;

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

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

(8) appropriate reallocation of existing health care resources;

(9) equitable financing of each proposal; and

(10) recommendations concerning the delivery of long-term care services, including:

(A) those currently covered under Title XIX of the Social Security Act;

(B) recommendations on potential cost sharing arrangements for long-term care services and the phasing in of such arrangements over time;

(C) consideration of the potential for utilizing informal care-giving by friends and family members;

(D) recommendations on cost-containment strategies for long-term care services;

(E) the possibility of using independent financing for the provision of long-term care services; and

(F) the projected cost to the State of Illinois over the next 20 years if no changes were made in the present system of delivering and paying for long-term care services.

Section 35. Further legislative action. No later than December 31, 2006, the General Assembly is strongly encouraged to vote on legislation that either enacts the Task Force's recommendation or provides for another health care access plan that meets the criteria set forth in Section 15.

Section 99. This Act takes effect July 1, 2004.