Adequate Health Care Task Force
Steering Committee
Meeting Minutes
Tuesday, October 17, 2006
9:00-10:30 a.m.

Via Conference Call

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*Illinois Public Act 93-0973, formerly House Bill 2268, creates the Health Care Justice Act and encourages the State of Illinois to implement a health care plan that provides access to a full range of preventive, acute, and long-term health care services; maintains and improves the quality of health care services offered to Illinois residents, and meets other criteria. The Illinois Department of Public Health (IDPH) is required, subject to an appropriation or availability of other funds, to enter into a contract with an "independent research entity" experienced in assessing health care reforms, financing, and care delivery models. The provisions of this legislation establish an "Adequate Health Care Task Force" with 29 voting members: five to be appointed by the Governor, and six appointments made by each of the four leaders of the General assembly (the Speaker of the House and the House Minority Leader, and the President of the Senate and the Senate Minority Leader). The Directors of the Departments of Public Health, Public Aid, Aging, and Insurance, along with the Secretary of the Department of Human Services, are to be invited to meetings of the "Adequate Health Care Task Force," but are not included in the Task Force's membership. The Department of Public Health is required to be "the primary agency in providing administrative support" to the Task Force.*

*This legislation provides for public hearings in each Illinois Congressional District, and a website detailing the work of the Task Force, accessible through the Governor's internet home page, is to be established and maintained. Printed copies of Task Force information are to be made available for persons who lack access to the Internet website. A Task Force report, detailing recommendations for a health care access plan as specified within the legislation, is to be submitted to the General Assembly by March 15, 2006. The bill encourages the General Assembly to consider legislation enacting the Task Force recommendations by December 31, 2006. The Act took effect July 1, 2004.*

**Steering Committee Members Present:** Dr. Wayne Lerner, David Koehler, Ruth Rothstein, Joe Roberts, Quentin Young

**Task Force members Present:** Jim Duffett, Tracey Printen, Catherine Bresler, Jim Jordan, Jackie Elinger (for Anne Marie Murphy) Elena Butkus (for Kenneth Robbins).

**Staff/consultants present:** David Carvalho, Elissa Bassler, Gwyn Davidson, Candace Williamson, Lynn Taylor, Deborah Chollet

The meeting was called to order by Dr. Lerner at 9:05 a.m.

**Minutes**
Dr. Lerner asked for approval of the Steering Committee minutes of 7/25/06, 8/15/06, 9/26/06, and 10/17/06

Five in favor, none opposed, motion carried.

**Discussion/Action:**
Gwyn Davidson presented the issues raised by the subgroup on IHERC and the Benefit Package (see handout).  The steering committee approved the following in an omnibus motion made by David Koehler, seconded by Ruth Rothstein:

- Clarify that IHERC functions would be coordinated with state agencies so as to not replace or duplicate another agency's efforts.

- Remove language that IHERC will require providers pursue specific performance rewards programs, and clarify that IHERC will provide links to other quality efforts.

- Modify the language allowing State-specified plans to prohibit payment for "never" events.  Language should be modified to allow for a review of the list of "never events" before policy implementation to evaluate if any of the "never events" might be caused by circumstances beyond a provider's control and thus should not be subject to the non-payment policy.  The language would also be modified to indicate that when the non-payment policy applies, the provider cannot bill the patient for the related services.

- Modify the language on p. 26 of the 9/20/06 document to read:  "Request that IDPH advocate, review and implement standards from the American Health Information Community and the Office of the National Health Care Coordination on Health Care Technology Information for digital exchange."

- Maintain the current assumption in the model that an individual must use their premium assistance for their employer-offered plan and cannot go to individual market.  Noted in the narrative of the modified hybrid model that the General Assembly should give consideration to whether or not individuals with an employer offer of coverage can use their premium assistance in the individual market if their employer does not offer a specific minimum level of benefits.

- Clarify that the guaranteed issue product in the modified hybrid model be a fully insured product (i.e. must comply with all Illinois insurance regulations).  **(Later friendly amendment made by Joe Roberts, seconded by Dave Koehler:  remove "fully insured."  Motion now reads:  the guaranteed issue product in the modified hybrid must comply with all Illinois insurance regulations/mandates)**

Vote:  4 in favor, 1 abstention, 0 opposed, motion carries.

**Cost Sharing:**
Gwyn Davidson discussed the issues of limiting the cost sharing burden on individuals under 400% FPL, as described in the "Proposed Cost Sharing for Different Income Groups" handout.

Motion: Joe Roberts, Second: David Koehler:

- Navigant should not change assumptions in the hybrid model regarding cost sharing for their report, however, the narrative should highlight the issues of cost sharing and urge further consideration.

Vote: 5 in favor, none opposed, motion carried.

**Employer Assessment**
Gwyn Davidson and Lynn Taylor reviewed the employer assessment approach that resulted from the Employer Assessment/Individual Mandate subgroup discussion. Gwyn Davidson and Lynn Taylor described the differences between the original employer assessment policy and the revised policy.

Motion: Ruth Rothstein, Second: David Koehler:

Navigant should model both versions and the implications of both should be discussed at the December 7th Task Force meeting.

Vote: 5 in favor, none opposed, motion carried.

Meeting adjourned at 10:55 a.m.