

**Adequate Health Care Task Force  
Meeting Summary  
Wednesday, November 30, 2005  
10:30 AM – 1:30 PM**

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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.*

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**Task Force Members in Attendance:** Dr. Craig Backs; Rep. Elizabeth Coulson; Jan Daker; Margaret Davis; Jim Duffett; Colleen Kannaday; Dr. Wayne Lerner (Chair); Dr. Niva Lubin-Johnson; Sen. Iris T. Martinez; Pamela Mitroff; James Moore; Michael Murphy; Dr. Joseph Orthofer; Tracey Printen; Joseph Roberts; Ruth Rothstein; Dr. Quentin Young

**Task Force Member Proxies:** Elena Butkus (Kenneth Robbins); John Garven (Gregory Smith)

**Regrets (Task Force Members):** Dr. Anthony Barbato; Kenneth Boyd; Catherine Bresler; Timothy Carrigan; Dr. Arthur G. Jones; David Koehler; Kenneth Smithmier; Sen. Donne E. Trotter

**State Agency Representatives:** Pamela W. Balmer, Office on Women's Health; Dr. Lewis Lampiris, Division of Oral Health; Dr. Anne Marie Murphy; Department of Healthcare and Family Services

**Illinois Department of Public Health Staff:** David Carvalho; Mike Jones; Ashley Walter

**Guests:** Shannon Lightner; Megan Meagher; Jared Rosenthal; Jay Shattuck; Margaret Stapleton

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- The meeting was called to order at 10:40am by Dr. Wayne Lerner, Chair. Task Force members, IDPH staff, and guests then introduced themselves.
- Ruth Rothstein motioned to approve the minutes from the October 26, 2005 and November 4, 2005 Task Force meetings. Dr. Quentin Young seconded the motion.
- The Task Force discussed the three public hearings of the Task Force that took place in November 2005. These hearings took place in the 3<sup>rd</sup> (LaGrange), 2<sup>nd</sup> (Homewood), and 11<sup>th</sup> (Bourbonnais) Congressional Districts.
  - Task Force members identified several themes that emerged from these hearings:
    - The need for oral health care;
    - The need for primary care;
    - The need for mental health services and the impact on communities when such care is unavailable;
    - The impact of employment status on access to care;
    - The importance of quality of care and having mechanisms available for patients to submit complaints regarding the care that they receive;
    - The importance of having resources available to families and individuals to help them maneuver through the health care delivery system;
    - The impact of school health clinics and nurses, especially with respect to vision and hearing testing, on helping children best be able to learn;
    - The availability and affordability of prescription drugs;
    - The need to have physicians accept Medicaid cards (or any other type of insurance card issued);
    - The need to do outreach to inform physicians and health plan participants of changes in plan guidelines;
    - The importance of streamlining processes to make it easier for health care providers to do their jobs (especially with respect to prescription drug formularies); and
    - The role of, need for, and capacity of Federally Qualified Health Centers, community health clinics, and free clinics.
      - It was particularly emphasized that many of these centers and clinics are already at or beyond capacity.
  - Dr. Lerner reminded the Task Force of the charge bestowed upon it and stressed the importance of considering populations and population health in future deliberations.
  - Several Task Force members asked if any plans had been developed to help link individuals who attend public hearings with existing programs that they may be eligible for. As of the meeting, no plans had been made.
- Dr. Anne Marie Murphy, Illinois Medicaid Director within the Illinois Department of Healthcare and Family Services, presented to the Task Force.
  - Task Force members requested that a brief assessment of waivers developed by other states be made available to the Task Force.
- Dr. Lewis Lampiris, of the Illinois Department of Public Health – Division of Oral Health, presented to the Task Force.
- Pamela W. Balmer, of the Illinois Department of Public Health – Office on Women’s Health, presented to the Task Force.
- IDPH staff informed Task Force members that the RFP for a research entity should be finalized in the next week or two. Although the RFP is being completed later than anticipated, the original timeframes set forth in the RFP for the research entity will remain.
- IDPH staff reminded Task Force members of the upcoming Illinois Health Forum (December 7, 2005).

- IDPH staff reviewed a tentative "Presentation Plan" with Task Force members and asked members to continue to submit ideas for potential speakers.
- Several Task Force members asked that the Task Force remember that upcoming meetings are scheduled during the legislative session and asked that the Steering Committee consider different ways to allow members of the legislature to participate in these meetings.
- IDPH staff reviewed the media plan it developed with communications staff at the Department.
- IDPH staff asked that Task Force members submit their online community account forms.
- IDPH staff also asked that Task Force members, who have not already done so, email Ashley Walter a digital picture of themselves so that State IDs can be produced for them. State IDs were distributed to those present at the meeting who had previously submitted a digital picture.
- IDPH staff reminded Task Force members to submit their first quarter timesheets.
- The meeting was adjourned at approximately 1:40pm.

**Next Meeting:**

The next Adequate Health Care Task Force meeting will be held from 10:30am to 1:30pm on Wednesday, January 25<sup>th</sup>. This meeting will be held at the Bilandic Building (MABB), 160 North LaSalle Street, Room 5-N502, Chicago, Illinois.

The following Adequate Health Care Task Force meeting will be held from 10:30am to 1:30pm on Wednesday, February 22<sup>nd</sup>. This meeting will be held at the Michael A. Bilandic Building (MABB), 160 North LaSalle Street, Room N502, Chicago, Illinois.