Adequate Health Care Task Force Meeting Summary Wednesday, January 25, 2006 10:30 AM – 1:30 PM

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.

Task Force Members in Attendance: Dr. Craig Backs; Catherine Bresler; Timothy Carrigan; Jan Daker; Margaret Davis; Jim Duffett; Dr. Arthur G. Jones; David Koehler; Dr. Wayne Lerner (Chair); Dr. Niva Lubin-Johnson; Pamela Mitroff; James Moore; Michael Murphy; Dr. Joseph Orthoefer; Joseph Roberts; Ruth Rothstein; Greg Smith; Kenneth Smithmier; Dr. Quentin Young

Task Force Member Proxies: Elena Butkus (Kenneth Robbins); Patrick Gallagher (Tracey Printen)

Regrets (Task Force Members): Dr. Anthony Barbato; Kenneth Boyd; Rep. Elizabeth Coulson; Colleen Kannaday; Sen. Iris T. Martinez; Sen. Donne E. Trotter

State Agency Representatives: Joseph Hylak-Reinholtz, Department of Healthcare and Family Services; Jim Jordan, Division of Insurance; Shannon Lightner, Governor's Office; Ralph Schubert, Department of Human Services

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

Guests: Ashley Ashburn; Stephanie Becker; Melissa Binger; Bruce Campbell; John Garven; Mark Jones; Chris Ligone; Paul Murphy; Dianne Rucinski; Don Schumacher; Margaret Stapleton

- The meeting was called to order at 10:40am by Dr. Wayne Lerner, Chair. Task Force members, IDPH staff, and guests then introduced themselves.
- Dr. Lerner postponed approval of the meeting transcript until a quorum was reached. Later in the meeting it
 was motioned to approve the meeting transcript from the November 30, 2005 Task Force meeting. The
 motion was seconded and all were in favor.
- The Task Force discussed the five public hearings of the Task Force that had taken place since November 2005. These hearings took place in the 13th (Naperville), 14th (Aurora), 5th (Franklin Park), 6th (Elk Grove Village), and 9th (Skokie) Congressional Districts.
 - o Task Force members identified several themes that emerged from these hearings:
 - Affluent communities are also in need of greater access to quality, affordable health care;
 - Immigrants face additional barriers to accessing care;
 - The need for access to mental health services;
 - The importance of preventive care;
 - The strain on safety net providers;
 - The need to ensure that training opportunities for health professions are available (physicians, nurses, dentists, etc.);
 - The importance of understanding hospital costs and charges, especially with respect to charity care;
 - The importance of providing culturally-sensitive care;
 - The day-to-day consequences of being uninsured;
 - The effects of tying health insurance to employment;
 - The definition of accessibility includes more than financial accessibility (language, hours, geographic location, availability of providers, etc.);
 - The role of personal responsibility;
 - The importance of making accurate information available regarding insurance options, quality of care, costs, etc.; and
 - The importance of dental care.
 - Dr. Dianne Rucinski, of the Naomi Morris Collaborative and the Institute for Research and Policy at the University of Illinois Chicago School of Public Health, presented to the Task Force.
 - Task Force members asked that Dr. Rucinski provide additional data on individuals' willingness to pay for health insurance by income.
 - IDPH staff informed Task Force members that the RFP for a research entity should be posted within the next week. Although the RFP is being completed later than anticipated, the original timeframes set forth in the RFP for the research entity will remain. The research entity will be selected by the end of March.
 - IDPH staff informed Task Force members of an upcoming special meeting of the Task Force titled "Private Sector Options for Increasing Access to Care" (April 21, 2006).
 - IDPH staff reviewed a tentative "Presentation Plan" with Task Force members and asked members to continue to submit ideas for potential speakers. Task Force members were also asked to let Ashley Walter know as soon as possible if they would like to present a specific policy proposal to the Task Force for consideration.
 - IDPH staff asked that Task Force members submit their online community account forms if they have not already done so.
 - 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.
- The meeting was adjourned at approximately 1:45pm.

Next Meeting:

The next Adequate Health Care Task Force meeting will be held from 10:30am to 1:30pm on Wednesday, February 22nd. 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, March 29^{th.} This meeting will be held at the Michael A. Bilandic Building (MABB), 160 North LaSalle Street, Room N502, Chicago, Illinois.