

**Adequate Health Care Task Force
Meeting Summary
Wednesday, April 26, 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 Besler; Kenneth Boyd; Timothy Carrigan; Margaret Davis; J. Terry Dooling; Jim Duffet; Dr. Arthur Jones; David Koehler; Dr. Wayne Lerner; Dr. Niva Lubin-Johnson; Pamela Mitroff; James Moore; Tracey Printen; Ruth Rothstein; Kenneth Smithmier; Dr. Quentin Young

Regrets (Task Force Members): Anthony Barbato; Rep. Elizabeth Coulson; Jan Daker; Colleen Kannaday; Senator Iris Martinez; Joseph Orthoefer; Joe Roberts; Gregory Smith; Senator Donna Trotter

State Agency Representatives: Ralph Schubert, Department of Human Services; Joseph Hylack-Reinholtz, Department of Healthcare and Family Services

Illinois Department of Public Health Staff: David Carvalho; Mike Jones; Sherry Sherman; Sarah Duggan; Elissa Bassler

Research Entity: Gwyn Davidson, Navigant Consulting

Guests: Randall Mark; Dr. Timothy Long; Judith Haasis, Dr. Babs Waldman; Joy Getzenberg; Miriam Link-Mullison; Elena Butkus; Teresa Hursey; Brent Adams; Stephani Becker

- The meeting was called to order at 10:40 am by Dr. Wayne Lerner, Chair. Task Force

- members, IDPH staff and guests then introduced themselves.
- The Task Force discussed the four public hearings that had taken place since the last Task Force meeting. The three hearings took place in Collinsville (additional) and in the 10th (Deerfield) and 8th (McHenry) Congressional Districts.
 - Following are themes Task Force members synthesized from testimony given at the public hearings:
 - Strong support for single payer program.
 - Medical expenses are a principal cause of bankruptcy.
 - Downsizing and corporate mergers have led to the elimination of health benefits for many people.
 - Limited access to mental health services and medication is an issues. Abruptly transitioning mental health patients from one medication to another is a problem.
 - Arduous and lengthy disability determination process is an obstacle to receiving needed Medicaid benefits.
 - Cost of individual insurance policies for the elderly is prohibitive.
 - Providers are nearing point of refusing treatment to Medicaid patients due to slow pay.
 - Physicians are choosing to practice in other areas due to cost of malpractice insurance.
 - Shortage of specialists, particular specialists accepting Medicaid patients.
 - Shortage of physicians south of Springfield.
 - Shortage of mental and oral health services.
 - Randall Mark, Director of Policy Studies, Cook County Bureau of Health Services presented to the Task Force regarding the role of the Bureau in the safety net.
 - Judith Haasis, Executive Director, Laura Michalski, Director of Clinical Relations and Dr. Babs Waldman, Medical Director of Community Health presented to the Task Force regarding the role of community health centers in the safety net.
 - Joy Getzenberg, Assistant Commissioner, Chicago Department of Public Health presented to the Task Force regarding the role of local health departments in the safety net in urban areas.
 - Miriam Link-Mullison, Jackson County Health Department presented to the Task Force.
 - Ralph Schubert, Illinois Department of Human Services, Maternal and Child Health presented to the Task Force regarding the role of local health departments in the safety net in rural and Downstate areas regarding services provided by or funded by DHS.
 - Elena Butkus, Vice President of Finance and Teresa Hursey, Vice President of Finance of the Illinois Hospital Association presented to the Task Force regarding a proposal of IHA to address the charge of the Health Care Justice Act, for consideration by the Task Force.

Meeting was adjourned at approximately 1:45 pm.