

**Adequate Health Care Task Force
Meeting Summary
Tuesday, May 23, 2006
10:30 AM – 4:00 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; Dr. Anthony Barbato; Kenneth Boyd; Timothy Carrigan; Rep. Elizabeth Coulson; Jan Daker; 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; Kenneth Robbins; Joe Roberts; Ruth Rothstein; Gregory Smith; Dr. Quentin Young

Regrets (Task Force Members): Catherine Bresler; Colleen Kannaday; Senator Iris Martinez; Mike Murphy; Joseph Orthoefer; Kenneth Smithmier; Senator Donna Trotter

State Agency Representatives: Jim Jordan, Division of Insurance; Ralph Schubert, Department of Human Services; Joseph Hylack-Reinholtz, Department of Healthcare and Family Services; Anne-Marie Murphy, Center for Medicaid and Medicare Services; Shannon Lightner, Office of the Governor; Michael Elder, Department of Aging

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

Research Entity: Gwyn Davidson, Navigant Consulting; Heather Brown-Pallson, Navigant Consulting; Lynn Taylor, Mathematica Policy Research

Guests: Sean McManamy, Trustmark Insurance (proxy for Catherine Bresler)

- 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 public hearing that had taken place in Pilsen (additional hearing for the 4th Congressional District).
- Following are themes the Task Force synthesized from testimony given at the public hearing:
 - There was resolute testimony given regarding the plight of the special needs and mentally ill population.
 - Lack of dental care is leading to death in the special needs and mentally ill population.
 - As a result of the dental service shortage, elementary school children are not able to utilize the IDPH sealant program.
 - Gains achieved during union negotiations are offset by the costs of healthcare.
 - The formularies in the Core Center are diminishing because of inadequate resources.
- Dr. Lerner congratulated Margaret Davis on attending 20 of the public hearings.
- Gwyn Davidson, Navigant Consulting and Lynn Taylor, Mathematica Policy Research presented the summary of the five proposals that had been submitted to the Task Force by the Illinois Hospital Association, Campaign for Better Health Care and Health and Disability Advocates, Healthy Illinois, the Single Payer Plan and the Insurance Industry Plan. They also presented summaries of initiatives undertaken by five states: New York, Oregon, Maine, Massachusetts and Wisconsin.
- The Task Force discussed how they would decide on the six plans to be evaluated by the research entity.
- As a group, the Task Force identified boundaries they needed to manage.
- David Koehler reviewed the interest based negotiation technique employed during the last Task Force meeting.
- The Task Force discussed the interests established at the last meeting and how to achieve them.
- The Task Force discussed which plans/proposals to have the research entity pursue.
- The Task Force voted on the plans/proposals to be submitted to the research entity and decided on the Campaign for Better Health Care/Health and Disability Advocates Proposal, the Illinois Hospital Association proposal, Healthy Illinois, the Single Payer proposal, the Insurance Industry proposal and to have the research entity create a hybrid plan.
- There was discussion regarding the Task Force adhering to the Public Meeting requirements.
- Meeting was adjourned at approximately 3:45 pm.