

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007

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SENATE DRS15152-LN-341A* (5/12)

Short Title: Health Care Policy Council.

(Public)

Sponsors: Senator Purcell.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE BILL MARTIN AND RUTH EASTERLING
HEALTH CARE POLICY COUNCIL.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 143 of the General Statutes is amended by adding the
following new Article to read:

"Article 80.

"Health Care Policy Council.

"§ 143-750. Council established; purpose; findings.

(a) There is established the Health Care Policy Council ("Council"). The Council shall be known and may be cited as the Bill Martin and Ruth Easterling Health Care Policy Council. The purpose of the Council is to conduct ongoing review and analysis of health care policies, programs, and plans to determine whether such policies, programs, and plans ensure that all North Carolinians have access to appropriate and affordable health care on a regular basis. To this end the Council has an ongoing duty to provide timely information and recommendations to the General Assembly, the Governor, and the public at large on health policy in North Carolina and to advise and make recommendations to the General Assembly and the Governor for improvements and enhancements that will result in appropriate and affordable health care for all in North Carolina. Recommendations to the General Assembly shall include detailed plans for moving from the current fragmented health care system to an integrated system of public and private health care services. The plans shall include the costs and benefits to the State, private industry, and the general public of improving the health care system. The Council shall be in the Department of Administration for budgetary purposes only.

(b) The General Assembly finds the following:

(1) For over a decade the number of uninsured has remained at over 1,000,000 North Carolinians.

- 1 (2) Efforts to improve access to health care have been made by the State
2 as far back as the 1940s under Governor Broughton's "Good Health
3 Plan." However, these and more recent efforts have not fully addressed
4 the aspects of health care access necessary to ensure a healthy citizenry
5 and to contribute to a vital economy.
- 6 (3) Health care policy should be guided by the following principles:
- 7 a. Continuous oversight of the health care policy, programs, and
8 plans in North Carolina is essential to ensure access to
9 appropriate and affordable health care for all North Carolinians
10 by reviewing and addressing system strengths and weaknesses
11 over time.
- 12 b. Health care providers and clients should have a primary role in
13 medical care decisions, taking into consideration
14 evidence-based care and cost of care. Medical care should be
15 based on evidence of safety and effectiveness.
- 16 c. All North Carolinians should have access to appropriate and
17 affordable comprehensive care, including dental care, vision
18 care, and mental health services.
- 19 d. Health care policy must recognize the value of prevention, early
20 intervention, and wellness, and should provide incentives for
21 clients to engage in these practices.
- 22 e. Health care policy must recognize the value of public health
23 services that contribute to the improved health of the individual
24 and the community as a whole.
- 25 f. Everyone that benefits from the State's health care system
26 should contribute to its support to the extent possible.

27 **"§ 143-751. Council membership; appointment; per diem.**

- 28 (a) The Council shall consist of 30 members appointed as follows:
- 29 (1) Twelve appointed by the General Assembly upon the recommendation
30 of the Speaker of the House of Representatives. Of these 12 members,
31 five shall be members of the House. The remaining seven shall have
32 the following qualifications:
- 33 a. Two members of the general public neither of whom is
34 affiliated with the insurance industry or health care industry.
- 35 b. Three health care providers, one of whom is a pediatrician, one
36 of whom practices in a rural public or private hospital, and one
37 of whom is a specialty provider.
- 38 c. One advocate selected by the Covenant with North Carolina's
39 Children.
- 40 d. A representative of the health insurance industry.
- 41 (2) Twelve appointed by the General Assembly upon the recommendation
42 of the President Pro Tempore of the Senate. Of these 12 members, five
43 shall be members of the Senate. The remaining seven shall have the
44 following qualifications:

- 1 a. A representative of the health insurance industry.
2 b. Two members who are small employers (50 or fewer
3 employees) not affiliated with the insurance industry or the
4 health care industry.
5 c. Three health care providers, one of whom is a nurse, one of
6 whom practices in an urban public or private hospital, and one
7 of whom is a primary care physician.
8 d. One advocate selected by the NC Health Access Coalition.
9 (3) Four appointed by the Governor, one of whom represents health
10 economists, one of whom represents the academic community, one of
11 whom represents public or private hospitals, and one of whom is a
12 provider of services through a State or local health care program
13 serving uninsured individuals. Two of the Governor's initial appointees
14 shall serve three-year terms; one shall serve an initial two-year term,
15 and one shall serve an initial one-year term. Thereafter, terms shall be
16 for two years.
17 (4) The Commissioner of Insurance and the Secretary of Health and
18 Human Services shall serve on the Council ex-officio.
19 (b) Vacancies on the Council shall be filled by the appointing authority that made
20 the initial appointment. The appointing authority shall fill the vacancy by appointing a
21 person having the same qualifications. Initial appointees to the Council shall serve
22 staggered terms such that two of each appointing authority's initial appointments serve
23 three-year terms, and one by each appointing authority shall serve an initial one-year
24 term. Subsequent appointments shall be for two-year terms. Members may serve not
25 more than two consecutive two-year terms, in addition to any partial term, but may be
26 reappointed after having been off the Council for two years.
27 (c) Council members shall receive no salary as a result of serving on the Council
28 but shall receive necessary subsistence and travel expenses in accordance with the
29 provisions of G.S. 120-3.1, 138-5, and 138-6, as applicable.
30 (d) The Governor shall appoint the chair of the Council.

31 "**§ 143-752. Power, duties, and responsibilities of the Council.**"

32 The Council shall:

- 33 (1) Propose to the General Assembly detailed plans for moving from the
34 current fragmented health care system to an integrated system of
35 public and private health care services by January 1, 2013.
36 (2) Conduct ongoing in-depth reviews of current health care access in
37 North Carolina. The reviews shall include at least the following:
38 a. A literature review of health care policy issues in this State and
39 throughout the country.
40 b. Health care services provided in North Carolina in both the
41 private and public sectors and by all provider delivery methods.
42 c. The demographics of the uninsured population of North
43 Carolina. Such demographics shall include, if available, age,

- 1 income, race, gender, and geographic locations of each
2 population.
- 3 d. Actual cost of health care in North Carolina; e.g., inpatient and
4 outpatient hospital care; primary care; specialty care; long-term
5 care; and chronic disease care.
- 6 e. Appropriateness and availability of mental health,
7 developmental disabilities, and substance abuse services.
- 8 f. Whether local departments of public health should take the lead
9 in providing preventive health services and the cost to North
10 Carolina and its counties to do so.
- 11 g. Incentives to encourage healthy lifestyles, health protection, and
12 disease prevention.
- 13 h. Cost to the State and the impact on its economy of providing
14 access to comprehensive health care for all North Carolinians.
- 15 i. Areas of the State health system where potential savings could
16 be realized and what would need to be done to achieve savings.
- 17 j. Other matters necessary for the Council to carry out its
18 purposes.
- 19 (3) Obtain the input of all parties interested in the health care system
20 through ongoing public hearings and other methods.

21 **§ 143-753. Council meetings.**

22 The Council shall have its initial meeting no later than January 31, 2009. The
23 President Pro Tempore of the Senate and the Speaker of the House of Representatives
24 shall each appoint a cochair from the membership of the Council. The Council shall
25 meet at least three times each calendar year and may meet at other times upon the call of
26 the cochairs. A majority of the members of the Council shall constitute a quorum for the
27 transaction of business. The affirmative vote of a majority of the members present at
28 meetings of the Council shall be necessary for action to be taken by the Council.

29 **§ 143-754. Public hearings.**

30 The Council may hold public meetings across the State to solicit public input with
31 respect to issues related to health care policy in North Carolina.

32 **§ 143-755. Assistance from other agencies.**

33 The Council may obtain information and data from all State officers, agents,
34 agencies, and departments, while in the discharge of its duties, pursuant to the
35 provisions of G.S. 120-19, as if it were a committee of the General Assembly. The
36 Council may also call witnesses, compel testimony relevant to any matter properly
37 before the Council, and subpoena records and documents, provided that any patient
38 record shall have patient identifying information removed. The provisions of
39 G.S. 120-19.1 through G.S. 120-19.4 shall apply to the proceedings of the Council as if
40 it were a joint committee of the General Assembly. In addition to the other signatures
41 required for the issuance of a subpoena under this section, the subpoena shall also be
42 signed by the cochairs of the Council. Any cost of providing information to the Council
43 not covered by G.S. 120-19.3 may be reimbursed by the Council from funds
44 appropriated to it for its continuing duties.

1 **"§ 143-756. Council subcommittees.**

2 The Council cochairs may establish subcommittees for the purpose of making
3 special studies or analyses pursuant to its duties and may appoint members who are not
4 members of the Council to serve on each subcommittee as resource persons. Resource
5 persons shall be voting members of the subcommittee and shall receive subsistence and
6 travel expenses in accordance with G.S. 138-5 and G.S. 138-6, as applicable.

7 **"§ 143-757. Reports.**

8 The Council shall report annually to the General Assembly and the Governor the
9 results of its work. A written report shall be submitted to each session of the General
10 Assembly upon its convening. The Council may propose legislation for introduction in
11 any session of the General Assembly.

12 **"§ 143-758. Council staff and meeting place.**

13 The Council may contract for clerical or professional staff or for any other services it
14 may require in the course of its ongoing study. At the request of the Council, the
15 Legislative Services Commission may supply members of the staff of the Legislative
16 Services Office and clerical assistance to the Council as the Legislative Services
17 Commission considers appropriate.

18 The Council may, with the approval of the Legislative Services Commission, meet
19 in the State Legislative Building or the Legislative Office Building."

20 **SECTION 2.** There is appropriated from the General Fund to the
21 Department of Administration the sum of three hundred thousand dollars (\$300,000) for
22 the 2008-2009 fiscal year. These funds shall be allocated by the Department for the
23 expenses of the North Carolina Health Care Policy Council established under Section 1
24 of this act.

25 **SECTION 3.** This act becomes effective July 1, 2008.