

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2007

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SENATE BILL 1668\*

Short Title: Health Care Policy Council. (Public)

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Sponsors: Senators Purcell; Dannelly, Forrester, McKissick, and Snow.

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Referred to: Appropriations/Base Budget.

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May 20, 2008

1 A BILL TO BE ENTITLED  
2 AN ACT TO ESTABLISH THE BILL MARTIN AND RUTH EASTERLING  
3 HEALTH CARE POLICY COUNCIL.

4 The General Assembly of North Carolina enacts:

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

7 "Article 80.

8 "Health Care Policy Council.

9 **"§ 143-750. Council established; purpose; findings.**

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

25 (b) The General Assembly finds the following:

26 (1) For over a decade the number of uninsured has remained at over  
27 1,000,000 North Carolinians.

28 (2) Efforts to improve access to health care have been made by the State  
29 as far back as the 1940s under Governor Broughton's "Good Health

1 Plan." However, these and more recent efforts have not fully addressed  
2 the aspects of health care access necessary to ensure a healthy citizenry  
3 and to contribute to a vital economy.

4 (3) Health care policy should be guided by the following principles:

5 a. Continuous oversight of the health care policy, programs, and  
6 plans in North Carolina is essential to ensure access to  
7 appropriate and affordable health care for all North Carolinians  
8 by reviewing and addressing system strengths and weaknesses  
9 over time.

10 b. Health care providers and clients should have a primary role in  
11 medical care decisions, taking into consideration  
12 evidence-based care and cost of care. Medical care should be  
13 based on evidence of safety and effectiveness.

14 c. All North Carolinians should have access to appropriate and  
15 affordable comprehensive care, including dental care, vision  
16 care, and mental health services.

17 d. Health care policy must recognize the value of prevention, early  
18 intervention, and wellness, and should provide incentives for  
19 clients to engage in these practices.

20 e. Health care policy must recognize the value of public health  
21 services that contribute to the improved health of the individual  
22 and the community as a whole.

23 f. Everyone that benefits from the State's health care system  
24 should contribute to its support to the extent possible.

25 **§ 143-751. Council membership; appointment; per diem.**

26 (a) The Council shall consist of 30 members appointed as follows:

27 (1) Twelve appointed by the General Assembly upon the recommendation  
28 of the Speaker of the House of Representatives. Of these 12 members,  
29 five shall be members of the House. The remaining seven shall have  
30 the following qualifications:

31 a. Two members of the general public neither of whom is  
32 affiliated with the insurance industry or health care industry.

33 b. Three health care providers, one of whom is a pediatrician, one  
34 of whom practices in a rural public or private hospital, and one  
35 of whom is a specialty provider.

36 c. One advocate selected by the Covenant with North Carolina's  
37 Children.

38 d. A representative of the health insurance industry.

39 (2) Twelve appointed by the General Assembly upon the recommendation  
40 of the President Pro Tempore of the Senate. Of these 12 members, five  
41 shall be members of the Senate. The remaining seven shall have the  
42 following qualifications:

43 a. A representative of the health insurance industry.

- 1           b. Two members who are small employers (50 or fewer  
2           employees) not affiliated with the insurance industry or the  
3           health care industry.
- 4           c. Three health care providers, one of whom is a nurse, one of  
5           whom practices in an urban public or private hospital, and one  
6           of whom is a primary care physician.
- 7           d. One advocate selected by the NC Health Access Coalition.
- 8           (3) Four appointed by the Governor, one of whom represents health  
9           economists, one of whom represents the academic community, one of  
10           whom represents public or private hospitals, and one of whom is a  
11           provider of services through a State or local health care program  
12           serving uninsured individuals. Two of the Governor's initial appointees  
13           shall serve three-year terms; one shall serve an initial two-year term,  
14           and one shall serve an initial one-year term. Thereafter, terms shall be  
15           for two years.
- 16           (4) The Commissioner of Insurance and the Secretary of Health and  
17           Human Services shall serve on the Council ex-officio.
- 18           (b) Vacancies on the Council shall be filled by the appointing authority that made  
19           the initial appointment. The appointing authority shall fill the vacancy by appointing a  
20           person having the same qualifications. Initial appointees to the Council shall serve  
21           staggered terms such that two of each appointing authority's initial appointments serve  
22           three-year terms, and one by each appointing authority shall serve an initial one-year  
23           term. Subsequent appointments shall be for two-year terms. Members may serve not  
24           more than two consecutive two-year terms, in addition to any partial term, but may be  
25           reappointed after having been off the Council for two years.
- 26           (c) Council members shall receive no salary as a result of serving on the Council  
27           but shall receive necessary subsistence and travel expenses in accordance with the  
28           provisions of G.S. 120-3.1, 138-5, and 138-6, as applicable.
- 29           (d) The Governor shall appoint the chair of the Council.
- 30           **§ 143-752. Power, duties, and responsibilities of the Council.**
- 31           The Council shall:
- 32           (1) Propose to the General Assembly detailed plans for moving from the  
33           current fragmented health care system to an integrated system of  
34           public and private health care services by January 1, 2013.
- 35           (2) Conduct ongoing in-depth reviews of current health care access in  
36           North Carolina. The reviews shall include at least the following:
- 37           a. A literature review of health care policy issues in this State and  
38           throughout the country.
- 39           b. Health care services provided in North Carolina in both the  
40           private and public sectors and by all provider delivery methods.
- 41           c. The demographics of the uninsured population of North  
42           Carolina. Such demographics shall include, if available, age,  
43           income, race, gender, and geographic locations of each  
44           population.

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

19    **§ 143-753. Council meetings.**

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

27    **§ 143-754. Public hearings.**

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

30    **§ 143-755. Assistance from other agencies.**

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

43    **§ 143-756. Council subcommittees.**

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

6        **"§ 143-757. Reports.**

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

11        **"§ 143-758. Council staff and meeting place.**

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

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

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

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