

By Senator Dawson

29-969-03

See HB 109

1 A bill to be entitled
2 An act relating to health care; providing a
3 popular name; providing purposes; establishing
4 the Citizens' Health Care Working Group;
5 providing for membership and criteria therefor;
6 providing for term of membership; providing for
7 a chair; requiring public hearings; requiring a
8 report; providing for community health care
9 meetings and for dissemination of
10 recommendations; providing for staff of the
11 working group; providing for travel expenses;
12 requiring a report to the Legislature;
13 providing for termination of the working group;
14 providing an appropriation; providing an
15 effective date.

16
17 WHEREAS, in order to improve the health care system,
18 the citizens of Florida must engage in an informed public
19 debate to make choices about the services they want covered,
20 what health care coverage they want, and how they are willing
21 to pay for coverage, and

22 WHEREAS, although on a national level more than \$1
23 trillion annually is spent on the health care system,
24 2,100,000 Floridians are uninsured, and

25 WHEREAS, insured individuals do not always have access
26 to essential, effective services to improve and maintain their
27 health, and

28 WHEREAS, employers, who provide insurance coverage for
29 nearly 8 million Floridians, find providing coverage
30 increasingly difficult because of rising costs and
31 double-digit premium increases, and

1 WHEREAS, despite increases in medical care spending
2 that are greater than the rate of inflation, population
3 growth, and Gross Domestic Product growth, there has not been
4 a commensurate improvement in our health status as a nation,
5 and

6 WHEREAS, health care costs for just one member of a
7 family can be catastrophic, resulting in medical bills that
8 have the potential to undermine the economic stability of the
9 entire family, and

10 WHEREAS, common life occurrences can jeopardize the
11 ability of a family to retain private coverage or jeopardize
12 access to public coverage, and

13 WHEREAS, innovations in health care access, coverage,
14 and quality of care, including the use of technology, have
15 often come from state governments, local communities, and
16 private sector organizations, but more creative policies could
17 further tap this potential, and

18 WHEREAS, despite our state's wealth, the current health
19 care system does not provide coverage to all Floridians who
20 want it, NOW, THEREFORE,

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22 Be It Enacted by the Legislature of the State of Florida:

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24 Section 1. Popular name.--This act shall be known by
25 the popular name the "Health Care that Works for All
26 Floridians Act."

27 Section 2. Purposes.--The purposes of this act are:

28 (1) To provide for a statewide public debate about
29 improving the health care system to provide every Floridian
30 with the ability to obtain quality, affordable health care
31 coverage.

1 (2) To provide for a vote by the House of
2 Representatives and the Senate on the recommendations that
3 result from the debate.

4 Section 3. Citizens' Health Care Working Group.--

5 (1) The Secretary of Health Care Administration and
6 the Secretary of Health shall establish the Citizens' Health
7 Care Working Group, which shall consist of 27 members.

8 (2) Not later than 45 days after the effective date of
9 this act, the Speaker of the House of Representatives and the
10 majority leader and minority leader of the House of
11 Representatives and the President of the Senate and the
12 majority leader and minority leader of the Senate, who shall
13 be known as "leadership" for the purposes of this act, shall
14 each appoint members to serve on the working group in
15 accordance with subsections (3), (4), and (5).

16 (3) The Secretary of Health Care Administration or a
17 designee and the Secretary of Health or a designee shall be
18 members of the working group. The remaining members of the
19 working group shall be appointed as follows:

20 (a) The Speaker of the House of Representatives
21 jointly with the majority leader and minority leader of the
22 House of Representatives, and the President of the Senate
23 jointly with the majority leader and minority leader of the
24 Senate, shall each appoint one member of the working group
25 from the categories listed in subparagraphs (d)1., 7., 10.,
26 11., and 13.

27 (b) Leadership shall jointly appoint members of the
28 working group from the categories listed in subparagraphs
29 (d)2., 3., 4., 5., 6., 9., and 14.

1 (c) Members of the working group from the categories
2 listed in subparagraphs (d)8. and 12. shall be appointed as
3 follows:

4 1. Leadership shall jointly appoint one member from
5 each category.

6 2. Of the remaining members, 3 shall be appointed by
7 the Speaker of the House of Representatives jointly with the
8 majority leader and minority leader of the House of
9 Representatives, and 3 shall be appointed by the President of
10 the Senate jointly with the majority leader and minority
11 leader of the Senate.

12 (d) The categories from which members shall be
13 appointed are as follows:

14 1. Two members shall be patients or family members of
15 patients who, for at least 1 year prior to the effective date
16 of this act, have had no health insurance.

17 2. One member shall be a representative of children.

18 3. One member shall be a representative of the
19 mentally ill.

20 4. One member shall be a representative of the
21 disabled.

22 5. One member shall be over the age of 65 and a
23 beneficiary under the Medicare program established under Title
24 XVIII of the Social Security Act (42 U.S.C. ss. 1395 et seq.).

25 6. One member shall be a recipient of benefits under
26 the Medicaid program under Title XIX of the Social Security
27 Act (42 U.S.C. ss. 1396 et seq.).

28 7. Two members shall be state health officials.

29 8. Three members shall be employers and shall include:

30 a. One large employer who employed 50 or more
31 employees on business days during the preceding calendar year

- 1 and who employed at least 50 employees on January 1 of the
2 current year.
- 3 b. One small employer who employed an average of at
4 least 2 employees but less than 50 employees on business days
5 in the preceding calendar year and who employed at least 2
6 employees on January 1 of the current year.
- 7 c. One multistate employer.
- 8 9. One member shall be a representative of labor.
- 9 10. Two members shall be health insurance issuers.
- 10 11. Two members shall be health care providers.
- 11 12. Five members shall be appointed from the following
12 categories:
- 13 a. One member shall be an economist.
- 14 b. One member shall be an academician.
- 15 c. One member shall be a health policy researcher.
- 16 d. One member shall be an individual with expertise in
17 pharmacoeconomics.
- 18 e. One member shall be a health technology expert.
- 19 13. Two members shall be representatives of community
20 leaders who have developed state or local community solutions
21 to the problems addressed by the working group.
- 22 14. One member shall be a representative of a medical
23 school.
- 24 (4) Members of the working group shall not include
25 members of the Legislature or other elected officials from
26 federal, state, or local government. To the extent possible,
27 individuals appointed to the working group shall have used the
28 health care system within the previous 2 years and shall not
29 be paid employees or representatives of associations or
30 advocacy organizations involved in the health care system.
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1 (5) Members of the working group shall be appointed
2 for a term of 2 years. Such term is renewable, and any
3 vacancies shall not affect the power and duties of the working
4 group but shall be filled in the same manner as the original
5 appointment.

6 (6) Not later than 15 days after the date on which all
7 members of the working group have been appointed, the Speaker
8 of the House of Representatives and the President of the
9 Senate shall make a joint designation of the chair of the
10 working group. If the Speaker of the House of Representatives
11 and the President of the Senate fail to designate a chair
12 within such time period, the members of the working group
13 shall, not later than 10 days after the end of the 15-day time
14 period, elect a chair by majority vote.

15 (7) The working group may establish subcommittees if
16 doing so increases the efficiency of the working group.

17 (8) Not later than 90 days after the date of
18 appointment of the chair, the working group shall hold
19 hearings to evaluate:

20 (a) The capacity of the public and private health care
21 systems to expand coverage options.

22 (b) The cost of health care and the effectiveness of
23 care provided at all stages of disease, but in particular the
24 cost of services at the end of life.

25 (c) Innovative strategies used by other states to
26 expand health care coverage and lower health care costs.

27 (d) Local community solutions for accessing health
28 care coverage.

29 (e) Efforts to enroll individuals currently eligible
30 for public or private health care coverage.

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1 (f) The role of evidence-based medical practices that
2 can be documented as restoring, maintaining, or improving a
3 patient's health, and the use of technology in supporting
4 providers in improving quality of care and lowering costs.

5 (g) Strategies to assist purchasers of health care,
6 including consumers, in becoming more aware of the impact of
7 costs and to lower the costs of health care.

8 (9) The working group may hold additional hearings on
9 subjects other than those listed in subsection (8) if such
10 additional hearings are determined to be necessary. Additional
11 hearings are not required to be completed within the time
12 period specified in subsection (8) but shall not delay the
13 other activities of the working group as specified in this
14 act.

15 (10) Not later than 90 days after the hearings
16 described in subsections (8) and (9) are completed, the
17 working group shall prepare and make available to health care
18 consumers, through the Internet and other appropriate public
19 channels, a report to be entitled, "Health Report to the
20 Citizens of Florida." Such report shall be understandable to
21 the general public and include:

22 (a) Health care and related services that may be used
23 by individuals throughout their lives.

24 (b) The cost of health care services and their medical
25 effectiveness in providing better quality of care for
26 different age groups.

27 (c) The source of coverage and payment, including
28 reimbursement, for health care services.

29 (d) The reasons people are uninsured or underinsured
30 and the cost to taxpayers, purchasers of health services, and
31 communities when Floridians are uninsured or underinsured.

1 (e) The impact on health care outcomes and costs when
2 individuals are treated in later stages of disease.

3 (f) Health care cost containment strategies.

4 (g) Information on health care needs that need to be
5 addressed.

6 (h) Examples of community strategies to provide health
7 care coverage or access.

8 (i) Information on geographic-specific issues relating
9 to health care.

10 (j) Information concerning the cost of care in
11 different settings, including institutional-based, home-based,
12 and community-based care.

13 (k) A summary of ways to finance health care coverage.

14 (l) The role of technology in providing future health
15 care, including ways to support the information needs of
16 patients and providers.

17 (11)(a) Not later than 1 year after the effective date
18 of this act, the working group shall initiate community health
19 care meetings throughout the state. Community meetings may be
20 geographically or regionally based and shall be completed
21 within 180 days after the initiation of the first meeting.

22 (b) The working group shall hold a sufficient number
23 of community meetings in order to receive information that
24 reflects the geographic differences throughout the state,
25 diverse populations, and a balance among urban and rural
26 populations.

27 (c) A state health officer may serve as facilitator at
28 each community meeting. At least one member of the working
29 group shall attend and serve as chair of each community
30 meeting. Other members may participate through interactive
31 technology.

1 (d) The community meetings shall, at a minimum,
2 address the following issues:

3 1. The optimum way to balance costs and benefits so
4 that affordable health coverage is available to as many people
5 as possible.

6 2. The identification of services that provide
7 cost-effective, essential health care services to maintain and
8 improve health and that should be included in health care
9 coverage.

10 3. The cost of providing increased benefits.

11 4. The mechanisms to finance health care coverage,
12 including defining the appropriate financial role for
13 individuals, businesses, and government.

14 (e) The working group may encourage public
15 participation in community meetings through interactive
16 technology and other means, as determined appropriate by the
17 working group.

18 (12)(a) Not later than 180 days after the date of
19 completion of the community meetings, the working group shall
20 prepare and make available to the public, through the Internet
21 and other appropriate public channels, an interim set of
22 recommendations on health care coverage and ways to improve
23 and strengthen the health care system based on the information
24 and preferences expressed at the community meetings. There
25 shall be a 90-day public comment period on such
26 recommendations.

27 (b) Not later than 120 days after the expiration of
28 the public comment period described in paragraph (a), the
29 working group shall submit to the Speaker of the House of
30 Representatives, the President of the Senate, and the Governor
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1 a final set of recommendations, including any proposed
2 legislative language to implement such recommendations.

3 (13) The working group shall be staffed by employees
4 of the Agency for Health Care Administration and the
5 Department of Health. Sponsoring agencies and organizations
6 shall fund travel and related expenses of their appointed
7 members on the working group. Travel and related expenses of
8 consumer members on the working group shall be reimbursed in
9 accordance with section 112.061, Florida Statutes.

10 (14) The working group may secure directly from any
11 state department or agency such information as the working
12 group considers necessary to carry out the provisions of this
13 act. Upon request of the working group, the head of a state
14 department or agency shall furnish such information.

15 (15) Not later than 1 year after the effective date of
16 this act, the working group shall report to the Speaker of the
17 House of Representatives and the President of the Senate and
18 make public a detailed description of the expenditures of the
19 working group used to carry out its duties.

20 (16) The working group shall terminate when the report
21 described in subsection (16) is submitted to the Speaker of
22 the House of Representatives and the President of the Senate.

23 (17) For fiscal year 2003-2004, the sum of \$200,000
24 from nonrecurring general revenue is appropriated to the
25 Agency for Health Care Administration and the Department of
26 Health to cover the costs of the working group relating to
27 travel and related expenses of staff, consumer members, and
28 members appointed by the agency or department; the hiring of
29 consultants, if necessary; and the reproduction and
30 dissemination of documents.

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1 Section 4. This act shall take effect upon becoming a
2 law.
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