

2009-2010 Regular Sessions

I N S E N A T E

(PREFILED)

January 7, 2009

Introduced by Sens. BRESLIN, DILAN, DUANE, HASSELL-THOMPSON, KRUEGER, ONORATO, PARKER, SAMPSON, SMITH, STAVISKY -- read twice and ordered printed, and when printed to be committed to the Committee on Finance

AN ACT to create a health care financing commission

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Legislative findings. The legislature hereby finds and
2 declares there is a crisis in health care access, affordability and
3 choice in New York state. Health care financing through insurance compa-
4 nies has failed to control the costs, increase access or preserve
5 choice. Many clinics, physicians' practices and emergency departments,
6 especially in rural areas, are closing or operating at a loss. Employ-
7 ers, faced with fewer choices and more expensive premiums, are reducing
8 health coverage offered to employees. The legislature further finds that
9 simplifying health care financing and eliminating administrative waste
10 inherent in multiple insurance plans can create sufficient savings to
11 extend health care insurance to many New York state residents and
12 enhance fairness in the system.

13 The legislature finds that the creation of a health care financing
14 commission will help create a unified health care financing system that
15 will: (a) provide fair, simple and accountable health care financing for
16 all New York state residents; (b) define a comprehensive package of
17 effective and necessary personal health services; (c) allow health care
18 insurance to be independent from employment; (d) provide a system of
19 multiple insurers; (e) generate savings sufficient to provide health
20 insurance to all New York state residents; (f) integrate current public-
21 ly sponsored health programs into the unified health care financing
22 system; (g) preserve the choice of providers; (h) protect patient's
23 rights; (i) keep clinical decisions in the hands of professionals and
24 patients, rather than administrative personnel; (j) promote health care

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

1 quality; and (k) develop effective, nonintrusive methods to control
2 health care costs.

3 S 2. New York health care financing commission; created. 1. There is
4 hereby created the New York health care financing commission.

5 2. Definitions. As used in this act:

6 a. "Commission" means the New York health care financing commission
7 created by this section.

8 b. "Health care provider" or "provider" means any health care facili-
9 ty, or health practitioner or group practice licensed or certified under
10 state law to provide health or health-related services in the state.

11 c. "Long term care" means and includes institutional, residential
12 outpatient or community based services that meet the individual needs of
13 persons of all ages who are limited in their functional capacities or
14 have disabilities and require assistance with performing two or more
15 activities of daily living for an extended or indefinite period of time.
16 These services shall include, but not be limited to, case management,
17 protective supervision, in-home care, nursing services, and convales-
18 cent, custodial, chronic, and terminal care provided in a variety of
19 settings.

20 d. "Preventive care" means medically necessary health services deliv-
21 ered by licensed or certified health care providers for the purpose of
22 promoting health and preventing disease.

23 e. "Resident" means an individual who presents evidence of estab-
24 lished, permanent residency in the state; and shall include individuals,
25 with accompanying family members, who are living in the state for the
26 purpose of engaging in employment for more than one month, and do not
27 enter the state for the primary purpose of obtaining health services.

28 3. a. The commission shall consist of fifteen members to be appointed
29 as follows: one shall be the commissioner of health; one shall be the
30 superintendent of insurance; three shall be appointed by the governor;
31 three to be appointed by the temporary president of the senate; three to
32 be appointed by the speaker of the assembly; two to be appointed by the
33 minority leader of the senate; and two to be appointed by the minority
34 leader of the assembly. The members of the commission shall be selected
35 for their expertise in health care financing and delivery and shall be
36 representative of business, labor and the health professions. The
37 commissioner of health shall serve as chairperson of the commission. The
38 thirteen appointed members of the commission shall serve at the pleasure
39 of the appointing official. Vacancies shall be filled in the manner
40 provided for original appointments.

41 b. The commission shall meet at least four times in each year.

42 c. The members of the commission shall receive no compensation for
43 their services but shall be reimbursed for their actual and necessary
44 expenses incurred by them in the performance of their duties.

45 d. Notwithstanding any inconsistent provision of any general, special
46 or local law, ordinance, resolution or charter, no officer, member or
47 employee of the state or of any public corporation shall forfeit his or
48 her office or employment by reason of his or her acceptance of appoint-
49 ment as a member of the commission, nor shall service as such commission
50 member be deemed incompatible or in conflict with such office or employ-
51 ment.

52 e. The commission shall appoint such staff as may be necessary to
53 carry out its duties.

54 S 3. Powers and duties of the commission. The commission shall have
55 the following powers and duties:

- 1 1. To create a detailed proposal for a unified financing system for
2 health services for all residents through a plan that emphasizes compre-
3 hensive health care, including preventive, long-term and mental health
4 care, quality of care, choice of provider, and cost control;
- 5 2. To complete a report, including a study of economic feasibility,
6 within two years of the effective date of this act;
- 7 3. To employ town hall meetings, the media, and such other methods of
8 engaging citizens in discussions about health care financing issues and
9 choices;
- 10 4. To demonstrate the economic feasibility of the proposal compared
11 with continuation of the current situation, taking into account effects
12 on individuals, workers, businesses, the viability of health care
13 providers' practices and institutions and the overall economy of the
14 state;
- 15 5. To devise a mechanism for financing health services that is
16 adequate, efficient, fair and consistent with federal laws. The funds
17 should be dedicated to health care and kept separate from the state's
18 general fund;
- 19 6. To submit a proposal to the legislature within thirty months of the
20 effective date of this act which proposal shall be sufficiently detailed
21 to enable appropriate legislation and proposed legislation for implemen-
22 tation of the commission's proposals; and
- 23 7. To request and obtain from any state or local officer or agency any
24 information necessary to the commission for the exercise of its respon-
25 sibilities and duties.
- 26 S 4. Conflict with federal requirements. If any part of this act is
27 found to be in conflict with federal requirements that are a prescribed
28 condition to the allocation of federal funds to the state, the conflict-
29 ing part of this act is inoperative solely to the extent of the conflict
30 and with respect to the agencies directly affected, and this finding
31 does not affect the operation of the remainder of this act in its appli-
32 cation to the agencies concerned. Any rules adopted under this act must
33 meet federal requirements that are a necessary condition to the receipt
34 of federal funds by the state.
- 35 S 5. This act shall take effect immediately.