S T A T E O F N E W Y O R K

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I N S E N A T E

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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:

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

The legislature finds that the creation of a health care financing commission will help create a unified health care financing system that will: (a) provide fair, simple and accountable health care financing for all New York state residents; (b) define a comprehensive package of effective and necessary personal health services; (c) allow health care insurance to be independent from employment; (d) provide a system of multiple insurers; (e) generate savings sufficient to provide health insurance to all New York state residents; (f) integrate current publicly sponsored health programs into the unified health care financing system; (g) preserve the choice of providers; (h) protect patient's rights; (i) keep clinical decisions in the hands of professionals and 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.

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

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

2. Definitions. As used in this act:

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

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

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

d. "Preventive care" means medically necessary health services delivered by licensed or certified health care providers for the purpose of promoting health and preventing disease.

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

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

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

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

d. Notwithstanding any inconsistent provision of any general, special or local law, ordinance, resolution or charter, no officer, member or employee of the state or of any public corporation shall forfeit his or her office or employment by reason of his or her acceptance of appointment as a member of the commission, nor shall service as such commission member be deemed incompatible or in conflict with such office or employment.

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

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

1. To create a detailed proposal for a unified financing system for health services for all residents through a plan that emphasizes comprehensive health care, including preventive, long-term and mental health care, quality of care, choice of provider, and cost control;

2. To complete a report, including a study of economic feasibility, within two years of the effective date of this act;

3. To employ town hall meetings, the media, and such other methods of engaging citizens in discussions about health care financing issues and choices;

4. To demonstrate the economic feasibility of the proposal compared with continuation of the current situation, taking into account effects on individuals, workers, businesses, the viability of health care providers' practices and institutions and the overall economy of the state;

5. To devise a mechanism for financing health services that is adequate, efficient, fair and consistent with federal laws. The funds should be dedicated to health care and kept separate from the state's general fund;

6. To submit a proposal to the legislature within thirty months of the effective date of this act which proposal shall be sufficiently detailed to enable appropriate legislation and proposed legislation for implementation of the commission's proposals; and

7. To request and obtain from any state or local officer or agency any information necessary to the commission for the exercise of its responsibilities and duties.

S 4. Conflict with federal requirements. If any part of this act is found to be in conflict with federal requirements that are a prescribed condition to the allocation of federal funds to the state, the conflicting part of this act is inoperative solely to the extent of the conflict and with respect to the agencies directly affected, and this finding does not affect the operation of the remainder of this act in its application to the agencies concerned. Any rules adopted under this act must meet federal requirements that are a necessary condition to the receipt of federal funds by the state.

S 5. This act shall take effect immediately.