

CHAPTER 305

AN ACT establishing the "New Jersey Health Care Access Study Commission."

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. The Legislature finds and declares that:
 - a. The number of people in this State who do not have health insurance has increased significantly over a period of several years;
 - b. Nearly 1.2 million New Jerseyans, or almost 14% of the State population, were without health care coverage in 2001;
 - c. The uninsurance rate in New Jersey among both non-elderly adults and children is still high for those whose annual incomes are less than 100% of the federal poverty level even with the Legislature's recent expansion of the NJ FamilyCare Program, which will provide health care coverage to low-income families;
 - d. Racial and ethnic, as well as income, disparities in access to health care threaten communities across the State, as they do across the entire nation;
 - e. Dollars that could be expended on providing health care services are being diverted to meet administrative costs and not patient needs;
 - f. The current health care system too often puts the financial bottom line ahead of patient care and threatens the financial viability of those health care providers who attempt to provide a safety net that meets the treatment needs of the uninsured and poorly insured; and
 - g. There is an urgent need for an independent mechanism by which State policymakers can study and consider various options for achieving the goal of establishing a health care system that provides State residents with access to health care regardless of income, age, employment or health status, and in which health care providers are able to provide patients with the quality health care that they need.

2. a. There is established the "New Jersey Health Care Access Study Commission" in the Department of Health and Senior Services.

The purpose of the commission shall be to study and develop specific recommendations regarding the most effective means of achieving the goal of establishing a health care system in the State that provides access to health care for State residents and which:

- (1) is affordable to individuals, families, businesses and taxpayers, and removes financial barriers to needed health care;
- (2) is as cost-efficient as practicable by expending the maximum amount available on direct patient care;
- (3) provides comprehensive benefits that include benefits for mental health and long-term care services;
- (4) promotes prevention and early intervention;
- (5) includes parity for mental health and other services;
- (6) eliminates disparities in access to quality health care;
- (7) addresses the needs of people with special health care needs and underserved populations in both urban and rural areas;
- (8) promotes health care quality and better health outcomes;
- (9) addresses the need to have an adequate number of qualified health care providers to guarantee timely access to quality health care;
- (10) provides adequate and timely payments in order to guarantee access to health care providers;
- (11) fosters a strong network of health care facilities, including safety net providers;
- (12) ensures continuity of coverage and care;
- (13) maximizes consumer choice of health care providers; and
- (14) is easy for patients and health care providers to use and reduces the volume of paperwork from its current level.

b. The commission shall consist of 28 members as follows:

- (1) the Commissioners of Health and Senior Services, Human Services and Banking and Insurance, and the State Treasurer, or their designees, who shall serve *ex officio*; and
- (2) 24 public members, who shall be appointed by the Governor no later than the 60th day after the effective date of this act, as follows: one person upon the recommendation of the New

Jersey Hospital Association; one person upon the recommendation of the Hospital Alliance of New Jersey; one person upon the recommendation of the New Jersey Council of Teaching Hospitals; one person upon the recommendation of the New Jersey Primary Care Association, Inc.; one person upon the recommendation of the Medical Society of New Jersey; one person upon the recommendation of the New Jersey State Nurses Association; one person upon the recommendation of the Health Professionals and Allied Employees; one person upon the recommendation of the New Jersey Academy of Family Physicians; one person upon the recommendation of the American College of Emergency Physicians, New Jersey Chapter; one person upon the recommendation of the University of Medicine and Dentistry of New Jersey, who shall be an expert on multicultural health issues and racial and ethnic health disparities; one person upon the recommendation of the New Jersey Association of Osteopathic Physicians and Surgeons; one person upon the recommendation of the New Jersey Dental Association; one person upon the recommendation of AARP; one person upon the recommendation of the New Jersey Business and Industry Association; one person upon the recommendation of the New Jersey State AFL-CIO; one person upon the recommendation of AAHP-HIAA; one person upon the recommendation of an insurance carrier providing a managed care plan under the Medicaid program; one person upon the recommendation of a health service corporation; one person upon the recommendation of Legal Services of New Jersey; one person upon the recommendation of The Center for State Health Policy at Rutgers, The State University of New Jersey; and four members of the public who have a demonstrated expertise in issues relating to the work of the commission, two of whom shall represent organizations that have a demonstrated record of advocacy on behalf of medically indigent persons and persons with mental illness, respectively.

Vacancies in the membership of the commission shall be filled in the same manner provided for the original appointments.

c. The Commissioner of Health and Senior Services or the commissioner's designee shall serve as chairperson of the commission. The commission shall organize as soon as practicable following the appointment of its members and shall select a vice-chairperson from among the members. The chairperson shall appoint a secretary who need not be a member of the commission.

d. The public members shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties and within the limits of funds available to the commission.

e. The commission shall be entitled to call to its assistance and avail itself of the services of the employees of any State, county or municipal department, board, bureau, commission or agency as it may require and as may be available to it for its purposes.

f. The commission may meet and hold hearings at the places it designates during the sessions or recesses of the Legislature.

g. The Department of Health and Senior Services shall provide staff support to the commission.

3. The commission shall report its findings and recommendations to the Governor and the Legislature, along with any legislative bills that it desires to recommend for adoption by the Legislature, no later than January 1, 2008

4. This act shall take effect immediately and shall expire upon the issuance of the commission report.

Approved January 11, 2006.