

**SUBSTITUTE FOR
HOUSE BILL NO. 6006**

A bill to create a task force to study adequate health care;
and to provide for a report.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1. (1) There is created a task force to study adequate
2 health care. The task force shall consist of 9 voting members
3 appointed as follows:

4 (a) One member appointed by the governor.

5 (b) Two members appointed by the senate majority leader.

6 (c) Two members appointed by the senate minority leader.

7 (d) Two members appointed by the speaker of the house of
8 representatives.

9 (e) Two members appointed by the minority leader of the house

1 of representatives.

2 (2) The task force shall have a chairperson and vice-
3 chairperson who shall be elected by the voting members at the first
4 meeting of the task force.

5 (3) The director of the department of community health or his
6 or her designee, the director of the office of services to the
7 aging or his or her designee, the director of the department of
8 human services or his or her designee, and the commissioner of the
9 office of financial and insurance services or his or her designee
10 shall represent their respective departments and offices and shall
11 be invited to attend task force meetings, but shall not be members
12 of the task force. The members of the task force shall be appointed
13 by February 1, 2007. The departments and offices of state
14 government represented on the task force shall work cooperatively
15 to provide administrative support for the task force, with the
16 department of community health acting as the primary agency in
17 providing that administrative support.

18 Sec. 3. By no later than March 1, 2008, the task force shall
19 submit a report to the legislature and the governor that makes
20 recommendations for a health care access plan or plans that would
21 provide access to a full range of preventive, acute, and long-term
22 health care services to residents of this state, including all of
23 the following:

24 (a) An integrated system or systems of health care delivery.

25 (b) Incentives to be used to contain costs.

26 (c) Core benefits that would be provided under each type of
27 plan.

1 (d) Reimbursement mechanisms for health care providers.

2 (e) Administrative efficiencies.

3 (f) Mechanisms for generating spending priorities based on
4 multidisciplinary standards of care established by verifiable
5 replicated research studies demonstrating quality and cost-
6 effectiveness of interventions, providers, and facilities.

7 (g) Methods for reducing the cost of prescription drugs both
8 as part of, and as separate from, the health care access plan.

9 (h) Appropriate reallocation of existing health care
10 resources.

11 (i) Equitable financing of each proposal.

12 (j) Recommendations concerning the delivery of, and financing
13 for, long-term care services.