

ONE HUNDRED THIRD LEGISLATURE

FIRST SESSION

LEGISLATIVE RESOLUTION 22

Introduced by Campbell, 25; Gloor, 35.

WHEREAS, spending on health care in the United States has grown faster than the gross domestic product (GDP), the rate of inflation, and the rate of population growth for most of the last four decades; and

WHEREAS, the share of GDP devoted to health care in the United States has risen from 5.2% in 1960 to 17.6% in 2009; and

WHEREAS, the total public and private health care expenditure in Nebraska in 2009 was \$12,649,000,000; and

WHEREAS, since 2000 real hourly wage growth, net of health benefits, has stagnated while inflation-adjusted family health insurance premiums have increased 58%; and

WHEREAS, the average employer-based health insurance annual premium cost in Nebraska in 2011 was \$13,776; and

WHEREAS, eleven of Nebraska's ninety-three counties have no primary care physicians, and observers believe the lack of primary care physicians will become more acute as more people enter the health care system as a result of the federal Affordable Care Act; and

WHEREAS, officials estimate that, under current demand, Nebraska will be short approximately three hundred primary care physicians by 2014. The number of physicians older than sixty-five years of age has jumped by 78% in the past five years; and

WHEREAS, it is anticipated by the University of Nebraska Medical Center that by 2014 the state will need at least 1,685 primary care physicians, 314 primary care nurse practitioners, and 350 primary care physician assistants to meet the increased demand from the newly insured resulting from health care reform; and

WHEREAS, Nebraska's uninsured rate for persons younger than sixty-five years of age is 14.9% (more than 232,000), which is an increase of 67.4% since 2000; and

WHEREAS, Nebraska counties with uninsured rates of 21% or greater exist only in rural areas; and

WHEREAS, Nebraska's future economic and fiscal success requires a healthy population, high quality health care at lower cost, and greater efficiency; and

WHEREAS, Nebraska's families and small businesses are faced with increasing and unsustainable health care costs; and

WHEREAS, successful transformation of Nebraska's health care system is essential to the state's economic well-being and the quality of care provided to Nebraskans; and

WHEREAS, health care reform is not only a matter of coverage or increasing access. True reform is total system transformation into a patient-centric, high-value enterprise; and

WHEREAS, understanding the challenge of health care reform and solving Nebraska's health care system crisis requires a new level of cooperation between all health care partner stakeholders and policymakers in Nebraska; and

WHEREAS, state government must provide clear leadership and accountability to health care system transformation efforts and must do so in a way that demands transparency, trust, and full participation from all partner stakeholders.

NOW, THEREFORE, BE IT RESOLVED BY THE MEMBERS OF THE ONE HUNDRED THIRD LEGISLATURE OF NEBRASKA, FIRST SESSION:

1. That the Health and Human Services Committee of the Legislature, in cooperation with the Banking, Commerce and Insurance Committee of the Legislature, be designated to develop policy recommendations towards transformation of Nebraska's health care system.

2. In order to develop its policy recommendations, the Health and Human Services Committee of the Legislature, in cooperation with the Banking, Commerce and Insurance Committee of the Legislature, shall bring together through information-gathering meetings and work groups partner stakeholders at all levels, including state and local governments, public and private insurers, health care delivery organizations, employers, specialty societies, consumer groups, patients, consumers, and all other interested parties, to work together with the shared objectives of controlling health care costs and improving health care quality.

3. With input from partner stakeholders and in conjunction with the Banking, Commerce and Insurance Committee of the Legislature, the Health and Human Services Committee of the Legislature shall:

a. Provide a comprehensive review of Nebraska's health care delivery, cost, and coverage demands;

b. Engage stakeholders in dialogue, roundtable discussions, and public policy discourse;

c. Develop a framework for health care system transformation to meet public health, workforce, delivery, and budgetary responsibilities; and

d. Develop cooperative strategies and initiatives for the design, implementation, and accountability of services to improve care, quality, and value while advancing the overall health of Nebraskans.

4. The Health and Human Services Committee of the Legislature may conduct public hearings and, with the Banking, Commerce and Insurance Committee of the Legislature, make recommendations relating to health care for Nebraskans. The Health and Human Services Committee of the Legislature and the Banking, Commerce and Insurance Committee of the Legislature shall hold a joint hearing by November 1, 2013, to discuss the information obtained pursuant to this resolution.

5. The Health and Human Services Committee of the Legislature and the Banking, Commerce and Insurance Committee of the Legislature, along with any work groups created pursuant to this resolution, shall rely on information, data, and subject matter expertise and consultation from a wide range of entities, including the Division of Medicaid and Long-Term Care and the Division of Public Health of the Department of Health and Human Services, the Department of Insurance, and any other agencies the committees identify, to provide collaboration with the committees and any such work groups to attain the goals for health care system transformation.

6. The funding of the activities of the Health and Human Services Committee of the Legislature under this resolution will be provided from existing appropriations for the committee from the Nebraska Health Care Cash Fund.