
HOUSE CONCURRENT RESOLUTION 4406

State of Washington

57th Legislature

2001 Regular Session

By Representatives Schual-Berke, Campbell, Pennington, G. Chandler, DeBolt, Mulliken, Grant, McMorris, Edwards, McIntire, Cody, Morris, D. Schmidt, Poulsen, Doumit, H. Sommers, Darneille, Barlean, Cox, Kagi, Tokuda, Linville, Ogden, Edmonds, Wood, Santos, Kessler, Simpson and Kenney

Read first time 02/08/2001. Referred to Committee on Health Care.

1 WHEREAS, The availability and affordability of quality medical care
2 is of critical importance to the health of Washington residents; and

3 WHEREAS, After remaining stable for several years, the cost of
4 medical care is increasing at a disproportionally high rate; and

5 WHEREAS, These increasing costs are placing quality care beyond the
6 reach of a growing number of Washington citizens, and contributing to
7 health care expenditures that strain the resources of individuals,
8 businesses, and public programs; and

9 WHEREAS, Efforts by public and private purchasers to control
10 expenditures, and the strain these efforts place on the stability of
11 the medical care work force and viability of medical facilities,
12 threaten to reduce access to quality care for all residents of the
13 state;

14 NOW, THEREFORE, BE IT RESOLVED, By the House of Representatives of
15 the state of Washington, the Senate concurring, That a blue ribbon
16 commission on medical care cost and access be established. The
17 commission will consist of the following eleven members:

18 (1) Four members from the House of Representatives, to include one
19 member of each party caucus from the Health Care Committee, and one
20 other member of each party caucus from the Appropriations Committee, to
21 be appointed by the Co-Speakers of the House of Representatives;

1 (2) Four members from the Senate, to include one member of each
2 party caucus from the Health and Long-Term Care Committee, and one
3 other member of each party caucus from the Ways and Means Committee, to
4 be appointed by the President of the Senate;

5 (3) The Insurance Commissioner; and

6 (4) Two members appointed by the Governor, one of whom the Governor
7 shall designate as the chair; and

8 BE IT FURTHER RESOLVED, That consistent with funds appropriated
9 specifically for this purpose, the commission may hire staff or
10 contract for professional assistance. State agencies, the Senate, and
11 the House of Representatives may provide staff support upon request of
12 the commission. The commission shall establish ad hoc technical
13 advisory committees as appropriate, to include representatives of
14 business, employee organizations, medical care providers, drug
15 manufacturers, public health officials, health carriers, state
16 agencies, health policy experts, consumer organizations, the general
17 public, and any others with an interest in or expertise regarding the
18 work of the commission. The commission may reimburse committee members
19 for related travel expenses; and

20 BE IT FURTHER RESOLVED, That in the conduct of its business, the
21 commission shall have access to all health-related data available to
22 state agencies by statute. The head of each agency shall provide the
23 commission with all requested data or other relevant information
24 maintained by the agency in a timely and easy-to-comprehend manner; and

25 BE IT FURTHER RESOLVED, That members of the commission shall
26 receive no compensation for their service, except that travel expenses
27 shall be reimbursed, from whatever funds are made available to the
28 commission, pursuant to RCW 43.03.050 and 43.03.060, and for members of
29 the legislature appointed to the commission, travel expenses shall be
30 reimbursed pursuant to RCW 44.04.120; and

31 BE IT FURTHER RESOLVED, That the commission shall:

32 (1) Conduct a comprehensive assessment of the medical care
33 financing and delivery system in this state, including, among other
34 things, the adequacy and stability of the work force, the financial
35 viability of medical care facilities, and the extent to which public
36 programs and private insurers do, and will continue to, provide access
37 to all residents of the state to necessary, appropriate, cost-
38 effective, and quality medical care;

1 (2) Evaluate alternatives to address the problems identified in the
2 comprehensive assessment, including, among other things, modifying the
3 structure, administration and funding of state programs, changing state
4 insurance regulations, changing the way the state educates and
5 regulates medical professionals, changing the way the state regulates
6 medical facilities, and making better use of public and private
7 resources to prevent disease and injury or otherwise reduce the need
8 and demand for costly medical services; and

9 (3) Recommend specific actions to be taken by state agencies, the
10 legislature, and others to implement the preferred alternatives in
11 order to assure the long-term stability of the state's health care
12 system and the on-going access of all Washington residents to adequate
13 and affordable medical services; and

14 BE IT FURTHER RESOLVED, That the commission shall submit an initial
15 report to the legislature and the Governor on or before December 1,
16 2001; shall submit recommendations to the legislature and the Governor
17 on or before December 1, 2002; and shall submit a final report to the
18 legislature and the Governor on or before December 1, 2003. The
19 commission shall cease to exist on December 1, 2003.

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