

**HOUSE BILL NO. 407**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIFTH LEGISLATURE - SECOND SESSION

**BY REPRESENTATIVES HAWKER, Kawasaki**

**Introduced: 2/19/08**

**Referred: Health, Education and Social Services, Finance**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act establishing the Alaska Health Reform Policy Commission in the Department**  
2 **of Health and Social Services; and providing for an effective date."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 \* **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section  
5 to read:

6 **LEGISLATIVE FINDINGS AND INTENT.** (a) The Alaska Legislature finds that

7 (1) the Constitution of the State of Alaska requires the legislature to promote  
8 and protect the public health;

9 (2) health policy issues present some of the greatest challenges faced by the  
10 state;

11 (3) the health status of Alaskans is directly tied to the long-term success of the  
12 state's economy and well being; and

13 (4) the increasing cost of health care is threatening employer-sponsored health  
14 care and making companies less competitive in the global economy.

1 (b) The legislature intends to mandate under this Act an evaluation of the state's  
 2 health care needs, propose reforms, and improve health care in Alaska by establishing the  
 3 Alaska Health Reform Policy Commission to include all public and private stakeholders for  
 4 the purpose of developing a comprehensive policy that better meets the current and long-  
 5 range healthcare needs in the state.

6 \* **Sec. 2.** AS 18 is amended by adding a new chapter to read:

7 **Chapter 09. Statewide Health Care.**

8 **Article 1. Alaska Health Reform Policy Commission.**

9 **Sec. 18.09.010. Alaska Health Reform Policy Commission.** The Alaska  
 10 Health Reform Policy Commission is established in the Department of Health and  
 11 Social Services. The purpose of the commission is to consider the entire spectrum of  
 12 health care related issues in the state and formulate targeted and specific policy  
 13 recommendations to be considered by the legislature and by the executive branch.

14 **Sec. 18.09.020. Composition; chair; meetings.** (a) The commission consists  
 15 of 16 members, including

16 (1) 11 members appointed by the governor as follows:

17 (A) the commissioner of health and social services or the  
 18 commissioner's designee, who shall serve as chair;

19 (B) 10 members who have specialized training or experience  
 20 and are recognized leaders in the members' field and who are either a health  
 21 care consumer or health care provider of services as follows:

22 (i) three members representing private health care  
 23 interests;

24 (ii) three members representing organizations that  
 25 provide health care coverage, including an employer that provides an  
 26 employer-sponsored health insurance plan, a union that has a union  
 27 health care trust, and a third-party insurance provider;

28 (iii) two members representing health care consumers;

29 (iv) one member representing non-Native federal health  
 30 care services;

31 (v) one member representing tribal health care services;

1 and

2 (2) five ex-officio nonvoting advisory members appointed as follows:

3 (A) two members from the senate, appointed by the president  
4 of the senate;

5 (B) two members from the house of representatives, appointed  
6 by the speaker of the house of representatives;

7 (C) one member appointed by the governor who is not subject  
8 to legislative confirmation.

9 (b) The commission shall meet regularly in person or by teleconference. All  
10 meetings shall be open to the public and shall be held on reasonable notice. A quorum  
11 is a majority of the voting members of the commission. The votes of the commission  
12 members shall be recorded, and effective action requires the affirmative vote of a  
13 majority of the voting commission members present. No member may be recused from  
14 voting solely based on a conflict of interest.

15 (c) A public member appointed to the commission is not entitled to a salary,  
16 but is entitled to per diem, reimbursement for travel, and other expenses authorized for  
17 boards and commissions under AS 39.20.180.

18 (d) Members serve at the pleasure of the member's appointing authority for a  
19 five-year term; vacancies may be filled for the remainder of a member's term.

20 **Sec. 18.09.030. Duties.** The duties of the commission established under  
21 AS 18.09.010 include

22 (1) providing a public forum for the consideration and discussion of  
23 health policy alternatives;

24 (2) developing, coordinating, and recommending to the legislature and  
25 to the governor health policy reform initiatives;

26 (3) coordinating policy development with state, federal, and private  
27 sector interests that finance, provide, or regulate the delivery of health care;

28 (4) coordinating health policy development among relevant state  
29 agencies;

30 (5) developing policy recommendations to

31 (A) improve individual access to health insurance and health

1 care services;

2 (B) promote healthful life choices made by individuals;

3 (C) contain health care costs;

4 (D) enhance diversity of health care options;

5 (E) improve quality of health care;

6 (F) inform consumers;

7 (G) meet current and future workforce needs in the health care

8 industry; and

9 (6) developing viable financing proposals to support the commission's  
10 recommendations.

11 **Sec. 18.09.040. Executive director.** The commission shall employ an  
12 executive director who may not be a member of the commission. The executive  
13 director shall serve at the pleasure of the commission. The commission shall establish  
14 the duties of the executive director. The executive director is in the partially exempt  
15 service under AS 39.25 (State Personnel Act).

16 **Sec. 18.09.050. Reports.** The commission shall submit an annual report to the  
17 legislature and the governor by January 15 of each year. The report shall summarize  
18 significant work, findings, and recommendations of the commission. The first report  
19 of the commission must include a five-year strategic plan with prioritized, targeted,  
20 and defined objectives as well as an evaluation of the strengths, weaknesses, and  
21 relative performance of health care services and conditions in Alaska. Subsequent  
22 reports must include revisions, if any, to the strategic plan, along with a report on the  
23 progress of the commission in meeting the objectives of the plan.

24 \* **Sec. 3.** AS 39.25.120(c)(7) is amended to read:

25 (7) the principal executive officer of the following boards, councils, or  
26 commissions:

27 (A) Alaska Public Broadcasting Commission;

28 (B) Professional Teaching Practices Commission;

29 (C) Parole Board;

30 (D) Board of Nursing;

31 (E) Real Estate Commission;

- 1 (F) Alaska Royalty Oil and Gas Development Advisory Board;  
2 (G) Alaska State Council on the Arts;  
3 (H) Alaska Police Standards Council;  
4 (I) Alaska Commission on Aging;  
5 (J) Alaska Mental Health Board;  
6 (K) State Medical Board;  
7 (L) Governor's Council on Disabilities and Special Education;  
8 (M) Advisory Board on Alcoholism and Drug Abuse;  
9 (N) Statewide Suicide Prevention Council;  
10 (O) the State Board of Registration for Architect, Engineers,  
11 and Land Surveyors;

12 **(P) the Alaska Health Reform Policy Commission;**

13 \* **Sec. 4.** AS 18.09.010, 18.09.020, 18.09.030, 18.09.040, 18.09.050, 18.09.095; and  
14 AS 39.25.120(c)(7)(P) are repealed July 1, 2014.

15 \* **Sec. 5.** This Act takes effect immediately under AS 01.10.070(c).