

## ONE HUNDRED THIRD LEGISLATURE

## SECOND SESSION

**LEGISLATIVE RESOLUTION 422**

Introduced by Campbell, 25; Gloor, 35.

WHEREAS, eleven of Nebraska's ninety-three counties have no primary care physicians; and

WHEREAS, those 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, the availability of high-quality health care at lower costs, and greater efficiency in health care delivery; and

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

WHEREAS, health care reform requires the transformation of health care delivery into a patient-centric, high-value enterprise; and

WHEREAS, the challenge of health care reform requires a new level of cooperation between all health care partner stakeholders and policymakers in Nebraska; and

WHEREAS, state government must provide clear leadership for health care system transformation efforts that results in transparency, trust, and full participation from all partner stakeholders; and

WHEREAS, as a result of Legislative Resolution 22 (LR22) passed during the One Hundred Third Legislature, First Session, the Health and Human Services Committee, in conjunction with the Banking, Commerce and

Insurance Committee, held a conference on health care in Nebraska attended by 167 stakeholders from across the state; and

WHEREAS, the LR22 stakeholders conference examined what the Nebraska health care system should look like in fifteen years and what opportunities and challenges Nebraska patients, providers, and payers will face during the period of change over the next fifteen years. This examination resulted in dialogue on population health, personal health, health care worker education and care processes, and delivery of health care and health care costs in Nebraska; and

WHEREAS, LR22 initiated the discussion, but there is opportunity for continued partnership and leadership by the Legislature in the development of a vision for transformation of the Nebraska health care system.

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

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

2. That in order to develop its policy recommendations, the Health and Human Services Committee, in cooperation with the Banking, Commerce and Insurance Committee, shall continue to 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. That with input from partner stakeholders and in cooperation with the Banking, Commerce and Insurance Committee, the Health and Human Services Committee shall continue to:

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

b. Define opportunities for expansion of health care delivery to rural and medically underserved regions and patients through telemedicine, electronic home care devices, and Internet-based care;

c. Determine the role of team-based care including the patient-centered medical home, accountable care organizations, and introduction of additional health care providers to these medical teams;

d. Assess the opportunities for loan forgiveness for service of health care providers in designated underserved counties of Nebraska;

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

f. Develop a framework for health care system transformation that meets public health, workforce, delivery, and budgetary responsibilities; and

g. Develop cooperative strategies and initiatives for the design, implementation, and accountability of services that improve care quality and value-based care while advancing the overall health of all Nebraskans.

4. That the Health and Human Services Committee will conduct additional public hearings and with the Banking, Commerce and Insurance Committee make recommendations relating to health care for all Nebraskans. The Health and Human Services Committee and the Banking, Commerce and Insurance Committee shall hold a joint hearing not later than November 14, 2014, to consider recommendations obtained pursuant to this resolution.

5. That the Health and Human Services Committee and the Banking, Commerce and Insurance Committee, along with any work groups created pursuant to this resolution, shall rely on information, data, and subject matter expertise from consultation with 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. That the funding of the activities of the Health and Human Services Committee under this resolution will be provided by existing appropriations for the committee from the Nebraska Health Care Cash Fund.