

**Draft Comparison of Adequate Health Care Task Force Interests and Stakeholder Proposals
State of Illinois Department of Public Health**

Matrix Overview: For each interest identified by the Adequate Health Care Task Force on May 9 and 23, 2006, Navigant Consulting, Inc. reviewed information submitted by proposers and indicated if the proposal meets that interest (“Yes” or “No”); if the answer is not a clear “yes” or “no,” we provided a brief summary of what the proposal included related to this interest. We have indicated when an interest was not specifically addressed in the proposer’s materials to avoid inappropriate assumptions regarding the proposer’s intent. Please note that additional evaluation is needed to determine whether a proposal’s approach to an interest is feasible or effective.

Interest	Illinois Hospital Association	Campaign for Better Health Care and Health and Disability Advocates	Single Payer	Healthy Illinois	Selected Insurance Industry TF Members	
<i>ADHERENCE TO HEALTH CARE JUSTICE ACT STATUTORY CRITERIA</i>						
1.	Provides access to a full range of preventive, acute, and long-term health care service	Proposes a Safety Net Benefit Package offered through new employer-based programs (Employer-Sponsored Insurance Initiative [ESI] and Small Employer Purchasing Cooperative [SEPC]) include preventive care and core components of basic major medical protection and exclude dental, skilled nursing facility and vision services. Medicaid expansion for parents includes a comprehensive benefit package.	Yes – Expands Medicaid and State Children’s Health Insurance Program (SCHIP) coverage to include dental and vision benefits for adults. Existing Medicaid package is comprehensive and includes preventive, acute and long-term care benefits. Purchasing pool benefits equal to Illinois State Employee benefit options, which include a comprehensive set of preventive and acute services, plus access to hospice and long-term care.	Yes – Covers all medically necessary services, including acute, rehabilitative, long-term and home care, mental health and substance abuse, dental services, occupational health care, prescription drugs and medical supplies, durable medical equipment, vision and preventive and public health measures.	Yes – Includes a comprehensive package of benefits that includes, at a minimum, hospitalizations, mental health, prescription drugs and preventive care, and meets the requirements for mandated coverage under the Illinois Insurance Code.	Non-public benefit package content not specifically addressed; however, proposer indicates that public benefit package would follow existing statutory and regulatory requirements, except that individuals and small groups would be allowed to opt out of benefit mandates they consider unnecessary; Medicaid and SCHIP expansion to single childless adults includes a comprehensive benefit package.
2.	Provides core benefits for all Illinois residents					
3.	Core benefits that would be provided under each type of plan					

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4. Maintains and improves the quality of health care services offered to Illinois residents	Not specifically addressed in proposer's materials.	Requires that the Illinois Department of Public Health (IDPH) and other state agencies that monitor and oversee quality provide a written report every six months to the Guaranteed Health Security Task Force that that would oversee the implementation of a health access plan. Task Force will have the authority to initiate any additional advisory task force that is needed.	Contains 10 key quality principles but provides limited information on how those quality principles would be implemented for an Illinois-specific payer model. Promotes electronic health records, electronic lab reporting and electronic prescribing to improve quality and patient safety. Promotes single standard of care through benefit design, and directs resources to underserved areas. Promotes evidence-driven process to improve quality and expects to facilitate Continuous Quality Improvement through use of complete and integrated database generated by single billing and reimbursement system.	Creates a Healthy Illinois Quality Forum that will (1) gather and disseminate information on healthcare quality and patient safety, (2) conduct research on best practices, (3) identify and promote the adoption of nationally endorsed performance measures and (4) establish incentives for consumers to adopt healthier lifestyles (e.g., full coverage of preventive care, health club discounts, smoking cessation programs).	Proposes accelerating adoption of health information technology and related infrastructure needed to improve quality, patient safety and efficiency and reduce treatment variation. Proposes increasing the use of pay-for-performance, and implementing an on-going consumer-targeted patient safety initiative.
5. Provides portability of coverage, regardless of employment status	Provides subsidies for various populations, expansion of CHIP high risk pool for those with pre-existing conditions, expansion of Medicaid. Provides expansion of continuation coverage for the unemployed.	Expands COBRA and coverage would be available for individuals in public programs and the new purchasing pool regardless of employment status.	Yes, for all residents of Illinois	Not specifically addressed in proposer's materials; however, proposer indicates that the rights of portability for Healthy Illinois Plan participants would be the same as for individuals with private insurance.	Proposes vouchers to allow Medicaid-eligibles to enroll in their employers' plans; proposes health savings accounts for individuals moving from public to private programs.

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6.	Encourages regional and local consumer participation	Not specifically addressed in proposer’s materials.	Yes – Contains a regional and local consumer participation mechanism by establishing five regional task forces, which include consumers, to monitor the implementation of the health access strategies in their region and to work with the newly established advisory committees.	Yes – Proposer indicates that consumers sit on Board of single payer plan, participate in determination of benefit package in conjunction with providers and experts, participate in allocation of budget and health planning (including capital funds for infrastructure expansion, purchase of major equipment, etc.), and participate in local long-term care agencies. Consumers have free choice of providers which the proposer indicates will allow patients to choose to receive care from the most responsive, highest quality providers.	The Health Resource Plan will provide a roadmap for allocating resources to under served areas, will be developed with regional and local input and will become a part of the State’s Certificate of Need process, which also requires regional and local input.	Recommends State to encourage and fund the development of programs to help communities, employers and employees work together to access and/or maintain health insurance for small businesses on a local and regional basis (e.g. Three Share Plan).
7.	Contains cost-containment measures	Yes – Includes cost-sharing for participating individuals, employer contributions and a scaled-back benefit package.	Yes – Includes cost-sharing for participating individuals. Establishes Technology Development Advisory Task Force. Uses reinsurance for purchasing pool. Proposes a study of the use of reinsurance in the overall insurance market. Promotes cost containment by expanding Medicaid, and using disease management and primary care case management within	Yes – Sets and enforces global budgets for hospitals and nursing homes, with separate budgets for capital expansion and operations. Expects to reduce overhead in doctor’s offices, hospitals and nursing homes due to simplified billing and payment. Expects to streamline insurance overhead, eliminating many functions the proposer classifies as unnecessary, such as marketing.	Yes – Requires health insurance companies to justify increases greater than 6 percent in their index rate, determine if health facilities’ major expansions are consistent with state health goals, require hospitals to submit annual reports to Healthy Illinois Authority listing cost increases, require public reporting of providers’ and insurance companies’ cost	Proposes personal health accounts for Medicaid consumers to encourage them to manage their health care spending and engage them in managing their utilization of services and health care; promotes consumer-engaged approaches in the public and private market, including Health Savings
8.	Incentives to be used to contain costs					

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			<p>Medicaid to control costs. Limits administrative overhead for purchasing pool.</p>	<p>Negotiates fees with providers and prices with drug and equipment manufacturers. Pays specialists at primary care rate if patient does not have a referral. Fraud detection and reduction.</p> <p>Shift workforce towards primary care. Does not cover services that are not considered medically necessary. Requires the use of a prescription drug formulary based upon prices negotiated with drug manufacturers. Allows for the introduction of deductibles and co-payments after two years, if necessary. Allows for non-profit staff-model HMO Coverage option.</p>	<p>increases and profits.</p>	<p>Accounts.</p> <p>Uses Medicaid managed care.</p>
9.	<p>Provides a mechanism for reviewing and implementing multiple approaches to preventive medicine based on new technologies</p>	<p>Not specifically addressed in proposer's materials.</p>	<p>Establishes a Prevention and Health Education Advisory Task force and Technology Task Force that will examine this issue.</p>	<p>Proposer indicates that the single payer approach permits evidence-based technology assessment and intervention at individual and community level, and facilitates linkage with public health system and "long-term" view of prevention.</p>	<p>Not specifically addressed in proposer's materials; however, proposer indicates that this task will be undertaken by the Healthy Illinois Quality Forum.</p>	<p>Not specifically addressed in proposer's materials.</p>

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10. Promotes affordable coverage options for the small business market	Yes.	Yes.	The single payer approach spreads the cost of health care across the entire population, potentially reducing the cost to small business compared with current system.	Yes.	Yes.
11. An integrated system or systems of health care delivery	Not specifically addressed in proposer's materials.	Establish a Capital and Network Infrastructure Advisory Task Force that will be responsible for making recommendations regarding a more effective, integrated system.	Outlines a health planning function, which could promote an integrated system of health care.	Creates a Health Resource Plan that will establish a comprehensive and coordinated approach to the development of healthcare facilities and resources.	Not specifically addressed in proposer's materials.
12. Reimbursement mechanisms for health care providers	Proposes Medicaid payment for Medicaid and SCHIP expansion and new Employer Sponsored Insurance (ESI) initiative. Recommends Medicaid rate increases. Proposes commercial rates for Small Employer Purchasing Cooperative (SEPC).	Uses targeted reimbursement rate increases for public program expansions; does not change ICHIP provider payments; uses State employee health insurance provider reimbursement for purchasing pool.	Uses global budgets for institutional providers and non-profit, staff-model HMOs. Uses negotiated fee schedule for physicians, some salaried physicians. Uses state formulary for drugs.	Recommends that the State negotiate reimbursement rates on behalf of the self-funded insurance plan.	Uses savings from implementing a "true" managed care Medicaid system to increase Medicaid provider reimbursement; additional information not provided.

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13. Administrative efficiencies	Through use of current Medicaid program; further administrative efficiencies gained from pooling under the Division of Insurance.	Consolidates individual and small group market in new purchasing pool and establishes a 7 percent administrative overhead limit in the purchasing pool	Consolidates private and public health insurance's administrative functions. Potentially reduces insurance overhead and overhead associated with billing and reimbursement in hospitals, doctor's offices, and nursing homes (e.g., itemized, per-patient charges would not be needed for billing purposes).	Consolidates functions that are now being undertaken by a myriad of agencies into one agency, the Healthy Illinois Authority.	Not specifically addressed in proposer's materials.
14. Mechanisms for generating spending priorities based on multidisciplinary standards of care established by verifiable, replicated research studies demonstrating quality and cost effectiveness of interventions, providers, and facilities	Not specifically addressed in proposer's materials.	Establishes a Guaranteed Health Security Task Force that will be responsible for overseeing these issues.	Proposer indicates that single payer approach fosters evidence-based medicine/standards of care. Approach does not cover services that it designates as not medically necessary or ineffective.	Creates a Healthy Illinois Quality Forum that will (1) gather and disseminate information on healthcare quality and patient safety, (2) conduct research on best practices, (3) identify and promote the adoption of nationally endorsed performance measures and (4) establish incentives for consumers to adopt healthier lifestyles (e.g., full coverage of preventive care, health club discounts, smoking cessation programs).	Not specifically addressed in proposer's materials.

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15. Methods for reducing the cost of prescription drugs both as part of, and as separate from, the health care access plan	Not specifically addressed in proposer's materials.	Builds on Medicaid and the State Employee Health Benefits Plan, which could allow the state to consolidate drug purchases for its programs, which in turn may reduce costs due to increased negotiating power. Uses Medicaid disease management and restrictive formularies to reduce costs.	Uses a state formulary; negotiates drug and equipment prices with manufacturers; buys in bulk. Uses uniform database and electronic prescribing to guide drug prescribing.	Proposer indicates that the Healthy Illinois Authority will have the authority to negotiate prices with pharmaceutical companies.	Not specifically addressed in proposer's materials.
16. Appropriate reallocation of existing health care resources	Not specifically addressed in proposer's materials.	Uses regional and advisory task forces to address issues related to capital and network infrastructure and health professional expansion.	Use regional health planning boards to determine appropriation of funds for construction or renovation of health facilities and purchases of major medical equipment; Please refer to items 7 and 11.	Please refer to item 6.	Not specifically addressed in proposer's materials.
17. Equitable financing of each proposal	To be determined. Please refer to items 73 – 75.	To be determined. Please refer to items 73 – 75.	To be determined. Please refer to items 73-75. Proposer indicates that the single payer approach spreads health care costs over the whole population and “replaces regressive sources of funding (that is, sources that make low-income and sick persons pay a higher share of their income for health care than the more affluent and healthy) with progressive	To be determined. Please refer to items 73 – 75. Proposer indicates that the insurer tax (“windfall profit assessment”) will capture some (but not all) of the additional profit that insurance companies would receive as a result of reduced uncompensated care under this proposal.	To be determined. Please refer to items 73 – 75.

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				funding sources (e.g., out-of-pocket funds are regressive since they disproportionately affect the sick; taxes on wages are progressive since low-income people pay less)".		
18.	Recommendations concerning the delivery of long-term care services¹	Not specifically addressed in proposer's materials.	Proposer's plan builds on the Medicaid program and the proposer indicates that Medicaid's current long-term care reform efforts will succeed in rebalancing the long-term care system.	Proposal recommends expanding social and community-based services and integrating them with institutional care, and establishing a local public agency in each community to determine eligibility and coordination of home and nursing home long-term care. The local public agency would receive a global budget and contract with long-term care providers for the full range of LTC services. Single payer advocates have a proposal that discusses long term care (JAMA, Harrington et al. 12/4/91).	Not specifically addressed in proposer's materials.	Yes – Recommends implementation of long-term care partnership program, as allowed by the recent national budget reconciliation act.

¹ Includes: (A) those currently covered under Title XIX of the Social Security Act, (B) recommendations on potential cost sharing arrangements for long-term care services and the phasing in of such arrangements over time, (C) consideration of the potential for utilizing informal care-giving by friends and family members, (D) recommendations on cost-containment strategies for long-term care services, (E) the possibility of using dependent financing for the provision of long-term care services, and (F) the projected cost to the State of Illinois over the next 20 years if no changes were made in the present system of delivering and paying for long-term care services.

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<i>ACCESS</i>						
19.	Broadest possible coverage for largest number of people with a sustainable financing mechanism	Proposes a population-based plan that is voluntary with the exception of college students. Financing from State tax revenue, employer tax, Federal Medicaid and SCHIP funding, individual and employer contributions and college tuition requirement.	Provides coverage options for all the uninsured. Proposes expanding public programs and encouraging enrollment. Provides voluntary coverage options for uninsured individuals not eligible for public programs. If proposed efforts do not cover all uninsured, proposes implementation of individual mandate. Financing from employer “pay or play,” federal Medicaid funds and federal grants, state funds and individual cost-sharing.	Covers all the uninsured using new taxes (i.e., earmarked public funds) and existing public health care spending. Proposer indicates that single payer approach uses savings on administrative overhead to cover all the uninsured without an increase in total health spending in Illinois. Proposer also indicates that single payer system “implements proven effective mechanisms for cost containment to slow future inflation, thus making health spending sustainable over the long-term”.	Proposes voluntary coverage for uninsured individuals not eligible for public programs. Funding, in part, through tax on health insurance carriers and employer and employee contributions.	Provides incentives to increase participation in private insurance and expands Medicaid and SCHIP. Financing through state general revenue in excess of three percent, savings from Medicaid managed care, and state and federal subsidies.
20.	To remove the term “uninsured” from our vocabulary	No, program is voluntary.	Yes – Proposes a program that in its first phase will offer health insurance access to anyone; in later phases, individual mandate to be considered only if proposed options have been implemented and a significant portion of population remains uninsured.	Yes.	No, program is voluntary.	No - Proposed market and Medicaid reforms relate to voluntary coverage.

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21.	Universal access to maximize health and functional status	Proposal provides access to various voluntary coverage options.	Yes – Proposes a program that in its first phase will offer health insurance access to anyone; in later phases, individual mandate to be considered only if proposed options have been implemented and a significant portion of population remains uninsured.	Yes.	No – Proposes a program that is voluntary.	No – Proposes a program that is voluntary.
22.	To develop infrastructure to sustain the health care access that insurance should provide	Builds on existing infrastructure: Medicaid, SCHIP and private coverage.	Builds on existing infrastructure: Medicaid, SCHIP and private coverage. Establishes Health Professional Expansion Advisory Task Force and Capital and Network Infrastructure Advisory Task Force to address this issue.	Yes – Recommends one state-controlled insurer that would build on current Medicare infrastructure.	Builds on existing infrastructure: Medicaid, SCHIP and private coverage.	Builds on existing infrastructure: Medicaid, SCHIP and private coverage.
23.	Enable patients’ freedom of choice	Yes.	Yes.	Yes.	Yes.	Yes.
24.	Reduce health disparities, recognize ethnic and cultural differences, provide access to care – regardless of ability to pay or pre-existing condition	Expands insurance options to the uninsured.	Expands insurance options for those who are not able to pay for insurance; recommends performance standards for purchasing pool to assure that the State insurance pool meets the needs of Illinois residents with chronic health conditions or a medical history of past conditions.	Expands coverage to all uninsured.	Expands insurance options to the uninsured and establishes an Illinois Quality Forum to promote nationally established best practices to reduce regional, economic and racial disparities in the health care system. Proposer indicates that the Health Resources Plan will provide a	Expands insurance options to the uninsured.

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				roadmap for the allocation of resources in a manner that will reduce disparities.	
25. Increase number of providers of color in areas and locations of need in the state	Not specifically addressed in proposer's materials.	Establishes Health Professional Expansion Advisory Task Force that will develop incentives to a wide range of medical personnel to fulfill their educational degrees and training in exchange for locating in medically underserved areas.	Proposer indicates that single payer approach provides financial incentives to providers to work in underserved areas, and to residency programs to increase diversity in training programs.	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.
26. Be flexible enough to serve different communities with different needs <i>(We assume that "communities" refers to regional or local geographic areas)</i>	Not specifically addressed in proposer's materials.	Uses regional and advisory task forces to address issues related to capital and network infrastructure for different regional areas, and supports an educational program that includes cultural competence training and strategies to overcome language barriers. Please refer to item 25.	Proposes that each community long-term care public agency address the needs in its specific district using a single budgetary allotment. Proposer indicates that the use of separate capital budgets allows for health planning that meets community needs.	Not specifically addressed in proposer's materials.	Recommends that State encourage and fund the development of programs to help communities, employers and employees work together to access and/or maintain health insurance for small businesses on a local and regional basis (e.g. Three Share Plans in communities that wish to explore those options).

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27. Equal treatment with no discrimination	Continues current system of private and public coverage.	Yes – Expands current system of private and public coverage to include specific coverage for people regardless of disability and immigration status.	Yes – Creates unified system that “will not discriminate on the basis of race, religion, creed, gender, age, nationality, disability, sexual orientation, or immigration status.”	Continues current system of private and public coverage. Individuals may join the Healthy Illinois Plan regardless of health status.	Continues current system of private and public coverage.
28. Respect individual choices <i>(We assume this refers to choices related to choice of coverage)</i>	Yes – Individuals receiving premium subsidies, employers participating in small employer purchasing cooperatives and college students purchasing health insurance will be able to choose among the coverage options provided by their employers or their respective universities.	Yes – the State Employee Health Benefits offers options for plans, as do most employer plans. In addition, the proposal offers new avenues for coverage through the purchasing pool and public program expansions.	Uninsured individuals would receive the coverage option designed by the Illinois Health Care Agency. Individuals could purchase “gap” coverage on the private market.	Uninsured individuals would receive the coverage option designed by the Healthy Illinois Authority.	Advocates for statutory and regulatory changes that would allow for more flexible plan design.
29. Provide for relief in underserved areas – both personnel and plan	Includes increased Medicaid reimbursement and expansion of coverage to the uninsured, which could potentially increase funding to underserved areas.	Establishes Health Professional Expansion Advisory Task Force to expand the supply of medical personnel and a Capital and Network Infrastructure Advisory Task Force to assess infrastructure needs and work directly with provider and business community to develop options for improvements. Recommends targeted reimbursement rate increases for public program expansions, which could	Provides financial incentives to attract primary care providers to underserved areas. Distributes funding for construction or renovation of health facilities and for purchases of major equipment through state and local health planning boards. Provides training for additional primary care providers and long-term care workers. Permits the Commissioner of the Illinois Health Care Agency to adjust	Please refer to item 26.	Please refer to item 26. Recommends using savings from implementing a true managed care Medicaid system to reimburse providers more fairly, which could potentially increase funding to underserved areas.

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			potentially increase funding to underserved areas.	payments for certain types of providers or services to reflect desired changes in the allocation of health resources, which could potentially increase funding to underserved areas.		
30.	Expand utilization of all health care professionals	Not specifically addressed in proposer's materials.	Please refer to items 22, 25, 26 and 29.	Includes a health planning component that involves monitoring provider utilization and adjusting policies as needed.	Please refer to item 26. The Health Resource Plan will consider all resources, including healthcare professionals.	Not specifically addressed in proposer's materials.
31.	Supports provider infrastructure in areas where there is a lack of providers	Please refer to item 29.	Please refer to items 22, 25, 26 and 29.	Please refer to item 29.	Please refer to item 26.	Not specifically addressed in proposer's materials.
32.	A plan that smoothes out transition from one plan to another	Provides bridge loans to continue individual health coverage under COBRA or The State's Continuation Law. Expands Illinois Continuation Law to provide coverage for 18 months after employment ends (instead of current none month period).	Yes – purchasing pool provides portability and expanded COBRA provides easier transition between employer-based coverage.	Not applicable, there would be only one health plan.	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.

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33.	Promotes systems that allow individuals to make their own medical and financial decisions rather than government budgeting process	Yes.	Yes.	Proposer indicates that while the single payer approach uses a government budget process it allows individuals to make their own medical decisions and receive medical care without the risk of personal bankruptcy. Patient care and the delivery of care remains mostly private; only the financing is public.	Yes.	Yes.
34.	A system that promotes continuity of care	Provides various coverage options to promote continuity of care.	The Capital and Network Infrastructure Advisory Task Force will address this issue. Provides various coverage options to promote continuation of care.	Provides one coverage option for all uninsured to promote continuity of care. Lists the following quality improvement principle: "Continuity of primary care is needed to overcome provider fragmentation and overspecialization."	Provides various coverage options to promote continuity of care.	Provides various coverage options to promote continuity of care.
35.	Protect and enhance physician-patient relationship	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.	Yes -- patients can choose and change their doctors and other caregivers. Proposer indicates that the single payer approach supports the continuity of caregivers, thus enhancing the physician-patient relationship.	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.
36.	Re-energizing health facilities planning functions	Not specifically addressed in proposer's materials.	Please refer to item 29.	Please refer to item 29.	Please refer to item 26.	Not specifically addressed in proposer's materials.

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37.	Increase education on all available coverage options	Yes – Proposes to educate uninsured and the State about benefits and availability of coverage.	Increases enrollment outreach for public programs.	There is only one major coverage option; private insurers may market “gap” coverage for uncovered services.	Not specifically addressed in proposer’s materials.	Yes – Expands Division of Insurance Ombudsman program by offering a “health insurance and medical assistance decision tree” matrix.
38.	Increased access without shifting the burden of cost	Proposes to increase access to insurance by making insurance more available and affordable.	Proposes to increase access to insurance by making insurance more available and affordable.	Uses savings from consolidating administrative overhead in the health system to cover the uninsured.	Proposes to increase access to care by providing voluntary comprehensive coverage.	Proposes to increase access to insurance by making insurance more available and affordable.
39.	A plan should create incentives to encourage providers to practice in underserved areas and with special populations	Please refer to item 29.	Please refer to items 25 and 26.	Uses financial incentives to attract primary care providers to work in underserved areas. Proposer indicates that the single payer approach shifts graduate medical education funds to adjust mix of training programs to train more primary care providers.	Please refer to item 26.	Not specifically addressed in proposer’s materials.
40.	Creating health care delivery system that aligns the incentives of the patients, physicians/ providers and payers	Not specifically addressed in proposer’s materials.	Proposer indicates that the Guaranteed Health Security Task Force will address this issue.	Proposer indicates that the single payer approach “keeps (“aligns”) physicians on the side of patients as their advocates within the delivery system”. Use of global budgets for provider payment could create tensions between providers and patients and statewide authorities.	Will include incentives to reward provider performance.	Not specifically addressed in proposer’s materials.

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41. Government must play a role for any system, with no one able to opt out – everyone in	Proposes a voluntary program, except for college students; includes expansion of public programs.	Yes – Proposes a public/private partnership. If proposed efforts do not cover everyone, then individual mandate (with consumer protections) will be implemented.	Yes – involves public financing of a mostly private health delivery system.	Proposes a voluntary program with government involvement.	Proposes a voluntary program with government involvement.
42. Create a tipping point in the U.S. by ensuring health care for all residents	No.	Yes – If proposed efforts do not cover everyone, then individual mandate will be implemented and all residents will have access to health care.	Yes - Proposer indicates that the single payer approach could “inspire courage to tackle other domestic problems and unite people across social spectrum”.	No – Plan is voluntary.	No.
BENEFITS					
43. Plan must include rehabilitation services and services for the developmentally disabled <i>(New interest from May 26, 2006 meeting)</i>	Rehabilitation services and services to the developmentally disabled might be included depending on pricing of safety net benefit packages. Includes an expansion of Medicaid, which covers rehabilitation services and services for the developmentally disabled.	Includes an expansion of Medicaid, which covers rehabilitation services and services for the developmentally disabled.	Yes.	Not specifically addressed in proposer’s materials.	Includes an expansion of Medicaid, which covers rehabilitation services and services for the developmentally disabled.

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44. Include dental benefits	Included in Medicaid and SCHIP expansion. Not included in safety net benefit package proposed for employer-based initiatives Employer Sponsored Insurance (ESI) Initiative and Small Employer Purchasing Cooperative (SEPC), but could be purchased for an additional fee.	Yes – Recommends expanded dental and vision benefits for adults in public program options and includes dental benefits for those in purchasing pool since they will receive State Employee Benefit Plan.	States that system would cover all medically necessary services including dental benefits.	Not specifically addressed in proposer’s materials.	Not addressed through private insurance expansions and not clear if the Medicaid expansion to single childless adults would include dental benefits.
45. Mandated education on end of life care and incentives for individuals to have living will	Not specifically addressed in proposer’s materials.	Prevention and Health Education Advisory Task Force would address this issue.	Not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.
46. Funding parity for mental health services	Mental health and substance abuse services might be included depending on the pricing of the safety benefit package.	Expands number of people with both Medicaid and State Employee Health Benefit Plan coverage. Both plans include mental health services.	Yes -- Covers all medically necessary services including mental health and substance abuse services, and medications.	Benefit package covers mental health services; additional details not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.
47. Mental health services should include substance abuse services <i>(New interest from May 26, 2006 meeting)</i>					
48. Mental health parity					

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<i>QUALITY OF CARE</i>						
49.	Single standard of care for all citizens in Illinois	No.	Proposer establishes an annual report on quality control measures by the Illinois Department of Public Health to the newly established Guaranteed Health Security Task Force.	Creates a unified system that does not treat patients differently based on employment, financial status or source of payment.	No - but creates a Healthy Illinois Quality Forum that will promote nationally established best practices to reduce regional, economic and racial health care disparities.	Supports evidence-based care for providers and health information technology and infrastructure needed to reduce treatment variation.
50.	Preserve the ability of physicians and other providers to provide best care possible to patients and populations	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.	Yes (within budgetary constraints) – Proposal states health care must be guided by the precepts of Continuous Quality Improvement.	Develops incentives to encourage the adoption of performance measures, but does not mandate the adoption of such measures.	Not specifically addressed in proposer's materials.
51.	A plan that provides culturally competent- quality care	Not specifically addressed in proposer's materials.	Creates a Prevention and Health Education Task Force that has an educational program that includes cultural competence training and strategies.	Please refer to item 39.	Please refer to item 24.	Not specifically addressed in proposer's materials.
52.	Foster best practices by research, education and incentives	Not specifically addressed in proposer's materials.	Establishes Technology Development Advisory Task Force that will address this issue.	Please refer to items 4, 9 and 39 on Continuous Quality Improvement, etc. Proposer indicates that the single payer approach "counters drug industry dominance of physician prescribing with data, formulary, and electronic prescribing".	Please refer to item 4.	Not specifically addressed in proposer's materials.

**Draft Comparison of Adequate Health Care Task Force Interests and Stakeholder Proposals
State of Illinois Department of Public Health**

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53.	Continued medical innovation	Not specifically addressed in proposer's materials.	Establishes Technology Development Advisory Task Force that will propose improvements for, among other things, medical advances.	Proposal continues National Institute of Health and Agency for Healthcare Research and Quality Agency for Healthcare Research and Quality initiatives. Proposer indicates that single approach supports more sophisticated outcomes research on new processes of care, drugs, procedures, and those areas of greatest need and potential for true break-through guide investment in innovation. Proposer indicates that the single payer approach will detect unsafe drugs faster.	Please refer to item 4.	Not specifically addressed in proposer's materials.
54.	Use some predictive aspects of care, for example, genomes	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.
55.	Health literacy	Not specifically addressed in proposer's materials.	Establishes a Prevention and Health Education Advisory Task Force that will develop a multi-faceted disease prevention and health education program.	Not specifically addressed in proposer's materials.	The Healthy Illinois Quality Forum will develop programs to promote healthier lifestyles.	Promotes consumer involvement in health care decisions.

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56.	Alleviate need for defensive medical practices	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.	Proposer indicates that the single payer approach allows for timely care and continuity of caregivers which fosters improved quality and reduces malpractice. Proposer indicates that the approach eliminates lawsuits for future medical expenses.	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.
57.	Supports medical education and medical research	Not specifically addressed in proposer's materials.	Establishes Technology Development Advisory Task Force and the Health Professional Expansion Advisory Task Force that will address this issue.	Proposer indicates that proposal provides financial support for medical education, especially in the area of primary care.	Please refer to item 4.	Not specifically addressed in proposer's materials.
58.	Encourage best personal practices for personal health	Not specifically addressed in proposer's materials.	Establishes Prevention and Health Education Advisory Task Force that will oversee this issue.	Supports the development of preventive health programs through the global budgeting approach, which eliminates the need to attribute and bill these costs to individual patients.	Establishes incentives for consumers to adopt healthier lifestyles – e.g., health club discounts and full coverage of preventive care.	Encourages patients to become more engaged through use of consumer-engaged plans (including Health Savings Accounts); collects and disseminates cost and quality information to consumers; improves health care literacy.
59.	Eliminate preventable error	Not specifically addressed in proposer's materials.	Establishes Technology Development Advisory Task Force that will consider improvements in data collection, quality of care and patient safety that will promote	Proposal contains several quality principles that, if successfully implemented, could potentially reduce preventable errors. Proposal includes electronic	Not specifically addressed in proposer's materials, although proposal includes a Healthy Illinois Quality Forum that will promote nationally	Supports the adoption of health information technology and related infrastructure to improve quality and patient safety.

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	Interest	Illinois Hospital Association	Campaign for Better Health Care and Health and Disability Advocates	Single Payer	Healthy Illinois	Selected Insurance Industry TF Members
			efficiencies.	medical record, lab results and prescribing to reduce preventable errors. Approach includes feedback to providers on how their practices compare to the practices of others (from uniform database) in an effort to reduce provider errors.	established best practices and recommended measures that all Illinois providers should adopt.	
60.	Maximize the value by encouraging all participants to efficiently use the system	Includes individual cost-sharing provisions as part of the Small Employer Purchasing Cooperative (SEPC) purchasing pool for uninsured individuals and small employers).	Includes individual cost-sharing provisions; additional information not available in proposer's materials.	Proposer indicates that the approach improves and expands primary care, targeting "the most efficient providers". Proposer indicates that specialists have incentive to see patients referred by primary care doctors, but does not provide specific information on those incentives. Proposal includes a database to identify physician outliers.	Not specifically addressed in proposer's materials, although proposal promotes establishing incentives for consumers to adopt healthier lifestyles.	Please refer to item 56.
61.	Increased personal responsibility	Not specifically addressed in proposer's materials.	Yes – If proposed efforts do not cover everyone, then individual mandate (with consumer protections) will be implemented. Individual cost-sharing may increase personal responsibility.	Proposal's prevention and public health initiatives could potentially increase individual self-care and wellness.	Not specifically addressed in proposer's materials.	Please refer to item 56.

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Interest	Illinois Hospital Association	Campaign for Better Health Care and Health and Disability Advocates	Single Payer	Healthy Illinois	Selected Insurance Industry TF Members
62. Use purchasing power to negotiate better health costs (especially pharmacy, etc)	Not specifically addressed in proposer's materials.	Builds on Medicaid and the State Employee Health Benefits Plan, which could allow the State to consolidate drug purchases and other purchases for it programs.	Obtains savings through bulk purchasing, negotiated fees, global budgets, streamlined administration, health planning, etc.	The state will negotiate directly with providers and may negotiate with pharmaceutical companies.	Not specifically addressed in proposer's materials.
<i>PREVENTIVE MEDICINE</i>					
63. Recognize the value of clinical and community preventive services	Yes – please refer to items 1-3.	Please refer to items 1-3, 53.	Yes (within budgetary constraints) – Emphasis on prevention and timely primary care, see items 1-3.	Includes preventive care in benefit package and does not apply co-payments or deductibles for these services; establishes incentives for consumers to adopt healthier lifestyles – e.g., health club discounts and full coverage of preventive care – Please refer to items 1-3.	Please refer to items 1-3, 53.
64. A plan that focuses on prevention and health as well as health care					
65. Eliminate preventable disease and disability	Safety net benefit package will offer the uninsured preventive care and reflect core components of basic major medical protection.	Please refer to item 53 and 57.	Uses population-based data to guide prevention, public health and planning.	Please refer to items 63 -64.	Not specifically addressed in proposer's materials.
66. Reward wellness	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.	Proposer indicates that full coverage of primary care and prevention encourages and rewards wellness with good health outcomes for patient and family.	Establishes incentives for consumers to adopt healthier lifestyles – e.g., health club discounts and full coverage of preventive care.	Uses Health Savings Accounts for some populations.

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<i>CAPITAL AND TECHNOLOGY</i>						
67.	To incentivize use of electronic medical records and health information technology – to improve efficiency and quality of care	Not specifically addressed in proposer’s materials.	Establishes a Technology Development Advisory Task Force that will undertake a systematic assessment of technological weaknesses and inefficiencies and proposes improvement for quality of care, patient safety and other medical and education advances.	Yes – provides all practitioners with electronic medical record software (i.e., VISTA) for no cost with electronic lab results and prescribing. Proposer indicates that unified database will permit advanced health services research to improve efficiency and quality. Proposer indicates that the United Kingdom, Canada, Australia and other single payer systems exceed the United States in information technology investment.	The Healthy Illinois Quality Forum will collect and disseminate examples of effective uses of electronic technology for such things as medical records and physical order entry.	Proposes acceleration of the adoption of health information technology and establishes a health information technology (HIT) infrastructure to improve quality, patient safety and efficiency, to reduce treatment variation, base more reimbursement on pay-for-performance and improve health literacy.
<i>PROVIDER REIMBURSEMENT</i>						
68.	Fair payment to providers to assure increased access to care	Please refer to item 12.	Please refer to item 12.	Includes negotiated fees, simplified billing and rapid payment. Please refer to item 12.	Please refer to item 12.	Please refer to item 12.
69.	Address deficiencies in timeliness of payment and fee schedules to ensure access to care	Requires that adequate reimbursement rates must be offered to health care providers by state programs, including Medicaid, to prevent access issues.	Recommends study of targeted provider reimbursement rate increases, medical school repayment options and increased funding for public health districts, community health centers, free clinics and other safety net providers.	Approach uses fees that are comparable to those of Medicare and Blue Cross PPOs and provides rapid payment. Proposer indicates that this approach will substantially reduce overhead for physicians and that net incomes for physicians in primary care will	Not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.

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Interest	Illinois Hospital Association	Campaign for Better Health Care and Health and Disability Advocates	Single Payer	Healthy Illinois	Selected Insurance Industry TF Members	
				rise. Proposer indicates that physicians with Medicaid patients will see incomes rise.		
ROLE OF PRIVATE MARKET						
70.	Less government – more flexibility	Continues public/private insurance programs.	Continues public/private insurance programs.	Provides individual with choice of any doctor or hospital. Provides less flexibility for private insurers, who are prohibited from participation outside of “gap” coverage. Delivery system remains mostly private. Proposal includes tax-based financing and government administration.	Like the state employee health insurance program, the Healthy Illinois Plan will be a self-funded insurance plan that contracts with one or more private third-party administrators.	Continues public/private insurance programs.
71.	Preserve and expand private sector options	Yes – Builds upon private insurance offerings.	Yes – Builds upon private insurance offerings.	No – Neither preserves nor expands insurance administration. Requires that investor-owned, for-profit hospitals and nursing homes to non-profit status (owners are paid a reasonable fixed rate of return on existing equity). Proposer indicates that private, non-profit delivery of care may expand, replacing some current public delivery (e.g., county hospital).	Impact is varied – may reduce the potential for new insurance offerings for small businesses, but supports employer-based health insurance.	Yes – Builds upon private insurance offerings.

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Interest	Campaign for Better Health Care and Health and Disability Advocates				Selected Insurance Industry TF Members
	Illinois Hospital Association	Single Payer	Healthy Illinois		
72. Universal access to health care that maximizes private sector options	Not universal, but expands access by building upon private sector options.	Yes – Uses a variety of new and expanded private and public sector options.	Please refer to item 71.	The Healthy Illinois Plan would be a self-funded plan administered by one or more private insurance companies.	Not universal, but attempts to identify and fill the gaps in the current system with a combination of public and private sector options.
73. Finance progressively so it is fair and affordable to individuals and businesses	Uses general state tax revenues and increased employer and employee contributions that do not vary based on income unless the employee is below 200 percent of the federal poverty level and works for an employer that is part of the Small Employer Purchasing Cooperative (SEPC). These employees may receive vouchers for a portion of their premiums.	Involves employer contributions, individual contributions, federal grants, state funding and Medicaid funding. Includes a cap on total out-of-pocket costs for people below 300 percent of the federal poverty level, and also provides subsidies for individuals, sole proprietors and small businesses.	Retains 60 percent of health funding that is financed by taxes. Replaces “regressive” sources of funds (premiums by individuals and business; out-of-pocket payments) with “progressive” sources, such as payroll taxes. Please refer to item 17.	Uses employer contributions, individual contribution and windfall profit assessment.	Uses federal and state tax subsidies, tax credits to individuals and small employers, more flexible benefit mandates; eliminates state premium taxes on high-deductible health plans.
74. Financed in a real way – no smoke and mirrors					
75. Private/public financing					
76. Finance expenditures and income through a government single payer system	No.	No.	Yes.	No.	No.
77. Plan should incorporate proper load sharing between providers, insurers, state government and patient/taxpayers	Please refer to items 71-75.	Please refer to items 71-75.	Please refer to items 71-75.	Please refer to items 71-75.	Please refer to items 71-75.

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Interest	Illinois Hospital Association	Campaign for Better Health Care and Health and Disability Advocates	Single Payer	Healthy Illinois	Selected Insurance Industry TF Members
78. To reconnect consumer of health care to its true cost, and their personal responsibility for positive outcome	Yes – Includes individual cost-sharing, which connects consumers to the cost of their own health care with limits for those who cannot afford to pay.	Yes – Includes individual cost-sharing, which connects consumers to the cost of their own health care with limits for those who cannot afford to pay.	Not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.	Limited – Uses Health Savings Accounts for some populations.
ADMINISTRATION AND IMPLEMENTATION					
79. Create one reimbursement form	Not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.	Yes.	Not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.
80. Reduced overhead costs	Not specifically addressed in proposer’s materials.	Recommends an administrative overhead limit for the purchasing pool of no more than 7percent.	Yes.	Not specifically addressed in proposer’s materials.	Proposes reduction in excessive, unnecessary regulation and litigation, but does not provide details.
81. Be cognizant of budgetary pressure	Yes – Recognizes the need for significant financing and the need to adjust coverage approaches to stay within budget.	Yes – Recognizes the need to analyze various cost-sharing, reinsurance and other components in light of budgetary constraints.	Yes – Uses global budgets.	Yes – Establishes a new and dedicated funding stream.	Yes – Promotes increased use of managed care and coverage approaches that make consumers more aware of health care costs (i.e., Health Care Accounts).
82. Simplify administration	No.	Provides opportunity for State to consolidate administrative function due to ICHIP expansion, Medicaid expansion, and Purchasing Pool.	Yes.	Consolidates into one agency, the Healthy Illinois Authority, functions that are now currently fulfilled by various agencies.	No.

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	Interest	Illinois Hospital Association	Campaign for Better Health Care and Health and Disability Advocates	Single Payer	Healthy Illinois	Selected Insurance Industry TF Members
83.	Simplify coverage options	No.	No.	Yes.	Proposer states that for small businesses, Healthy Illinois will be the most affordable plan on the market that provides comprehensive benefits.	No.
84.	A plan that is implementable	Builds on current infrastructure.	Builds upon current public and private insurance, establishes Regional and Advisory task forces.	Establishes a State office to administer the plan, builds on infrastructure developed by Medicare and quality improvements and electronic medical record developed by the Veteran's Administration.	Builds on current infrastructure. Through the state employee health insurance program, the state has already shown that it can establish and maintain a self-funded insurance plan.	Suggests building upon current insurance mechanisms.
OTHER						
85.	Minimize conflicts of interest – i.e., third-party self-referral	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.	Not specifically addressed in proposer's materials.
86.	Having a consensus plan	To be determined, states that the proposal has been "crafted based on today's economic, political and insurance environment".	To be determined; however attempts to balance approaches from across the political spectrum, balance public and private mechanisms and balance financial responsibility among individuals, employers, states and federal government.	To be determined.	To be determined.	To be determined.
87.	Plan should be politically and economically pragmatic					

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88.	Plan has chance of being implemented politically <i>Note – new interest from May 23, 2006 meeting</i>	To be determined.	To be determined.	To be determined.	To be determined.	To be determined.
89.	Solution that’s bold enough to question the status quo – if that status quo is not in the best interests of society as a whole	Builds upon “status quo.”	Builds upon “status quo” and develops new approaches for expansion of access to health care and cost containment measures.	Yes.	Proposer states that Healthy Illinois is an integrated framework that focuses, <i>simultaneously</i> , on costs, access and quality.	Builds upon “status quo.”
90.	Globally responsible	Not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.	Proposer indicates that proposal is in agreement with International Declaration of Human Rights.	Not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.
91.	Health care system is part of a larger culture and economy	Not specifically addressed.	Uses advisory task forces; focuses on connections between health care system and larger culture and economy.	Yes.	Not specifically addressed in proposer’s materials.	Not specifically addressed in proposer’s materials.
92.	Plan must include population health as well as individual health <i>(New interest from May 23, 2006 meeting)</i>	Not specifically addressed in proposer’s materials.	Establishes a Prevention and Health Education Advisory Task Force that will address this issue.	Yes.	Proposed Health Resource Plan and Healthy Illinois Quality Forum provide macro-level approaches to health improvement.	Not specifically addressed in proposer’s materials.