- 1 SB258
- 2 135319-2
- 3 By Senators Reed, Ward, Orr, Allen, Beason, Waggoner, Pittman,
- 4 Taylor, Whatley, Brewbaker, Scofield, Glover, McGill,
- 5 Holtzclaw, Williams and Marsh
- 6 RFD: Health
- 7 First Read: 08-FEB-12

135319-2:n:01/04/2012:DA/tan LRS2011-5950R1 1 2 3 4 5 6 7 SYNOPSIS: This bill would establish the Health Care 8 Compact and would secure the consent of the United 9 10 States Congress to return the authority to regulate 11 health care to the member states to the compact. 12 This bill would establish the Interstate 13 Advisory Health Care Commission, and would provide for membership, duties, and terms of office. 14 15 This bill would provide for funding to 16 support the exercise of member state authority 17 pursuant to the compact. 18 19 A BILL 20 TO BE ENTITLED AN ACT 21 22 23 Relating to health care regulation; to establish the 24 Health Care Compact; to secure the consent of the United States Congress to return the authority to regulate health 25 care to the member states to the compact; to establish the 26 27 Interstate Advisory Health Care Commission, to provide for

1 membership, duties, and terms of office; and to provide for 2 funding.

Whereas, the separation of powers, both between the branches of the Federal government and between Federal and State authority, is essential to the preservation of individual liberty; and

Whereas, the Constitution creates a Federal
government of limited and enumerated powers, and reserves to
the States or to the people those powers not granted to the
Federal government; and

Whereas, the Federal government has enacted many laws that have preempted State laws with respect to Health Care, and placed increasing strain on State budgets, impairing other responsibilities such as education, infrastructure, and public safety; and

Whereas, the Member States seek to protect individual liberty and personal control over Health Care decisions, and believe the best method to achieve these ends is by vesting regulatory authority over Health Care in the States; and

Whereas, by acting in concert, the Member States may express and inspire confidence in the ability of each Member State to govern Health Care effectively; and

Whereas, the Member States recognize that consent of Congress may be more easily secured if the Member States collectively seek consent through an interstate compact; and

1 NOW THEREFORE, the Member States hereto resolve, and by the adoption into law under their respective State 2 Constitutions of this Health Care Compact, agree, as follows: 3 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA: 4 5 Section 1. Definitions. As used in this Compact, unless the context clearly indicates otherwise: 6 7 (1) COMMISSION. The Interstate Advisory Health Care Commission. 8 9 (2) EFFECTIVE DATE. The date upon which this Compact shall become effective for purposes of the operation of State 10 and Federal law in a Member State, which shall be the later 11 12 of: 13 a. The date upon which this Compact shall be adopted 14 under the laws of the Member State. 15 b. The date upon which this Compact receives the consent of Congress pursuant to Article I, Section 10, of the 16 17 United States Constitution, after at least two Member States adopt this Compact. 18 (3) HEALTH CARE. Care, services, supplies, or plans 19 related to the health of an individual and includes, but is 20 21 not limited to: 22 a. Preventive, diagnostic, therapeutic, 23 rehabilitative, maintenance, or palliative care and 24 counseling, service, assessment, or procedure with respect to 25 the physical or mental condition or functional status of an

individual or that affects the structure or function of the body, and

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b. Sale or dispensing of a drug, device, equipment,
 or other item in accordance with a prescription, and

c. An individual or group plan that provides, or
pays the cost of, care, services, or supplies related to the
health of an individual,

Except any care, services, supplies, or plans
provided by the United States Department of Defense and United
States Department of Veteran Affairs, or provided to Native
Americans.

10 (4) MEMBER STATE. A State that is signatory to this
11 Compact and has adopted it under the laws of that State.

12 (5) MEMBER STATE BASE FUNDING LEVEL. A number equal 13 to the total Federal spending on Health Care in the Member 14 State during Federal fiscal year 2010. On or before the 15 Effective Date, each Member State shall determine the Member State Base Funding Level for its State, and that number shall 16 17 be binding upon that Member State. The preliminary estimate of Member State Base Funding Level for the State of Alabama is 18 thirteen billion eight hundred eighty million dollars 19 (\$13,880,000,000). 20

(6) MEMBER STATE CURRENT YEAR FUNDING LEVEL. The
 Member State Base Funding Level multiplied by the Member State
 Current Year Population Adjustment Factor multiplied by the
 Current Year Inflation Adjustment Factor.

(7) MEMBER STATE CURRENT YEAR POPULATION ADJUSTMENT
 FACTOR. The average population of the Member State in the
 current year less the average population of the Member State

in Federal fiscal year 2010, divided by the average population
 of the Member State in Federal fiscal year 2010, plus 1.
 Average population in a Member State shall be determined by
 the United States Census Bureau.

5 (8) CURRENT YEAR INFLATION ADJUSTMENT FACTOR. The 6 Total Gross Domestic Product Deflator in the current year 7 divided by the Total Gross Domestic Product Deflator in 8 Federal fiscal year 2010. Total Gross Domestic Product 9 Deflator shall be determined by the Bureau of Economic 10 Analysis of the United States Department of Commerce.

11 Section 2. Pledge. The Member States shall take 12 joint and separate action to secure the consent of the United 13 States Congress to this Compact in order to return the 14 authority to regulate Health Care to the Member States 15 consistent with the goals and principles articulated in this 16 Compact. The Member States shall improve Health Care policy 17 within their respective jurisdictions and according to the judgment and discretion of each Member State. 18

Section 3. Legislative Power. The legislatures of the Member States have the primary responsibility to regulate Health Care in their respective States.

22 Section 4. State Control. Each Member State, within 23 its State, may suspend by legislation the operation of all 24 federal laws, rules, regulations, and orders regarding Health 25 Care that are inconsistent with the laws and regulations 26 adopted by the Member State pursuant to this Compact. Federal 27 and State laws, rules, regulations, and orders regarding

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Health Care will remain in effect unless a Member State expressly suspends them pursuant to its authority under this Compact. For any federal law, rule, regulation, or order that remains in effect in a Member State after the Effective Date, that Member State shall be responsible for the associated funding obligations in its State.

7 Section 5. Funding. (a) Each Federal fiscal year, each Member State shall have the right to Federal monies up to 8 9 an amount equal to its Member State Current Year Funding Level 10 for that Federal fiscal year, funded by Congress as mandatory 11 spending and not subject to annual appropriation, to support 12 the exercise of Member State authority under this Compact. 13 This funding shall not be conditional on any action of or 14 regulation, policy, law, or rule being adopted by the Member 15 State.

(b) By the start of each Federal fiscal year, 16 17 Congress shall establish an initial Member State Current Year Funding Level for each Member State, based upon reasonable 18 estimates. The final Member State Current Year Funding Level 19 shall be calculated, and funding shall be reconciled by the 20 21 United States Congress based upon information provided by each Member State and audited by the United States Government 22 23 Accountability Office.

24 Section 6. Interstate Advisory Health Care 25 Commission. (a) The Interstate Advisory Health Care Commission 26 is established. The Commission consists of members appointed 27 by each Member State through a process to be determined by

each Member State. A Member State may not appoint more than two members to the Commission and may withdraw membership from the Commission at any time. Each Commission member is entitled to one vote. The Commission shall not act unless a majority of the members are present, and no action shall be binding unless approved by a majority of the Commission's total membership.

(b) The Commission may elect from among its
membership a Chairperson. The Commission may adopt and publish
bylaws and policies that are not inconsistent with this
Compact. The Commission shall meet at least once a year, and
may meet more frequently.

(c) The Commission may study issues of Health Care
regulation that are of particular concern to the Member
States. The Commission may make non-binding recommendations to
the Member States. The legislatures of the Member States may
consider these recommendations in determining the appropriate
Health Care policies in their respective States.

(d) The Commission shall collect information and 18 data to assist the Member States in their regulation of Health 19 Care, including assessing the performance of various State 20 21 Health Care programs and compiling information on the prices 22 of Health Care. The Commission shall make this information and 23 data available to the legislatures of the Member States. 24 Notwithstanding any other provision in this Compact, no Member State shall disclose to the Commission the health information 25 26 of any individual, nor shall the Commission disclose the 27 health information of any individual.

1 (e) The Commission shall be funded by the Member 2 States as agreed to by the Member States. The Commission shall 3 have the responsibilities and duties as may be conferred upon 4 it by subsequent action of the respective legislatures of the 5 Member States in accordance with the terms of this Compact.

6 (f) The Commission shall not take any action within 7 a Member State that contravenes any State law of that Member 8 State.

9 Section 7. Congressional Consent. This Compact shall 10 be effective on its adoption by at least two Member States and 11 consent of the United States Congress. This Compact shall be 12 effective unless the United States Congress, in consenting to 13 this Compact, alters the fundamental purposes of this Compact, 14 which are:

(a) To secure the right of the Member States to
regulate Health Care in their respective States pursuant to
this Compact and to suspend the operation of any conflicting
federal laws, rules, regulations, and orders within their
States; and

(b) To secure Federal funding for Member States that
choose to invoke their authority under this Compact, as
prescribed by Section 5 above.

23 Section 8. Amendments. The Member States, by 24 unanimous agreement, may amend this Compact from time to time 25 without the prior consent or approval of Congress and any 26 amendment shall be effective unless, within one year, the 27 Congress disapproves that amendment. Any State may join this

Compact after the date on which Congress consents to the
 Compact by adoption into law under its State Constitution.

Section 9. Withdrawal; Dissolution. Any Member State 3 4 may withdraw from this Compact by adopting a law to that effect, but no such withdrawal shall take effect until six 5 months after the Governor of the withdrawing Member State has 6 7 given notice of the withdrawal to the other Member States. A withdrawing State shall be liable for any obligations that it 8 may have incurred prior to the date on which its withdrawal 9 10 becomes effective. This Compact shall be dissolved upon the withdrawal of all but one of the Member States. 11

12 Section 10. This act shall become effective on the 13 first day of the third month following its passage and 14 approval by the Governor, or its otherwise becoming law.