

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009**

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**SENATE BILL 1022
Health Care Committee Substitute Adopted 5/6/09
PROPOSED HOUSE COMMITTEE SUBSTITUTE S1022-PCS15312-SQ-71**

Short Title: Comparative Effectiveness Task Force.

(Public)

Sponsors:

Referred to:

March 26, 2009

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE COMPARATIVE EFFECTIVENESS TASK FORCE TO
IMPROVE HEALTH CARE QUALITY AND CONTAIN HEALTH CARE COSTS.

The General Assembly of North Carolina enacts:

SECTION 1.(a) There is established the Joint Legislative Comparative Effectiveness Task Force (Task Force). The purpose of the Task Force is to ascertain how to improve people's health and contain health care costs by studying the comparative effectiveness of various medical treatments and prescription drugs.

SECTION 1.(b) The Task Force shall be comprised of 15 members appointed as follows:

- (1) Seven members appointed by the President Pro Tempore of the Senate, as follows:
 - a. One member of the Senate to serve as cochair of the Task Force.
 - b. One member representing and recommended by the North Carolina Institute of Medicine.
 - c. One member representing and recommended by the North Carolina Hospital Association.
 - d. One representative of Area Health Education Centers.
 - e. One member representing and recommended by Duke University.
 - f. One member representing and recommended by East Carolina University Medical Center.
 - g. One member who is a researcher representing the pharmaceutical industry.
- (2) Seven members appointed by the Speaker of the House of Representatives, as follows:
 - a. One member of the House of Representatives to serve as cochair of the Task Force.
 - b. One member representing and recommended by the North Carolina Medical Society.
 - c. One member representing and recommended by the University of North Carolina at Chapel Hill.
 - d. One member representing and recommended by the North Carolina Association of Health Plans.



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- 1 e. One member representing and recommended by Wake Forest
2 University Medical Center.
3 f. One member who is a researcher representing a school of pharmacy
4 of a North Carolina university.
5 g. One member representing and recommended by the Research
6 Triangle Institute.

7 (3) The Director of the Division of Medical Assistance of the Department of
8 Health and Human Services, ex officio, or the Director's designee.

9 **SECTION 1.(c)** The Task Force shall study the following:

- 10 (1) How to develop an even more robust research effort in our State, including
11 the development of initiatives to draw down additional federal funds.
12 (2) How to organize our State-level efforts in a way that maximizes our
13 opportunities for additional joint efforts with Agency for Health Care
14 Research and Quality.
15 (3) How to organize providers and payors in our State so that dissemination of
16 comparative effectiveness research findings is as rapid and far-reaching as
17 possible.
18 (4) How to develop mechanisms for the ongoing monitoring of these efforts.

19 **SECTION 1.(d)** Members of the Task Force shall receive per diem, subsistence,
20 and travel allowances in accordance with G.S. 120-3.1, 138-5, or 138-6, as appropriate.

21 **SECTION 1.(e)** Upon the prior approval of the Legislative Services Commission,
22 the Legislative Services Officer shall assign professional staff to the Task Force to aid in its
23 work.

24 **SECTION 1.(f)** The Task Force may meet in the Legislative Building or the
25 Legislative Office Building upon the approval of the Legislative Services Commission.

26 **SECTION 1.(g)** On or before February 1, 2011, the Task Force shall report its
27 findings and recommendations to the Governor and the 2011 General Assembly. Upon
28 submitting its final report, the Task Force shall terminate.

29 **SECTION 2.** The Legislative Services Office shall allocate funds appropriated to
30 the General Assembly to support the activities of the Task Force.

31 **SECTION 3.** This act is effective when it becomes law.