

ALEC

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

MEMORANDUM

TO: HEALTH AND HUMAN SERVICES TASK FORCE MEMBERS
FROM: CHRISTIE HERRERA, HHS TASK FORCE DIRECTOR
RE: 35-DAY MAILING—HHS TASK FORCE MEETING AT ALEC'S 38TH ANNUAL MEETING, NEW ORLEANS, LA.
DATE: JUNE 30, 2011

Welcome Our New HHS Legislative Analyst!

I am pleased to report that Sean Riley has joined ALEC as the new (full-time!) legislative analyst to the Health and Human Services Task Force. As you might know, Monica Mastracco—who has done a terrific job over the past year—has moved to ALEC's Education Task Force to be its full-time legislative analyst.

Sean recently graduated from the University of Arizona's James E. Rogers College of Law and also holds a B.S. degree in Finance from the University of Arizona. He previously served as a Ronald Reagan Fellow at the Goldwater Institute's Center for Constitutional Government, and as an extern to the U.S. Senate Committee on the Judiciary.

Sean will be with ALEC until next June, as he completes a year in the Koch Associate Program. Please join me in welcoming Sean to the ALEC family!

Health Professional Modernization Act Working Group

At ALEC's 2011 Spring Task Force Summit, the *Health Professional Modernization Act* was tabled for consideration, and a working group was formed to help amend the legislation.

The *Health Professional Modernization Act* has been resubmitted for consideration at ALEC's 38th Annual Meeting in New Orleans. If you are interested in working on this legislation, please contact Sean Riley (202-742-8541; sriley@alec.org), and he will put you in touch with the bill's sponsor, the Texas Public Policy Foundation.

Overview of ALEC's 38th Annual Meeting

The American Legislative Exchange Council will hold its 38th Annual Meeting from August 3-6 at the [New Orleans Marriott](#) in New Orleans, Louisiana. An Annual Meeting [agenda](#) and [registration](#) page are now online.

Preliminary HHS Agenda at ALEC's 38th Annual Meeting

Below is a tentative agenda of HHS-related activities at ALEC's 38th Annual Meeting:

Wednesday, August 3

10:00-11:15 a.m.

Panel: “Exchanges: Implement or Refuse?”

* Ed Haislmaier, Senior Research Fellow, Health Policy Studies, The Heritage Foundation

* Michael Cannon, Director of Health Policy Studies, Cato Institute

11:30 a.m.-1:30 p.m.

Opening Luncheon (sponsored by PhRMA)

3:15-4:30 p.m.

Workshop #3: “The Medicaid Crisis in the States: Private Sector Solutions You Can Use”

Thursday, August 4

2:30-5:30 p.m.

HHS Task Force Meeting

5:30-6:30 p.m.

HHS Task Force Reception (sponsored by Sanofi-Aventis)

Friday, August 5

8:00-9:15 a.m.

Plenary Breakfast (sponsored by Takeda Pharmaceuticals)

About ALEC’s 35-Day Mailing

In addition to this electronic-only 35-Day Mailing, all materials can be accessed online at the [HHS Task Force Member Area](#) on ALEC’s website. Once you are logged in, click the “HHS 35 Day Mailing” document at the top of the page to find the 35-Day Mailing in one complete PDF, or click on the “2011 Annual Meeting” folder to access the mailing’s individual documents.

Keep in mind that you will need your ALEC username and password to access the 35-Day Mailing online. Conversely, if you choose to receive 35-Day Mailings via “snail mail,” please contact Sean Riley at 202-742-8541 or at sriley@alec.org. We will assume that you prefer the 35-Day Mailing e-mailed to you unless you indicate otherwise.

Enclosed Materials

Please find the following HHS briefing materials enclosed:

- Faxable registration form for ALEC’s 38th Annual Meeting
- Agenda-At-A-Glance for ALEC’s 38th Annual Meeting
- Tentative Agenda for the HHS Task Force Meeting at ALEC’s 38th Annual Meeting

- Potential Model Legislation (in order of submission):
 - *Health Care Equitable Reimbursement Act*, sponsored by Jane Orient, Association of American Physicians and Surgeons
 - *Resolution Urging States and Manufacturers of Prescription Medications to Partner and Identify Opportunities to Address and Reduce Prescription Drug Abuse and Misuse*, sponsored by Candie Phipps, Endo Pharmaceuticals
 - *Resolution Against PPACA Health Insurance Exchanges*, sponsored by Arizona Senator Nancy Barto

- *State Employee Health Savings Account Act*, sponsored by Amanda Griffin-Johnson, Illinois Policy Institute
 - *Resolution Supporting Choices for Americans with Disabilities*, sponsored by Daryn Demeritt, ResCare
 - *Medicaid Managed Long-Term Care Act*, sponsored by Georgia Senator Renee Unterman
 - *Health Care Compact Act*, sponsored by Arlene Wohlgemuth, Texas Public Policy Foundation
 - *Health Professional Modernization Act*, sponsored by Arlene Wohlgemuth, Texas Public Policy Foundation
- HHS Task Force Roster
 - Draft Minutes from the HHS Task Force Meeting at ALEC's 2011 Spring Task Force Summit
 - ALEC's Mission Statement/Scholarship Policy by Meeting/Task Force Operating Procedures

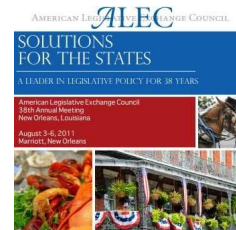
Questions?

I look forward to seeing everyone in New Orleans. If you have any questions or comments regarding the meeting, please contact me at (202) 742-8505 or at christie@alec.org. Thank you for all you do to make ALEC a great organization for great health care policy!

1101 Vermont Avenue, N.W., 11th Floor • Washington, D.C. 20005 • 202-742-8505 • Fax: 202-466-3801 • www.alec.org

ATTENDEE REGISTRATION / HOUSING FORM

AMERICAN LEGISLATIVE EXCHANGE COUNCIL



Early registration deadline: June 7, 2011
Standard registration deadline: July 11, 2011
Housing cut-off date: July 11, 2011

New Orleans Marriott - New Orleans, LA

Online www.alec.org Fax (credit cards only) 202.331.1344 Phone / Questions • Mon-Fri, 9am-5:30 pm Eastern
Registration: 202.742.8538 / Housing: 800. 228.9290

ATTENDEE INFORMATION

Prefix (required) Sen Rep Del Mr Mrs Ms Other _____
Last Name _____ First Name _____ Middle Initial _____ Badge Nickname _____
Title _____
Organization (required) _____
Address _____ Suite # _____
City _____ State/Province _____ Country _____ ZIP/Postal code _____
Daytime phone _____ Fax _____ Alternate phone _____
Email (confirmation will be sent by email) _____

Spouse / Guest / Kids' Congress: Please complete the Spouse / Guest / Kids' Congress registration form.

REGISTRATION INFORMATION

****Save \$100 on registration by booking your hotel room in ALEC's headquarter hotel****

DISCOUNTED REGISTRATION FEES are extended only to registrants booking in ALEC's headquarter hotel. Your \$100 savings will become valid when accommodations are confirmed.

	EARLY until June 7	STANDARD until July 11	ON-SITE begin July 12	DAILY	Amount
<input type="checkbox"/> I am already registered: Order # _____					
<input type="checkbox"/> ALEC Legislative Member	\$475	\$575	\$675	\$295	\$ _____
<input type="checkbox"/> Legislator / Non-Member	\$575	\$675	\$725	\$395	\$ _____
<input type="checkbox"/> ALEC Private Sector Member	\$840	\$930	\$1099	\$595	\$ _____
<input type="checkbox"/> Private Sector / Non-Member	\$975	\$1065	\$1350	\$695	\$ _____
<input type="checkbox"/> ALEC Non-Profit Member (501(c)(3) status required)	\$610	\$685	\$760	\$395	\$ _____
<input type="checkbox"/> Non-Profit Non-Member (501(c)(3) status required)	\$725	\$800	\$875	\$495	\$ _____
<input type="checkbox"/> Legislative Staff / Government	\$650	\$750	\$900	\$495	\$ _____
<input type="checkbox"/> ALEC Legacy Member	\$0	\$0	\$0	\$0	\$ _____

Promo Code _____

TOTAL REGISTRATION FEES: \$ _____

METHOD OF REGISTRATION PAYMENT

Credit Card: Credit cards will be charged immediately. Please fax to the above number for processing.

Amer Express Visa MasterCard

Card # _____

Cardholder (please print) _____

Exp Date (mm/yy) _____ Security Code _____

Signature _____

Note: Registration forms with enclosed payments must be received by 5pm Eastern on the following dates to be eligible for discounted registration rates: June 7, 2011, for early registration rates, or July 11, 2011, for standard registration rates. Forms and/or payments received after July 11, 2011, will be subject to the on-site registration rate. If registering after July 11, 2011, please bring completed form and payment to register on-site.

REGISTRATION CONFIRMATION INFORMATION

Online registrants will receive immediate email confirmation. If registering by form, confirmation will be emailed, faxed, or mailed within 72 hours of receipt of payment.

REGISTRATION CANCELLATION / REFUND INFORMATION

Registrations cancelled prior to 5pm Eastern July 11, 2011 are subject to a \$100 cancellation fee. Registrations are non-refundable after 5pm Eastern July 11, 2011.

HOUSING

RESERVATION CUTOFF FOR ALEC DISCOUNTED RATE IS 12pm Eastern July 11, 2011

****Save \$100 on registration by booking your hotel room in ALEC's headquarter hotel****

I do not require a reservation at this time.

Arrival Date _____ Departure Date _____

Sharing room with _____

Room type

<input type="checkbox"/> Single	(1 person – 1 bed)	\$ 183
<input type="checkbox"/> Double	(2 persons – 1 bed)	\$ 213
<input type="checkbox"/> Db/Db	(2 persons – 2 beds)	\$ 213
<input type="checkbox"/> Triple	(3 persons – 2 beds)	\$ 243
<input type="checkbox"/> Quad	(4 persons – 2 beds)	\$ 273

A limited number of suites are available upon request. Please call 800.228.9290 for additional information.

Special requests

ADA room required:

___ Audio ___ Visual ___ Mobile

Rollaway / crib: _____

Other: _____

METHOD OF HOUSING PAYMENT

Please use the same method of payment as above.

Credit Card: Credit cards will be used to guarantee the reservation

Amer Express Visa MasterCard Discover

Card # _____

Cardholder (please print) _____

Exp Date (mm/yy) _____ Security Code _____

Signature _____

* All rates DO NOT include state and local tax currently 13% plus occupancy tax \$3.00 (subject to change)

Note: Cutoff for reservations at the ALEC rate is July 11, 2011. After July 11, 2010, every effort will be made to accommodate new reservations, based on availability and rate.

HOUSING CONFIRMATION INFORMATION

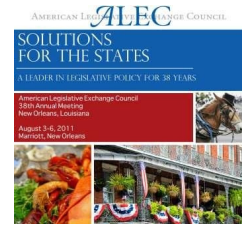
Online reservations will receive immediate email confirmation. Reservations received by form will be confirmed via email, fax, or mail within 72 hours of receipt.

HOUSING CANCELLATION / REFUND INFORMATION

Credit cards will be charged one night room and tax in the event of a no show or if cancellation occurs within 72 hours prior to arrival. Departures prior to the departure date confirmed by the hotel at check-in will result in a charge of \$100 plus tax. Please obtain a cancellation number when your reservation is cancelled.

SPOUSE / GUEST KIDS' CONGRESS REGISTRATION FORM

AMERICAN LEGISLATIVE EXCHANGE COUNCIL
ALEC



Early registration deadline: May 2, 2011
Standard registration deadline: July 11, 2011

New Orleans Marriott - New Orleans, LA

Online
www.alec.org

Fax (credit cards only)
202.331.1344

Phone / Questions • Mon-Fri, 9am-5:30 pm Eastern
202.742.8538

Mail • ALEC Registration & Housing
P.O. Box 96754 • Washington, DC 20090-6754

IMPORTANT: Please identify the ALEC attendee

ALEC ATTENDEE Profile Information

First Name _____ Last Name _____ REGISTRATION ORDER NUMBER _____
Daytime Phone _____
Email (Confirmation will be sent by email) _____

SPOUSE / GUEST / KIDS' CONGRESS Registration Fees

	(#) x	EARLY until May 2	STANDARD until July 11	ON-SITE begin July 12	DAILY	Amount
A. Spouse / Guest / Child 18 yrs or older	() x	\$150	\$150	\$150	n/a	= \$ _____
B. Kid's Congress (6 months to 17 yrs) for ALEC Members Full Conference Rate	() x	\$250	\$350	\$550	n/a	= \$ _____
C. Kid's Congress (6 months to 17 yrs) for Non-ALEC Members Full Conference Rate	() x	\$350	\$450	\$650	n/a	= \$ _____
D. Kid's Congress (6 months to 17 yrs) Day rate: Wed., Thurs., or Fri.	() x	\$150	\$150	\$250	n/a	= \$ _____

SPOUSE / GUEST / KID'S REGISTRATION FEE(S) TOTAL \$ _____

Spouse / Guest / Child Names *Please list the names of the spouse / guest / children below*

Spouse / Guest / Child Name	Child Date of Birth	Registration Type A,B,C,D (above)	Spouse / Guest / Child Name	Child Date of Birth	Registration Type A,B,C,D (above)
1. _____	_____	_____	5. _____	_____	_____
2. _____	_____	_____	6. _____	_____	_____
3. _____	_____	_____	7. _____	_____	_____
4. _____	_____	_____	8. _____	_____	_____

Payment Information

Credit Card: Credit cards will be charged immediately. Please fax to the above number for processing.

American Express Card # _____
 Visa Cardholder (please print) _____
 MasterCard Exp Date (mm/yy) _____ Security Code _____
 Signature _____

Check / money order: Payment must be in U.S. currency drawn on a U.S. bank. Please make check payable to ALEC Registration and send to above address.

Note: Registration forms with enclosed payments must be received by 5pm Eastern on the following dates to be eligible for discounted registration rates: May 2, 2011, for early registration rates, or July 11, 2011, for standard registration rates. Forms and/or payments received after July 11, 2011 will be subject to the on-site registration rate. If registering after July 11, 2011 please bring completed form and payment to register on-site.

Confirmation Information

Online registrants will receive immediate confirmation via email. If registering by written form, confirmation will be emailed (if address provided), faxed, or mailed within 72 hours of receipt of payment.

Cancellation / Refund Information

Registrations cancelled prior to 5:00 p.m. (EST) July 11, 2011 are subject to a \$100 cancellation fee. Registrations are non-refundable after 5:00 p.m. (EST) July 11, 2011.

ALEC 2011 Annual Meeting Agenda*

All meetings will be held in New Orleans Marriott unless otherwise

Monday, August 1	
Board of Directors Reception, <i>by invitation only</i>	6:00 p.m. - 7:00 p.m.
Board of Directors Dinner, <i>by invitation only</i>	7:00 p.m. - 9:00 p.m.
Tuesday, August 2	
Registration Open	12:00 p.m. - 5:00 p.m.
Joint Board of Directors Meeting	9:00 a.m. - 5:30 p.m.
State Chairs Training	3:00 p.m. - 5:00 p.m.
Leadership Reception, <i>by invitation only</i>	6:00 p.m. - 7:00 p.m.
Leadership Dinner, <i>by invitation only</i>	7:00 p.m. - 9:00 p.m.
Hospitality Suite	9:00 p.m. - 11:00 p.m.
Wednesday, August 3	
Registration Open	7:30 a.m. - 5:00 p.m.
Task Force Subcommittee Meetings	7:30 a.m. - 11:30 a.m.
State Chairs Meeting	9:00 a.m. - 11:15 a.m.
ALEC Exhibition Hall Open	9:30 a.m. - 5:00 p.m.
Opening Luncheon	11:30 a.m. - 1:30 p.m.
Workshop I	1:45 p.m. - 3:00 p.m.
Workshop II	1:45 p.m. - 3:00 p.m.
Task Force Chairs Meeting, <i>by invitation only</i>	3:15 p.m. - 4:15 p.m.
Workshop III	3:15 p.m. - 4:30 p.m.
Workshop IV	3:15 p.m. - 4:30 p.m.
Chairman's Reception, <i>by invitation only</i>	5:00 p.m. - 6:00 p.m.
Louisiana Welcome Reception	6:30 p.m. - 8:30 p.m.
Hospitality Suite	9:00 p.m. - 11:00 p.m.
Thursday, August 4	
Registration Open	7:30 a.m. - 5:00 p.m.
ALEC Exhibition Hall Open	9:30 a.m. - 5:00 p.m.
Plenary Breakfast	8:00 a.m. - 9:15 a.m.
Workshop V	9:30 a.m. - 10:45 a.m.
Workshop VI	9:30 a.m. - 10:45 a.m.
Workshop VII	11:00 a.m. - 12:15 p.m.
Workshop VIII	11:00 a.m. - 12:15 p.m.
Plenary Luncheon	12:30 p.m. - 2:15 p.m.
Task Force Meetings	2:30 p.m. - 5:30 p.m.
<ul style="list-style-type: none"> • Energy, Environment and Agriculture • Health and Human Services • International Relations • Public Safety and Elections • Tax and Fiscal Policy 	
Health and Human Services Task Force Reception, <i>by invitation only</i>	5:30 p.m. - 6:30 p.m.
International Relations Reception, <i>by invitation only</i>	5:30 p.m. - 6:30 p.m.
Reception	6:30 p.m. - 8:30 p.m.
Hospitality Suite	9:00 p.m. - 11:00 p.m.
Friday, August 5	

Friday, August 5

Registration Open	7:30 a.m. - 12:30 p.m.
ALEC Exhibition Hall Open	9:30 a.m. - 12:00 p.m.
Plenary Breakfast	8:00 a.m. - 9:15 a.m.
Workshop IX	9:30 a.m. - 10:45 a.m.
Workshop X	9:30 a.m. - 10:45 a.m.
Workshop XI	11:00 a.m. - 12:15 p.m.
Workshop XII	11:00 a.m. - 12:15 p.m.
Plenary Luncheon	12:30 p.m. - 2:15 p.m.
Task Force Meetings	2:30 p.m. - 5:30 p.m.
<ul style="list-style-type: none">• Commerce, Insurance and Economic Development• Civil Justice• Education• Telecommunications and Information Technology	
Telecommunications and Information Technology Task Force Reception	5:30 p.m. - 6:30 p.m.
Incoming Chairman's Reception, <i>by invitation only</i>	5:30 p.m. - 6:30 p.m.
State Night <i>Contact your state chair</i>	6:30 p.m.

Saturday, August 6

Prayer Service**	9:00 a.m. - 10:30 a.m.
Experience New Orleans Activities	TBD
Shooting outing	

**Agenda subject to change*

*** Unaffiliated event*



**Health and Human Services Task Force Meeting
ALEC's 38th Annual Meeting
New Orleans Marriott
Thursday, August 4, 2011
2:30-5:30 p.m.**

TENTATIVE AGENDA

- 2:30 p.m.** **Welcoming Remarks**
Roundtable Introduction of Task Force Members and Guests
Recognition of New and Returning ALEC Private Sector Members
Introduction of ALEC HHS Executive Committee for 2011-12
Approval of Minutes from ALEC's 2011 Spring Task Force Summit
Update on ALEC HHS Model Legislation in the 2011 Session
Wisconsin Senator Leah Vukmir, HHS Public Sector Chair
Marianne Eterno, Guarantee Trust Life Insurance, HHS Private Sector Chair
- 2:50 p.m.** **SPECIAL PRESENTATIONS**
Medicaid Fraud: How to Stop It
Terry Jennings, Reed Elsevier
- 3:10 p.m.** **PPACA Update: Rate Review and the Health Insurance Tax**
Joan Gardner, Blue Cross Blue Shield Association
- 3:20 p.m.** **Federalism Update: SCOTUS Decision in *Bond v. United States***
Nick Dranias, Goldwater Institute
- 3:30 p.m.** **MODEL LEGISLATION: DISCUSSION AND VOTING**
(NOTE: We will consider proposed model legislation in order of submission. Any model legislation not considered at ALEC's 38th Annual Meeting will be considered at ALEC's 2011 States and Nation Policy Summit.)
- Health Care Equitable Reimbursement Act***, sponsored by Jane Orient, Association of American Physicians and Surgeons
- Resolution Urging States and Manufacturers of Prescription Medications to Partner and Identify Opportunities to Address and Reduce Prescription Drug Abuse and Misuse***, sponsored by Candie Phipps, Endo Pharmaceuticals
- Resolution Against PPACA Health Insurance Exchanges***, sponsored by Arizona Senator Nancy Barto
- State Employee Health Savings Account Act***, sponsored by Amanda Griffin-Johnson, Illinois Policy Institute

Resolution Supporting Choices for Americans with Disabilities, sponsored by Daryn Demeritt, ResCare

Medicaid Managed Long-Term Care Act, sponsored by Georgia Senator Renee Unterman

Health Care Compact Act, sponsored by Arlene Wohlgemuth, Texas Public Policy Foundation

Health Professional Modernization Act, sponsored by Arlene Wohlgemuth, Texas Public Policy Foundation

5:30 p.m. Adjourn to HHS Task Force Reception

HEALTH CARE EQUITABLE REIMBURSEMENT ACT (DRAFT, AUGUST 4, 2011)

BACKGROUND

Medical Savings Accounts (MSAs) were introduced largely due to the efforts of the late J. Patrick Rooney, whose Golden Rule Insurance Co. had experimented with high-deductible health insurance policies offering greater control and freedom of choice for the health care consumer.

An important selling point of these MSAs (subsequently known as Health Savings Accounts—HSAs) was that the individual had complete control of health care decision-making. That is, there were to be no restrictions concerning which physician, which hospital, or which form of treatment was elected. This is consistent with economic principles where the buyer and seller freely compete for goods and services without third party intervention, thus providing for the best method of distribution of those medical services.

Another important aspect of HSAs was the projected growth of HSA balances over the years, as judicious use would likely allow excess funds to accumulate over the years.

These HSAs were so popular with Golden Rule employees, Mr. Rooney started Medical Savings Insurance Co., devoted entirely to HSAs. This should have been a blazing success, but sadly, was not. This company went out of business. Why? Hospitals have a practice of charging 400% to 1,000% of their baseline rates to the general consumer.

Thus, even if such an HSA holder should receive a 25% discount after being subjected to a 400% increase, he would still be paying 300%, or three times the going rate. If a 1,000% charge rate were to be used, a 25% reduction would result in the individual paying 750%, or 7.5 times the standard rate.

It is quite easy to see that hospitals using these surcharge rates would quickly bankrupt anybody outside their system, which is precisely what happened.

As other large insurers developed their high-deductible HSA products, they always tied these to HSAs to in-network “providers,” which completely negated the most important purpose of HSAs—which was to provide complete freedom to choose one’s physician and hospital by using one’s own money.

Third party payors are now punishing their subscribers for seeking out-of-network physicians, even in the event of medical emergencies. If a patient has met his in-network deductible for the year, but is subsequently treated by an out-of-network physician, a whole new deductible applies. This is often a larger deductible and is extracted from the patient/subscriber even though the deductible had already been met, and even in the event of a medical emergency.

As if this is not enough, the percentage co-pay is always higher for the out-of-network physician. Why? Simply as a means of punishing the patient for using an out-of-network doctor, even in a medical emergency.

Additionally, the percentage co-pay is not based upon the billed charges, but rather, upon the “usual and customary rates,” or UCR. These rates have absolutely nothing to do with actual rates charged by physicians, but rather, are numbers that vary widely from one company to

another, and can be essentially whatever the company decides it should be. There is no way for the subscriber/patient to know in advance what the UCR is, because his insurer refuses to divulge this information.

There is another major issue with third party reimbursement. If a patient should seek surgery in a physician-owned outpatient surgery center, the reimbursement will be much less for the exact same procedure as compared to hospital reimbursement.

Similarly, reimbursements for imaging studies and other procedures/therapies are much greater for hospitals as contrasted with non-hospital entities. Is this the kind of payment discrimination we want to see in order to maintain truly independent practitioners?

When Sherman Antitrust legislation was passed, the notion of protecting the small consumer from the monopolistic producer seemed noble. However, here we have payment discrimination from the buyer toward the physician, whether participating or not. This amounts to forced participation. Otherwise, the patient will be seriously penalized. Furthermore, the physician is discriminated against simply because he owns the surgery center or MRI machine rather than a hospital.

The ultimate effect of these practices will be to stifle competition and independence, with patients and physicians being little more than small cogs in the big wheels of hospitals and reimbursers.

Unfair discriminatory reimbursement is wreaking havoc on patients and physicians, threatening the viability of independent physicians. The *Patient Protection and Affordable Care Act* (PPACA) apparently realizes this, and prohibits hospitals which claim tax benefits under Section 501(c)(3) from charging certain uninsured patients “more than the amounts generally billed to individuals who have insurance covering such care.” 26 U.S.C. Section 5019(r)(5).

MODEL LEGISLATION

Section 1. Short Title. This Act shall be known as “Health Care Equitable Reimbursement Act.”

Section 2.

A. Health care insurers shall be prohibited from decreasing reimbursement, voiding previously met deductibles, or increasing co-pays to health care insureds who, for any reason, seek care from an out-of-network physician.

B. Health care insurers are prohibited from decreasing reimbursements for facilities and services, including operating room, imaging, or any other service, due to an out-of-hospital setting or non-hospital ownership. Non-hospitals shall not be reimbursed at different rates than hospitals for equivalent services, and there shall be no additional site of service surcharge for hospitals.

C. In accordance with the *Patient Protection and Affordable Care Act* (PPACA), hospitals which claim tax benefits under Section 501(c)(3) are prohibited from billing individuals who are self-insured “more than amounts generally billed to individuals who have insurance covering such care.” 26 U.S.C. Section 5019(r)(5), and hospitals are likewise prohibited from billing individuals with high deductibles “more than the amounts generally billed.”

Section 3. {Severability Clause}
Section 4. {Repealer Clause}
Section 5. {Effective Date}

**RESOLUTION URGING STATES AND MANUFACTURERS OF PRESCRIPTION
MEDICATIONS TO PARTNER AND IDENTIFY OPPORTUNITIES TO ADDRESS
AND REDUCE PRESCRIPTION DRUG ABUSE AND MISUSE
(DRAFT, AUGUST 4, 2011)**

SUMMARY

This resolution calls on the states and the manufacturers of prescription medications to partner and identify opportunities to reduce the incidence of prescription drug abuse, while still ensuring that access is not restricted for those individuals who are in need of prescription medications.

MODEL RESOLUTION

WHEREAS, Prescription drug abuse and misuse is an increasing public health concern in the United States; and

WHEREAS, A balanced approach to preventing prescription drug abuse must simultaneously ensure sufficient access to medications for patients with a legitimate medical need; and

WHEREAS, Prescription drugs account for the second most commonly abused category of drugs, behind marijuana and ahead of cocaine, heroin, methamphetamine, and other drugs; and

WHEREAS, The misuse and abuse of prescription drugs has become increasingly prevalent among teens and young adults. For example, among 12-17 year olds, prescription drug abuse took either first or second place in abuse prevalence; and

WHEREAS, While opioid analgesics are used by millions of people for relief of their pain, the misuse and abuse of these products are imposing increasing costs on individuals, families and society; and

WHEREAS, Pharmaceutical manufacturers are working to reduce the abuse and misuse of prescription medications through abuse-deterrent formulations and provider and patient education programs; and

WHEREAS, The personal and financial toll of prescription drug abuse and misuse are negatively impacting the states through law enforcement constraints, drug treatment costs and incarceration costs; and

WHEREAS, Efforts to reduce prescription drug abuse should not negatively impact a patient's access to necessary and prescribed drug treatments.

NOW THEREFORE BE IT RESOLVED THAT, Officials in {insert state} are encouraged to partner with manufacturers of prescription medications to identify opportunities that reduce the incidence of prescription drug abuse and misuse while balancing the need to assure patient access to appropriate medications.

RESOLUTION AGAINST PPACA HEALTH INSURANCE EXCHANGES
(DRAFT, AUGUST 4, 2011)

SUMMARY

Twenty-six states have joined in a lawsuit to have the federal *Patient Protection and Affordable Care Act* (PPACA) ruled unconstitutional. Nevertheless, many of the plaintiff states continue to plan PPACA health insurance exchanges, using federal funds to do so, undermining their own position as plaintiffs. This resolution urges state officials to stop planning PPACA exchanges and urges Congress to defund such efforts.

MODEL RESOLUTION

WHEREAS, The federal government has enacted the *Patient Protection and Affordable Care Act* (PPACA) ostensibly for the purpose of making health insurance more affordable for American citizens; and

WHEREAS, PPACA includes a provision requiring the creation of health insurance exchanges (exchanges) in each state where only health insurance policies that meet certain requirements determined by the federal government may be bought and sold; and

WHEREAS, Exchanges may only be established by each state subject to approval by appointed federal officials; and

WHEREAS, If a state does not establish an exchange, appointed federal officials will establish one in that state; and

WHEREAS, State-created PPACA exchanges put states in the position of ceding their resources and sovereignty to the service of the federal government, sacrificing their ability to flexibly serve their own citizens; and

WHEREAS, Twenty-six states are suing to have PPACA struck down partly due to the arguable unconstitutionality of the individual mandate, and briefs submitted by the federal government in *Florida v. U.S. Department of Health and Human Services* make clear that exchanges are a key part of the individual mandate; and

WHEREAS, The United States Supreme Court states in part, in its recent ruling in *Bond v. United States*, “Federalism secures the freedom of the individual. It allows States to respond, through the enactment of positive law, to the initiative of those who seek a voice in shaping the destiny of their own times without having to rely solely upon the political processes that control a remote central power,” effectively instructing state leaders that they share in the responsibility to preserve liberty; and

WHEREAS, Judge Vinson, in his order of March 3, 2011 staying his original decision in *Florida v. U.S. Department of Health and Human Services* striking down the PPACA as unconstitutional, stated in footnote 7 that “the severity of that injury [from the PPACA] is undercut by the fact that at least eight of the plaintiff states (noted further infra) have represented that they will continue to implement and fully comply with the Act’s requirements --- in an abundance of caution while this case is on appeal --- irrespective of my ruling,” clearly implying that as states continue to plan exchanges in preparation for PPACA implementation, the perceived harm to states is reduced, making it less likely the PPACA will ultimately be declared unconstitutional; and

WHEREAS, If the PPACA is struck down, states planning PPACA exchanges will have participated in wasting millions of dollars of taxpayer funds in planning defunct exchanges; and

WHEREAS, Despite claims by some that states can create PPACA-compliant exchanges that enjoy the benefits of market forces, these exchanges would be completely artificial devices offering insurance products regulated in their essential characteristics by the federal government, making exchanges anything but free markets; and

WHEREAS, PPACA health insurance exchanges will continue to be subject to the arbitrary whims of the federal bureaucracy which, having extensive ongoing rulemaking authority, can render any plan for a state exchange today, no matter how rational and well-designed, obsolete and irrelevant at a later date; and

WHEREAS, The PPACA does not clearly and unequivocally pre-empt state law, containing only a vague provision that seems to say that federal law does not preempt state laws preserving free enterprise health care systems, but the establishment of exchanges necessitates state laws conform to PPACA and states establishing exchanges will actively participate in the pre-emption of their own laws; and

WHEREAS, There is no penalty for a state in allowing the federal government to implement an exchange and doing so puts federal officials in the position of asking a state for permission to operate an exchange rather than states supplicating to appointed federal officials; and

WHEREAS, States can, and should, develop and implement their own, state-based health reform solutions that are tailored to the targeted needs of their citizens without the mandates within PPACA.

NOW THEREFORE BE IT RESOLVED THAT, {Insert state legislature} believes it is not in the best interest of the state for any state official to participate in planning or establishing health insurance exchanges as provided for in the federal Patient Protection and Affordable Care Act; and

BE IT FURTHER RESOLVED THAT, {Insert state legislature} urges Congress to defund planning grants to states for the establishment of PPACA health insurance exchanges by the states; and

BE IT FURTHER RESOLVED THAT, Copies of this resolution be sent to the President of the United States, the appropriate leadership of the United States Congress and the United States Department of Health and Human Services, and the entire {insert state} delegation in the United States Congress.

STATE EMPLOYEE HEALTH SAVINGS ACCOUNT ACT
(DRAFT, AUGUST 4, 2011)

SUMMARY AND BACKGROUND

This legislation requires the state to offer state employees a health benefit plan that utilizes Health Savings Accounts (HSAs) paired with high-deductible health plans. The legislation further requires that the employer cost of the HSA-compatible health plan not exceed the average per person employer cost of traditional insurance plans the state is currently offering.

Health Savings Accounts, paired with high-deductible health plans, can create a win-win situation for taxpayers and public employees. The plans provide state employees more savings, choice, and control over their healthcare needs and expenses, while offering an opportunity for the state to reduce its health insurance costs for state employees.

This legislation is modeled off of public policy in Indiana and legislation that has passed in Illinois. In 2006, the first year of implementation, just over 4 percent of Indiana state workers signed up for the Health Savings Account option. In 2010, 70 percent of Indiana state workers selected the HSA option, and only 3 percent have opted to return to the standard PPO after signing up for an HSA. It is estimated that in 2010, Indiana state employees enrolled in the HSA option saved more than \$8 million compared to their counterparts in the traditional PPO option, and the state saved \$20 million in healthcare costs.

For further reading, see: Jim Porterfield and Kristina Rasmussen, "Health Savings Accounts: A win-win for Illinois public employees and taxpayers," Illinois Policy Institute, September 29, 2010, www.illinoispolicy.org/HSA.

MODEL LEGISLATION

Section 1. Short Title. This Act shall be known as the "State Employee Health Savings Account Act."

Section 2. Health Savings Accounts.

A. The program of state employee health benefits shall offer, as an alternative and on an optional basis, a program for the use of Health Savings Accounts with a qualifying state-sponsored, high-deductible health plan. This optional coverage alternative shall be available no later than **{insert date}**.

B. On or before **{insert date}**, the **{insert state agency in charge of state employee health insurance programs}** shall:

1. Submit the program designs to the **{insert government accountability agency responsible for estimating costs¹}** for review. The report on program designs may include multiple options for final implementation, which may, in turn, include various levels of state participation or types of benefit designs. The program designs shall include:

- a. Benefit designs, including deductible amounts, for the high-deductible health plans.
- b. Premium amounts for the high-deductible health plans.

- c. Employee and employer contribution strategies for the high-deductible health plan premiums.
- d. Employer and employee contribution strategies for the Health Savings Account deposits.
- e. The ability for employees to make pre-tax contributions through a salary deferral arrangement for the Health Savings Accounts.
- f. Options for custodial arrangements for the Health Savings Accounts.
- g. Investment options for Health Savings Account holders.
- h. Assessment of administrative and claim costs.
- i. Statements of the actuarial assumptions, including demographic, participation, and utilization assumptions, used in program designs.
- j. An analysis of the impact on existing health plans of offering the option of Health Savings Accounts paired with a high-deductible health plan.

Program designs shall also be based on the creation of coverage options so that the average per person employer cost of the program, including the contributions for the Health Savings Accounts and high-deductible plan, does not exceed the average per person employer cost of the traditional state employee health benefits program for the same fiscal year.

- 2. Offer to all employees training regarding all health plans offered to employees.
- 3. Prepare online training as an option for the training required by this Section.

C. Employers participating in a state employee health benefit plan shall require each employee to complete training on the health plan options available to the employee. This training:

- 1. May be completed online; and
- 2. Shall be completed:
 - a. Before the end of the **{insert year}** open enrollment period for current employees; and
 - b. For employees hired on or after **{insert date}**, prior to the employee's selection of a plan in the program.

Section 3. {Severability Clause}

Section 4. {Repealer Clause}

Section 5. {Effective Date}

ⁱ For example, in Illinois, this is the Commission on Government Forecasting and Accountability.

RESOLUTION SUPPORTING CHOICES FOR AMERICANS WITH DISABILITIES
(DRAFT, AUGUST 4, 2011)

SUMMARY

This resolution urges states to close state operated facilities and move persons with intellectual and developmental disabilities (ID/DD) to home and community based waiver services (HCBS).

MODEL RESOLUTION

WHEREAS, 32,909 Americans with intellectual and developmental disabilities (ID/DD) lived in 162 large, state operated facilities—with 16 beds or more—in 42 states as of June 30, 2009; and

WHEREAS, Persons with ID/DD have a fundamental right to be given choice in services that provide respect and dignity; and

WHEREAS, Persons with ID/DD have the right to live in the least restrictive environment consistent with the *Olmstead v. L.C. and E.W. Decision (98-536) 527 U.S. 581 (1999)*; and

WHEREAS, Individuals with ID/DD living in integrated community settings are afforded an improved quality of life and a higher level of personal independence; and

WHEREAS, It is cost effective to move persons with ID/DD from large, state operated facilities to home and community based services (HCBS); and

WHEREAS, Average costs in 2009 totaled \$196,735 per person/per year in state operated facilities, versus \$43,969 per person/per year in HCBS waiver settings, a 77.7% cost savings; and

WHEREAS, The federal government provides funding to assist in moving persons with ID/DD from state operated facilities to HCBS; and

WHEREAS, 10 states, plus the District of Columbia, have already closed their large state operated facilities for Americans with ID/DD.

THEREFORE BE IT RESOLVED THAT, {Insert state legislature} takes action to close all remaining state operated facilities for Americans with ID/DD; and

BE IT FURTHER RESOLVED THAT, Copies of this resolution be distributed to the governor, officials in {insert name of state HHS agency}, and members of {insert state}'s Congressional delegation.

MEDICAID MANAGED LONG-TERM CARE ACT (DRAFT, AUGUST 4, 2011)

SUMMARY

The purpose of this legislation is to implement a managed long-term care program for Medicaid beneficiaries who are chronically ill or have disabilities and who need health and long-term care services, such as home care or adult day care. The program will allow these people to stay in their homes and communities as long as possible. The managed long term care plan arranges and pays for a large selection of health and social services, and provides choice and flexibility in obtaining needed services from one place, at lower cost than under Medicaid fee-for-service.

MODEL LEGISLATION

Section 1. This Act may be cited as the “Medicaid Managed Long-Term Care Act.”

Section 2. Eligible Beneficiaries and Services.

A. Eligible Medicaid beneficiaries include the following:

1. Frail elders (ages 60+) who are receiving 1915(c) Medicaid waiver services;
2. Adults with physical or developmental disabilities (ages 18-64) who are receiving Medicaid home and community based services (HCBS) waiver services;
3. Children (ages 3-17) with physical or developmental disabilities who are receiving Medicaid HCBS waiver services;
4. Individuals who are dually eligible under the Medicaid program and the Medicare program established under Title XVIII of the Social Security Act, 79 Stat. 286 (1965), 42 U.S.C. 1395, as amended; and
5. Medicaid consumers with a nursing facility level of care or are at risk for needing a nursing facility level of care.

B. Eligible services include acute care, including pharmacy, dental, and behavioral health services, and the following long term care services and supports:

1. Nursing facility care;
2. Services provided in assisted living facilities;
3. Hospice;
4. Adult day care;
5. Medical equipment and supplies;
6. Personal care;
7. Home accessibility adaptation;
8. Behavior management;

9. Home-delivered meals;
10. Case management;
11. Therapies, which include:
 - a. Occupational therapy;
 - b. Speech therapy;
 - c. Respiratory therapy; and
 - d. Physical therapy;
12. Intermittent and skilled nursing;
13. Medication administration;
14. Medication management;
15. Nutritional assessment and risk reduction;
16. Caregiver training;
17. Respite care;
18. Transportation; and
19. Personal emergency response system.

Section 3. The {insert state department of health and human services} shall establish a Medicaid managed long-term care program. The department shall make payments for long-term care, including home and community-based services, using a managed care model.

The department shall submit, if necessary, applications to the United States Department of Health and Human Services for waivers of federal Medicaid requirements that would otherwise be violated in the implementation of the system, and shall consolidate current home and community based waivers where appropriate. The department shall ensure that all participants are enrolled in health insuring corporations under contract with the department pursuant to the appropriate section of the state code. The program shall be statewide, fully integrated, and risk based; shall integrate Medicaid-reimbursed primary, acute, and long term care services; and shall align incentives to ensure the right care is delivered in the most appropriate place and time.

In designing the program, the department shall ensure that the program:

- A. Reduces fragmentation and offers a seamless approach to meeting people's needs;

- B. Delivers needed supports and services in the most integrated, appropriate and cost-effective way possible;
- C. Offers a continuum of acute and long-term care services, which includes an array of home and community-based options including community-based residential alternatives;
- D. Includes a comprehensive quality approach across the entire continuum of long term care services; and
- E. Consults stakeholders in the program development process.

Section 4. {Severability Clause}

Section 5. {Repealer Clause}

Section 6. {Effective Date}

HEALTH CARE COMPACT ACT (DRAFT, JUNE 20, 2011)

MODEL LEGISLATION

{Insert state} enacts the Interstate Health Care Compact and enters into the compact with all other states legally joining in the compact in substantially the following form:

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;

NOW THEREFORE, The member states hereto resolve, and by the adoption into law under their respective state constitutions of this Health Care Compact, agree, as follows:

Section 1. Definitions. As used in this compact, the following definitions apply, unless the context clearly indicates otherwise:

A. “Commission” means the Interstate Advisory Health Care Commission.

B. “Effective date” means the date upon which this compact shall become effective for purposes of the operation of state and federal law in a member state, which shall be the later of:

1. The date upon which this compact shall be adopted under the laws of the member state; and
2. The date upon which this compact receives the consent of Congress pursuant to Article I, Section 10, of the United States Constitution, after at least two member states adopt this compact.

C. “Health care” means care, services, supplies, or plans related to the health of an individual and includes but is not limited to:

1. Preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care and counseling, service, assessment, or procedure with respect to the physical or mental condition or functional status of an individual or that affects the structure or function of the body; and
2. Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription; and
3. 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.

D. “Member state” means a state that is signatory to this compact and has adopted it under the laws of that state.

E. “Member state base funding level” means a number equal to the total federal spending on health care in the member state during federal fiscal year 2010. On or before the effective date, each member state shall determine the member state base funding level for its state, and that number shall be binding upon that member state.

F. “Member state current year funding level” means the member state base funding level multiplied by the member state current year population adjustment factor multiplied by the current year inflation adjustment factor.

G. “Member state current year population adjustment factor” means 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.

H. “Current year inflation adjustment factor” means the total gross domestic product deflator in the current year divided by the total gross domestic product deflator in federal fiscal year 2010. Total gross domestic product deflator shall be determined by the Bureau of Economic Analysis of the United States Department of Commerce.

Section 2. Pledge. The member states shall take joint and separate action to secure the consent of the United States Congress to this compact in order to return the authority to regulate health care to the member states consistent with the goals and principles articulated in this compact. The member states shall improve health care policy within their respective jurisdictions and according to the judgment and discretion of each member state.

Section 3. Legislative Power. The legislatures of the member states have the primary responsibility to regulate health care in their respective states.

Section 4. State Control. Each member state, within its state, may suspend by legislation the operation of all federal laws, rules, regulations, and orders regarding health care that are inconsistent with the laws and regulations adopted by the member state pursuant to this compact. Federal and state laws, rules, regulations, and orders regarding 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.

Section 5. Funding.

A. Each federal fiscal year, each member state shall have the right to federal monies up to an amount equal to its member state current year funding level for that federal fiscal year, funded by Congress as mandatory spending and not subject to annual appropriation, to support the exercise of member state authority under this compact. This funding shall not be conditional on any action of or regulation, policy, law, or rule being adopted by the member state.

B. By the start of each federal fiscal year, Congress shall establish an initial member state current year funding level for each member state, based upon reasonable estimates. The final member state current year funding level shall be calculated, and funding shall be reconciled by the United States Congress based upon information provided by each member state and audited by the United States Government Accountability Office.

Section 6. Interstate Advisory Health Care Commission.

A. The Interstate Advisory Health Care Commission is established. The commission consists of members appointed 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 data to assist the member states in their regulation of health care, including assessing the performance of various state health care programs and compiling information on the prices of health care. The commission shall make this information and data available to the legislatures of the member states. Notwithstanding any other provision in this compact, no member state shall disclose to the commission the health information of any individual, nor shall the commission disclose the health information of any individual.

E. The commission shall be funded by the member states as agreed to by the member states. The commission shall have the responsibilities and duties as may be conferred upon it by subsequent action of the respective legislatures of the member states in accordance with the terms of this compact.

F. The commission shall not take any action within a member state that contravenes any state law of that member state.

Section 7. Congressional Consent. This compact shall be effective on its adoption by at least two member states and consent of the United States Congress. This compact shall be effective unless the United States Congress, in consenting to this compact, alters the fundamental purposes of this compact, 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.

Section 8. Amendments. The member states, by unanimous agreement, may amend this compact from time to time without the prior consent or approval of Congress and any amendment shall be effective unless, within one year, the 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 may withdraw from this compact by adopting a law to that effect, but no such withdrawal shall take effect until six months after the governor of the withdrawing member state has given notice of the withdrawal to the other member states. A withdrawing state shall be liable for any obligations that it may have incurred prior to the date on which its withdrawal becomes effective. This compact shall be dissolved upon the withdrawal of all but one of the member states.

Section 10. {Severability Clause}

Section 11. {Repealer Clause}

Section 12. {Effective Date}

HEALTH PROFESSIONAL MODERNIZATION ACT
(DRAFT, JUNE 20, 2011)

SUMMARY

This legislation addresses a problem that plagues many states around the country: lack of access to quality primary care. Generally, people think of their physicians when they talk about primary care providers, but there is a myriad of other avenues to quality primary care. For example, nurse practitioners are trained to handle the vast majority of basic primary care needs, but throughout many states, they are limited in their ability to do so by overly restrictive scope of practice laws.

By freeing primary care providers to practice to the full extent of their education and training, states can increase their citizens' access to quality primary care. The legislation protects citizens by putting all primary care providers underneath the authority of their respective boards in their states. This puts the regulation of these primary care providers underneath the authorities that understand them best but that still operate subject to the will of the legislature.

America's doctors are the best in the world, and they should be dealing with world class issues of care. The basic primary care needs can be served more cost effectively by freeing all of our primary care providers to practice to the full extent of their knowledge and training.

MODEL LEGISLATION

Section 1. Short Title. This Act shall be known as the "Health Professional Modernization Act."

Section 2. Definitions.

A. In this Act, "primary care provider" means a registered provider who holds a license issued under {**insert state licensing statute**} and who:

1. Has successfully completed a graduate-level education program accredited by a national accrediting organization recognized by the respective board that prepares the provider to function as a primary care provider;
2. If the education program required under Paragraph 1 was completed after January 1, 1996, has met requirements established or recognized by the respective board for national certification;
3. Is licensed by the respective board to provide primary care in an area with a targeted population group recognized and approved by the respective board; and
4. Meets requirements established by the respective board for continued competence.

Section 3. Scope of Practice.

A. Primary care by a primary care provider is based on:

1. Knowledge and skills acquired in basic education;
2. Licensure in their specific field;

3. Successful completion of a graduate-level program accredited by a national accrediting organization recognized by the respective board;
4. Current certification in accordance with **{insert reference to state occupations code or similar chapter}** by a national certifying body recognized by the respective board in the appropriate primary care role approved by the respective board; and
5. Primary care provided in an area with at least one targeted population group recognized and approved by the respective board.

B. Practice as a primary care provider is an expanded scope of practice in a role approved by the respective board and in an area with a targeted population group recognized and approved by the respective board, with or without compensation or other personal profit, and includes the scope of practice of a primary care provider.

C. The scope of practice of a primary care provider includes, but is not limited to, advanced assessment, diagnosing, prescribing, and ordering.

D. A primary care provider may serve as a primary care provider of record.

Section 4. Applicability to Primary Care Providers.

A. This Act does not limit or modify the scope of practice of a primary care provider who is not a primary care provider approved by the board.

B. The scope of practice of a primary care provider includes any act of professional primary care the provider is authorized to perform under this Act.

Section 5. Licensure. A person may not practice or offer to practice primary care in this state unless the person is licensed as a primary care provider under this Act.

Section 6. Application. An applicant for a primary care provider license shall submit to the respective board an application on the form prescribed by the respective board, any required fee, and any other information required by the respective board.

Section 7. Practice by Primary Care Provider.

A. A primary care provider who holds a license issued under this Act may:

1. Diagnose, prescribe, and institute therapy or referrals of patients to health care agencies, health care providers, and community resources; and
2. Plan and initiate a therapeutic regimen that includes ordering and prescribing medical devices and equipment, nutrition, and diagnostic and supportive services, including home health care, hospice, physical therapy, and occupational therapy.

B. A primary care provider shall practice as a licensed independent practitioner in accordance with standards established and recognized by the respective board to protect the public health and safety.

C. A primary care provider is accountable to patients, the profession, and the respective board for:

1. Complying with the requirements of this Act;
2. Providing quality primary care;
3. Recognizing the provider's limits of knowledge and experience;
4. Planning for the management of situations beyond the provider's expertise; and
5. Consulting with or referring patients to other health care providers as appropriate.

Section 8. Prescribing and Ordering Authority.

A. The respective board may grant prescribing and ordering authority in accordance with this Act through the issuance of a primary care provider license to a primary care provider approved by the respective board to practice as a primary care provider.

B. As authorized by the respective board, a primary care provider may prescribe, procure, administer, and dispense dangerous drugs and controlled substances.

Section 9. Notwithstanding **{insert section of state occupations code}**, as added by this Act, a primary care provider who has been approved by the respective board to provide primary care is not required to hold a license as a primary care provider until **{insert date}**.

Section 10. {Severability Clause}

Section 11. {Repealer Clause}

Section 12. {Effective Date}

ALEC

AMERICAN LEGISLATIVE EXCHANGE COUNCIL

Health and Human Services Task Force Meeting
ALEC's 2011 Spring Task Force Summit
Friday, April 29, 2011
2:30 – 5:30 p.m.
Meeting Minutes

Legislative Members in Attendance (17)

Rep. Gail Barry, New Hampshire Legislature
Sen. Sue Beffort, New Mexico Legislature
Sen. Tom Buford, Kentucky Legislature
Rep. Charlice Byrd, Georgia General Assembly
Sen. Julie Denton, Kentucky Legislature
Sen. Judson Hill, Georgia General Assembly
Del. Susan Krebs, Maryland Legislature
Sen. Dan Liljenquist, Utah Legislature
Sen. Steve Martin, Virginia General Assembly
Rep. Linda Miller, Iowa Legislature
Rep. John Nygren, Wisconsin Legislature
Rep. Warren Petryk, Wisconsin Legislature
Rep. Cliff Rosenberger, Ohio Legislature
Rep. Fred Romkema, South Dakota Legislature
Sen. Renee Unterman, Georgia General Assembly
Sen. Leah Vukmir, Wisconsin Legislature
Rep. Lynn Wachtmann, Ohio Legislature

Legislative Alternates in Attendance (1)

Rep. Sue Allen, Missouri Legislature

Private Sector Members in Attendance (49)

1-800 Contacts: Jay Magure
Allergan Inc.: Bob Broadus
Alliance of Health Care Sharing Ministries: John Creath, Joe Guarino, James Lansberry
American Beverage Association: Bill McManus, Dianne Bricker
American Physical Therapy Association: Angela Chasteen
Amerigroup: Stephen Huffman
Apotex Corp.: Colin Chiles
Association of American Physicians & Surgeons: Kenneth Christman
Astellas Pharma US, Inc.: Jim Turner
Bayer: Gary Barrett, Mike Birdsong
Boehringer Ingelheim Pharmaceuticals, Inc.: Jane Weirich
Bristol-Myers Squibb Company: Karen Gillespie, Alan Tubbs
Goldwater Institute: Nick Dranias
Guarantee Trust Life Insurance: Marianne Eterno
Illinois Policy Institute: Amanda Griffin-Johnson

John Locke Foundation: Joe Coletti
Johnson & Johnson: Jeff Buel
LogistiCare Solutions, LLC: Robert Pittman
Mackinac Center for Public Policy: Jack McHugh
McLeod County Farmers Union: Sally Jo Sorensen
Medco Health Solutions, Inc.: Andrew Friedell
MERCK: Heather Densmore, Jim Vance
National Center for Policy Analysis: Devon Herrick
Novartis Corporation: Catharine McGeehan
Oklahoma Council of Public Affairs: Jason Sutton
Pacific Research Institute: John Graham
Pfizer Inc.: Josh Brown
Pharmaceutical Care Management Association: Jessica Mazer
PhRMA: Kristin Parde
Purdue Pharma L. P.: Brian Rosen, Joe McElderry
RAI Services Company: Jacob McConnico
Reckitt Benckiser Pharmaceuticals Inc.: Joe Giamfortone
Reed Elsevier: Teresa Jennings
ResCare: Daryn Demeritt
Sanofi-Aventis: Glenn Dooley
Takeda: John Schlatter
TEVA: Steve Rauschenberger
Texas Public Policy Foundation: Talmadge Heflin
United Health Group: Jeff Drozda, Michael Hampton
US Oncology: Nathan Cook
Walgreens: Erik Woehrmann

Invited Guests in Attendance (2)

Former Rep. Steve Komadina, New Mexico
Boehringer Ingelheim Pharmaceuticals, Inc.: Nicole Quon

Staff in Attendance (2)

Karla Jones, ALEC HHS Task Force Director
Kaitlyn Buss, ALEC HHS Legislative Assistant

* * *

Meeting began at 2: 00 p.m.

The meeting began with a welcoming remarks to the HHS Task Force by Chair, Wisconsin Senator Leah Vukmir, and Marianne Eterno of Guarantee Trust Life Insurance; roundtable introductions of HHS Task Force meeting attendees; recognition of new and returning ALEC private sector members; and approval of the minutes from ALEC's 2011 Annual Meeting.

Public Sector Chair Senator Leah Vukmir provided for the task force an update on Wisconsin.

The HHS Task Force saw a special presentation by Grace-Marie Turner, President of the Galen Institute and Coauthor of *Why ObamaCare Is Wrong for America*. The presentation was moderated by Wisconsin Senator Leah Vukmir, HHS Public Sector Chair.

HHS Task Force Members considered the Amendments to ALEC's *Health Care Sharing Ministries Freedom to Share Act*, sponsored by Joe Guarino, Alliance of Health Care Sharing Ministries. After discussion, the public sector vote was 8 Yes, 0 No; the private sector vote was 12 Yes, 0 No. The Amendments to ALEC's *Health Care Sharing Ministries Freedom to Share Act* were approved.

HHS Task Force Members considered the *Health Freedom Compact Act*, sponsored by Nick Dranias of the Goldwater Institute. After discussion, the public sector vote was 12 Yes, 0 No; the private sector vote was 10 Yes, 0 No. The *Health Freedom Compact Act* was approved.

Finally, HHS Task Force Members considered the *Health Professional Modernization Act*, sponsored by Arlene Wohlgemuth. After discussion, the *Health Professional Modernization Act* was tabled for discussion at a later meeting.

The meeting adjourned at 5:00 p.m.

* * *

HHS Task Force
June 29, 2011

PREFIX	FIRST	LAST	COMPANY	ADDRESS #1	ADDRESS #2	CITY	STATE	ZIP	WORK	FAX	EMAIL
Mr.	Jay	Magure	1-800 Contacts, Inc.	66 East Wadsworth Park Dr.		Draper	UT	84020	(801) 209-2938	(801) 924-9607	jay@contacts.com
Ms.	Jennifer	Seelig	1-800 Contacts, Inc.	66 East Wadsworth Park Dr.		Draper	UT	84020	(801) 558-9368	(801) 924-9607	jen@contacts.com
Sen.	Fred	Dyson	Alaska Legislature	State Capitol	120 4th Street	Juneau	AK	99801-1182	(907) 465-2199	(907) 465-4587	Senator_Fred_Dyson@legis.state.ak.us
Mr.	Bob	Broadus	Allergan, Inc.	721 Sugar Pine Circle		Madisonville	LA	70447	(985) 845-0650	(714) 796-9383	broadus_bob@allergan.com
Ms.	Jennifer	Stoll	Allergan, Inc.	3108 NW Luray Terrace		Portland	OR	97210	(503) 946-8341	(503) 946-8342	stoll_jennifer@allergan.com
Mr.	Joe	Guarino	Alliance of Health Care Sharing Ministries	2309 Stoney Brook Rd.		Powhatan	VA	23139-5950	(804) 467-1880		joeguarino@healthcaresharing.org
Mr.	James	Lansberry	Alliance of Health Care Sharing Ministries	2400 W. Altorfer		Peoria	IL	61615	(888) 726-4276	(309) 689-0764	jameslansberry@healthcaresharing.org
Dr.	Jerald	Combs	American Optometric Association	243 N. Lindbergh Blvd	FL 1	Saint Louis	MO	63141	314-983-4266		
Ms.	Sherry	Cooper	American Optometric Association	243 North Lindbergh Blvd.	Floor 1	Saint Louis	MO	63141-7851	(314) 983-4266	(314) 991-4101	SLCooper@AOA.org
Ms.	Angela	Chasteen	American Physical Therapy Association	1111 N. Fairfax St.		Alexandria	VA	22314-1436	(703) 706-3199	(703) 706-3246	angelachasteen@apta.org
Mr.	Justin	Elliott	American Physical Therapy Association	1111 N. Fairfax St.		Alexandria	VA	22314-1436	(703) 684-2782	(703) 684-7343	justinelliott@apta.org
Mr.	Justin	Moore	American Physical Therapy Association	1111 N. Fairfax St.		Alexandria	VA	22314-1436	(703) 706-3162	(703) 838-8919	justinmoore@apta.org
Ms.	Dianne	Bricker	America's Health Insurance Plans	601 Pennsylvania Ave., NW	South Building - Suite 500	Washington	DC	20004	202-861-6378	(202) 778-8492	dbricker@ahip.org
Mr.	Richard	Ramsay	America's Health Insurance Plans	601 Pennsylvania Ave., NW	South Building - Suite 500	Washington	DC	20004	(202) 861-1442	(202) 778-8492	RRamsay@ahip.org
Ms.	Calise	Munoz	AMERIGROUP Corporation	750 First Street, NE		Washington	DC	20002	202-218-4931	202-682-0786	cmunoz1@amerigroup.com
Ms.	Pamela	Perry	AMERIGROUP Corporation	4425 Corporation Lane		Virginia Beach	VA	23462	(804) 343-5130	(757) 222-2360	pperry@amerigroupcorp.com
Mr.	John	Benske	Amgen Inc.	9935 N. Valley Hill Drive		Thienville	WI	53092	(262) 240-9961	(262) 240-9962	jbenske@amgen.com
Mr.	Colin	Chiles	Apotex Corp.	2400 North Commerce Parkway	Suite 400	Weston	FL	33326	(703) 549-0230	(866) 264-0701	cchiles@apotex.com
Rep.	Cecil	Ash	Arizona Legislature	1733 E. Gabe Ave.		Mesa	AZ	85204	(602) 926-3160	(602) 417-3151	cecilash@gmail.com
Sen.	Nancy	Barto	Arizona Legislature	Capitol Complex - Senate	1700 West Washington St	Phoenix	AZ	85007-2890	(602) 926-5766	(602) 417-3011	nbarto@azleg.gov
Honorable	Brenda	Barton	Arizona Legislature	Capitol Complex House	1700 West Washington St	Phoenix	AZ	85007-2844	(602) 926-4129	(602) 417-3010	bbarton@azleg.gov
Rep.	Peggy	Judd	Arizona Legislature	705 North Arizona Avenue		Willcox	AZ	85007	(602) 9265681		wreco@vtc.net
Rep.	Kimberly	Yee	Arizona Legislature	PO Box 83561		Phoenix	AZ	85071	(602) 926-3024	(602) 417-3110	kyee@azleg.gov
Sen.	Cecile	Bledsoe	Arkansas General Assembly	709 Sky Mountain Dr.		Rogers	AR	72756	(501) 682-6107	(501) 682-2917	cecile.bledsoe@yahoo.com
Sen.	Melissa	Irvin	Arkansas Legislature	320 State Capitol Building	500 Woodlane Avenue	Little Rock	AR	72201-1089			Missy.Irvin@senate.ar.gov
Dr.	Kenneth	Christman	Association of American Physicians & Surgeons	2111 Wisconsin Avenue, NW	Suite 125	Washington	DC	20007	(202) 333-3855		kscdchristman@aol.com
Dr.	Jane	Orient	Association of American Physicians & Surgeons	1601 N. Tucson Blvd.	Suite 9	Tucson	AZ	85716	(800) 635-1196		janeorientmd@gmail.com
Ms.	Margaret	Long	Astellas Pharma US, Inc.	Astellas Pharma US, Inc.	3 Parkway North	Deerfield	IL	60015	(518) 885-8415	(518) 884-8045	margaret.long@us.astellas.com
Mr.	Jim	Turner	Astellas Pharma US, Inc.	Box 1312		San Marcos	TX	78667	(512) 392-5250	(512) 353-4334	jim.turner@us.Astellas.com
Ms.	Linda	Sikkema	AstraZeneca Inc.	19 Longacre Court		Hockessin	DE	19707-2069	303-388-6539	302-885-1110	Linda.sikkema@astrazeneca.com
Ms.	Linda	Sikkema	AstraZeneca Inc.	19 Longacre Court		Hockessin	DE	19707-2069	303-388-6539	302-885-1110	Linda.sikkema@astrazeneca.com
Mr.	Gary	Barrett	Bayer	10513 Skyflower Dr.		Austin	TX	78759	(512) 257-0152	(512) 257-0781	gary.barrett@bayer.com
Mr.	Mike	Birdsong	Bayer	444 Pembroke Dr.		Madison	MS	39110	(601) 607-7996	(601) 607-7996	mike.birdsong.b@bayer.com
Mrs.	Sandra	Oliver	Bayer	555 White Plains Rd.		Tarrytown	NY	10591	(914) 333-6924	(914) 812-3504	sandra.oliver.b@bayer.com
Ms.	Julie	Corcoran	Bayer HealthCare	701 Pennsylvania Ave., NW	Suite 720	Washington	DC	20004	(202) 756-3787		julie.corcoran.b@bayer.com
Ms.	Joan	Gardner	Blue Cross Blue Shield Association	1310 G St., N.W.		Washington	DC	20005-3000	(202) 626-4780	(202) 626-4833	joan.gardner@bcbsa.com
Mr.	David	Korsh	Blue Cross Blue Shield Association	1310 G St., N.W.		Washington	DC	20005	(202) 626-4780	(202) 626-4833	david.korsh@bcbsa.com
Ms.	Jane	Weirich	Boehringer Ingelheim Pharmaceuticals, Inc.	836 Dover Bluff Place		Manakin Sabot	VA	23103	(804) 784-3041	(804) 784-0943	jane.weirich@boehringer-igelheim.com
Mr.	Andrew	Zebrak	Boehringer Ingelheim Pharmaceuticals, Inc.	900 Ridgebury Rd.	P.O. Box 368	Ridgefield	CT	06877-0368	203-798-4368	203-791-5906	andrew.zebrak@boehringer-igelheim.com
Ms.	Floreine	Kahn	Bristol-Myers Squibb Company	P.O. Box 4500 (P12-16)		Princeton	NJ	08543-4500	(609)897-3850	(609)897-5337	flo.kahn@bms.com
Mr.	Alan	Tubbs	Bristol-Myers Squibb Company	777 Scudders Mill Road		Plainsboro	NJ	8536	609-897-5207	(609)897-5337	alan.tubbs@bms.com
Mr.	Greg	Chesmore	Celgene Corporation	133 E. Garfield Ave.		Millwaukee	WI	53212	(773) 330-5026 (c)	(414) 265-5026	gchesmore@celgene.com
Rep.	Cindy	Acree	Colorado Legislature	Colorado State Capitol	200 East Colfax Avenue	Denver	CO	80203-1784	(303) 866-2944	(303) 866-2218	cindyacree@comcast.net
Sen.	Kevin	Lundberg	Colorado Legislature	Colorado State Capitol	200 East Colfax Avenue	Denver	CO	80203-1784	(303) 866-2907	(303) 866-2218	Kevin@KevinLundberg.com
Rep.	Kenneth	Summers	Colorado Legislature	Colorado State Capitol	200 East Colfax Avenue	Denver	CO	80203-1784	(303) 866-2927	(303) 866-2218	rep_sum@msn.com
Rep.	Al	Adinolfi	Connecticut General Assembly	Legislative Office Building	300 Capitol Avenue	Hartford	CT	06106-1591	(806) 240-8700	(806) 240-0207	al.adinolfi@housegop.ct.gov
Rep.	Whit	Bett	Connecticut General Assembly	1924 Perkins St.		Simsbury	CT	6070			whitbetts@comcasat.net
Rep.	Jason	Perillo	Connecticut General Assembly	Legislative Office Building	300 Capitol Avenue	Hartford	CT	06106-1591	(860) 240-8270	(860) 240-0067	jason.perillo@housegop.ct.gov
Mr.	Allen	Horne	CVS Caremark Corporation	12004 Uplands Ridge Dr.		Austin	TX	78738-5016	(512) 351-8488		allen.horne@caremark.com
Mr.	Rusty	Ring	CVS Caremark Corporation	1300 I St., NW	Suite 525	Washington	DC	20005	(202) 772-3501	(202) 772-3535	rusty.ring@caremark.com
Ms.	Lauren	Rowley	CVS Caremark Corporation	1300 I St., NW	Suite 525 West	Washington	DC	20006	(202) 772-3516	(202) 772-3535	Lauren.rowley@cvscaremark.com
Mr.	Michael	Draine	Daiichi Sankyo, Inc.	Two Hilton Court		Parsippany	NJ	7054	973-944-2034		mldraine@dsi.com
Ms.	Julie	Vojtech	Daiichi Sankyo, Inc.	110 Paces Run		Atlanta	GA	30339	612-812-7068	770-818-9655	jvojtech@dsi.com
Ms.	Kathryn	Serkes	Doctor-Patient Medical Association	2111 Wisconsin Ave., NW	Suite 125	Washington	DC	20007	206-841-0100	(202) 333-3855 (of	kaserkes@att.net
Mr.	Jon	Barganier	Eli Lilly and Company	8112 Henslow Court		Montgomery	AL	36117	(781) 843-9827	(781) 843-9826	barganier@lilly.com
Ms.	Vicki	Knighnton	EMD Serono	975 F St., NW	Suite 330	Washington	DC	20004	(202) 626-2596	(202) 626-2593	vicki.knighnton@emdserono.com
Mr.	Daniel	Todd	EMD Serono	4 Batterymarch Park	Suite 200	Quincy	MA	02169-7468	202-626-2590	202-626-2593	daniel.todd@emdserono.com
Ms.	Candie	Phipps	Endo Pharmaceuticals	1210 Arcadia Ave.		Austin	TX	78757	(512) 294-2317	(484) 844-9217 (ce	Phipps.Candice@endo.com
	Greg	Thomas	Endo Pharmaceuticals	100 Endo Blvd		Chadds Ford	PA	19317	(610) 459-7188	(484) 840-4107	thomas.greg@endo.com
Mr.	Michael	Harrold	Express Scripts	6625 West 78th St.	Mail Route BLO 220	Minneapolis	MN	55439	(952) 837-5474	(952) 837-7103	mdharrold@express-scripts.com
Rep.	Matt	Hudson	Florida Legislature	The Capitol	402 South Monroe Street	Tallahassee	FL	32399-1300	(850) 488-1028	(850) 488-9707	Matt.Hudson@myfloridahouse.gov
Rep.	John	Wood	Florida Legislature	702 East Main Street		Haines City	FL	33844-4226	(850) 488-2721	(850) 488-9707	John.Wood@myfloridahouse.gov
Rep.	Charlice	Byrd	Georgia General Assembly	1417 Olde Forge Ln.		Woodstock	GA	30189	(404) 656-0126	(404) 651-8086	charlice.byrd@house.ga.gov
Rep.	Sharon	Cooper	Georgia General Assembly	State Capitol Building	206 Washington Street	Atlanta	GA	30334	(404) 656-5069	(404) 651-8086	sharon.cooper@house.ga.gov

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Sen.	Judson	Hill	Georgia General Assembly	State Capitol Building	206 Washington Street	Atlanta	GA	30334	(404) 656-0150	(404) 463-2535	Judson@judsonhill.com
Rep.	Judy	Manning	Georgia General Assembly	State Capitol Building	206 Washington Street	Atlanta	GA	30334	(404) 656-7857	(404) 656-7857	judy.manning@house.ga.gov
Rep.	Donna	Sheldon	Georgia General Assembly	State Capitol Building	206 Washington Street	Atlanta	GA	30334	(404) 656-5025	(404) 651-8086	sheldon105@bellsouth.net
Sen.	Renee	Unterman	Georgia General Assembly	State Capitol Building	206 Washington Street	Atlanta	GA	30334	(404) 463-1368	(770) 466-6361	untermanr@bellsouth.net
Mr.	John	Del Giorgio	GlaxoSmithKline	P.O. Box 13398		Research Triangle Park	NC	27709-3398	(919) 483-8883	(919) 315-4524	john.f.delgiorgio@gsk.com
Ms.	Mary	Koenecke	GlaxoSmithKline	5567 Bristol Lane		Minnetonka	MN	55343	952-933-6171	952-933-5986	mary.p.koenecke@gsk.com
Mr.	Gaspar	Laca	GlaxoSmithKline	11838 North 137th Way		Scottsdale	AZ	85259-3726	(480)314-2050	(480)314-1015	gaspar.x.laca@gsk.com
Mr.	Gary	Salamido	GlaxoSmithKline	105 Lamarack Way		Cary	NC	27511		(919) 854-5509	Gary.J.Salamido@gsk.com
Ms.	Marianne	Eterno	Guarantee Trust Life Insurance Company	1275 Milwaukee Ave.		Glenview	IL	60025	(847) 460-4765	(847) 699-0093	meterno@gtlic.com
Mr.	John	Nothdurft	Heartland Institute	19 South LaSalle St.	Suite 903	Chicago	IL	60603	(312) 377-4000	(312) 377-5000	jnothdurft@heartland.org
Sen.	Patti	Lodge	Idaho Legislature	PO Box 96		Huston	ID	83630	(208) 332-1319	(208) 334-5397	palodge@senate.idaho.gov
Rep.	Patricia	Bellock	Illinois Legislature	One South Cass Avenue	Ste 205 Westmont Centre	Westmont	IL	60559	(217) 782-1448	(217) 782-2289	rep@pbellock.com
Rep.	Mary	Flowers	Illinois Legislature	Stratton Office Building	401 South Spring Street	Springfield	IL	62706	(217) 782-4207	(217) 782-1130	REPDI21@aol.com
Rep.	JoAnn	Osmond	Illinois Legislature	26133 West Grasslake Road		Antioch	IL	60002	(217) 782-8151	(217) 557-7207	osmondjoann@aol.com
Sen.	Christine	Radogno	Illinois Legislature	1011 State St	Suite 210	Lemont	IL	60439	(630) 243-0800	(630) 243-0808	dave.radogno@sbcglobal.net
Sen.	Dave	Syverson	Illinois Legislature	200 South Wyman Street	Suite 302	Rockford	IL	61101-1235	(217) 782-5413	(217) 782-4079	info@senatordavesyverson.com
	Amanda	Griffin-Johnson	Illinois Policy Institute	190 S LaSalle St Suite 1630		Chicago	IL	60603			amanda@illinoispolicy.org
Rep.	Timothy	Brown	Indiana Legislature	1111 Ridgeway Drive		Crawfordsville	IN	47933	(317) 232-9762	(317) 232-7644	H41@in.gov
Rep.	David	Frizzell	Indiana Legislature	8310 Hill Gail Dr.		Indianapolis	IN	46217-4813	(317) 232-9981	(317) 232-7644	dfrizz77@hotmail.com
Sen.	Jean	Leising	Indiana Legislature	State House	200 West Washington St	Indianapolis	IN	46204-2785	(317) 234-9054	(317) 234-9214	S42@in.gov
Rep.	David	Heaton	Iowa Legislature	State Capitol	1007 East Grand Avenue	Des Moines	IA	50319	(515) 281-3221	(515) 281-6958	dave.heaton@legis.state.ia.us
Rep.	Linda	Miller	Iowa Legislature	State Capitol	1007 East Grand Avenue	Des Moines	IA	50319	(515) 281-3221	(515) 281-6958	ljm@hwmiller.com
Rep.	Linda	Upmeyer	Iowa Legislature	2175 Pine Avenue		Garner	IA	50438	(515) 281-3221	(515) 281-6958	llupmeyer@gmail.com
Mr.	Jeff	Buel	Johnson & Johnson	6929 North Hayden Rd.	Suite C-4, #612	Scottsdale	AZ	85250	(480) 314-4422	(480) 314-0044	jbuell1@corus.jnj.com
Rep.	Brenda	Landwehr	Kansas Legislature	Kansas State Capitol	300 SW 10th Avenue	Topeka	KS	66612-1504	(785) 296-7683	(785) 368-6365	brendalandwehr91@gmail.com
Rep.	Peggy	Mast	Kansas Legislature	Kansas State Capitol	300 SW 10th Avenue	Topeka	KS	66612-1504	(785) 296-7685	(620) 343-1559	pmast@ink.org
Rep.	Kelly	Meigs	Kansas Legislature	Kansas State Capitol	300 SW 10th Avenue	Topeka	KS	66612-1504	(785) 296-7656		kelly.meigs@house.ks.gov
Sen.	Chris	Steineger	Kansas Legislature	51 South 64th Street		Kansas City	KS	66111	(785) 296-7375	(785) 368-6365	Chris.Steineger@senate.ks.gov
Sen.	Julie	Denton	Kentucky Legislature	1708 Golden Leaf Way		Louisville	KY	40245	(502) 564-8100	(502) 564-6543	Julie.denton@rc.ky.gov
Sen.	Alice	Kerr	Kentucky Legislature	3274 Gondola Drive		Lexington	KY	40513	(502) 564-8100	(502) 564-6543	Alice.Kerr@lrc.ky.gov
Rep.	Ruth	Palumbo	Kentucky Legislature	Capitol Annex	702 Capitol Avenue	Frankfort	KY	40601	(502)564-8100	(502) 564-1010	ruthannpalumbo@qx.net
Sen.	Joey	Pendleton	Kentucky Legislature	Capitol Annex	702 Capitol Avenue	Frankfort	KY	40601	(502) 564-2470	(502) 564-6543	joey.pendleton@lrc.ky.gov
Sen.	Tim	Shaughnessy	Kentucky Legislature	Capitol Annex	702 Capitol Avenue	Frankfort	KY	40601	(502) 564-8100	(502) 564-6543	tim.shaughnessy@lrc.ky.gov
Mr.	Robert	Pittman	LogistiCare Solutions, LLC	1275 Peachtree Street, NE	6th Floor	Atlanta	GA	30309	(404)-769-8975	(770) 907-7598	robertp@logisticare.com
Rep.	Jean	Doerge	Louisiana Legislature	732 Main Street		Minden	LA	71055	(225) 342-6945	(225) 342-8336	larep010@legis.state.la.us
Sen.	Dale	Erdey	Louisiana Legislature	PO Box 908		Livingston	LA	70754	(225) 342-2040	(225) 342-0617	erdeyd@legis.state.la.us
Rep.	John	LaBruzzo	Louisiana Legislature	State Capitol	900 North Third Street	Baton Rouge	LA	70804	(225) 342-6945	(225) 342-8336	larep081@legis.state.la.us
Rep.	Harvey	LeBas	Louisiana Legislature	115 Southwest Railroad Avenue		Ville Platte	LA	70586	337-363-0152	337-363-0179	lebasb@legis.state.la.us
Sen.	Willie	Mount	Louisiana Legislature	State Capitol	900 North Third Street	Baton Rouge	LA	70804	(225) 342-2040	(225) 342-0617	lasen27@legis.state.la.us
Rep.	Thomas	Willmott	Louisiana Legislature	State Capitol	900 North Third Street	Baton Rouge	LA	70804	(225) 342-6945	(225) 342-8336	twillmott@legis.state.la.us
Mr.	Jack	McHugh	Mackinac Center for Public Policy	414 S. Verlinden		Lansing	MI	48915	(517) 749-1129		mchugh@mackinac.org
Del.	Adelaide	Eckardt	Maryland Legislature	Lowe House Office Building	6 Bladen Street	Annapolis	MD	21401-1912	(410) 841-3343	(410) 841-3299	adelaide.eckardt@house.state.md.us
Del.	William	Frank	Maryland Legislature	Lowe House Office Building	6 Bladen Street	Annapolis	MD	21401-1912	(410) 841-3793	(410) 841-3311	william.frank@house.state.md.us
Del.	Nicholaus	Kipke	Maryland Legislature	Lowe House Office Building	6 Bladen Street	Annapolis	MD	21401-1912	(410) 841-3421	(410) 841-3553	nicholaus.kipke@house.state.md.us
Del.	Susan	Krebs	Maryland Legislature	1696 Springmount Drive		Sykesville	MD	21784	(410) 841-3200	(410) 841-3028	susan.krebs@house.state.md.us
Mr.	Andrew	Friedell	Medco Health Solutions, Inc.	1434 Narragansett Blvd		Cranston	RI	2905	401-941-9720	401-941-9722	andrew_friedell@medco.com
Ms.	Claudia	Tucker	Medco Health Solutions, Inc.	713 Indian Creek Rd.		Amherst	VA	24521	(434) 277-9212	(434) 277-5032	claudia_tucker@medco.com
Ms.	Elizabeth	Brunsvold	MedImmune, Company of AstraZeneca	1235-A N. Clybourn	Suite 246	Chicago	IL	60610	(312) 835-9997	312-929-3595	brunsvold@medimmune.com
Ms.	Julie	Garner	MedImmune, Company of AstraZeneca	19 Longacre Court		Hockessin	DE	19707-2069	(302) 234-3179	(302) 234-3159	garnerj@medimmune.com
Ms.	Laura	Bordelon	Medtronic, Inc.	710 Medtronic Parkway	Mail Stop: L100	Minneapolis	MN	55432-5604	(763) 514-4000	(763) 514-4879	laura.o.bordelon@medtronic.com
Mr.	Robert	Clark	Medtronic, Inc.	710 Medtronic Pkwy. LC110	LS380	Minneapolis	MN	55432	(763) 505-2635	(763) 505-3474	rob.clark@medtronic.com
Ms.	Sherri	Giorgio	Medtronic, Inc.	311 Whitworth Way		Nashville	TN	37205	(615) 279-9666		sherri.l.giorgio@medtronic.com
Ms.	Heather	Densmore	Merck & Company, Inc.	568 S 6th St		Columbus	OH	43206	614-425-5668		heather_densmore@merck.com
Mr.	Jim	Vance	Merck & Company, Inc.	6431 Woodcliffe Ln.		East Lansing	MI	48823-9753	(517) 339-0966	(517) 339-1577	james_vance@merck.com
Rep.	Bruce	Caswell	Michigan Legislature	8940 East Bacon		Hillsdale	MI	49242	(517) 373-1794	(517) 373-5768	bcaswell@dmci.net
Rep.	Kenneth	Kurtz	Michigan Legislature	Cora B. Anderson House Office Building	124 North Capitol Avenue	Lansing	MI	48933-1341	(517) 373-1794	(517) 373-5768	KennethKurtz@house.mi.gov
Rep.	Matt	Lori	Michigan Legislature	Cora B. Anderson House Office Building	124 North Capitol Avenue	Lansing	MI	48933-1341	(517) 373-0832	(517) 373-5763	MattLori@house.mi.gov
Rep.	Paul	Anderson	Minnesota Legislature	State Office Building	100 Dr. Martin Luther King Jr. Boulevard	St. Paul	MN	55155	(651) 296-4317	(651) 296-3949	rep.paul.anderson@house.mn
Sen.	Gretchen	Hoffman	Minnesota Legislature	Capitol	75 Dr. Martin Luther King Jr. Boulevard	St. Paul	MN	55155			
Rep.	Sidney	Bondurant	Mississippi Legislature	P.O. Box 1045		Grenada	MS	38902-1045	(601) 359-3770	(601) 359-3728	sbondurant@house.ms.gov
Sen.	Eugene	Clarke	Mississippi Legislature	103 Church St.	P.O. Box 373	Hollandale	MS	38748	(601) 359-3172	(601) 359-5957	clarkev@bellsouth.net
Rep.	Becky	Currie	Mississippi Legislature	407 Oliver Drive		Brookhaven	MS	39601	(601) 359-3728	(601) 359-3728	bcurrie@house.ms.gov
Rep.	Mac	Huddleston	Mississippi Legislature	State Capitol	PO Box 1018	Jackson	MS	39215-1018	(601) 359-9492	(601) 359-3728	mhuddleston@house.ms.gov

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Rep.	Jessica	Upshaw	Mississippi Legislature	747 Kome Drive		Diamondhead	MS	39525	(601) 359-3360	(601) 359-3728	jupshaw@house.ms.gov
Sen.	Michael	Watson	Mississippi Legislature	5402 Hilltop Street		Pascagoula	MS	39567	(601) 359-3234	(601) 359-5345	mwatson@senate.ms.gov
Sen.	Lee	Yancey	Mississippi Legislature	423 Woodlands Circle		Brandon	MS	39047	(601) 359-3250	(601) 359-5110	lyancey@senate.ms.gov
Rep.	Sue	Allen	Missouri Legislature	702 Willow Spring Hill Court		Chesterfield	MO	63017	(573) 751-9765		Sue.Allen@house.mo.gov
Rep.	Ellen	Brandom	Missouri Legislature	115 Greenbrier Drive		Sikeston	MO	63801-4807	(573) 751-5471	(573) 522-2483	Ellen.Brandom@house.mo.gov
Rep.	Eric	Burlison	Missouri Legislature	State Capitol	201 West Capitol Avenue	Jefferson City	MO	65101	(573) 751-0136	(573) 526-9791	Eric.Burlison@house.mo.gov
Rep.	Keith	Frederick	Missouri Legislature	State Capitol	201 West Capitol Avenue	Jefferson City	MO	65101	(573) 201-8914		Keith.Frederick@house.mo.gov
Rep.	Donna	Lichtenegger	Missouri Legislature	State Capitol	201 West Capitol Avenue	Jefferson City	MO	65101			Donna.Lichtenegger@house.mo.gov
Rep.	William	White	Missouri Legislature	State Capitol	201 West Capitol Avenue	Jefferson City	MO	65101			bill.white@house.mo.gov
Rep.	Liz	Bangerter	Montana Legislature	3419 Blackhawk St.		Helena	MT	59602	(406) 444-4800	(406) 444-3036	liz@lizb4house.com
Rep.	John	Esp	Montana Legislature	PO Box 1024		Big Timber	MT	59011	(406) 444-4800	(406) 444-4875	johnesp2001@yahoo.com
Rep.	Gary	MacLaren	Montana Legislature	429 Curlew Orchard Road		Victor	MT	59875-9519	(406) 444-4800	(406) 444-1865	garymaclaren@yahoo.com
Ms.	Sandra Kay	Jung Guckian	National Association of Chain Drug Stores	413 North Lee Street		Alexandria	VA	22314	(703) 837-4195	(703) 549-0772	sguckian@nacds.org
Mr.	John	Goodman	National Center for Policy Analysis	12770 Coit Road	#800	Dallas	TX	75251-1339	(972) 386-6272	(972) 386-0924	john.goodman@ncpa.org
Mr.	Devon	Herrick	National Center for Policy Analysis	12770 Coit Road	#800	Dallas	TX	75251			devon.herrick@ncpa.org
Sen.	Danielle	Conrad	Nebraska Unicameral Legislature	State Capitol	1445 K Street	Lincoln	NE	68509	(402) 471-2720	(402) 479-0946	dconrad@leg.ne.gov
Sen.	Dave	Pankonin	Nebraska Unicameral Legislature	State Capitol	1445 K Street	Lincoln	NE	68509	(402) 471-2613	(402) 479-0902	dpankonin@leg.ne.gov
Sen.	Joseph	Hardy	Nevada Legislature	401 South Carson Street		Carson City	NV	89701-4747	(775) 684-8857	(775) 684-8533	jhardy@asm.state.nv.us
Rep.	J. Gail	Barry	New Hampshire Legislature	State House	107 North Main Street	Concord	NH	03301-4951			gail.barry@leg.state.nh.us
Rep.	Susan	Emerson	New Hampshire Legislature	P.O. Box 646		Rindge	NH	3461	(603) 271-2548	(603) 271-3309	semerson435@aol.com
Rep.	John	Reagan	New Hampshire Legislature	53 Mount Delight Rd		Deerfield	NH	03037-1304	(603) 463-3009	(603) 271-3309	john.reagan@juno.com
Sen.	Sue	Beffort	New Mexico Legislature	67 Rainsdance Road		Sandia Park	NM	87047	(505) 986-4395	(505) 986-4280	sue.beffort@nmlegis.gov
Rep.	Nora	Espinoza	New Mexico Legislature	608 Golondrina		Roswell	NM	88201	(505) 986-4221	(505) 986-4280	noralee@cableone.net
Rep.	Jeff	Barnhart	North Carolina General Assembly	PO Box 246		Concord	NC	28026-0246	(919) 715-2009	(919) 715-5815	Jeff.Barnhart@ncleg.net
Rep.	William	Current	North Carolina General Assembly	Legislative Office Building	300 North Salisbury Street	Raleigh	NC	27603	(919) 733-5809	(919) 754-3162	Bill.Current@ncleg.net
Rep.	Julia	Howard	North Carolina General Assembly	330 South Salisbury Street		Mocksville	NC	27028	(919) 733-5904	(919) 733-2599	Julia.Howard@ncleg.net
Rep.	Tom	Murry	North Carolina Legislature	Legislative Office Building	300 North Salisbury Street	Raleigh	NC	27603			Tom.Murry@ncleg.net
Rep.	Jeff	Delzer	North Dakota Legislature	2919 5th. NW		Underwood	ND	58576-9603	(701) 328-2916	(701) 328-1997	jdelzer@nd.gov
Sen.	Judy	Lee	North Dakota Legislature	1822 Brentwood Court		West Fargo	ND	58078-4204	(701) 328-2000	(701) 328-1997	jlee@nd.gov
Rep.	Chet	Pollert	North Dakota Legislature	560 South Sixth St.		Carrington	ND	58421-2317	(701) 328-3373	(701) 328-1997	cpollert@nd.gov
Sen.	Gerald	Uglem	North Dakota Legislature	4510 First Avenue, NE		Northwood	ND	58267-9576	(701) 328-2916	(701) 328-1997	guglem@nd.gov
Rep.	Alon	Wieland	North Dakota Legislature	1414 Shyenenne Street		West Fargo	ND	58078-0412	(701) 328-2916	(701) 328-1997	awieland@nd.gov
Mr.	Rick	Knapp	Novartis Corporation	25 Knollcrest Rd.		Bedminster	NJ	7921	(908) 872-7595	(973) 781-6671	richard.knapp@novartis.com
Mr.	Don	Stecher	Novartis Corporation	3826 Rivers Edge Dr.		Lake Oswego	OR	97034	(503) 638-5101	(503) 638-5202	don.stecher@novartis.com
Mr.	Don	Stevens	Novartis Corporation	6009 Front Royal Drive		Austin	TX	78746	(512) 327-2080	(512) 327-4778	don.stevens@novartis.com
Rep.	David	Burke	Ohio Legislature	Vern Riffe Center	77 South High Street	Columbus	OH	43215-6111	(614) 466-8147	(614) 719-6983	district83@ohr.state.oh.us
Rep.	James	Butler	Ohio Legislature	State Capitol		Columbus	OH	43215			jim.butler@thompsonhine.com
Rep.	Barbara	Sears	Ohio Legislature	Vern Riffe Center	77 South High Street	Columbus	OH	43215-6111	(614) 466-1731	(614) 719-6946	district46@ohr.state.oh.us
Rep.	Lynn	Wachtmann	Ohio Legislature	Vern Riffe Center	77 South High Street	Columbus	OH	43215-6111	(614) 466-3760	(614) 719-3975	district75@ohr.state.oh.us
Mr.	Jason	Sutton	Oklahoma Council of Public Affairs	1401 N. Lincoln Blvd.		Oklahoma City	OK	73104	(405) 602-1667	(405) 843-9436	Jason@ocpthink.org
Rep.	Doug	Cox	Oklahoma Legislature	33471 South 595 Road	A7	Grove	OK	74344	(405) 557-7415	(405) 962-7642	dougcox@okhouse.gov
Sen.	Brian	Crain	Oklahoma Legislature	State Capitol Building	2300 North Lincoln Boulevard	Oklahoma City	OK	73105	(405) 521-5620	(405) 530-2302	crain@oksenate.gov
Rep.	Ronald	Peters	Oklahoma Legislature	4432 South Atlanta Pl.		Tulsa	OK	74105-4344	(405) 557-7359	(405) 962-7657	ronpeters@okhouse.gov
Rep.	Pam	Peterson	Oklahoma Legislature	5126 East 106 St.		Tulsa	OK	74137	(405) 557-7341	(405) 962-7657	pampeterson@okhouse.gov
Mr.	John	Graham	Pacific Research Institute	One Embarcadero Center	Suite 350	San Francisco	CA	94111	(415) 955-6104		jgraham@pacificresearch.org
Rep.	Marcia	Hahn	Pennsylvania Legislature	Irvis Office Building		Harrisburg	PA	17120			mhahn@pahousegop.com
Mr.	Michael	Hubert	Pfizer Inc	235 East 42nd Street	MS 235/12/14	New York	NY	10017	212-733-4855		michael.hubert@pfizer.com
Mr.	Josh	Brown	Pfizer Inc.	412 Main Street	Suite 201B	Franklin	TN	37064	615-595-7556	615-595-7566	joshua.brown@pfizer.com
Ms.	Barbara	Levy	Association	601 Pennsylvania Ave., NW	Suite 740	Washington	DC	20004	(202) 207-3610		blevy@pcmanet.org
Ms.	Jessica	Mazer	Association	601 Pennsylvania Ave., NW	Suite 740	Washington	DC	20004	(202) 207-3621	(202) 207-3623	jmazer@pcmanet.org
Ms.	Michelle	Nyman	PhRMA	1215 K St.	Suite 970	Sacramento	CA	95814	(916) 233-3483	(916) 498-3370	mnyman@phrma.org
Ms.	Kristin	Parde	PhRMA	950 F St., NW	Suite 300	Washington	DC	20004	(202) 835-3587	(202) 715-6980	kparde@phrma.org
Ms.	Nancy	Testerman	PhRMA	950 F St., NW		Washington	DC	20004	(202) 835-3563	(202) 835-3592	nancy.testerman@phrma.org
Mr.	Brian	Rosen	Purdue Pharma L. P.	2365 Kensington Dr.		Columbus	OH	43212	614-406-6506	614-488-3185	brian.rosen@pharma.com
Mr.	Alan	Must	Purdue Pharma L.P.	201 Tresser Blvd.		Stamford	CT	6901	(203) 588-8121	(203) 588-6033	alan.must@pharma.com
Mr.	Jacob	McConnico	RAI Services Company	401 N. Main St.		Winston-Salem	NC	27101	336-741-0319		mconnj@rjrt.com
Mr.	David	Byram	Reckitt Benckiser Pharmaceuticals Inc.	123 Millstone Way		Simpsonville	SC	29681	(864) 281-7922	(864) 281-9066	David.Byram@reckittbenckiser.com
Mr.	Joseph	Giamfortone	Reckitt Benckiser Pharmaceuticals Inc.	418 Plantain Terrace		Peachtree City	GA	30269	(770) 486-0584		joseph.giamfortone@rb.com
Mr.	Gregory	Hoke	Reckitt Benckiser Pharmaceuticals Inc.	1400 McKinney Street	Apt. 2401	Houston	TX	77010	281-813-5368		greg.hoke@reckittbenckiser.com
Mr.	David	Foy	Reed Elsevier Inc.	7201 RR 2222, #1120		Austin	TX	78730	(202) 590-9825		david.foy@reedelsevier.com
Ms.	Teresa	Jennings	Reed Elsevier Inc.	1150 18th Street, NW	Suite 600	Washington	DC	20036	(202) 857-4643	(202) 857-8294	teresa.jennings@lexisnexis.com
Mr.	Daryn	Demeritt	ResCare	7111 Scottsville Rd.		Floyds Knobs	IN	47119	812-923-4773		Ddemeritt@rescare.com
Mr.	Mike	Komaschka	Reynolds American Inc.	P.O. Box 2959		Winston Salem	NC	27102-2959	(336) 741-0692	(336) 741-7977	KomaschM@RJRT.com

HHS Task Force
June 29, 2011

Ms.	Debbie	Hayes	Sanofi-Aventis	5417 Chevaux Ct.		Little Rock	AR	72223	(501) 868-3380	(501) 868-3381	debbie.hayes@sanofi-aventis.com
Mr.	Jay	Jennings	Sanofi-Aventis	6240 Woodard Bay Rd.		Olympia	WA	98506	(360) 705-9080	(360) 705-1282	jay.jennings@sanofi-aventis.com
Mr.	John	Valenti	Sanofi-Aventis	138 Windjammer Lane		Grover	MO	63040	(636) 273-5409		john.valenti@sanofi-aventis.com
Sen.	Thomas	Alexander	South Carolina Legislature	150 Cleveland Drive		Walhalla	SC	29691	(803) 212-6220	(843) 825-3948	thomasalexander@scsenate.gov
Rep.	W. Brian	White	South Carolina Legislature	PO Box 970		Anderson	SC	29622	(803)734-2993		BrianWhite@schouse.gov
Rep.	Jamie	Boomgarden	South Dakota Legislature	State Capitol	501 East Capitol Avenue	Pierre	SD	57501-5070	(605) 773-3251	(605) 773-6806	rep.boomgarden@state.sd.us
Rep.	Phil	Jensen	South Dakota Legislature	State Capitol	501 East Capitol Avenue	Pierre	SD	57501-5070	(605) 343-1325	(605) 343-1325	philjanet115@msn.com
Sen.	Elizabeth	Kraus	South Dakota Legislature	State Capitol	501 East Capitol Avenue	Pierre	SD	57501-5070			sen.kraus@state.sd.us
Sen.	Tim	Rave	South Dakota Legislature	State Capitol	501 East Capitol Avenue	Pierre	SD	57501-5070	(605) 773-3251	(605) 773-6806	trave@alliancecom.net
Rep.	Manny	Steele	South Dakota Legislature	State Capitol	501 East Capitol Avenue	Pierre	SD	57501-5070	(605) 335-7036	(605) 773-6806	rep.steele@state.sd.us
Mr.	Joe	Coletti	State Policy Network	P.O. Box 4463		Cary	NC	27519-4463	(571) 429-0449		coletti@spn.org
Miss	Kathleen	O'Hearn	State Policy Network	2020 North 14th St	Suite 250	Arlington	VA	22201	(703) 740-0310		ohearn@spn.org
Ms.	Tracie	Sharp	State Policy Network	6255 Arlington Blvd.		Richmond	CA	94805	(703) 740-0310	(703) 740-0314	sharp@spn.org
Mr.	John	Schlatter	Takeda Pharmaceuticals North America	6612 44th Ave E		Tacoma	WA	98443	(253) 238-8841	(253) 200-1592	john.schlatter@tpna.com
Mr.	Steven	Kermisch	Inc.	One Takeda Parkway		Deerfield	IL	60015	(224) 554-5595	(847) 383-3901	skermisch@tpna.com
Rep.	Joseph	Armstrong	Tennessee Legislature	Legislative Plaza	6th Avenue North	Nashville	TN	37243-0115	(615) 741-0768	(615) 253-0316	rep.joe.armstrong@capitol.tn.gov
Sen.	Mike	Bell	Tennessee Legislature	Legislative Plaza	6th Avenue North	Nashville	TN	37243	(615) 741-1946	(615) 253-0374	sen.mike.bell@capitol.tn.gov
Rep.	Jimmy	Eldridge	Tennessee Legislature	War Memorial Building	7th Avenue North	Nashville	TN	37243-0173	(615) 741-7475	(615) 253-0373	rep.jimmy.eldridge@capitol.tn.gov
Rep.	Julia	Hurley	Tennessee Legislature	Legislative Plaza	6th Avenue North	Nashville	TN	37243	(615) 741-1866		rep.julia.hurley@capitol.tn.gov
Rep.	Bob	Ramsey	Tennessee Legislature	War Memorial Building	7th Avenue North	Nashville	TN	37243	(615) 741-3560		rep.bob.ramsey@capitol.tn.gov
Rep.	David	Shepard	Tennessee Legislature	Legislative Plaza	6th Avenue North	Nashville	TN	37243-0169	(615) 741-3513	(615) 253-0244	rep.david.shepard@capitol.tn.gov
Mr.	Jake	Hansen	TEVA Pharmaceuticals USA	1255 W. Long Gulch Rd.		Mountain Home	ID	83647	(202) 393-6599	(202) 638-3386	jake@somedayranch.us
Sen.	Steven	Rauschenberger	TEVA Pharmaceuticals USA	551 Tollgate Road	Suite B	Elgin	IL	60123-9357	(847) 622-1049		sjr@rauschenbergerpartners.com
Rep.	Bryan	Hughes	Texas Legislature	Capitol Extension	1100 Congress Avenue	Austin	TX	78701	(512) 463-0271	(512) 463-1515	bryan.hughes@house.state.tx.us
Rep.	Susan	King	Texas Legislature	Capitol Extension	1100 Congress Avenue	Austin	TX	78701	(512) 463-0718	(512) 463-0994	susan.king@house.state.tx.us
Rep.	Jose	Menendez	Texas Legislature	Capitol Extension	1100 Congress Avenue	Austin	TX	78701	(512) 463-0634	(512) 463-7668	jose.menendez@house.state.tx.us
Sen.	Jane	Nelson	Texas Legislature	Capitol Extension	1100 Congress Avenue	Austin	TX	78701	(512) 463-0112	(512) 463-0923	jane.nelson@senate.state.tx.us
Rep.	Ralph	Sheffield	Texas Legislature	Capitol Extension	1100 Congress Avenue	Austin	TX	78701	(512) 463-0630	(512) 463-5896	ralph.sheffield@house.state.tx.us
Rep.	Mark	Shelton	Texas Legislature	Capitol Extension	1100 Congress Avenue	Austin	TX	78701	(512) 463-1000	(512) 463-5896	mark.shelton@house.state.tx.us
Mr.	Mario	Loyola	Texas Public Policy Foundation	900 Congress Avenue	Suite 400	Austin	TX	78701-2432	(512) 472-2700	(512) 472-2728	mloyola@texaspolicy.com
Mr.	Rick	Dreyfuss	The Commonwealth Foundation	225 State Street	Suite 302	Harrisburg	PA	17101-1129			rccd@commonwealthfoundation.org
Mr.	Sal	Bianco	The Doctors Management Company	185 Greenwood Rd.	P.O. Box 2900	Napa	CA	94558-0900	(707) 226-0160	(707) 226-0153	sbianco@thedoctors.com
Mr.	Michael	Hampton	UnitedHealth Group	7440 Woodland Dr.		Indianapolis	IN	46278	(317) 715-7056	(317) 290-8517	michael_hampton@uhc.com
Mr.	Nathan	Cook	US Oncology	10101 Woodloch Forest		The Woodlands	TX	77380	(281) 863-4757	(832) 601-6018	nathan.cook@usonology.com
Rep.	David	Clark	Utah Legislature	350 North State Street	PO Box 145030	Salt Lake City	UT	84114-5030	(801) 538-1029	(801) 326-1544	dclark@utah.gov
Rep.	Bradley	Daw	Utah Legislature	842 East 280 South		Orem	UT	84097	(801) 538-1029	(801) 326-1544	bdaw@utah.gov
Sen.	Peter	Knudson	Utah Legislature	1209 Michelle Dr.		Brigham City	UT	84302-3179	(801) 538-1035	(801) 538-1414	pknudson@utahsenate.org
Sen.	Daniel	Liljenquist	Utah Legislature	320 State Capitol	PO Box 145115	Salt Lake City	UT	84114	(801) 538-1035	(801) 538-1414	dan.liljenquist@focusservices.com
Rep.	Dean	Sanpei	Utah Legislature	350 North State	PO Box 145030	Salt Lake City	UT	84114-5030			dsanpei@utah.gov
Del.	S. Chris	Jones	Virginia General Assembly	PO Box 5059		Suffolk	VA	23435-0059	(804) 698-1076	(804) 698-6776	DelCJones@house.virginia.gov
Sen.	Stephen	Martin	Virginia General Assembly	P.O. Box 396		Richmond	VA	23218	(804) 698-7511	(804) 698-7651	smartinva@aol.com
Del.	Jimmie	Massie	Virginia General Assembly	General Assembly Building	910 Capitol Square	Richmond	VA	23218	(804) 698-1072	(804) 698-6772	DelJMassie@house.virginia.gov
Del.	John	O'Bannon	Virginia General Assembly	PO Box 70365		Richmond	VA	23255-0365	(804) 698-1073	(804) 698-6773	DelJOBannon@house.virginia.gov
Del.	Christopher	Peace	Virginia General Assembly	PO Box 819		Mechanicsville	VA	23111	(804) 698-1097	(804) 698-6797	DelCPeace@house.virginia.gov
Mr.	John	Maheras	Walgreens	104 Wilmot Road, MS 1444		Deerfield	IL	60015	847-315-4633	(847) 914-2804	John.Maheras@Walgreens.com
Mr.	Erik	Woehrmann	Walgreens	104 Wilmot Road, MS 1444		Deerfield	IL	60015	(847) 914-2500	(847) 914-2804	erik.woehrmann@walgreens.com
Ms.	Laurie	Smalling	Wal-Mart Stores, Inc.	702 Southwest 8th Street		Bentonville	AR	72716	479-633-5288		Laurie.Smalling@wal-mart.com
Rep.	Barbara	Bailey	Washington Legislature	John L. O'Brien Building	504 Sid Snyder Avenue, SW	Olympia	WA	98504	(360) 786-7914	(360) 786-1066	barbara.bailey@leg.wa.gov
Sen.	Doug	Ericksen	Washington Legislature	P.O. Box 40442		Olympia	WA	98504	(360) 786-7982	(360) 786-1323	doug.ericksen@leg.wa.gov
Ms.	Neill	Myers	WellPoint, Inc.	13550 Triton Park Blvd.	Mailpoint: KY0302 - A683	Louisville	KY	40223	(502) 889-2619		Neill.Myers@anthem.com
Mr.	John	Willey	WellPoint, Inc.	120 Monument Circle		Indianapolis	IN	46204	(317) 488-6044	(317) 488-6007	John.Willey@anthem.com
Rep.	Dan	Knodl	Wisconsin Legislature	N101W14475 Ridgfield Court		Germantown	WI	53022-5348	(608) 266-3796	(608) 282-3624	Rep.Knodl@legis.wisconsin.gov
Sen.	Mary	Lazich	Wisconsin Legislature	State Capitol	PO Box 7882	Madison	WI	53707-7882	(800) 334-1442	(608) 267-6790	Sen.Lazich@legis.wisconsin.gov
Rep.	John	Nygren	Wisconsin Legislature	State Capitol	PO Box 8953	Madison	WI	53708-8952	(608) 266-2343	(608) 282-3689	Rep.Nygren@legis.wisconsin.gov
Rep.	Warren	Petryk	Wisconsin Legislature	State Capitol	PO Box 8952	Madison	WI	53708-8952			rep.petryk@legis.wi.gov
Rep.	Erik	Severson	Wisconsin Legislature	State Capitol	PO Box 8952	Madison	WI	53708-8952			rep.severson@legis.wi.gov
Sen.	Leah	Vukmir	Wisconsin Legislature	State Capitol	PO Box 7882	Madison	WI	53707-7882	(608) 266-2512	(608) 282-3614	sen.vukmir@legis.wi.gov
Rep.	Kathy	Davison	Wyoming Legislature	PO Box 602		Kemmerer	WY	83101	(307) 777-7852	(307) 777-5466	kdavison@wyoming.com
Sen.	Dan	Dockstader	Wyoming Legislature	PO Box 129		Afton	WY	83110	(307) 777-7711	(307) 777-5466	ddockstader@wyoming.com
Sen.	Leslie	Nutting	Wyoming Legislature	4921 Phoenix Drive		Cheyenne	WY	82001		(307) 777-5466	leslien@bresnan.net
Ms.	Christie	Herrera	ALEC	1101 Vermont Ave.	11th Floor	Washington	DC	20005	(202) 742-8505		christie@alec.org
Ms.	Stephanie	Linn	ALEC	1101 Vermont Ave.	11th Floor	Washington	DC	20005	(202) 466-3800	(202) 466-3801	Slinn@alec.org
Ms.	Monica	Mastracco	ALEC	1101 Vermont Ave.	11th Floor	Washington	DC	20005	(202) 466-3800	(202) 466-3801	mmastracco@alec.org
Mr.	Jonathan	Moody	ALEC	1101 Vermont Ave.	11th Floor	Washington	DC	20005	(202) 742-8516	(202) 466-3801	jmoody@alec.org
Mr.	Ronald	Scheberle	ALEC	2601 Brookside Drive		Irving	TX	75063	(214) 557-6769	(972) 869-2258	ronscheberle@sbcglobal.net

SCHOLARSHIP POLICY BY MEETING

ALEC Spring Task Force Summit:

1. ***Spring Task Force Summit Reimbursement Form:*** ALEC Task Force Members are reimbursed by ALEC up to \$350.00 for travel expenses. Receipts must be forwarded to the ALEC Policy Coordinator and approved by the Director of Policy.
2. ALEC Task Force Members' room & tax fees for up to a two-night stay at the host hotel are covered by ALEC.
3. Registration fees are not covered; however, Task Force Members may submit registration expenses for payment from their state scholarship account upon approval of the State Chair.
4. *Official Alternate Task Force Members* (chosen by the State Chair and whose names are given to ALEC more than 35 days prior to the meeting to serve in place of a Task Force Member who cannot attend) are reimbursed in the same manner as Task Force Members.
5. ***State Scholarship Reimbursement Form:*** Any fees above the set limit, or expenses other than travel and room expenses can be submitted by Task Force Members for payment from their state scholarship account upon the approval of the State Chair. Receipts must be submitted to the State Chair, who will submit the signed form to the Director of Membership.
6. *Non-Task Force Members* can be reimbursed out of the state scholarship fund upon State Chair approval. Receipts must be submitted to the State Chair, who will submit the appropriate signed form to the Director of Membership.

ALEC Annual Meeting:

State Scholarship Reimbursement Form: State scholarship funds are available for reimbursement by approval of your ALEC State Chair. Expenses are reimbursed after the conference, and may cover the cost of travel, room & tax, and registration. Receipts are to be submitted to the State Chair, who will then submit the signed form to the Director of Membership.

ALEC States & Nation Policy Summit:

1. ***States & Nation Policy Summit Reimbursement Form:*** ALEC offers two scholarships per state to cover the cost of travel, room & tax, and registration not to exceed \$1,000.00 per person for a total of \$2,000.00 per state. ALEC scholarship recipients must be named by the ALEC State Chair. Expenses are submitted to the State Chair and reimbursed after the conference. The State Chair submits the signed form to the Director of Membership.
2. ***State Scholarship Reimbursement Form:*** Any other fees or payments must come out of the state scholarship account, with the approval of the State Chair. Receipts must be submitted to the State Chair, who submits the signed form to the Director of Membership.

ALEC Academies:

Academy Reimbursement Form: Attendees of ALEC Academies are reimbursed by the Task Force Committee hosting the Academy. Attendees will receive a form at the Academy, and will be reimbursed up to \$500.00 for travel, and room & tax fees for a two-night stay by ALEC. Receipts must be forwarded to the appropriate Task Force Director and approved by the Director of Policy.



American Legislative Exchange Council TASK FORCE OPERATING PROCEDURES

I. MISSION OF TASK FORCES

Assume the primary responsibility for identifying critical issues, developing ALEC policy, and sponsoring educational activities which advance the Jeffersonian principles of free markets, limited government, federalism, and individual liberty. The mission will be accomplished through a non-partisan, public and private partnership between ALEC's legislative and private sector members in the specific subject areas assigned to the Task Force by the Board of Directors.

II. TASK FORCE RESPONSIBILITIES

- A. Task Forces have the primary responsibility for identifying critical issues and developing ALEC's official policy statements and model legislation appropriate to the specific subject areas of the Task Force.
- B. Task Forces serve as forums for an exchange of ideas and sharing of experiences between ALEC's state legislator and private sector members.
- C. Task Forces are responsible for developing and sponsoring the following educational activities appropriate to the specific subject area of the Task Force:
 - publications that express policy positions, including, but not limited to State Factors and Action Alerts;
 - educational communication and correspondence campaigns;
 - issue specific briefings, press conferences and press campaigns;
 - witness testimony and the activities of policy response teams;
 - workshops at ALEC's conferences; and
 - specific focus events.
- D. ~~The Executive Director is to~~ Task Forces are responsible for developing an annual budgets, which shall include expenses associated with Task Force meetings and educational activities. A funding mechanism to finance all meetings and educational activities proposed by Task Forces must be available before they can be undertaken.

III. GENERAL PROCEDURES

- A.** Requests from ALEC members for policy statements, model legislation and educational activities shall be directed by the Executive Director to the appropriate Task Force, or the Board of Directors if the issue does not fall within the jurisdiction of any Task Force. The appropriate Public and Private Sector Task Force Co-Chairs determine the agenda for each Task Force meeting, and the meetings will be called and conducted in accordance with these Operating Procedures.

The Director of Policy with the consent of the Executive Director assigns a model bill or resolution to the most appropriate Task Force based on Task Force content and prior jurisdictional history 35 days before a Task Force Meeting. All Task Force Co-Chairs will be provided an email or fax summary of all model bills and resolutions 35 days before the Task Force meeting

If both the Co-Chairs of a Task Force are in agreement that they should have jurisdiction on model legislation or a resolution, the legislation or resolution will be considered by the Task Force. If the other Task Force Co-Chairs believe they should have jurisdiction or if the author of the model bill or resolution does not agree on the jurisdictional assignment of the bill, they will have 10 days after the 35-day mailer deadline to submit in writing or by electronic appeal to the Director of Policy their intent to challenge the jurisdiction assignment. The Director of Policy will notify the Executive Director who will in turn notify the National Chair and the Private Enterprise Board Chair. The National Chair and the Private Enterprise Board Chair will in turn refer the matter in question to the Board of Directors Task Force Board Committee. The Director of Policy will establish a conference call for the Task Force Board Committee co- chairs, the author, the affected Task Force Co-Chairs and the Director of Policy at a time convenient for all participants.

The Task Force Board Committee Co-Chairs shall listen to the jurisdictional dispute by phone or in person within 10 days of the request. If both Task Force Board Committee Co-Chairs are in agreement that the Director of Policy made an incorrect jurisdictional referral, only then will the model bill or resolution be reassigned to a committee as they specify once agreed upon by the National Chair and the Private Enterprise Board Chair. The bill or model resolution is still eligible to be heard in whatever Task Force it is deemed to be assigned to as if submitted to the correct Task Force for the 35-day mailer. The National Chair and the Private Enterprise Board Chair decision is final on this model bill or resolution.

Joint referral of model legislation and/or resolutions are allowed if all the affected Task Force Co-Chairs agree. All model legislation and resolutions that have been referred to, more than one Task Force must pass the identical language in both Task Forces within two consecutive Task Force meetings. It is at the Task Force

Co-Chairs discretion how they will handle the hearings of the model legislation or resolution. Both sets of co-chairs have the ability to call a working group, subcommittee, or simply meet consecutively or concurrently if necessary.

If the Task Force co-chairs both agree to waive jurisdiction, they may do so as long as another Task Force still has jurisdiction.

The National Chair and the Private Sector Board Chair will rely upon the Task Force Board Committee Co-Chairs for advice and recommendations on model legislation or resolutions when no jurisdiction in any of the existing Task Forces in operation can be found. The Task Force Board Committee Co-Chairs will work with the Executive Director and the Director of Policy to identify public and private sector Task Force members (not alternates) from the existing Task Forces should their expertise be of assistance to the Task Force Board Committee in reaching a determination and recommendation for approval by the National Chair and the Private Enterprise Board Chair.

- B. The National Chair and the Private Sector Board Chair will rely upon the Task Force Board Committee Co-Chairs for advice and recommendations on model legislation or resolutions when no jurisdiction in any of the existing Task Forces in operation can be found. The Task Force Board Committee Co-Chairs will work with the Executive Director and the Director of Policy to identify public and private sector Task Force members (not alternates) from the existing Task Forces should their expertise be of assistance to the Task Force Board Committee in reaching a determination and recommendation for approval by the National Chair and the Private Enterprise Board Chair.
- C. The Board of Directors shall have ultimate authority over Task Force procedures and actions including the authority to create, to merge or to disband Task Forces and to review Task Force actions in accordance with these Operating Procedures. Nothing in these Operating Procedures prohibits the Board of Directors from developing ALEC policy; however, such a practice should be utilized only in exceptional circumstances. Before the policy is adopted by the Board of Directors, it should be sent to the Public and Private Sector Task Force Co-Chairs under whose jurisdiction the matter falls for review and comment back to the Board of Directors.
- D. The operating cycle of a Task Force is two years. A new operating cycle begins on January 1 of each odd numbered year and ends on December 31 of the following even numbered year. Task Force activities shall be planned and budgeted on an annual basis within each two-year operating cycle.
- E. ~~At the ALEC Annual Meeting, each Task Force will be responsible for determining an operating budget for the succeeding calendar year. The Executive Director will notify the Task Force Co-Chairs, at the ALEC Annual Meeting, what inflation factor will be used by the Task Force to determine the operating~~

~~and programming budgets. Task Force membership and budget information will be reported to the Executive Director by the Public and Private Sector Task Force Co-Chairs. The Executive Director will present this information to the Board of Directors at its regular fall meeting.~~

- F. If a Task Force is unable to develop an operating budget, the Board of Directors will determine whether to continue the operations of the Task Force. This determination will be made according to: (1) the level of membership on the Task Force, and (2) the need for continued services developed by the Task Force for ALEC.
- G. The Board of Directors shall have the authority to allocate limited general support funds to finance the annual operating budget of Task Forces that meet the requirements prescribed in Section III (E). The Executive Director shall determine, and report to the Board of Directors, the amount of general support funds available to underwrite such Task Forces.

IV. MEMBERSHIP AND MEMBER RESPONSIBILITIES

- A. The membership of a Task Force consists of legislators who are members in good standing of ALEC and are duly appointed to the Task Force, in accordance with Section VI (A) and private sector organizations that are full members of ALEC, contribute to the assessment for the Task Force operating budget, and are duly appointed to the Task Force, in accordance with Section VI (B). Private sector organizations that were full members of ALEC and contributed the assessment for the Task Force's operating budget in the previous year, can be appointed to the Task Force for the current year, conditional upon renewal of full ALEC membership and receipt of the current year's assessment for the Task Force operating budget prior to March 31st, unless an alternative date has been approved by the Executive Director.
- B. Each Task Force shall have least two Co-Chairs; a Public Sector Task Force Co-Chair and a Private Sector Task Force Co-Chair. The Public Sector Task Force Co-Chair must be a member of the Task Force and appointed in accordance with Section VI (A). The Private Sector Co-Chair must represent a private sector member of the Task Force and be appointed in accordance with Section VI(B). The Co-Chairs shall be responsible for:
 - (1) calling the Task Force and the Executive Committee meetings to order, setting the agenda and co-chairing such meetings;
 - (2) appointing and removing legislators and private sector members to and from the Task Force Executive Committee and subcommittees;
 - (3) creating subcommittees, and determining each subcommittee's mission, membership limit, voting rules, deadlines, and term of service; and

- (4) selecting Task Force members to provide support for and against Task Force policies during formal Board reviews.
- C. Each Task Force shall have an Executive Committee appointed by the Public and Private Sector Task Force Co-Chairs that is appropriate in number to carry out the work product and strategic plan of ALEC and the Task Force. The Executive Committee shall consist of the Public Sector Task Force Co-chair, the Private Sector Task Force Co-Chair, the subcommittee co-chairs, and the remainder will be an equal number of legislative and private sector Task Force members. The Executive Committee will be responsible for determining the operating budget and proposing plans, programs and budgets for the succeeding year in accordance with (Section V (B); determining if a proposed educational activity conforms to a previously approved model bill, resolution or policy statement in accordance with (Section IX (F); and determining if an emergency situation exists that justifies waiving or reducing appropriate time limits in accordance with (Section VIII (H)).
- D. Each Task Force may have any number of subcommittees, consisting of Task Force members and advisors to focus on specific areas and issues and make policy recommendations to the Task Force. The Task Force Co-chairs, shall create subcommittees and determine each subcommittee's mission, membership limit, voting rules, deadlines, and term of service. Any model bill, resolution or policy statement approved by a subcommittee must be approved by the Task Force before it can be considered official ALEC policy.
- E. Each Task Force may have advisors, appointed in accordance with Section VI (G). Advisors shall assist the members and staff of the Task Force. They shall be identified as advisors on official Task Force rosters, included in all official Task Force mailings and invited to all Task Force meetings. Advisors may also have their expenses paid at Task Force meetings covered by the Task Force operating budget with the approval of the Task Force Co-Chairs. An advisor cannot be designated as the primary contact of a private sector Task Force member, cannot be designated to represent a private sector Task Force member at a Task Force, Executive Committee, or subcommittee meeting, and cannot offer or vote on any motion at a Task Force, Executive Committee, or subcommittee meeting.

V. *Task Force Budgets*

- A. Each Task Force shall develop and operate a yearly budget to fund meetings.
- B. The operating budget shall be used primarily to cover expenses for Task Force meetings, unless specific funds within the budget are authorized for other use by the Task Force. The operating budget shall be assessed equally among the private sector members of the Task Force. The Executive Director, in consultation with the Task Force Co-Chairs shall determine which costs associated with each meeting will be reimbursed from the operating budget. Any funds remaining in a

Task Force's operating budget at the end of a year are transferred to ALEC's general membership account.

- C. The operating budget shall not be used to cover Task Force meeting expenses associated with alternate task force members' participation, unless they are appointed by their State Chair to attend the Spring Task Force Summit with the purpose to serve in place of a Task Force Member who is unable to attend. Task Force meeting expenses of alternate task force members shall be covered by their state's scholarship account.
- D. The programming budget shall be used to cover costs associated with educational activities. Contributions to the programming budget are separate, and in addition to operating budget contributions and annual general support/membership contributions to ALEC. The Executive Director shall determine the contribution required for each educational activity.

VI. *PROCESS FOR SELECTING TASK FORCE MEMBERS, CHAIRS, COMMITTEES AND ADVISORS*

- A. Prior to February 1 of each odd-numbered year, the current and immediate past National chairman will jointly select and appoint in writing three legislative members and three alternates to the Task Force who will serve for the current operating cycle, after receiving nominations from ALEC's Public and Private State Chairs, the Executive Director and the ALEC Public and Private Sector members of the Board. At any time during the year, the National Chairman may appoint in writing new legislator members to each Task Force, except that no more than three legislators from each state may serve as members of any Task Force, no legislator may serve on more than one Task Force and the appointment cannot be made earlier than thirty days after the new member has been nominated. In an effort to ensure the nonpartisan nature of each Task Force, it is recommended that no more than two legislators of any one political party from the same state be appointed to serve as members of any Task Force. A preference will be given to those ALEC legislator members who serve on or chair the respective Committee in their state legislature. A preference will be given to legislators who sponsor ALEC Task Force model legislation in the state legislature.
- B. Prior to January 10 of each odd-numbered year, the current and immediate past National Chairman will jointly select and appoint in writing the Task Force Chair who will serve for the current operating cycle, after receiving nominations from the Task Force. Nominations will be requested by the outgoing Task Force Chair and may be placed in rank order prior to transmittal to the Executive Director no later than December 1 of each even-numbered year. No more than five names may be submitted in nomination by the outgoing Task Force chair. The current and immediate past National Chairmen will jointly make the final selection, but

should give strong weight to the recommendations of the outgoing Task Force Chair. In an effort to empower as many ALEC leaders as possible, State Chairs and members of the Board of Directors will not be selected as Task Force Chairs. Task Force Chairs shall serve for one operating cycle term. Where special circumstances warrant, the current and immediate past National Chairmen may reappoint a Task Force Chair to a second operating cycle term.

- C. Prior to February 1 of each odd numbered year, the Public and Private Sector Task Force Co-Chairs will select and appoint in writing the legislative and private sector members of the Task Force Executive Committee, who will serve for the current operating cycle. The Public and Private Sector Task Force Co-Chairs will select and appoint in writing the legislative and private sector members and advisors to any subcommittee.
- D. Prior to February 1 of each year, the Private Enterprise Board Chair and the immediate past Private Enterprise Board Chair will select and appoint in writing the private sector members to the Task Force who will serve for the current year. The appointment letter shall be mailed to the individual designated as the primary contact for the private sector entity. At any time during the year, the Chair of the Private Enterprise Board may appoint in writing new private sector members to each Task Force, but no earlier than thirty days after the new member has qualified for full membership in ALEC and contributed the assessment for the appropriate Task Force's operating budget.
- E. Prior to January 10 of each odd-numbered year, the Chair of the Private Enterprise Board and the immediate past Private Enterprise Board Chair will select and appoint in writing the Task Force Private Sector Co-Chair who will serve for the current operating cycle, after receiving nominations from the Task Force. Nominations will be requested by the outgoing Task Force Private Sector Chair and may be placed in rank order prior to transmittal to the Chair of the Private Enterprise Board. The Chair and the immediate past Chair of the Private Enterprise Board will make the final selection, but should give strong weight to the recommendations of the outgoing Private Sector Task Force Co-Chair. In an effort to empower as many ALEC private sector members as possible, Private Enterprise State Chairs and members of the Private Enterprise Board will not be selected as Private Sector Task Force Co-Chairs. Private Sector Task Force Co-Chairs shall serve for one operating cycle term. Where special circumstances warrant, the current and immediate past Chair of the Private Enterprise Board may reappoint a Task Force Private Sector Chair to a second operating cycle term.
- F. Prior to February 1 of each odd-numbered year, the Task Force Private Sector Co-Chair will select and appoint in writing the private sector members of the Task Force Executive Committee, who will serve for the current operating cycle. The Task Force Private Sector Co-Chair shall select and appoint in writing the private sector members of any subcommittees.

- G. The Public and Private Sector Task Force Co-Chairs, may jointly appoint subject matter experts to serve as advisors to the Task Force. The National Chair and the Private Enterprise Board Chair may also jointly recommend to the Task Force Co-Chairs subject matter experts to serve as advisors to the Task Force.

VII. REMOVAL AND VACANCIES

- A. The National Chair may remove any Public Sector Task Force Co-Chair from his position and any legislative member from a Task Force with or without cause. Such action will not be taken except upon thirty days written notice to such Chair or member whose removal is proposed. For purposes of this subsection, cause may include failure to attend two consecutive Task Force meetings.
- B. The Public Sector Task Force Co-Chair may remove any legislative member of an Executive Committee or subcommittee from his position with or without cause. Such action shall not be taken except upon thirty days written notice to such member whose removal is proposed. For purposes of this subsection, cause may include failure to attend two consecutive meetings.
- C. The Chairman of the Private Enterprise Board may remove any Private Sector Task Force Co-Chair from his position and any private sector member from a Task Force with cause. Such action shall not be taken except upon thirty days written notice to such Chair or member whose removal is proposed. For purposes of this subsection, cause may include but is not limited to the non-payment of ALEC General Membership dues and the Task Force dues. .
- D. The Private Sector Task Force Co-Chair may remove any private sector member of an Executive Committee or subcommittee from his position with cause. Such action shall not be taken except upon thirty days written notice to such member whose removal is proposed. For purposes of this subsection, cause may include but is not limited to the non-payment of ALEC General Membership dues and the Task Force dues.
- E. The Public and Private Sector Task Force Co-Chairs may remove an advisor from his position with or without cause. Such action shall not be taken except upon thirty days written notice to such advisor whose removal is proposed.
- F. Any member or advisor may resign from his position as Public Sector Task Force Co-Chair, Private Sector Task Force Co-Chair, public or private sector Task Force member, Task Force advisor, Executive Committee member or subcommittee member at any time by writing a letter to that effect to the Public Sector and Private Sector Task Force Co-Chairs. The letter should specify the effective date of the resignation, and if none is specified, the effective date shall be the date on which the letter is received by the Public and Private Task Force Co-Chairs.

- G. All vacancies for Public Sector Task Force Co-Chair, Private Sector Task Force Co-Chair, Executive Committee member and subcommittee member shall be filled in the same manner in which selections are made under Section VI. All vacancies to these positions must be filled within thirty days of the effective date of the vacancy.

VIII. MEETINGS

- A. Task Force meetings shall only be called by the joint action of the Public and Private Sector Task Force Co-Chairs. Task Force meetings cannot be held any earlier than thirty-five days after being called, unless an emergency situation has been declared pursuant to Section VIII(H), in which case Task Force meetings cannot be held any earlier than ten days after being called. It is recommended that, at least once a year, the Task Forces convene in a common location for a joint Task Force Summit. Executive Committee meetings shall only be called by the joint action of the Public and Private Sector Task Force Co-Chairs and cannot be held any earlier than three days after being called, unless the Executive Committee waives this requirement by unanimous consent.
- B. At least forty-five days prior to a task force meeting any model bill, resolution or policy must be submitted to ALEC staff that will be voted on at the meeting. At least thirty-five days prior to a Task Force meeting, ALEC staff shall distribute copies of any model bill, resolution or policy statement that will be voted on at that meeting. This requirement does not prohibit modification or amendment of a model bill, resolution or policy statement at the meeting. This requirement may be waived if an emergency situation has been declared pursuant to Section VIII(H).
- C. All Task Force meetings are open to registered attendees and invited guests of ALEC meetings and conferences. Only regular Task Force Members may introduce any resolution, policy statement or model bill. Only Task Force members will be allowed to participate in the Task Force meeting discussions and be seated at the table during Task Force meetings, unless otherwise permitted by the Public and Private Sector Task Force Co-Chairs.
- D. ALEC private sector member organizations may only be represented at Task Force and Executive Committee meetings by the individual addressed in the appointment letter sent pursuant to Section VI(D) or a designee of the private sector member. If someone other than the individual addressed in the appointment letter is designated to represent the private sector member, the designation must be submitted in writing to the Public and Private Sector Task Force Co-Chairs before the meeting, and the individual cannot represent any other private sector member at the meeting.

- E. All Task Force and Executive Committee meetings shall be conducted under the guidelines of Roberts Rules of Order, except as otherwise provided in these Operating Procedures. A copy of the Task Force Operating Procedures shall be included in the briefing packages sent to the Task Force members prior to each meeting.
- F. A majority vote of legislative members present and voting and a majority vote of the private sector members present and voting, polled separately, are required to approve any motion offered at a Task Force or Executive Committee meeting. A vote on a motion to reconsider would be only with the sector that made the motion. Members have the right, in a voice vote, to abstain and to vote present by roll-call vote. In all votes a member can change their vote up until the time that the result of the vote is announced. Only duly appointed members or their designee as stated in Section VIII (D) that are present at the meeting may vote on each motion. No proxy, absentee or advance voting is allowed.
- G. The Public Sector Task Force Co-Chair and the Private Sector Task Force Co-Chair, with the concurrence of a majority of the Executive Committee, polled in accordance with Section VIII (F), may schedule a Task Force vote by mail or ~~fax~~ any form of electronic communication on any action pertaining to policy statements, model legislation or educational activity. The deadline for the receipt of votes can be no earlier than thirty-five days after notification of the vote is mailed or ~~faxed~~ notified by any form of electronic communication, unless an emergency situation is declared pursuant to Section VIII (H), in which case the deadline can be no earlier than ten days after notification is mailed or ~~faxed~~ notified by any form of electronic communication. Such votes are exempt from all rules in Section VIII, except: (1) the requirement that copies of model legislation and policy statements be mailed or ~~faxed~~ notified by any form of electronic communication with the notification of the vote and (2) the requirement that a majority of legislative members voting and a majority of the private sector members voting, polled separately, is required to approve any action by a Task Force.
- H. For purposes of Sections VIII(A), (B) and (G), an emergency situation can be declared by:
- (1) Unanimous vote of all members of the Task Force Executive Committee present at an Executive Committee meeting prior to the meeting at which the Task Force votes on the model bill, resolution or policy statement; or
 - (2) At least three-fourth majority vote of the legislative and private sector Task Force members (voting in accordance with Section VIII (F)) present at the meeting at which the members vote on the model bill, resolution or policy statement.

- I. Ten Task Force members shall constitute a quorum for a Task Force meeting. One-half of the legislative and one-half of the private sector members of an Executive Committee shall constitute a quorum for an Executive Committee meeting.

IX. *REVIEW AND ADOPTION PROCEDURES*

- A. All Task Force policy statements, model bills or resolutions shall become ALEC policy either: (1) upon adoption by the Task Force and affirmation by the Board of Directors or (2) thirty days after adoption by the Task Force if no member of the Board of Directors requests, within those thirty days, a formal review by the Board of Directors. General information about the adoption of a policy position may be announced upon adoption by the Task Force.
- B. The Executive Director shall notify the Board of Directors of the approval by a Task Force of any policy statement, model bill or resolution within ten days of such approval. Members of the Board of Directors shall have thirty days from the date of Task Force approval to review any new policy statement, model bill or resolution prior to adoption as official ALEC policy. Within those thirty days, any member of the Board of Directors may request that the policy be formally reviewed by the Board of Directors before the policy is adopted as official ALEC policy.
- C. A member of the Board of Directors may request a formal review by the Board of Directors. The request must be in writing and must state the cause for such action and a copy of the letter requesting the review shall be sent by the National Chairman to the appropriate Task Force Chair. The National Chairman shall schedule a formal review by the Board of Directors no later than the next scheduled Board of Directors meeting.
- D. The review process will consist of key members of the Task Force, appointed by the Task Force Chair, providing the support for and opposition to the Task Force position. Position papers may be faxed or otherwise quickly transmitted to the members of the Board of Directors. The following is the review and adoption procedures:
 - Notification of Committee: Staff will notify Task Force Chairs and the entire task force when the Board requests to review one of the Task Forces' model bills or resolutions.
 - Staff Analysis: Will be prepared in a neutral fashion. The analyses will include:
 - History of Task Force action
 - Previous ALEC official action/resolutions
 - Issue before the board
 - Proponents arguments

- Opponents arguments
- Standardized Review Format: To ensure fairness, a set procedure will be used as the format to ensure the model bill/resolution has a fair hearing before the Board.
 - Task Force Chair(s) will be invited to attend the Board Review
 - Task Force Chair(s) will decide who will present in support and in opposition for the model bill/resolution before the Board.
 - Twenty minutes that is equally divided will be given for both sides to present before the Board.
 - It is suggested that the Board not take more than twenty minutes to ask questions of the presenters.
 - Presenters will then be excused and the Board will have a suggested twenty more minutes for discussion and vote.
 - All votes will be recorded for the official record.
- Notification of Committee: The Director of Policy will notify presenters immediately after the vote. If the Board votes to send the model bill/resolution back to the task force, the Board will instruct the Director of Policy or another board member what to communicate.

E. The Board of Directors can:

- (1) Vote to affirm the policy or affirm the policy by taking no action, or
- (2) Vote to disapprove the policy, or
- (3) Vote to return the policy to the Task Force for further consideration providing reasons therefore.

F. Task Forces may only undertake educational activities that are based on a policy statement, model bill or resolution that has been adopted as official ALEC policy, unless the Task Force votes to undertake the educational activity, in which case the educational activity is subjected to the same review process outlined in this Section. It is the responsibility of the Task Force Executive Committee to affirm by three-fourths majority vote conducted in accordance with Section VIII that an educational activity conforms to a policy statement, model bill or resolution.

X. EXCEPTIONS TO THE TASK FORCE OPERATING PROCEDURES.

Exceptions to these Task Force Operating Procedures must be approved by the Board of Directors.



Mission Statement

The American Legislative Exchange Council's mission is...

To advance the Jeffersonian Principles of free markets, limited government, federalism, and individual liberty through a nonpartisan public-private partnership among America's state legislators, concerned members of the private sector, the federal government, and the general public.

To promote these principles by developing policies that ensure the powers of government are derived from, and assigned to, first the People, then the States, and finally the Federal Government.

To enlist state legislators from all parties and members of the private sector who share ALEC's mission.

To conduct a policy making program that unites members of the public and private sector in a dynamic partnership to support research, policy development, and dissemination activities.

To prepare the next generation of political leadership through educational programs that promote the principles of Jeffersonian democracy, which are necessary for a free society.