Alaska Health Care Commission
TELECONFERENCE MINUTES
March 18, 2009, 4:00 p.m. – 5:00 p.m.

Commission Members Present: Jay Butler, Keith Campbell, Valerie Davidson, Jeff Davis, Ryan Smith, Linda Hall, Wes Keller. (absent/excused: Wayne Stevens, Larry Stinson, Donny Olson)
Additional Participants: Deborah Erickson, Anna Kim, Jim Pound

The purpose of this teleconference was to consider legislation drafted by the subcommittee to establish the health care commission in statute. The conversation initially focused on intent – a reminder regarding why we are doing this. As discussed when the need for legislation was identified as a short-term priority at the Commission's February meeting, both the Alaska Health Care Roundtable and the Alaska Health Care Strategies Planning Council previously identified the need for a permanent body to address health care reform. The commission agrees, recognizing that the problem of health care reform is too great in scope and too complex to be able to plan and follow-through in just one or two years time through an ad-hoc body.

There was substantive discussion on the size and make-up of the group as set forth on page 3 of the draft bill. It keeps the membership the same as specified in Admin Order 246. There is already lobbying from other groups who want to have a seat added to this table. The group concurred that the current small size seems to facilitate valuable dialogue on the issues and effective decision-making. The current group is representative of the basic core of the health care delivery system, and if expanded it would be hard to limit to just one or two stakeholder groups. The importance of identifying and recognizing the other key constituent and stakeholder groups and coming up with a process to ensure they are able to participate in the planning processes was discussed. In the end, the group agreed to leave the size and make-up of the commission unchanged. This issue of expanding the size was discussed initially at the commission's February meeting, and also by the subcommittee that drafted the bill, and this was the third time the group came to the same conclusion – the commission has to be small to be able to work together effectively.

The final issue discussed was the need for clarification of the commission's role in working on legislation. The group agreed at their first meeting that the commission would not take positions on pending legislation. They identified the problems: of becoming a target for every stakeholder group lobbying various aspects of all the different bills related to health care reform strategies; the amount of time and resources it would take to analyze and respond to proposed bills and amendments; the threat of becoming alienated from groups and legislators supporting bills the commission might choose to oppose (and visa versa); and, the complexity of managing work with bills for which the commission may take a different position than the constituency they represent or organization for which they work. The role of the commission is to develop policy recommendations and plans and so, in this case, the commission is making a policy recommendation that a permanent body be established in statute, and is offering the draft bill as a good starting point for legislation to enact that policy. Following approval of this draft bill, the commission will step back from and not be directly involved with the legislative process. Deb offered to draft language for the final motion that will need to be made to approve the bill.

Rep. Keller shared that he is in conversation with key legislators regarding the potential for this bill to be introduced, and that it will most likely be introduced in the Senate.

Summary of discussion and direction on the 3/14/09 draft of the bill

1. Pg 1, Ln1: Question for Legislative Legal --- why does the title refer to "information office?" An information office isn't referenced anywhere in the bill.
   Recommendation: Delete "information office".

2. Pg 3, Ln 28: Does the criteria for the member of the commission who is a health care consumer that requires that person not be "financially affiliated with a health care field" preclude Medicaid clients and other public program beneficiaries from this seat? The group agreed that it potentially does.
   Decision: Change "not financially affiliated with a health care field" to "not employed by or with a business interest in the health care industry".

3. Pg 4, Ln 8: Regarding term limits, "…terms of three years or until a successor is appointed, whichever occurs first." In order to avoid vacancies in seats (it's not unusual to have the time needed to fill a vacancy to extend beyond the end of a term), the intent of this line will be changed from whichever occurs first, to whichever occurs last.
   Decision: Delete ", whichever occurs first".

4. Pg 5, Ln 5: Regarding ethics disclosure language directing that $5,000 annual health care system expenditures affecting the member or member's immediate family be disclosed. Concern was expressed that disclosing health care expenditures of individuals would be a privacy violation, and the group determined this was not the intent of this section, but it was to reveal income from health care business dealings.
   Decision: Change "expenditures" to "income".

5. Pg 5, Ln 16-21: Does the way the health care cost reduction strategies list is worded limit the commission's ability to consider additional cost reduction strategies? The group agreed that it wasn't the intent to limit strategies, but to make sure the broad range of potential strategies they addressed at their first meeting be considered. They directed a 7th bullet be added opening it up to additional strategies, and also made a clarifying edit to the bullet regarding strategies adopted by other states.
   Decision:
   1. Ln 20: Delete "and"
   2. Ln 21: change "taken from" to "identified by", and add "and" at the end
   3. New Ln 22: add "(vii) other cost saving measures"

6. Pg 5, Ln 29: Understanding that any member of the public could be considered at least a potential health care consumer, does limiting public hearings to "health care consumers" potentially limit public hearings the commission may want to target to other groups, e.g., health care providers? The group decided that any member of the public would be a health care consumer and the intent is to ensure consumers have a voice in the process. Specific target stakeholders, such as various provider groups, will have a voice in the process through invitations to present and other hearing and public comment opportunities.
   Decision: No change, but make sure to include more detailed guidelines for public and stakeholder input in the Commission's bylaws.

Next Steps/Follow-up Action Items

- Jim will work with Leg Legal to make the agreed changes to the draft bill.

- Wes will
  1. Talk with the legislators who sponsored HB 25 and HB 75 to ensure they understand our intent and plans and see if they have significant concerns.
  2. Work with Senator Olson on sponsoring the bill in the Senate

- Deb will
  1. Draft motion language for approval of the draft bill to help clarify the role and intent of the commission.
  2. Schedule a short (30-minute) follow-up teleconference for early next week to vote on the motion.