

**Alaska Health Care Commission**  
**TELECONFERENCE MINUTES**  
March 25, 2009

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

The meeting was convened at 5:08 p.m. by Dr. Butler (following a technical problem with the teleconference line). A quorum of the voting members was established.

Ms. Erickson reviewed the changes that had been requested by the commission at the March 18 teleconference and that are now reflected in the current draft health care commission bill.

1. Pg 1, Ln1: Reference to "information office" was deleted from the title.
2. Pg 3, Ln 28: Relating to criteria for the health care consumer member of the commission, changed "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," the intent of this line was changed from whichever occurs first, to whichever occurs last by deleting ", 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. "Expenditures" was changed to "income".
5. Pg 5, Ln 21-23: Regarding the list of potential cost reduction strategies, the reference to use of other states' strategies was changed from "taken from other states," to "identified by other states." Also, a seventh option, to include "other cost saving measures" was added.

Dr. Butler moved the following motion:

**Motion:** The Alaska Health Care Commission formally recommends that a permanent health care commission be established in statute to address the need for health care reform in Alaska. This draft bill is endorsed by the Commission as a good public policy statement for the beginning of the legislative process to establish the commission in statute. \*

Mr. Campbell seconded the motion.

Ms. Erickson called a roll call vote, Dr. Butler, Mr. Campbell, Mr. Smith, and Mr. Stevens all voting "Yes." It was noted that Ms. Davidson, who could not participate in this teleconference, had indicated a yes vote over e-mail, and Dr. Stinson couldn't access the call due to technical difficulties and also indicated a yes vote over e-mail, but commission rules regarding voting procedures haven't been finalized and so it is unclear as to whether absentee votes officially count.

Ms. Cesar indicated that we can expect to see a bill with this same language introduced in the Senate. Mr. Pound suggested that, while the commission will not take a position on this bill, it would be helpful

if other organizations were to submit letters of support for sponsor packets to Sen. Olson and Rep. Keller.

Other discussion topics raised during the call:

- Even though the commission isn't taking positions on pending legislation, it would be helpful for the commissioners to be able to track legislation relating to various health care reform strategies. Ms. Erickson will update the legislative tracking sheet provided at the February meeting and circulate it next week.
- The Denali Commission met yesterday to make decisions regarding reallocation of funding for projects previously approved before the funding level was reduced. Should the Health Care Commission play some role in these types of decisions? Or should we at least track them? It was noted that part of the commission's charge is to serve as a health planning coordinating body, but that role needs to be further defined by the commission before it can be operationalized.

The meeting adjourned at 5:25 p.m.

**\*Background on the Motion** (provided via e-mail prior to the meeting)

The need for a plan to address health care cost, access and quality issues is greater than ever before. Health care expenditures in Alaska more than tripled between 1991 and 2005 from \$1.6 billion to \$5.3 billion. Costs are expected to double again, to over \$10 billion, by 2013. The Alaska economy cannot sustain this inflationary growth, and government (all levels – local, state, and fed) carries 64% of this cost burden between the cost for government health care programs and provision of health care insurance for government employees.\*

The two most recent groups to work on the issue of health care reform in Alaska, the Alaska Health Care Roundtable (2005) and the Alaska Health Care Strategies Planning Council (2007), both recommended that a permanent body be established to address the problem of health care reform. The problem 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.

*\* "Alaska's \$5 Billion Health Care Bill – Who's Paying?" UA Research summary No. 6, Institute of Social and Economic Research, University of Alaska, March 2006.*