

In The Matter Of:
Alaska Health Care Commission

AHCC
January 5, 2015

Accu-Type Depositions
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ALASKA HEALTH CARE COMMISSION
MONDAY, JANUARY 5, 2015
2:00 P.M.
FRONTIER BUILDING
3601 C STREET, SUITE 990
ANCHORAGE, ALASKA
PAGES 1 THROUGH 85

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1 MS. ERICKSON:Erickson with Alaska Health
2 Care Commission. And we're going to get started with
3 our meeting.

4 You know, it's -- it's going through both --
5 it.....

6 MS. HENDRICKSON: Computer?

7 MS. ERICKSON: Yeah, it's going through the
8 computer and the phone is the problem.

9 So bear with us for a minute while we work
10 out a couple of technical problems. I think you're
11 going to need to -- you to need to -- I think you need
12 to either -- I don't know how they turn it off, but
13 you either need to mute it or take off the audio
14 entirely.

15 MS. HENDRICKSON: My computer -- my thing was
16 moving.

17 MS. ERICKSON: Okay. So I'm going to do a roll
18 call of Health Care Commission members and see if we
19 can hear you all.

20 Are they all invited to be panelists?

21 MS. HENDRICKSON: I am at Susan right now. Let
22 me go back and find Dave in here.

23 MS. ERICKSON: I'm going to start at the top of
24 the.....

25 MS. HENDRICKSON: There he is.

1 MS. ERICKSON:start at the top of the list.
2 And if I haven't mentioned a Health Care Commission's
3 name by the time I get to the end and you're on, let
4 me know. And if we end up with other technical
5 problems, if you have access to e-mail, I'm going to
6 try to check my e-mail periodically on here, too, to
7 make sure if there's some way that you aren't able to
8 communicate with us and can let me know over e-mail.

9 MS. HENDRICKSON: Senator Coghill's on, too.

10 MS. ERICKSON: Very good. Okay. So is Lincoln
11 Bean on the call?

12 MS. HENDRICKSON: He couldn't tell you if he was.

13 MS. ERICKSON: Barb, I think you're going to need
14 to figure out how to mute your system or turn -- or
15 turn.....

16 MS. HENDRICKSON: It is muted.

17 MS. ERICKSON:turn off the audio through
18 your phone, through your computer.

19 MS. HENDRICKSON: Well.....

20 MS. ERICKSON: I think you need to turn off the
21 audio through your computer, because that's where the
22 feedback is. Maybe it's mine.

23 MS. HENDRICKSON: Because mine's muted. Did you
24 mute yours?

25 MS. ERICKSON: Okay. I'm supposed to be on just

1 telephone.

2 MS. HENDRICKSON: Uh-huh. That's what I'm on.

3 MS. ERICKSON: Okay.

4 MS. HENDRICKSON: I think maybe it's one of those
5 things where it's because you're feeding each other.

6 MS. ERICKSON: No, it's not, because it's picking
7 up my -- every time we -- we talk.

8 MS. HENDRICKSON: But you muted them? It's not
9 picking mine up.

10 Oops, mine is still not muted. Maybe we need
11 to turn that down. That's what.....

12 MS. ERICKSON: No, it's inter- -- stand by
13 everybody on the call until we work out our -- our
14 technical problems. I apologize for this.

15 MS. HENDRICKSON: That's Becky Hultberg I was
16 talking to. She's (indiscernible).

17 MS. ERICKSON: Yeah.

18 FEMALE SPEAKER: You don't have me on speaker
19 with all of you. (Indiscernible).

20 MS. ERICKSON: Yeah, I think -- I think we might
21 have to -- we maybe just need to hang up the phone and
22 try to do this through our computers, Barb.

23 MS. HENDRICKSON: Okay.

24 MS. ERICKSON: Because it's not allowing me to --
25 it says I'm on telephone but I'm obviously not.

1 MS. HENDRICKSON: But on your actual -- you muted
2 this? On your button up here? Up here? It won't
3 show on your screen because you're just muting your --
4 the actual laptop.

5 MS. ERICKSON: Okay.

6 MS. HENDRICKSON: So now try.

7 MS. ERICKSON: Okay.

8 Okay. So we're going to try again. I don't
9 think we're getting the feedback now. So I'm going to
10 start with Lincoln again. Lincoln, are you on the
11 call.

12 And we have Dr. Butler here in the room. I
13 don't know if you want to say "hi" and.....

14 CHAIR BUTLER: Good afternoon, everyone. I
15 apologize for the science fiction sound effects.

16 MS. ERICKSON: And Keith Campbell. Keith, are
17 you on the line?

18 Greg Loudon?

19 MS. HENDRICKSON: Uh-huh.

20 MEMBER LOUDON: Yes, I'm here.

21 CHAIR BUTLER: Is there any way we can --

22 MS. ERICKSON: Yeah, we can -- can you turn up
23 the volume on.

24 Thank you, Greg.

25 MEMBER LOUDON: Yeah.

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1 MS. ERICKSON: Emily Ennis?

2 MS. HENDRICKSON: Huh-uh.

3 MS. ERICKSON: Allen Hippler?

4 MEMBER HIPPLER: Present.

5 MS. ERICKSON: Becky Hultberg?

6 MS. HENDRICKSON: Turn it down, just a tad.

7 Becky was.

8 MS. ERICKSON: No. We need it turned up.

9 MS. HENDRICKSON: Getting all that static.

10 (indiscernible). Okay.

11 MS. ERICKSON: Becky, if you're on the line we're
12 not able to hear you.

13 MS. HENDRICKSON: She just doesn't -- let me --
14 try her now. Now ask her. She was muted. I don't
15 know why.

16 MS. ERICKSON: Becky, are you on the line? Well,
17 we know we had her a little bit ago so we'll try Becky
18 again in a minute.

19 David Morgan?

20 MEMBER MORGAN: Hopefully you can hear me.

21 MS. ERICKSON: We can hear you loud and clear,
22 Dave.

23 CHAIR BUTLER: Loud and clear, David. Thank
24 you.

25 MEMBER MORGAN: Great. I -- I don't even need a

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1 speaker. I could project (indiscernible).

2 MS. ERICKSON: Good job.

3 Dr. Stinson.

4 MS. HENDRICKSON: He's (indiscernible).

5 MS. ERICKSON: Larry Stinson?

6 MEMBER STINSON: Present.

7 MS. ERICKSON: Present?

8 And Dr. Urata.

9 MS. HENDRICKSON: Huh-uh.

10 MS. ERICKSON: Dr. Urata hasn't joined us.

11 And Susan Yeager.

12 MEMBER YEAGER: Yes, I'm here.

13 MS. ERICKSON: We have a quorum, Mr. Chair. Do
14 you want to go ahead and get started with.....

15 CHAIR BUTLER: Yes.

16 MS. ERICKSON:an introduction?

17 CHAIR BUTLER: Well, welcome everyone. My name
18 is Jay Butler. I spoke with you actually at the last
19 face-to-face meeting. It was beyond my imagination
20 that I would actually be chairing this committee
21 again. And I also just want to start out by
22 acknowledging Dr. Hurlburt's work over the past
23 several years. Ward has been a friend and colleague
24 over the years and continues to be a very valued
25 colleague as he assists me with the transition back

1 into the role of chief medical officer at the
2 Department of Health and Social Services.

3 A little bit -- I know not everybody was at
4 the meeting in October, so a little bit about my
5 background as way of introduction. My educational
6 background is I'm a physician, board certified in
7 general internal medicine, general pediatrics, and
8 infectious diseases. Have spent most of my career in
9 public health, although I generally sought every
10 opportunity to bridge the what sometimes is the
11 unfortunate gap between public health and clinical
12 services.

13 About 20 years ago I was in my dream job
14 working at the CDC in Atlanta with four months of
15 clinical time a year as an attending at the Decatur VA
16 Center. Had the opportunity to come to Alaska for,
17 quote, a couple of years. And a couple of years could
18 be a very long time when you're in Alaska. And it's
19 quickly become home and I have grandkids here. And so
20 I consider myself an Alaskan, though not one who was
21 born here.

22 The -- most recently I've been at Alaska
23 Native Tribal Health Consortium for the past five
24 years. And I'm very pleased to return to state
25 service in the role of chief medical officer. And so

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1 I would -- I look forward to working with you again.

2 Deb, you took a role call. Do we need to go
3 around and do introductions so every.....

4 MS. ERICKSON: Yeah, why don't we do that.

5 CHAIR BUTLER: For the committee members. I
6 believe there is a large audience that's unseen and
7 which does not have open lines today.

8 MS. HENDRICKSON: Are you showing your screen?

9 MS. ERICKSON: Uh-huh.

10 MS. HENDRICKSON: It should be.

11 MEMBER CAMPBELL: Deb?

12 MS. ERICKSON: Yes.

13 MEMBER CAMPBELL: Keith Campbell. I just
14 overcame some technical difficulties with our --
15 couldn't get on online, but I'm on a telephone and
16 just got on. Thank you.

17 MS. ERICKSON: Thank you, Keith.

18 CHAIR BUTLER: Welcome, Keith.

19 MEMBER CAMPBELL: Thank you.

20 MS. ERICKSON: And, Becky, was that you?

21 MEMBER HULTBERG: Deb -- Deb, can you hear me
22 now? I was on the phone and you weren't hearing me,
23 so hopefully you can hear me through the computer.

24 MS. ERICKSON: We're hearing you really well now
25 through the computer. Thank you, Becky.

1 So we'll start at the top of the list. I
2 just have a list here of everybody in alphabetical
3 order. And I want to check and see if Lincoln has
4 been able to join us yet. No Lincoln is online yet.
5 But we did establish that we have a quorum now of
6 voting members, and Dr. Butler just introduced
7 himself.

8 Keith, do you want to go next?

9 MEMBER CAMPBELL: Keith Campbell. I am the
10 consumer representative from -- for the Commission.
11 And that's the hat I wear at this point. Other than
12 that, over a long period here I've worn many hats in
13 the healthcare field and general government.

14 MS. ERICKSON: And thanks, Keith.

15 Greg.

16 MEMBER LOUDON: Yeah. Greg Loudon. I'm a
17 principal with Parker, Smith & Feek, an insurance
18 brokerage in Anchorage. I was born and raised in
19 Alaska. I'm representing the insurance industry on
20 the Commission. I've been active in health care,
21 especially with large self-insured plans, since '96
22 here in Alaska.

23 MS. ERICKSON: Thanks, Greg.

24 Emily, have you been able to join us? No
25 Emily.

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1 Okay. Allen.

2 MEMBER HIPPLER: This is Allen Hippler. I'm the
3 representative of the statewide Chamber of Commerce on
4 the Commission.

5 MS. ERICKSON: Thank you, Allen.

6 Becky.

7 MEMBER HULTBERG: Good afternoon. Becky Hultberg
8 sitting in the ASHNHA seat, and I'm wearing -- wearing
9 the hospital association hat, as many of us in Alaska
10 have worn different hats in the past, but happy to be
11 serving on this Commission representing ASHNHA.

12 MS. ERICKSON: Very good.

13 Dave.

14 MEMBER MORGAN: Yeah, Dave Morgan, 30 years in
15 Alaska health care finance. I fill the rep seat for
16 community government.

17 MS. ERICKSON: Hello.

18 MEMBER MORGAN: Can you hear me?

19 CHAIR BUTLER: Yeah. Thank you, David.

20 MEMBER MORGAN: Okay.

21 CHAIR BUTLER: Larry, are you on?

22 MEMBER STINSON: Yeah, I'm here.

23 CHAIR BUTLER: Oh, hi.

24 MEMBER STINSON: Larry Stinson. Hi, Jay.

25 Graduate of the University of Alaska, graduate of the

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1 WWAMI program. Physician. Practiced in different
2 parts of the state for the last several years. And
3 representing healthcare providers.

4 CHAIR BUTLER: Very good. And Larry is also one
5 of the original members of this Commission.

6 And I think Deb has stepped out to help
7 Dr. Urata get connected.

8 And, Susan Yeager, are you on?

9 MEMBER YEAGER: I am. Can you hear me all right?

10 CHAIR BUTLER: Yes.

11 MEMBER YEAGER: Okay. Welcome, Dr. Butler. And
12 my name is Susan Yeager. I'm the director of the
13 Alaska VA Healthcare System. Fairly new member. Been
14 in the federal government for 35 years, plus. Mostly
15 with the VA, a little bit with DOD and Indian Health
16 Service. And I represent the federal sector for the
17 Commission.

18 CHAIR BUTLER: Okay. Very good. Thank you.

19 Jim Puckett.

20 MR. PUCKETT: Good afternoon. And welcome,
21 Dr. Butler. This is Jim Puckett. And I represent the
22 Office of the Governor.

23 CHAIR BUTLER: Very good. Thanks, Jim.

24 Senator Coghill, are you on?

25 SENATOR COGHILL: Yes. Good afternoon,

1 everybody. Senator Coghill. I get to be the
2 legislative seat, a nonvoting member, but greatly
3 appreciate the input and listening in.

4 CHAIR BUTLER: All right. Well, thank you very
5 much.

6 MS. ERICKSON: And we do have Dr. Urata trying to
7 call in. He hasn't been able to connect. He's
8 traveling right now and he hasn't been able to connect
9 to the webinar. And -- and so I gave him the line
10 that we tied into here. Hopefully he's going to be
11 able to use that and connect with us.

12 So I'll just check. Dr. Urata, are you on
13 the phone now?

14 MEMBER URATA: Hello?

15 MS. ERICKSON: Yeah.

16 CHAIR BUTLER: Bob.

17 MS. ERICKSON: Hi, Bob, is that you?

18 MEMBER URATA: Yes, this is me.

19 MS. ERICKSON: Oh, wonderful. I'm glad that
20 worked. Welcome. We just went around the room and
21 did introductions. Do you want to introduce yourself?

22 MEMBER URATA: I'm Bob Urata. I'm a family
23 physician from Juneau, Alaska, and representing
24 primary care.

25 MS. ERICKSON: Thank you very much.

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1 CHAIR BUTLER: Thank you, Bob.

2 I believe everybody received an agenda in
3 advance. This is somewhat of an abbreviated meeting.
4 After some updates we will discuss the 2014 report,
5 which is due by end of next week, I believe.

6 MS. ERICKSON: January 15th.

7 CHAIR BUTLER: January 15th. So learning the
8 rhythm again. And we will go through some of the
9 major items on that one at a time, and then we'll end
10 with some next steps and a wrap-up.

11 In terms of updates since we last met, as I
12 think everyone's aware, there's been a change of
13 administration in Juneau. Valerie Davidson has been
14 appointed the Commissioner of Health and Social
15 Services. There have been other changes in the
16 leadership group. The deputy commissioners are Jon
17 Sherwood, taking on the role of Deputy Commissioner
18 for Medicaid and Health Care Policy. Ree Sailors
19 is -- continues to be the Deputy Commissioner for
20 Family Community and Integrated Services. And the
21 Chief Medical Officer is myself, with that role
22 combined with the role of Director for Public Health.

23 Probably one of the updates that is of
24 greatest interest to this group is the Medicaid Reform
25 Advisory Group. Commissioner Davidson is committed to

1 completing the work that was launched by this group,
2 affectionately known as the MRAG. And Jon Sherwood
3 has agreed to chair that group as it completes its
4 work and ultimately has a more complete evaluation and
5 report to give to this Commission. So we will be
6 watching those developments with keen interest.

7 Deb, additional updates that you would want
8 to add.

9 MS. ERICKSON: Well, I think I wanted to
10 particularly point out to folks on the Commission who
11 are used to periodically hearing from and having some
12 of the -- some -- you know, certain state officials at
13 the table. And Dr. Butler covered some of the primary
14 folks. And just for those of you who don't understand
15 the organizational structure of our department quite
16 as well. Jon Sherwood is now in the position that
17 Craig Christianson formerly held. Craig had left the
18 department a few months before the transition. But
19 Jon will be a key person who I expect we'll interact
20 with on a regular basis going into the future, since
21 he's the Deputy Commissioner for Medicaid and Health
22 Care Policy. And Jon has been with the Department of
23 Health and Social Services for 25 years now and
24 probably knows more about Medicaid policy, and also
25 operational issues related to the eligibility system

1 probably more than just about anybody else in the
2 state.

3 There -- but beyond the chief medical
4 officer/public health director, I think I might have
5 explained to you all over -- over e-mail that
6 Commissioner Davidson, when she decided to make some
7 of the top-level changes, she combined the departments
8 Chief Medical Officer position with the Public Health
9 Director and consolidated there. So where we had two
10 folks previously in those two positions, Kerre Fisher
11 and Dr. Hurlburt, now Dr. Butler's carrying the water
12 for both of those roles.

13 And then the one other person who would come
14 from our department to periodically update you all
15 usually with Commissioner Stewart was Josh Applebee.
16 And the new person in Josh's former position is
17 Monique Martin. And so I expect, unless legislative
18 hearings and other things get in the way, that we'll
19 have Commissioner Davidson and Jon and Monique at, at
20 least some part, if not many parts of our next
21 Commission meeting in Juneau later in February is
22 looking how -- like how that's -- the timing is going
23 to shape up for that. And we'll talk about that at
24 the end of the meeting.

25 Some of the other folks that you had

1 interacted with periodically, division directors for
2 Health Care Services, Margaret Brodie; behavioral
3 health, Albert Wall; and Duane Mayes with senior
4 disability services, Commissioner Davidson has kept
5 them all on. And so those -- those faces haven't
6 changed.

7 And then at this point in the transition
8 Governor Walker has appointed, again pending
9 legislative confirmation, nine of his 14
10 commissioners. Four are in acting status still, or
11 five are in acting status still. But there were three
12 other departments that we would interact with, again
13 periodically, and I just wanted to mention those.
14 Department of Administration, one of our more recent
15 meetings, Mike Barnhill as the Deputy Commissioner
16 for -- responsible for the benefit system is no longer
17 with the Department of Administration, and they have a
18 brand-new commissioner, Sheldon Fisher. So we'll be
19 in touch, and especially through Jim, to see how those
20 organizational changes go in the Department of
21 Administration and make sure we don't lose that
22 contact.

23 The Labor and Workforce Development has a new
24 commissioner, Heidi Drygas. And I'm not sure if that
25 will impact the division director there who we would

1 work with regularly, Mike Monagle with the Division of
2 Workers' Comp, but Mike is still with the workers'
3 comp division. And then the one other is the director
4 of the Division of Insurance, Lori Wing-Heier. And
5 right now she -- her division, Division of Insurance,
6 is in Commerce, Community & Economic Development.
7 They still have an acting commissioner, so we're not
8 certain yet how transition changes will impact that
9 division, but -- but we're keeping in touch with folks
10 and we'll -- we'll let you know and make sure that as
11 any new faces show up they understand that they're
12 invited to participate in our meetings, and we'll be
13 communicating, especially related to recommendations
14 we've made in the past and how we've worked together
15 in the past, to them.

16 So I just -- and as far as the Medicaid
17 Reform Advisory Group goes, and Dr. Butler just
18 mentioned that Commissioner Davidson's committed to
19 allowing that work to -- that group to finish up their
20 report. And we don't have the details of exactly what
21 that will look like yet, but they had their most
22 recent meeting on October 29th. And their report had
23 been due to Governor Parnell on November 15th, but
24 they were trying to allow a little more time for
25 public comment and so weren't able to finish their

1 report prior to December 1st, but we will see shortly
2 how that gets wrapped up.

3 Does anybody have any questions before we
4 move on on our agenda, either about the gubernatorial
5 transition or the Medicaid Reform Advisory Group?

6 CHAIR BUTLER: Hearing none.

7 MS. ERICKSON: Hearing none, should we move
8 along? I hope you all had a chance to review the
9 public comments. I had sent a summary along with the
10 full body of the comments out to -- over a month ago
11 now. They're posted online, if you don't have them
12 handy, on our meeting website. But our plan, and for
13 those of you who are continuing to have -- there we
14 go.

15 I just want to go over real quickly how I'd
16 like to kind of move through the various sections of
17 our report and the public comments. In the summary of
18 public comments, I did the best job I could trying to
19 summarize and paraphrase the comments that were made
20 so you had it in a little bit of a summary form, but
21 with the understanding that you still would read the
22 full bodies of the comments. And I have further
23 summarized, just to facilitate our review here, those
24 comments. And I organized them around the four major
25 areas where we -- that we're going to be discussing

1 and finalizing for our 2014 report.

2 And so for each of these areas I wanted to
3 take them -- take each of the four areas one at a
4 time, go quickly through the public comments, see if
5 you have anything that you think I missed in my
6 summary that's important to note, any particular
7 comment you want to make in relation to the public
8 comments, then see if you would like to make any
9 additional suggested changes to our document, and
10 we'll work through that process. And at the end, for
11 each of these four separately, we'll entertain motions
12 and vote to approve for inclusion in our 2014 report.

13 So does anybody have any questions just about
14 our general process before we move on?

15 One more just kind of meeting logistical
16 point that I wanted to make sure I mentioned was that
17 whenever you have something you want to contribute to
18 the conversation, we do have a stenographer here in
19 the room with us in Anchorage right now, so we'll have
20 transcripts, but -- and for Dr. Butler's assistance,
21 too, since he hasn't had a chance to get to know all
22 of you, and also for the stenographer, if you could
23 just state your name before you launch into your
24 question or your comments, that would be helpful.

25 We received comments on three of the four

1 areas we solicited comments on. On our fraud and
2 abuse findings and recommendations, the 2015
3 priorities and activities, and our all-payer claims
4 database legislation brief. We didn't receive any
5 specific comments on the health benefit
6 recommendations paper.

7 And I thought I would start with just some of
8 the general comments that weren't particular to any of
9 those four areas, and so I identified a few, but just
10 from a couple of the commenters. The Mental Health
11 Board and Advisory Board on Alcohol and Drug Abuse had
12 mentioned an appreciation that we're including
13 behavioral health. I assume that was maybe a comment
14 reflecting on our agenda this past year.

15 And then we had the head of an audiology
16 practice who had made a suggestion that it could be a
17 little bit difficult to achieve the -- what some refer
18 to as the triple aim and are noting the challenge of
19 trying to address improved access and quality and
20 affordability all at the same time. And also
21 suggested that -- that providers really do subscribe
22 to evidence-based practice and encouraging the
23 Commission to make sure we're using evidence-based
24 practice in considering health care reform strategies.

25 Did anybody else note any general comments

1 before we get into the -- the fraud and abuse finding
2 and recommendation comments specifically?

3 Okay. I'm again just going to quickly
4 summarize the comments that we received pertaining
5 specifically to fraud and abuse findings and
6 recommendations. There were a couple of points. We
7 had a letter from the Association on Developmental
8 Disabilities. A couple of points that they had
9 concerns about. They did support the recommendation
10 that benefit statements for Medicaid patients,
11 explanation of benefits be provided to Medicaid
12 beneficiaries when they receive services, but they
13 expressed concerns about enrollment of all rendering
14 provider types and also the plans to pilot electronic
15 verification of PCA and waiver services.

16 We had positive feedback, particularly on the
17 points that will streamline in some ways or attempt to
18 ease the burden a little bit on the provider side from
19 the State Hospital and Nursing Home Association. We
20 had a private individual who had expressed a strong
21 opposition to creation of a prescription drug control
22 program and a couple of points specific to creation of
23 that program. In particular, concerns expressed about
24 privacy and confidentiality and interference with
25 doctor-patient relationships, I think were the basis

1 of his explanations for his opposition.

2 And then finally a commenter who noted that
3 requiring some provider types might be particular --
4 to be bonded would be particularly helpful, and also
5 looking for and auditing unusual use patterns, but
6 questioned whether providing explanation of benefits
7 to Medicaid patients would be very helpful.

8 So that in a quick summary was what I had
9 pulled out of our comments. Does anybody have
10 anything else to add that you read from the comments
11 or anything in particular related to these comments
12 that you would want to discuss with the group?

13 MEMBER CAMPBELL: This is Keith. I -- going back
14 to the -- we kind of skipped over the opioid uses.
15 And there was some concern there that Big Brother was
16 looking over somebody's shoulder, particularly if they
17 paid cash for -- for their prescriptions and things
18 like that. And I don't know how serious to take
19 comments like that, because I have no feel for how
20 many people do pay cash for prescriptions.

21 Anybody else have a feel for that? One of
22 the doctors, for instance? I don't know.

23 MEMBER URATA: I thought this was brought up by
24 the people who reported this from the Department of
25 Law, that there were some issue with people who paid

1 cash were doing so to avoid identification of who they
2 were or something. Do I remember that correctly or am
3 I mistaken?

4 MS. ERICKSON: Yeah. No, Dr. Urata, that was --
5 that's correct. And it was also Margaret Brodie, the
6 director of the Division of Health Care Services, who
7 had mentioned that they -- that conducting these
8 investigations would help them to identify folks
9 particularly who might be using the opportunity to pay
10 cash for subscription -- prescriptions to avoid
11 detection if they're misusing the system in some way.

12 MEMBER URATA: So paranoia is alive and well.

13 MS. ERICKSON: Yes.

14 MEMBER MORGAN: Barb, this is Dave. I hope you
15 can hear me.

16 MS. HENDRICKSON: Yeah, I got you.

17 MS. ERICKSON: We can hear you, Dave.

18 MEMBER MORGAN: Okay. This doesn't necessarily
19 pertain necessarily to any detailed comments, but I
20 did attend the medical board meeting, their last
21 meeting, before Christmas, and two things have popped
22 up. The first one was some -- the opiates problem was
23 brought up by one of their members. And during the
24 break I shared with their executive director that we
25 had some recommendations and were -- hopefully that

1 she had -- they had been forwarded to her. And
2 basically the chairman of the board and the executive
3 director had no idea that we had done some of that
4 stuff. And I suggested she should call you or at that
5 time the previous chair and have a copy forwarded. I
6 left her mine.

7 And second, under the telemedicine, House
8 Bill 281 has created some dislocation especially in
9 telepsychiatry in the pediatrics area. Several of the
10 rural healthcare corporations basically contract that
11 activity through telemedicine due to primary care and
12 control the medications via their primary care
13 physicians, like in their Indian health clinic or in
14 their community health center.

15 And I think maybe it would be helpful if the
16 chair and yourself or someone maybe meet. On the
17 House Bill 281 there was pretty much agreement, in
18 fact they passed a resolution saying, Hey, we're not
19 going to -- that -- the bill doesn't get into that,
20 but there was some confusion with the contracted
21 providers. But on the opiates, somebody if -- maybe
22 it's already happened, but I think you guys should go
23 over and talk to them, show them what we've done.
24 Larry's stuff when he was on the board came up, but it
25 was almost like, What are you talking about, Dave,

1 kind of stuff. Is this making any sense to you at
2 all?

3 MS. ERICKSON: A little bit. They have actually
4 taken up some of our earlier recommendations and voted
5 against them. And we were planning on trying to
6 engage them more actively when we moved into our
7 facilitation role here in the coming months now.

8 MEMBER MORGAN: Right.

9 MS. ERICKSON: So -- so, but it's helpful. I
10 think we.....

11 MEMBER MORGAN: What I got was what he's talking
12 about, so I didn't know that they had.....

13 MS. ERICKSON: Yeah.

14 MEMBER MORGAN:maybe that was
15 (indiscernible).

16 MS. ERICKSON: Maybe -- yeah, maybe it was an
17 earlier chair.

18 MEMBER MORGAN: Okay.

19 MS. ERICKSON: But we definitely will be in touch
20 with them. Thanks for sitting in and sharing that,
21 Dave.

22 MEMBER MORGAN: Okay.

23 MS. ERICKSON: So any other comments about the
24 comments on the fraud and abuse findings and
25 recommendations?

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1 MS. HENDRICKSON: Well, I don't know, like Gary
2 Newman said he had submitted comments on the draft
3 plan on 11/18 to you and he don't see -- he doesn't
4 see those comments in the attachments and he's re-sent
5 them to you now.

6 MS. ERICKSON: Gary?

7 MS. HENDRICKSON: I just said I would alert you
8 to that. So he re-sent them.

9 MS. ERICKSON: I don't think we have time to
10 address that.

11 MS. HENDRICKSON: I'm going to step out and call
12 Lincoln's secretary, because he's trying to get
13 online.

14 CHAIR BUTLER: Okay.

15 MS. ERICKSON: Okay.

16 CHAIR BUTLER: Thank you.

17 MS. HENDRICKSON: So we'll have one more
18 panelist.

19 MS. ERICKSON: Thank you, Barb.

20 MS. HENDRICKSON: Uh-huh.

21 MS. ERICKSON: So I'm going to move on to the
22 findings and recommendations. There -- hoping you all
23 had a chance to take a look at Version 2 of our draft.
24 And I highlighted proposed changes that I had compiled
25 so far.

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1 MEMBER HIPPLER: Deborah, can you hear me?

2 MS. ERICKSON: Hello?

3 MEMBER HIPPLER: Hello. Deborah, this is Allen
4 Hippler. Can you hear me?

5 MS. ERICKSON: Yes. I can hear you now, Allen.

6 MEMBER HIPPLER: Oh, okay. Great. So I'm sorry,
7 I was having technical difficulties and couldn't chime
8 in when you said, "Is there any other comments on the
9 comments?"

10 MS. ERICKSON: Oh. Go ahead.

11 MEMBER HIPPLER: So I believe we had discussed
12 the letter that was Mr. Seth's (ph) letter talking
13 about cash purchases for opiates or opioids. And his
14 letter brought up a lot of questions for me. And I
15 understand that sometimes -- sometimes libertarians
16 can be perceived perhaps as, you know, we're paranoid
17 or, you know, we wear the tinfoil hats. But
18 nevertheless, I am concerned about some of the things
19 he brings up. And I -- I guess I need a little
20 education real quick on this cash issue, you buy with
21 cash.

22 First of all, are we talking about cash or
23 are we talking about noninsured transactions? Like,
24 if I -- if I use a credit card to buy an opioid and I
25 have a valid prescription, is that considered a cash

1 purchase?

2 MS. ERICKSON: No. I don't think so. And this
3 would only pertain to Medicaid beneficiaries, patients
4 who were on Medicaid.

5 MEMBER HIPPLER: So if I have two prescriptions
6 and one of them is covered by Medicaid, but for
7 whatever reason the other one either I don't want
8 Medicaid to pay for it or it won't pay for it if I
9 want to pay for it in cash, if I have two
10 prescriptions and one of them is covered by Medicaid
11 and the other is not, you want to investigate me?

12 MS. ERICKSON: I don't think that's the concern.
13 I think the concern is having multiple prescriptions
14 for potentially the same medication from multiple
15 providers, potentially, and paying for one of those
16 with cash so it can't be identified through other
17 regular methods of being able to check reimbursements
18 for -- through the reimbursement system for claims
19 that are paid for by Medicaid.

20 MEMBER HIPPLER: So I thought we had a database
21 in existence that although it wasn't up to the minute
22 up to date, like if I got 20 opioid prescriptions
23 today it would be flagged somewhere, is that correct,
24 or no?

25 MS. ERICKSON: You know, I don't -- we're

1 getting.....

2 UNIDENTIFIED SPEAKER: It would be flagged.....

3 MEMBER STINSON:database two weeks old.

4 MS. ERICKSON: Go ahead, Dr. Stinson.

5 MEMBER STINSON:database two weeks old.

6 MS. ERICKSON: Yeah.

7 MEMBER STINSON: So you have two weeks of being
8 able to fill opioid prescriptions before the database
9 would catch up.

10 MEMBER HIPPLER: Okay. I'm fine with that. I
11 would rather suffer the consequences of potentially
12 for a short period of time not knowing that people
13 have multiple prescriptions as opposed to every time
14 anybody buys an opioid without -- who's a Medicaid
15 beneficiary they're under suspicion.

16 MS. ERICKSON: So, Allen, are you -- would you
17 like to propose an amendment to delete that
18 recommendation?

19 MEMBER HIPPLER: I would. I thought we were in
20 the comment phase, but -- and I don't know when we get
21 to the review of our actual recommendations phase.
22 My -- my thought was we're discussing the comments as
23 kind of an open discussion now, and that's why we're
24 having this discussion.

25 MS. ERICKSON: Okay.

1 MEMBER HIPPLER: I could be wrong. I don't know
2 how we're structured. I assumed that at a later point
3 we would say, okay, let's go over the recommendations,
4 are there any.....

5 MS. ERICKSON: Well, yeah, I had just started
6 going over the proposed changes. So but I guess
7 that's why you had been unable to speak up and answer
8 right away when I asked again if there were more
9 comments on the comments.

10 MEMBER HIPPLER: Okay. Then there was -- there
11 was another comment that was made by one of the
12 commissioners. And it was also a comment on opioids.
13 And the comment was basically that he hoped that
14 there's an understanding that there wouldn't be
15 regulation of -- or there wouldn't be regulation of
16 opioids for people in hospice care approaching the end
17 of their life.

18 And I was wondering if we could get a little
19 clarification on that. That was Mr. Urata's comment.
20 I don't see him online.

21 MS. ERICKSON: Yeah, he -- he is on the phone.

22 MEMBER URATA: Yeah, I'm on the phone. I'm on
23 the phone and I can hear everything, but I can't see
24 anything. But I guess that's okay.

25 So basically for hospice patients who are

1 dying, many times they have pain when they die. And
2 so there should not be limitations on this towards
3 them getting pain medications. In addition to that,
4 hospice nurses usually keep track of the opioid usage
5 and actually count pills and things of that sort so
6 that it does not appear that they're selling it on the
7 streets or anything of that sort, and are presumably
8 using it. So there's -- usually they keep track to
9 make sure there's no diversion of the opioid use.

10 Does that help answer your question on why
11 hospice patients should not have come under this rule?

12 MEMBER HIPPLER: Through the Chairman, may I --
13 may I answer? This is Allen.

14 CHAIR BUTLER: Please.

15 MEMBER HIPPLER: Okay. So thank you for speaking
16 up, Dr. Urata. I guess your question was
17 concerning -- your question was concerning maybe
18 because I'm not sure what the -- what the rule that
19 you're talking about is. The implication was that
20 there was some control. I had thought that the only
21 recommendation that this body was going to make was
22 essentially that there are guidelines for
23 prescription; that we monitor a database for people
24 getting prescriptions; and that if the government, be
25 it Medicaid or whatever state-funded government is

1 reimbursing for these medicines, that it will not
2 reimburse beyond a certain guideline.

3 So I'm wondering, are you suggesting that for
4 hospice care we do reimburse beyond the guidelines as
5 called for? And if that's the case, I would wonder
6 what other exceptions we should have. What if I'm
7 really, really hurt or I'm really, really in a lot of
8 pain temporarily and I feel like I need lots and lots
9 of opium right now?

10 MEMBER URATA: So through the Chair, this is
11 Dr. Urata again. Some of the hospice patients,
12 particularly those with cancer in the bones, require a
13 lot of opioids to control their pain, and therefore
14 would raise eyebrows among the DEA and those who
15 scrutinize people for drug abuse. Over.

16 CHAIR BUTLER: Yeah. And I think that's a good
17 point, Bob. Deb's going to review the recommendation
18 we have to see if that helps.

19 MS. ERICKSON: Yeah. Because I think, Allen,
20 I'm -- if I'm remembering correctly, without going
21 back and checking, I'm remembering Dr. Urata's comment
22 coming up in the context of our proposed facilitation
23 activities for when we work on facilitating some
24 meetings and conversations about development of an
25 opioid control program and when we're discussing the

1 development, potential development if the boards are
2 interested in going that way, on prescribing
3 guidelines. So it was specific to that planned
4 activity for the future. It wasn't related to the
5 fraud and abuse recommendation that relates to the --
6 it's more general, it just relates to creation of a
7 robust prescription drug control program.

8 Does that make sense? Allen?

9 MEMBER HIPPLER: Yes. Yes, ma'am. Thank you for
10 that clarification.

11 MS. ERICKSON: You're welcome.

12 MEMBER STINSON: Through the Chair, could I make
13 a comment? This is Larry.

14 CHAIR BUTLER: Please.

15 MS. ERICKSON: Yeah.

16 MEMBER STINSON: On -- when other states that
17 have these programs, when they're instituted they
18 typically waiver hospice care, and then things like ER
19 care, inpatient care do not fall under any of these
20 guidelines, so inpatient care is separate from
21 outpatient care. So the concern about somebody being
22 really, really hurt would be outside the parameters of
23 this type of a program.

24 CHAIR BUTLER: Right.

25 MS. ERICKSON: Yeah. Thanks. And I did just

1 find, it's on page 16 of our draft. I had included,
2 after we heard Dr. Urata's comment on the point where
3 we mention that we might facilitate the identification
4 of prescribing guidelines, included in our draft right
5 now is, in parens, an exemption for hospice patients.
6 So we had already addressed Dr. Urata's concern about
7 the hospice patients in our draft.

8 Any other.....

9 MEMBER HIPPLER: Deborah, I don't see that in
10 the -- can you tell me what page of our -- our draft
11 that we had, I think you did it in October, could you
12 tell me what page that is on where it mentions hospice
13 care?

14 MS. ERICKSON: Page 16. And it's the page number
15 at the bottom of the page. It's not the page number
16 of the PDF if you're looking at it online.

17 UNIDENTIFIED SPEAKER: Page 4.

18 MEMBER URATA: It's under potential commission
19 facilitation activities for policy recommendations,
20 Roman numeral 7.6 under paragraph A, item No. 4, Roman
21 numeral 4.

22 CHAIR BUTLER: Correct.

23 MEMBER URATA: In the upper part of the page.

24 MS. ERICKSON: Right.

25 Are you finding that okay, Allen?

1 MEMBER HIPPLER: I did find that. Thank you.

2 MS. ERICKSON: More comments or discussion on the
3 comments received for the fraud and abuse findings and
4 recommendations?

5 MEMBER HIPPLER: Yes. This is Allen Hippler
6 again. There was a comment, I can't remember who the
7 commenter was, but he -- one of the comments that he
8 made is it was something like stop portraying -- stop
9 portraying providers as greedy, something like that.

10 MS. ERICKSON: Right.

11 MEMBER HIPPLER: And I -- that comment struck me
12 as -- I don't think we do this, but it is one of our
13 missions, our prime mission, is to reduce the cost of
14 health care and naturally one of the things you do is
15 you say, well, why are providers charging so much,
16 which certainly does lead one down the road of they're
17 greedy.

18 So I -- I wanted to highlight that comment
19 and see if anybody had any comments on that. I don't
20 really think that we do that unfairly, anyway. I
21 think there are some -- some issues in the state
22 where particularly with reimbursements through
23 insurance for very specialized programs since we do
24 see the market behaving oddly, but I don't know if we
25 get in the habit of calling providers greedy.

1 Are there any comments on that?

2 CHAIR BUTLER: I heard a chuckle, but other than
3 that I heard no comments.

4 MEMBER CAMPBELL: If you open your mouth, you're
5 going to be in trouble.

6 MS. ERICKSON: That's right.

7 Other.....

8 MEMBER MORGAN: Yeah. This is Dave. I think
9 probably every profession, whether it's police or
10 legislators or health care providers, there's always
11 that 1 or 2 percent that muddy up everybody, and I
12 think that's probably what's going on here. But
13 they're no -- you know, they're no different than any
14 other profession. 99 percent, 98 percent are honest,
15 decent, trying to do the right thing. There is always
16 a couple of percentage points of individuals that are
17 dishonest and try to do bad things, and -- but that --
18 you know, it's human nature. We're dealing with
19 humans here, not demigods. So I think that's what
20 that's about.

21 MS. ERICKSON: Yeah. And we had discussed, I
22 think, a number of times that this -- it's not that
23 this was a pervasive problem and we didn't even really
24 see the work we did to study fraud and abuse this year
25 as really being about health care reform but being

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1 more about just making sure the state has sound
2 business practices in place. So it really wasn't
3 about targeting or accusing providers in any way, it
4 was more about state programs making sure their
5 business practices were sound.

6 UNIDENTIFIED SPEAKER: Well, it sounds to me like
7 we did sensitize some people with the cost study
8 between the northwest states and the provider pricing
9 here in the state, so I guess that's to be expected.

10 MS. ERICKSON: Right.

11 CHAIR BUTLER: Yeah, I think that's correct.

12 MEMBER URATA: Yeah, the Milliman report, you
13 know, clearly documented the higher cost of some
14 people when compared to down south. Up to 180 percent
15 higher in charges.

16 UNIDENTIFIED MEMBER: Right.

17 MEMBER URATA: And I don't know if that defines
18 greed or not, but it does define the fact that it's
19 expensive in Alaska.

20 CHAIR BUTLER: Yeah.

21 MEMBER YEAGER: This is Susan. I think.....

22 MS. ERICKSON: Other comments? Go ahead.

23 MEMBER YEAGER: This is Susan Yeager. I think
24 that issue had come up when we had that presentation
25 of the folks working in the private sector trying to

1 get health insurance, pay for health insurance for
2 their employees and brought up the idea of the medical
3 tourism, because it is saying we're the most expensive
4 health care in the world. I heard that.

5 MS. ERICKSON: Right.

6 MEMBER YEAGER: And so -- and that comes down to
7 a lot of the fees that are charged for health care up
8 here. So that's -- I recall that from a face-to-face
9 with some of the small business people in -- in the
10 area, Anchorage area anyway.

11 MEMBER URATA: I don't think that anyone on the
12 commission used the word greed.

13 CHAIR BUTLER: Yeah.

14 MS. ERICKSON: No. Yeah, I don't recall a
15 separate (indiscernible).

16 MEMBER URATA: I think we basically say that.
17 But certainly someone could have come up with that
18 after looking at the data that we presented.

19 MS. ERICKSON: Right.

20 CHAIR BUTLER: I think it's fair to say that the
21 intention was not to accuse anyone of being greedy.
22 You know, if there's -- if offense was taken, it was
23 certainly not intended and we can move on.

24 MS. ERICKSON: Right.

25 CHAIR BUTLER: Hopefully.

1 MS. ERICKSON: Yeah.

2 Other comments or discussion?

3 MEMBER HULTBERG: This is Becky. I'll just add
4 to that. I think -- I've never heard the word greed
5 mentioned either. But I think one of the things I am
6 hopeful that we can do is rather than continuing to
7 highlight the perceived problem is to look at -- look
8 at structural elements of our system and focus on --
9 focus on that. Most of our providers are going to act
10 in a -- in a way that is rational. And so we can
11 either take the approach of trying to, for lack of a
12 better term, beat them over the head or highlight the
13 pricing discrepancy or we can look deeper at the why.

14 And so I would just encourage us to think --
15 to use it -- think from a systems standpoint as we're
16 talking about these issues and try to look at more the
17 structural issues, what are we paying for and why.
18 And I know you've done that, I'm not saying we
19 haven't, but I think that's the other side to the
20 comment about -- the comment about greed goes to
21 highlighting pricing, things like that, which
22 certainly have their place, but I'm hoping we can
23 focus more on the structural systems element.

24 MS. ERICKSON: Right.

25 CHAIR BUTLER: Yeah.

1 MS. ERICKSON: Good.

2 MEMBER YEAGER: Well, this is Susan again, too, I
3 think that part of that discussion was about as a
4 system approach was regarding transparency.

5 CHAIR BUTLER: Yeah.

6 MEMBER YEAGER: That transparency of charges
7 would cause some -- could potentially have an impact
8 on the system.

9 MS. ERICKSON: Good. Thank you.

10 MEMBER URATA: And I would agree with that, but I
11 also would add that if transparency of costs are
12 listed, there should be some transparency in quality
13 and we have to define what quality means in that
14 setting.

15 (Whispered conversation)

16 MEMBER URATA: Can we move on?

17 MS. ERICKSON: Yes. I think maybe just see if
18 folks have changes.

19 CHAIR BUTLER: Yeah.

20 MS. ERICKSON: Dr. Butler and I are just
21 consulting on our -- next step on our agenda here.

22 So we probably should go ahead and move into,
23 and that was a good discussion on a number of points,
24 but I think we're ready to move into the actual
25 finding and recommendation statements to see if any of

1 you have additional proposed changes. And I had
2 actually proposed a couple of changes in Version 2
3 that were just a couple of points to clean up.

4 CHAIR BUTLER: And, Deb, these were in the
5 version that you sent by e-mail and are highlighted
6 with the magenta background?

7 MS. ERICKSON: That's correct.

8 CHAIR BUTLER: Okay. If you have a color
9 printer.

10 MS. ERICKSON: If you have it in front of you,
11 right.

12 CHAIR BUTLER: If it's gray.

13 MEMBER LOUDON: Is this the purple color?

14 MS. ERICKSON: Yes. Or pink. It depends on
15 what.....

16 MEMBER LOUDON: Hello?

17 MS. ERICKSON: Yes. Depends on your.....

18 CHAIR BUTLER: That's it.

19 MS. ERICKSON:your printer or your screen,
20 how it shows up. But, you know, we had made a note.
21 I'm just looking at finding No. 6 now. We had
22 noticed -- noted a recent change in practice by the
23 Medicaid RAC contractor and referred to it as recent,
24 and I thought we should make that a lit bit more of an
25 evergreen statement and took out the word "recently"

1 and inserted "during 2014."

2 And then I thought we should not just use the
3 abbreviation for DRGs. I inserted what DRG stands for
4 for folks who might not know. And then just did a
5 little bit of grammatical clean up under finding
6 No. 8.

7 So those right now in the most recent version
8 are the only proposed changes. So I wanted to see if
9 anybody had any other proposed changes or proposed
10 changes to the proposed changes. Either the findings
11 or the recommendations.

12 MEMBER HIPPLER: Can you clarify, Deborah, you're
13 asking if we would like changes to these proposals at
14 this time?

15 MS. ERICKSON: Would you like change -- yes.
16 Would you like to propose an amendment to either a
17 finding or a recommendation statement for the fraud
18 and abuse findings and recommendations statements as
19 they're currently drafted.

20 MEMBER HIPPLER: Okay. I have to get my act
21 together and figure out which are the fraud and abuse
22 findings. Hold on.

23 MS. ERICKSON: So the -- in the current draft
24 they're on page 5, 6, and 7.

25 CHAIR BUTLER: That's helpful. Thank you.

1 MS. ERICKSON: And I also inserted them into the
2 slides in case we have additional proposed changes so
3 you could see, for those of you who are able to be on
4 the webinar, so you can see where we might be making
5 changes if any are proposed.

6 MEMBER HIPPLER: Okay. This is Allen Hippler.
7 And I would -- I'm not sure if I make a motion at this
8 time. I would request that the -- in Fraud & Abuse,
9 Item 5-F, "Investigating beneficiaries who pay cash,"
10 et cetera, simply be stricken.

11 MS. ERICKSON: So I think you should pose that as
12 a motion, Allen.

13 MEMBER HIPPLER: I'll make a motion to that
14 effect.

15 CHAIR BUTLER: Okay. Do we have a second?

16 MEMBER BEAN: Second.

17 MS. ERICKSON: Who was that who -- who seconded
18 the motion?

19 MEMBER BEAN: Lincoln.

20 MS. ERICKSON: Oh, hi, Lincoln. Welcome.

21 CHAIR BUTLER: Okay.

22 MS. ERICKSON: So we have a motion and a second
23 to delete the recommendation under Roman numeral 5-F,
24 "Investigating beneficiaries who pay cash for
25 prescriptions for controlled substances, potentially

1 with the intent of making the purchase more difficult
2 to track, to ensure the drugs were not diverted for
3 improper or illegal use."

4 CHAIR BUTLER: Okay. Discussion on this proposed
5 amendment.

6 MEMBER HIPPLER: As maker of the motion, I will
7 speak in support of it stating that we currently have
8 a system in place where people have to prove who they
9 are to buy it, and the method of payment should not
10 result in further investigation of the person paying.
11 And regardless of how they purchased it, if they've
12 exceeded guidelines or somehow tricked medical care
13 providers into providing them this prescription, they
14 will be flagged on the system. And it is conceivable
15 that for some short period of time they could get away
16 with it, but the alternative is we give our government
17 huge amounts of power to investigate a specific subset
18 of people who choose to pay with cash.

19 MS. ERICKSON: Additional discussion?

20 MEMBER LOUDON: Yes. This is Greg Loudon. Just
21 following that rationale, why do we even bother having
22 this opioid recommendation anyway if there's already a
23 system that's working? And I ask that rhetorically.

24 MEMBER HIPPLER: I think that our recommendation
25 is that the government should stop paying for opioids

1 that exceed a certain level as determined to be
2 medically effective.

3 MEMBER YEAGER: This is Susan. I do think that
4 some of the other kind of tactics, I guess, or
5 strategies are still applicable. Certainly from the
6 federal side we see a lot of overuse of opioids and
7 that's a national campaign is to reduce the use of
8 those and find other mechanisms for controlling pain.
9 So I agree that pulling the one -- deleting the one
10 regarding cash. However, I think some of the other
11 strategies do have value.

12 MEMBER LOUDON: Yeah. This is Greg Loudon again.
13 I think that the oversight on cash purchases is a good
14 one. And even within the commercial insurance arena
15 for health plans to know that their members are buying
16 opioids for cash in a manner that they can't regulate
17 them just gives you another tool to be able to work
18 with the providers to see whether someone's abusing
19 it.

20 MEMBER HULTBERG: This is Becky. I would agree
21 with Greg. This isn't -- this is one -- this is an
22 enforcement tool, and so I don't see it infringing
23 upon someone's rights whenever they are -- when we are
24 simply trying to ensure that the prescriptions that
25 they are filling are the appropriate ones for them to

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1 sell, so I don't have a problem with this at all. And
2 I think given the dramatic increase that we've had in
3 this country in opioid-prescription deaths, this is a
4 responsible initiative.

5 CHAIR BUTLER: This is Jay. Greg, are you saying
6 that this would be the type of thing that would be
7 considered a best practice by the insurance industry,
8 or is that an overstatement?

9 MEMBER LOUDON: Yes.

10 CHAIR BUTLER: Okay.

11 COMMISSIONER LOUDON: Yes. I would say that.

12 MEMBER BUTLER: Okay.

13 MEMBER MORGAN: This is Dave. As I remember,
14 we're not really talking about somebody that pays \$25
15 or \$50 of copaying cash. I think what we're trying to
16 get at is that minority of individuals that are
17 shopping and getting 2- or 300 Demerols and
18 significant amounts of cash. If you process, I think,
19 more than \$3,000 in the banking system with cash, it's
20 flagged, especially if it's moved between states,
21 between banks. And I think maybe the issue should
22 not -- should be, you know, is it one dollar of cash
23 or a copay in cash, or is it three prescriptions that
24 were all paid in cash but under one name. I think
25 Dr. Stinson probably could give us some information on

1 of what we're trying to get at is not to investigate
2 everybody that pays for opiates in cash. What we're
3 trying, I think, to get at is significant amounts of
4 opiates bought under one name, moving around using the
5 same prescription, paying a lot of cash to get those
6 opiates either to use or resell. If I'm wrong,
7 somebody correct me. I'm operating off my memory of
8 six months ago when we were doing this stuff.

9 MEMBER HIPPLER: So this is Allen. If we're
10 going to a real-time system where every time they fill
11 that prescription it's reported on the real-time
12 database, I would -- I mean, unless they're using fake
13 IDs, which is a completely different crime; right?
14 Wouldn't they -- wouldn't they be unable to fill those
15 prescriptions?

16 MEMBER MORGAN: Yeah. This is Dave again. I
17 think, Allen, I would agree with you if we had the
18 real-time system, but as far as I know we don't.

19 MS. ERICKSON: Right.

20 MEMBER MORGAN: And I guess Dr. Butler could tell
21 us whether or not that's the plan, to bring in that
22 system, hook it up, whatever that takes, which is
23 always money, and.....

24 CHAIR BUTLER: And, Dave, I cannot answer that
25 question at this time. I don't know.

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1 MS. ERICKSON: Yeah.

2 CHAIR BUTLER: I was just asking it myself.

3 MS. ERICKSON: Yeah. We -- we know that
4 legislation that would have supported moving it to
5 real-time did not pass this last session. So as far
6 as I know there aren't any specific plans to move it
7 in that direction.

8 MEMBER HULTBERG: This is Becky. My
9 understanding is that there's not a stable secure
10 funding source identified for the existing database,
11 let alone a real-time, which would be significantly
12 more expensive.

13 CHAIR BUTLER: Yeah.

14 MS. ERICKSON: That's -- that's correct.

15 MEMBER MORGAN: I think you could -- this is Dave
16 again. I think we could work on language to sort
17 of -- and I don't know. This is more like a DEA thing
18 or Larry probably can narrow it down. But I'm
19 thinking about forming it so that we're not, you know,
20 the one time the guy that goes in and pays his copay
21 in cash, we know we're trying to get at criminals and
22 people that are addicted. And I think that amount of
23 cash and the number of times that cash is used in that
24 two- or three-week period or that week, that until the
25 system catches them, is what we're trying to get to.

1 But maybe I'm trying to do something so exotic that
2 it's impossible to do in the system.

3 MS. ERICKSON: Yeah, I don't know that it's
4 exotic, Dave, but I think it's maybe getting a little
5 bit too operational for us right now. The level that
6 the Commission can work at. So I think what we need
7 to do yet this afternoon is finalize these findings
8 and recommendations for the report we're submitting to
9 the governor and the legislature next week. And this
10 was a mechanism, this particular recommendation was a
11 mechanism that the State's Medicaid program had
12 suggested would be a helpful tool for them. As Greg
13 was just suggesting, it's a tool that private health
14 plans use, a tool that they would like to be able to
15 use.

16 MEMBER MORGAN: I hear you. This is Dave again.
17 I hear you. And I think that until we have a live
18 system that we know within minutes that stuff's going
19 on, that it doesn't say they have to, it's -- from
20 listening to the fraud and abuse team we have, I don't
21 think they're going to allocate resources to
22 investigate a one-time deal where somebody pays their
23 copay in cash. I think they'll narrow in on people
24 who are significantly abusing and getting around the
25 system utilizing cash, so it's not going to be every

1 cash transaction. That's what I think. Just going by
2 the presentations we got from the fraud and abuse
3 group out of the attorney general's office saying for
4 Medicaid in their audit system. So I don't have a
5 problem with this up and until we activate an on-line,
6 up-to-the-minute system.

7 CHAIR BUTLER: Yeah. So recognizing that this is
8 a recommendation of this Commission, and doesn't have
9 the force of law, could I suggest that we move on with
10 voting on the proposed amendment?

11 MEMBER STINSON: Yeah, I suggest we call the
12 question.

13 MEMBER YEAGER: This is Susan. I just have to
14 say one thing quick if I could. And.....

15 CHAIR BUTLER: Okay, Susan.

16 MEMBER YEAGER:I think this -- having some
17 recommendation like this in a Commission report would
18 undermine our credibility, one. I think
19 discriminating against a group of people for paying
20 cash as if it's a crime is -- and then really the
21 practicality of being able to set up a program to
22 actually monitor and implement something, this is
23 really going down the wrong trail. I really have a --
24 I'm really opposed to having that in the report. I
25 think we should -- there should be other strategies

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1 we're getting in front of. Who gets what
2 prescriptions and monitoring is more important than
3 segmenting -- say what's -- singling out a group of
4 people who have some cash. I think that would really
5 undermine the credibility of our work here.

6 MEMBER LOUDON: Doesn't -- there's a provision
7 that does trigger an investigation, I mean, just to
8 make sure that it's legitimate, it doesn't stop anyone
9 from getting the medication and it doesn't even
10 prevent them from getting it paid for.

11 MS. ERICKSON: Yeah. That's correct.

12 UNIDENTIFIED SPEAKER: Greg?

13 MS. ERICKSON: That's Greg.

14 MEMBER STINSON: Through the Chair.

15 MS. ERICKSON: So -- yes.

16 CHAIR BUTLER: Please.

17 MEMBER STINSON: Okay. This is Larry.

18 CHAIR BUTLER: Larry, please.

19 MEMBER STINSON: It doesn't stop anybody from
20 doing whatever they want to do and it doesn't require
21 any kind of investigation. I appreciate what Susan
22 was saying. But at the same time, when you look
23 statistically at other states, and actually in the
24 state of Alaska as well, people who pay cash, which is
25 not traceable, is a very common practice and has been

1 absolutely linked to fraud and abuse.

2 So although on one hand this may not be
3 something that appeals socially, it doesn't appeal
4 personally, and it doesn't appeal to freedom. On the
5 other hand, this is a very high-risk group who pays in
6 cash. It doesn't require that people be investigated,
7 but until, I think as Dave said, until we get a
8 real-time record -- if we ever get real-time auditing
9 of opioid and other drugs-of-abuse prescription, we
10 got to -- we got to have some other way to flag these
11 types of problems. And I think once we get a
12 real-time system, if we ever get a real-time system
13 which is what other states have done, then this
14 becomes irrelevant. But we don't have that yet. And
15 until we get that, this is a very high area for fraud
16 and abuse.

17 CHAIR BUTLER: All right.

18 MS. ERICKSON: Call the question.

19 CHAIR BUTLER: Very good. As Chair, I don't
20 normally like to call the question, but I also see
21 that it's 10 after 3:00, so I'd like to move us along
22 on this one.

23 MEMBER URATA: I'll call for the question.

24 MS. ERICKSON: And that's Dr. Urata.

25 CHAIR BUTLER: All right. Thank you.

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1 MS. ERICKSON: Thank you, Bob.

2 CHAIR BUTLER: We're going to do the votes as a
3 roll call so that we can make sure that we have it for
4 the minutes. And I apologize that that is a bit more
5 time consuming.

6 MS. ERICKSON: And so the motion is to delete
7 fraud and abuse recommendation Roman numeral 5-F, the
8 "Investigating beneficiaries who pay cash for
9 prescriptions for controlled substances, potentially
10 with the intent of making the purchase more difficult
11 to track, to ensure the drugs were not diverted for
12 improper or illegal use."

13 And I'm going to just go down the list of
14 present voting commission members and please indicate
15 whether you would vote for the motion with either a
16 yea or a nay, or you could choose to abstain.

17 I'm going to start with Lincoln. Mr. Bean.

18 MEMBER BEAN: Yea.

19 MS. ERICKSON: And, Dr. Butler.

20 CHAIR BUTLER: And as a relative newby to this
21 discussion, I'm going to chose to abstain.

22 MS. ERICKSON: Mr. Campbell.

23 MEMBER CAMPBELL: Nay.

24 MS. ERICKSON: That was -- that was a "nay"?

25 MEMBER CAMPBELL: Yes.

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1 MS. ERICKSON: And, Mr. Loudon.

2 MEMBER LOUDON: So a yes vote is to accept what
3 we have or accept the change?

4 MS. ERICKSON: No. I'm sorry. The yes vote is
5 to -- is for the motion to delete the provision.

6 MEMBER LOUDON: No.

7 CHAIR BUTLER: Yes. And thank you for that
8 question for clarification, Greg.

9 And just to check back with Lincoln and
10 Keith, that was your understanding when you
11 replied.....

12 UNIDENTIFIED MEMBER: Yes.

13 CHAIR BUTLER:yea and nay? Okay.

14 MS. ERICKSON: Okay. Mr. Hippler?

15 MEMBER HIPPLER: Yes.

16 MS. ERICKSON: Ms. Hultberg.

17 MEMBER HULTBERG: No.

18 MS. ERICKSON: Mr. Morgan.

19 MEMBER MORGAN: No.

20 MS. ERICKSON: Dr. Stinson.

21 MEMBER STINSON: No.

22 MS. ERICKSON: Dr. Urata.

23 MEMBER URATA: No.

24 MS. ERICKSON: And, Ms. Yeager?

25 MEMBER YEAGER: Yea.

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1 MS. ERICKSON: Okay. One, two, three, four,
2 five, six. Six nays, three yeas and one abstention.
3 The proposed amendment is voted down.

4 Are there other proposed amendments to the
5 draft fraud and abuse findings and recommendations?

6 CHAIR BUTLER: Hearing none, I would be happy to
7 entertain a motion that we vote on the actual
8 recommendation of the fraud and abuse section.

9 MEMBER CAMPBELL: Move.

10 MEMBER URATA: Move to accept.

11 MEMBER CAMPBELL: Second.

12 MS. ERICKSON: Dr. -- that was Dr. Urata who
13 moved?

14 CHAIR BUTLER: And we had a second also, but I
15 didn't hear who it was.

16 MS. HENDRICKSON: Greg. It was Greg.

17 CHAIR BUTLER: Okay. And Greg seconded?

18 UNIDENTIFIED MEMBER: I didn't, but.....

19 MEMBER URATA: I thought Keith moved and I
20 seconded.

21 MS. ERICKSON: Okay.

22 CHAIR BUTLER: Okay. Thank you.

23 MS. ERICKSON: Thanks.

24 MEMBER URATA: That was Keith that moved; right?

25 CHAIR BUTLER: Okay. Keith?

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1 MEMBER CAMPBELL: Simultaneously.

2 MS. ERICKSON: Okay. Very good.

3 MS. HENDRICKSON: Greg was talking over him.

4 CHAIR BUTLER: Okay. Well, let's proceed, then,
5 to the roll call vote.

6 MS. ERICKSON: Okay. And we are voting again to
7 approve the draft fraud and abuse findings and
8 recommendations.

9 CHAIR BUTLER: We're getting feedback.

10 MS. ERICKSON: We're getting feedback for some
11 reason. I don't know where that came from.

12 So I'm going to call a roll call vote again.
13 And indicate whether you approve with a yea or
14 disapprove with a nay or no or abstain.

15 Lincoln.

16 MEMBER BEAN: Yes.

17 MS. ERICKSON: Dr. Butler.

18 CHAIR BUTLER: Yea, one time.

19 MS. ERICKSON: Mr. Campbell.

20 MEMBER CAMPBELL: Yes.

21 MS. ERICKSON: Mr. Loudon.

22 MEMBER LOUDON: Yes.

23 MS. ERICKSON: Mr. Hippler.

24 MEMBER HIPPLER: I'm sorry. What are we voting
25 on?

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1 MS. ERICKSON: We're voting on a motion to
2 approve the draft findings and recommendations as
3 final.

4 MEMBER HIPPLER: Yes.

5 MS. ERICKSON: Ms. Hultberg.

6 MEMBER HULTBERG: Yes.

7 MS. ERICKSON: Mr. Morgan.

8 MEMBER MORGAN: Kentucky vote's yea.

9 MS. ERICKSON: Dr. Stinson.

10 MEMBER STINSON: Yea.

11 MS. ERICKSON: Dr. Urata.

12 MEMBER URATA: Yes.

13 MS. ERICKSON: And, Ms. Yeager.

14 MEMBER YEAGER: Yea.

15 MS. ERICKSON: Thank you all very much. The
16 motion passes unanimously.

17 So the next point on our agenda is our 2015
18 priorities and activities. Let's see. The -- we
19 received them -- I'm just going to go through these
20 slides again on just some summary points on the
21 comments that we received. There was, I think overall
22 it sounded like some general support for the seven
23 policies that you all identified and selected as
24 priorities for the coming year or so. They're related
25 to evidence-based medicine. I thought I would break

1 these up a little bit, but maybe we don't have time to
2 do this.

3 Well, I -- no, I'm going to try to do it.
4 Because we're going to get confused there's so many
5 pieces and parts. For evidence-based medicine -- I'm
6 going to back up a little bit. I'm going to go to
7 something that we're actually -- we're not going to be
8 voting on, but I wanted to point to a change that we
9 made to the second draft. And I have it up on the
10 slide right now. And if you're looking at the actual
11 draft report it's on page 8.

12 But a clarification. One, just showing the
13 change that -- in the final report and introduction to
14 this section, we of course will delete the
15 instructions that we included to the public for
16 proposing their comments, so that's reflected there.
17 But I had added a couple of sentences based on some
18 questions that Dr. Butler asked when he started and
19 went through this. Of course, it's always helpful to
20 have a fresh set of eyes and recognizing those, I was
21 perhaps making some assumptions. But he pointed out
22 the list of all of the activities that we proposed
23 that we would not have the time or the resources to
24 accomplish all in one year. And I agreed and
25 suggested that this really is meant to be a menu of

1 potential activities within these priorities that we
2 would be selecting as we moved on throughout the year
3 based on readiness and priorities of the stakeholders
4 to the extent that most of these ideas are -- involve
5 facilitating convening partners in some form or other,
6 that it wouldn't make sense for us to do -- try to
7 implement some of these activities in which the
8 stake -- various stakeholders and partners wouldn't be
9 prepared to work.

10 And so with that as kind of a very general
11 criteria of how our agenda would be crafted throughout
12 the next year or two, just adding an explanation that
13 these proposed facilitation activities really
14 constitute a menu that we'll select from based on
15 stakeholder priorities and readiness and isn't
16 intended to be a comprehensive list of everything
17 we're going to accomplish in the next year. So I
18 wanted to make sure I explained that.

19 The other thing that we're not real certain
20 about yet, with really a still brand-new commissioner
21 and with a governor who has Medicaid reform and
22 Medicaid expansion as a top priority, that there will
23 probably be opportunities and I would anticipate some
24 requests from the incoming administration for some --
25 some form of support from the Commission in studying,

1 understanding, convening. I don't know exactly what
2 form it might take at this point, but that we might be
3 open to that. So I wanted to explain that change.
4 Again, not necessarily inviting -- we usually don't
5 wordsmith every point of the narrative where there's
6 some background and explanation or introduction to the
7 main points. So I really wasn't inviting a vote on
8 that. But does anybody have any questions or comments
9 about that change in our intent for these proposed
10 facilitation activities?

11 And I might even suggest that we'll maybe add
12 an additional sentence that -- that -- that the
13 priorities and activities might be adapted over time
14 to accommodate requests from the department related to
15 Medicaid reform.

16 Okay. Hearing no questions or comments, I'm
17 just going to move into evidence-based medicine. We,
18 I think in general, had supportive comments about this
19 area, that it's a good area for the Commission to use
20 resources for education, a number of organizations
21 indicated an interest in participating. The Mental
22 Health Board, apparently the behavioral health
23 community had had an initiative already just this
24 year, 2014, making some recommendations to the
25 department about streamlining prior authorization

1 process, these four, the behavioral health sectors,
2 specifically they included those in their comments and
3 asked that they be included in the convening and
4 facilitation work going forward. So no suggested
5 direct changes that I read from any of those comments
6 to our proposed activities.

7 Does anybody -- does anybody on the call have
8 anything in particular they think it's important to
9 highlight, I'd ask that you keep that short in the
10 interest of time. More interested in hearing if
11 anyone has any proposed changes to our proposed
12 activities. I have -- I have them on the screen right
13 now. They're pretty fine print on a slide, but they
14 are on page 11 and 12 of the draft if you have the
15 draft in front of you and want to look at them
16 quickly.

17 CHAIR BUTLER: This is Jay. And maybe I'll just
18 comment that relative to your earlier comment about
19 Medicaid reform being a priority for the
20 administration and the Commissioner is certainly
21 evidence-based medicine seems to -- I mean, it aligns
22 well with that goal.

23 MS. ERICKSON: Any other comments or suggested
24 changes to the evidence-based medicine proposed
25 activities?

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1 Hearing none, and my suggestion is that we
2 vote on this whole section of 2015 proposed activities
3 all together and not individually, just again in the
4 interest of time if nothing else.

5 Related to the transparency activities, again
6 generally, the -- in concept I think the comments were
7 in agreement with our proposal and primarily
8 suggestions about what needs to be considered in the
9 process, for example, when we get into the next phase,
10 making sure that there's a consideration of the
11 utility of any data that might be suggested for
12 reporting or compiling and the cost of actually doing
13 so. And a couple of requests to be included in the
14 process when we get to that point.

15 There was a concern about the department's
16 ability to provide information. I don't think we went
17 as far as suggesting specific activities of the
18 department, that would come out in their ability to --
19 to participate would be part of the stakeholder
20 process that we're proposing.

21 Does anybody have any comments about our
22 transparency activities, the public comments received
23 on those, or any proposed changes to our proposed
24 activities?

25 MEMBER URATA: I have a comment.

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1 CHAIR BUTLER: Please.

2 MS. ERICKSON: Yes, Dr. Urata.

3 MEMBER URATA: Yeah. So when we looked at this,
4 I was really disappointed in the success or
5 utilization of all-payer claims database that were
6 implemented in other states, and in particular I
7 believe I recall Colorado and Texas. And I was
8 wondering if you could get new information or update
9 information on utilization by the public in this. And
10 if it is still very low usage, then perhaps come up
11 with another reason why we should spend the money for
12 something like this. Heard that there are more
13 customers than just the public, perhaps it will be the
14 insurance companies that would be customers do
15 something like this, but in any event I'd like to have
16 an update if that's possible. Thank you.

17 MS. ERICKSON: Thank you. And we did actually,
18 Dr. Urata, it is -- I think maybe it's a little bit
19 too implied. I'm looking for -- so that's what we --
20 I think we're talking about under Proposed Activity A
21 on page 12 under transparency, that looking at
22 legislation generally that we also look at outcomes
23 including utilization of information by patients and
24 others. So.....

25 MEMBER URATA: Thank you.

1 MS. ERICKSON:yeah. If and when we
2 implement Proposed Activity A, that would include
3 looking at that question.

4 Other comments or questions or suggested
5 changes?

6 Okay. Hearing none, I'm moving on to our
7 third priority, which is payment reform. Pay for
8 value and the activities are on page 13 of the draft.
9 We had a couple of comments especially about the
10 importance of including providers in the discussion.
11 But in particular a concern about the way activity A
12 is worded. And it's specific to facilitation --
13 facilitation of learning opportunities and
14 conversations between State of Alaska programs
15 involved in purchasing health care, and a suggestion
16 that there be some conversations about development of
17 purchasing policies, negotiation strategies and
18 pavement methodologies across programs.

19 So, for example, including the employee
20 health benefits programs, Medicaid, workers' comp, the
21 various programs, bringing to the table the employee
22 union health trusts, have conversations about how
23 purchasing policies could be aligned and strategies,
24 including negotiation strategies. There was a little
25 bit of a concern about that.

1 So any comments on the public comments
2 discussion and proposed changes to our proposed
3 activities for payment reform?

4 Hearing none, I'm not going to leave too much
5 time, so make sure you're speaking up if you want to
6 propose a change especially.

7 Moving on to workers' comp reform. There was
8 support -- there was a comment that would really
9 pertain to our earlier recommendation and not to our
10 activities. And to a -- it relates to an issue that
11 was already passed in legislation regarding concerns
12 about changing the fee levels in workers' comp. So
13 not necessarily directly relevant to the work we're
14 doing right now.

15 So, but for workers' comp we have a series of
16 proposed activities here. Does anybody have any
17 proposed changes to those?

18 Hearing none. The next area, I think we're
19 on priority -- our sixth priority, they're not in
20 priority order, but six of seven is the focus on
21 prevention and fostering healthy lifestyles. And a
22 lot of support from the folks commenting. A little
23 bit of a concern specific to Healthy Alaskans 2020.
24 And I think two of our three activities relate to
25 that, but there was just a concern about the process

1 they used and wanting to make sure that we were able
2 to overcome some of the data limitations that guided
3 that process.

4 Anybody have any -- any discussion about next
5 year's activities related to prevention and healthy
6 lifestyles?

7 Okay. And our.....

8 CHAIR BUTLER: Last, but not least.

9 MS. ERICKSON: Yes, our final area is our
10 proposed -- oh. Wait. Nope. I got ahead of us.
11 That was the fifth. We still have the opioid abuse
12 prevention priority. And it's another area where
13 there was -- support for this is a priority and some
14 specific suggestions for taking into consideration as
15 we move into the facilitation phase.

16 Any comments or questions or suggested
17 changes on our opioid abuse prevention activities?

18 And then the final area is around fostering
19 telehealth. Again, the organizations and individuals
20 commenting were supportive of this as a priority and
21 just some specific suggestions for the process once we
22 get into it.

23 Any comments or discussion or proposed
24 changes on our telehealth activities?

25 Hearing none.

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1 CHAIR BUTLER: Hearing no -- very little or no --
2 on most of them, no comment, I'd be happy to entertain
3 a motion to approve the 2015 proposed facilitation
4 activities.

5 MEMBER LOUDON: So moved. This is Greg Loudon.

6 CHAIR BUTLER: Thank you, Greg.

7 MEMBER CAMPBELL: Second. Keith.

8 MS. ERICKSON: Keith seconded?

9 MEMBER CAMPBELL: Yes.

10 MS. ERICKSON: Thank you.

11 CHAIR BUTLER: Let's proceed with the roll call.

12 MS. ERICKSON: Yep. Is there.....

13 CHAIR BUTLER: Is there discussion?

14 MEMBER HIPPLER: Okay. This is Allen Hippler.
15 We have in our action plans, at least I think we have
16 in our action plans for opioids, we went a little fast
17 on the screen. Could you go back to the opioid plan
18 real quick, Deborah?

19 CHAIR BUTLER: Yeah.

20 MS. ERICKSON: Yep. It's up on the screen now.

21 MEMBER HIPPLER: So Item A-5 has "Compile data
22 and stories on the problem of opioid abuse in Alaska."
23 I have objected in the past and been overruled, but I
24 will continue to object to a mission of the Commission
25 being to compile a story. The Commission should be

1 established to give facts and data and
2 recommendations. And it is not -- it is not helpful
3 to provide stories in association with that.

4 I would -- I would state that laws made using
5 emotion rather than fact generally are bad laws. And
6 if our recommendations do not stand up of their own
7 volition, simply throwing in a story about a good
8 friend of mine who's a -- well, a friend of mine's
9 who's about 25 now, she has a baby, she is addicted to
10 heroin, and she's ruined her life, this is a very true
11 story, but that shouldn't play into our recommendation
12 for drugs.

13 So I would suggest that this be taken out,
14 this stories part of this. It is not our job to make
15 stories or compile stories.

16 Thank you.

17 CHAIR BUTLER: Thank you, Allen. So your motion
18 is to strike part A, subpart Roman numeral 5?
19 Well.....

20 MEMBER HIPPLER: How about the "and stories."

21 MS. ERICKSON: Is it.....

22 CHAIR BUTLER: Well, actually just the part that
23 says "and stories," just those two words.

24 MEMBER HIPPLER: Yes, Mr. Chairman.

25 CHAIR BUTLER: Okay. Thank you. Discussion

1 on.....

2 MS. ERICKSON: Well, we need a second.

3 CHAIR BUTLER: Well, I guess we need to know if
4 there's a second. Sorry.

5 MEMBER URATA: Bob here. I second it.

6 CHAIR BUTLER: Okay.

7 MS. ERICKSON: Now is there discussion?

8 Hearing none, should we take a vote?

9 CHAIR BUTLER: Let's proceed to a vote, then.

10 MS. ERICKSON: Okay. So the motion is to delete
11 from the opioid control activity A-5.....

12 CHAIR BUTLER: No. Just the words "and stories"
13 from A-5.

14 MS. ERICKSON: Just the word -- right. Just the
15 word -- the two words "and stories." So it would
16 read, if the motion passes, "Compile data on the
17 problem of opioid abuse in Alaska."

18 So a yes vote would be to delete the two
19 words "and stories" from this activity.

20 Mr. Bean.

21 MEMBER URATA: Can I make a comment?

22 MS. ERICKSON: Yes, you may.

23 MEMBER URATA: Isn't there data already in
24 existence, and do we as a Commission collect data for
25 this? Am I incorrect in that?

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1 MS. ERICKSON: Well, so this -- this is part
2 of -- it's a list of activities that the Commission
3 would facilitate bringing together, convening a group
4 of stakeholders, including physicians, mid-level
5 practitioners, pharmacists, hospital and emergency
6 department leaders, the licensing boards for
7 clinicians, other appropriate agency staff,
8 legislators. So the idea is we would convene a group
9 of stakeholders and would work together on a series of
10 these activities.

11 MEMBER URATA: Okay. Thank you.

12 MS. ERICKSON: Uh-huh.

13 Other discussion?

14 Okay. I'm going to go ahead and move through
15 the roll call vote.

16 I don't know where that's coming from.

17 Sorry, we're getting feedback again.

18 So, Mr. Bean.

19 MEMBER BEAN: Yes.

20 MS. ERICKSON: Dr. Butler.

21 CHAIR BUTLER: Yes.

22 MS. ERICKSON: Mr. Campbell.

23 MEMBER CAMPBELL: Yes.

24 MS. ERICKSON: Mr. Loudon.

25 MEMBER LOUDON: No.

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1 MS. ERICKSON: Mr. Hippler.

2 MEMBER HIPPLER: Yes.

3 MS. ERICKSON: Ms. Hultberg. Becky, are you
4 still online?

5 MEMBER HULTBERG: Sorry. You were on mute. Yes,
6 I am. I was on mute. No.

7 MS. ERICKSON: Thank you.

8 Mr. Morgan.

9 MEMBER MORGAN: Yes.

10 MS. ERICKSON: Dr. Stinson.

11 MEMBER STINSON: (Indiscernible).

12 MS. ERICKSON: Larry, if you just said something,
13 we missed it.

14 MEMBER STINSON: Yes. Did you get that?

15 MS. ERICKSON: Got it. Thank you.

16 Dr. Urata.

17 MEMBER URATA: Yes.

18 MS. ERICKSON: And, Ms. Yeager.

19 MEMBER YEAGER: Yes.

20 MS. ERICKSON: Okay. The motion to delete the
21 two words "and stories" from A-5 under opioid
22 activities passes on a vote of -- four, five, six,
23 seven, eight, nine -- nine to two.

24 CHAIR BUTLER: Okay. All right. So further
25 discussion on the motion to -- on the 2015 proposed

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1 facilitation activities for the Commission?

2 MEMBER BEAN: Call for the question on the main
3 motion.

4 MS. ERICKSON: Okay.

5 CHAIR BUTLER: Thank you.

6 MS. ERICKSON: So the.....

7 UNIDENTIFIED SPEAKER: Second.

8 MS. ERICKSON: Thank you. Lincoln moved -- or
9 called for the question. We didn't need a second, I
10 don't think.

11 CHAIR BUTLER: Yeah. That's right. Because it
12 was a call. Okay.

13 MS. ERICKSON: Right.

14 CHAIR BUTLER: So please proceed with the roll
15 call.

16 MS. ERICKSON: Okay. Mr. Bean.

17 MEMBER BEAN: Yes.

18 MS. ERICKSON: Dr. Butler.

19 CHAIR BUTLER: Yes.

20 MS. ERICKSON: Mr. Campbell.

21 MEMBER CAMPBELL: Yes.

22 MS. ERICKSON: Mr. Loudon.

23 MEMBER LOUDON: Yes.

24 MS. ERICKSON: Mr. Hippler.

25 MEMBER HIPPLER: Yes.

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1 MS. ERICKSON: Ms. Hultberg.

2 MEMBER HULTBERG: Yes.

3 MS. ERICKSON: Mr. Morgan.

4 MEMBER MORGAN: Yes.

5 MS. ERICKSON: Dr. Stinson.

6 Larry, we didn't catch you that time again.

7 MEMBER STINSON: Yes.

8 MS. ERICKSON: Thank you.

9 Dr. Urata.

10 MEMBER URATA: Yes.

11 MS. ERICKSON: And, Ms. Yeager.

12 MEMBER YEAGER: Yes.

13 MS. ERICKSON: Thank you.

14 Okay. The motion to include the
15 activities -- proposed activities as amended passes.

16 I am going to move on now, then. The one of
17 our two papers that received a comment was from
18 UnitedHealthcare. And they just noted that they have
19 experience in other states with all-payer claims
20 databases and would like to participate in the
21 stakeholder meetings. They requested that the
22 All-Payer Claims Database Council's core standards be
23 utilized. And those actually are addressed in this
24 paper, they're just not referred to as the All-Payer
25 Claims Database Council standards.

1 But just so you all understand that this
2 council is a very active organization made up of all
3 of the states that have or are in the process of
4 planning or implementing or considering at some point
5 in the future developing an all-payer claims database.
6 And they've been working really closely together and
7 not only have identified a series of standards for
8 data reporting, technical standards, but have a lot of
9 other resources and common standards in place. And
10 have -- including a standard agreement for working
11 with Medicare to receive that federal data and to
12 all-payer claims databases.

13 So that was the only comment we received.
14 And there are in Version 2 a couple of clarifying
15 changes in the document. It's just meant to provide a
16 little bit of extra information or clarification on a
17 couple of points that were a little vague.

18 So looking at Version 2, which is Appendix A
19 in this draft. Does anybody have any questions or
20 discussion? Any proposed changes to the draft?

21 CHAIR BUTLER: Proceed to a motion to approve?

22 MS. ERICKSON: Yep.

23 CHAIR BUTLER: Hearing none, may I have a motion
24 to approve?

25 MEMBER CAMPBELL: So move. Keith.

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1 MS. ERICKSON: Keith.

2 A second?

3 MEMBER URATA: Second.

4 MS. ERICKSON: Was that Dr. Urata?

5 MEMBER URATA: Yes.

6 MS. ERICKSON: Thank you.

7 CHAIR BUTLER: Any discussion?

8 Hearing none, let's proceed with the roll
9 call. Oh, what was that?

10 MS. ERICKSON: That was you.

11 CHAIR BUTLER: Oh.

12 MS. ERICKSON: Sorry.

13 CHAIR BUTLER: I'm glad I didn't say, Who was
14 that idiot? It was me. Okay.

15 MS. ERICKSON: Oh, shoot.

16 CHAIR BUTLER: Let's proceed with the roll call,
17 then.

18 MS. ERICKSON: Okay. Mr. Bean.

19 MEMBER BEAN: Yes.

20 MS. ERICKSON: Dr. Butler.

21 CHAIR BUTLER: Yes.

22 MS. ERICKSON: Mr. Campbell.

23 MEMBER CAMPBELL: Yes.

24 MS. ERICKSON: Mr. Loudon.

25 MEMBER LOUDON: Yes.

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1 MS. ERICKSON: Mr. Hippler.

2 MEMBER HIPPLER: Yes.

3 MS. ERICKSON: Ms. Hultberg.

4 MEMBER HULTBERG: Yes.

5 MS. ERICKSON: Mr. Morgan.

6 MEMBER MORGAN: Yes.

7 MS. ERICKSON: Dr. Stinson.

8 UNIDENTIFIED SPEAKER: Dr. Stinson stepped away
9 for one second. He'll be right here.

10 MS. ERICKSON: Okay. Thank you.

11 UNIDENTIFIED SPEAKER: He's here.

12 MEMBER STINSON: Yes.

13 CHAIR BUTLER: Thank you.

14 MS. ERICKSON: Dr. Urata.

15 MEMBER URATA: Yes.

16 MS. ERICKSON: And, Ms. Yeager.

17 MEMBER YEAGER: Yes.

18 MS. ERICKSON: Thank you all very much.

19 And then our final paper, Appendix B, we had
20 no comments on it. Does anybody have any discussion
21 or proposed changes to that paper? Health benefits
22 recommendations.

23 CHAIR BUTLER: Hearing none, I will not miss the
24 opportunity to actually get us back on schedule here.
25 May I have a motion to approve?

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1 MEMBER URATA: So moved.

2 MEMBER CAMPBELL: Second. Campbell.

3 MS. ERICKSON: Who was the motion? Was that
4 Dr. Stinson?

5 MEMBER URATA: It was me.

6 MS. ERICKSON: Oh, Dr. Urata. Thank you.

7 Okay. We'll go through a roll call vote
8 again to improve to -- approve to include this product
9 in our report this year.

10 Mr. Bean.

11 MEMBER BEAN: Yes.

12 MS. ERICKSON: Lincoln?

13 MEMBER BEAN: Yes, again.

14 MS. ERICKSON: Thank you.

15 Dr. Butler.

16 CHAIR BUTLER: Yes.

17 MS. ERICKSON: Mr. Campbell.

18 MEMBER CAMPBELL: Yes.

19 MS. ERICKSON: Mr. Loudon. Greg?

20 MEMBER LOUDON: Oh, I'm sorry. Yes.

21 MS. ERICKSON: Thank you.

22 Mr. Hippler.

23 MEMBER HIPPLER: Yes.

24 MS. ERICKSON: Ms. Hultberg.

25 MEMBER HULTBERG: Yes.

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1 MS. ERICKSON: Mr. Morgan.

2 MEMBER MORGAN: Yes.

3 MS. ERICKSON: Dr. Stinson.

4 MEMBER STINSON: Yes.

5 MS. ERICKSON: Dr. Urata.

6 MEMBER URATA: Yes.

7 MS. ERICKSON: And, Ms. Yeager.

8 MEMBER YEAGER: Yes.

9 CHAIR BUTLER: Very good.

10 MS. ERICKSON: Very good.

11 Well, that's it for the business we needed to
12 conduct today. I just had a couple of wrap-up points
13 for next steps. I wanted to make sure, especially --
14 I think a few of you are new this past year and might
15 not be familiar with our process for finalizing the
16 report. And so I just wanted to make sure that you
17 understood there are a number of other sections that
18 I'm working on pulling together right now, an
19 introduction and some other things that will be
20 included as appendices, including our ISER reports.

21 So we've put out an abbreviated report for a
22 public comment process just to solicit comments on the
23 parts that really are more direct products of the
24 group and try to keep it as short and simple as
25 possible. But when you see the final report, it will

1 include all -- not just an introduction and an
2 executive summary and some additional appendices, but
3 all of the parts that are mandated under our statute.
4 There are a number of things mandated in our statute
5 that we include in our annual report, including our
6 voting record and the financial disclosure forms that
7 you all filled out and signed a little earlier this
8 year.

9 So you'll see a much longer report when it's
10 finalized. It's due under our statutory requirement
11 to the governor and the legislature on January 15th.
12 And typically, I transmit those to the speaker of the
13 house and the president of the senate and to the
14 governor over e-mail, and then make sure you all
15 receive a copy of it. We'll actually have it posted
16 online when we transmit it, and so you all will
17 receive the link as soon as I transmit it to the
18 governor and the legislature. So that's just our
19 process over the next week in a nutshell and what you
20 can expect to see.

21 Does anybody have any questions at all about
22 the report finalization and submission process?

23 MEMBER URATA: Well, do you have finalized the
24 February meeting? Because I have a -- I have to
25 change the schedule if we move it from the early part

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1 of the month to the later part.

2 MS. ERICKSON: We heard -- there are a couple of
3 folks who were not going to be available on those
4 dates, but we have a comfortable quorum at this point.
5 So I was going to suggest that we go ahead and
6 finalize that, those dates today. And with apologies
7 to the couple of people who might not be able to join
8 us in Juneau on those dates.

9 MEMBER URATA: You know, it's going to be raining
10 anyway. Fog at the airport.

11 UNIDENTIFIED SPEAKER: If we moved to accommodate
12 the couple of people who can't be there, is the first
13 week of March out?

14 CHAIR BUTLER: First week of March is out.

15 MS. ERICKSON: Yeah. The first week of March is
16 out for a number of reasons, I think.

17 UNIDENTIFIED SPEAKER: I just posed the
18 question.

19 MS. ERICKSON: Yeah.

20 CHAIR BUTLER: Of course, February weather
21 suggests we should meet at the Sitka airport, but.....

22 MS. ERICKSON: Don't even say it.

23 UNIDENTIFIED SPEAKER: Or Seattle.

24 CHAIR BUTLER: Right.

25 MS. ERICKSON: Don't even say it.

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1 CHAIR BUTLER: Sorry.

2 MS. ERICKSON: So we have some proposed dates.

3 MEMBER STINSON: Deb?

4 MS. ERICKSON: Yes. Yes, Dr. Stinson.

5 MEMBER STINSON: I think I already responded to
6 you. February 26 and 27th I'm going to be -- my first
7 grandson should be born out of state about that time
8 and I will be out of state. Is it possible to call
9 in?

10 MS. ERICKSON: You know, we can try to do that,
11 but our early years we tried to avoid that because
12 with such a large group and having one person or two
13 on the phone can be really -- it's hard to remember
14 that they're there and to be able to engage them, but
15 we're getting a little more used to this so we
16 definitely could try to do that.

17 MS. HENDRICKSON: (Indiscernible).

18 MS. ERICKSON: Especially.....

19 MEMBER STINSON: That might be.....

20 MS. ERICKSON: Especially if there will be a
21 crying baby in the background.

22 MEMBER STINSON: If the actual birth is going on
23 I will -- I will log out.

24 CHAIR BUTLER: Right. Well, congratulations,
25 Larry, in advance.

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1 MEMBER STINSON: Thank you.

2 UNIDENTIFIED SPEAKER: Hey, Larry.

3 MEMBER URATA: Are you going to deliver?

4 UNIDENTIFIED SPEAKER: Hey, Larry? Maybe you
5 could SkyTeam.

6 MS. ERICKSON: SkyTeam.

7 MEMBER STINSON: Bob, I love my family far too
8 much then to have me deliver the child.

9 MS. ERICKSON: Well, what I'm going to do is
10 e-mail out these new proposed dates for the remainder
11 of the year, let everybody know that we're going ahead
12 and setting the next meeting dates for the 26th and
13 27th in Juneau, and you all will have a chance over
14 the next week just to let me know over e-mail whether
15 you'd be able to attend these other dates or not. And
16 hopefully we can firm up our schedule for the year
17 pretty soon here in the next week or two.

18 So with that, Mr. Chair.....

19 CHAIR BUTLER: All right.

20 MS. ERICKSON:you want to just see if
21 anybody has any final comments or questions for the
22 good of the group?

23 CHAIR BUTLER: Well, let me actually just make a
24 couple of comments and then open it up for any
25 comments for the good of the order. I want to thank

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1 the Commission Members for your ongoing commitment. I
2 realize a number of you have been doing this for a
3 number of years now and that's appreciated.

4 Stepping back into the role of chair of this
5 group, I want to communicate to you that I really
6 appreciate your -- the time commitment involved. I
7 realize everyone is very busy, and I really want to
8 honor that commitment of your time as well as your
9 expertise, and especially the perspective that each of
10 you bring to the table. This is in no way intended to
11 be a monolithic group or a group that doesn't bring in
12 a diversity of points of view, and I can tell already
13 this is going to be a fun group. So thank you for
14 your participation today.

15 And on that note, as part of honoring your
16 time, one of my goals is going to be to always finish
17 on time, as long as we can get our basic work done.
18 So I'd like to just open it up for any closing
19 comments for the good of the order.

20 MEMBER HIPPLER: Welcome to our new chairman.
21 This is Allen Hippler.

22 CHAIR BUTLER: Thank you, Allen.

23 So I will look forward to seeing everyone
24 face-to-face in Juneau sometime towards the end of
25 next month. You know, as much as possible it would be

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1 great if we could meet remotely. I think today's been
2 a little bit of an example of why that can be a
3 challenge, but I look forward to working with this
4 group throughout the year ahead.

5 And with that, I will entertain a motion to
6 adjourn.

7 MEMBER CAMPBELL: So move. Keith.

8 MEMBER URATA: Second.

9 MS. ERICKSON: And we got a second, Dr. Urata.

10 CHAIR BUTLER: All right. And we will not do a
11 roll call vote on that. Thank you everyone for your
12 time. Bye-bye.

13 (Off record)

14 SESSION RECESSED

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