

# LEGISLATIVE COMMISSION ON AFFORDABLE HEALTH CARE PLANS FOR SMALL BUSINESSES AND FAMILIES

## MEMBERSHIP

Senator Jack Hatch, Co-chairperson  
Representative Ro Foege, Co-chairperson

### Legislative Members

Senator Jerry Behn  
Senator Joe Bolkcom  
Senator Larry McKibben  
Senator Amanda Ragan  
Representative Clarence Hoffman  
Representative Dave Jacoby  
Representative Mark Smith  
Representative Linda Upmeyer

### Public Members

John Aschenbrenner  
David Carlyle  
Amy DeBruin  
Barb Kniff  
Timothy Kresowik  
Julie Kuhle  
Jan Laue  
Eric Parrish  
Kimberly Russel  
Patsy Shors  
Russ Sporer  
Sarah Swisher  
Joe Teeling  
Sharon Treinen

### Ex Officio Honorary Nonvoting Members

Kevin Concannon, Director of Human Services  
Steven Fuller, DDS  
John McCalley, Director of Elder Affairs  
Tom Newton, Director of Public Health  
Susan Voss, Commissioner of Insurance

## TENTATIVE AGENDA

Wednesday, August 15, 2007  
Music Man Square, Reunion Hall, 308 S. Pennsylvania Avenue  
Mason City, Iowa

9:00 – 10:15 a.m.

**Welcome, Procedural Business, Workforce Review Proposal, and Advisory Council Report**

Roll Call

Approval of Minutes of July 18, 2007, meeting

Review of today's Agenda--Co-chairpersons

Public hearings update--Co-chairpersons

Approval of resignation of Kimberly Russel, Iowa Hospital Association representative to the Commission

Approval of motion to request that Legislative Council approve the status of Dr. Steven Fuller as a voting member

Update on data collection efforts by Commission Members--LSA Staff

Health and Long-term Care Workforce Review Proposal--Tom Newton, Director of Public Health

Motion to approve Health and Long-term Care Workforce Review Proposal

Distribution of Real People--Real Stories DVD and Information from the Iowa CareGivers Association

Advisory Council Report---summary of recent Iowa health care surveys--Dr. Pete Damiano

10:15 – 10:30 a.m.

Break

10:30 a.m. – Noon

**Guiding Principles and Focused Discussions**

The Co-chairs will explain their understanding of the guiding principles emerging from the Commission's discussions so far. The Commission will then discuss the guiding principles.

Principle #1: Coverage and Care should be universal or near universal.

Principle #2: Coverage should be affordable and take into account all health care costs.

Principle #3: Everyone should have a medical home.

Principle #4: Health care should be accessible.

Principle #5: Financing should be a shared responsibility.

Principle #6: Reforms should drive quality improvements and contain costs.

Principle #7: Reforms should do no harm.

Principle #8: Reforms must be sustainable and doable.

There will be three working groups addressing the following topics:

- Providing Funding
- Containing Costs and Improving Quality
- Coverage--Increasing coverage, enhancing access to care, promoting wellness and prevention

The groups will explore the issues relating to their topic and analyze the areas of agreement and disagreement and what further information and expertise they need to make decisions.

**Providing Funding – Focus Questions:**

1. Do we want to involve employers in the financing? [Note that there are possible legal restrictions under ERISA]

2. Should the revision/expansion of existing public programs be the basis for coverage of the uninsured? If so, how do we fund it?
3. Should we pursue enrolling people who are eligible but not currently enrolled? If so, how do we fund it?
4. Will we seek a shared funding scheme involving employers, government, and individuals? What kind of sharing scheme makes sense?
5. Are we considering special (so-called "sin") tax (alcohol, tobacco, etc.) or general or earmarked tax money as a source of funding?
6. What information do we need to move forward?--list questions and data needs.

#### **Containing Costs and Improving Quality – Focus Questions:**

1. What are the cost drivers in the health care system?
2. Can we improve quality of care and reduce costs?
3. Should we create statewide programs addressing quality including standards and reporting? How do we make health care costs more transparent? Should there be a uniform, statewide uncompensated care policy for all hospitals?
4. Should we address scope of practice issues in terms of who gets to do what in health care practice? How do we most efficiently utilize all health care professionals to the full extent of their expertise?
5. Should we address end of life care?
6. Should we address rationing or prioritizing of some health care services?
7. Are we paying too much in administrative costs?
8. Should there be limits on advertising costs?
9. Is the certificate of need process working to reduce costs?
10. What is a reasonable annual rate of return for a hospital and insurance company?
11. How much financial reserve is appropriate for an Iowa hospital or insurer?
12. If the financial reserves exceed a certain amount, should this be reflected in future rate increases? i.e. county MH/DD ending balances?
13. What innovations can be utilized to contain costs? Electronic health records? Common claims and procedures?
14. What information do we need to move forward?--list questions and data needs.

#### **Coverage--Increasing Coverage, Enhancing Access to Care, Promoting Prevention and Wellness – Focus Questions:**

1. What are the barriers to greater coverage?
2. What are the specific barriers for small businesses?
3. Are there priorities in terms of certain groups such as children and pre-Medicare adults?
4. Is the goal to be incremental and build on our existing system?
5. What "medical home" requirements should be included?
6. Are we willing to change benefit plans? Should we provide a choice of insurance products that fits the specific needs of consumers?
7. What kind of timetable should be used to implement change?
8. What are the barriers to providing a sufficient number of providers? Scope of practice? Reimbursement? Education debt?
9. How do we overcome the barriers to providing a sufficient number of providers? Tax incentives? Loan repayment?

10. Should provider reimbursements be rebalanced to reflect an emphasis on primary care, prevention, other?
11. What's the role of policymakers, employers, insurers in promoting wellness and prevention? Should we tie coverage to outcomes that encourage healthy lifestyles?
12. How will we measure success?
13. What can we learn from existing corporate or state programs?
14. What information do we need to move forward?---list questions and data needs.

Noon – 12:30 p.m.

Lunch

12:30 – 1:30 p.m.

### **Continuation of Working Groups Discussion**

The three working groups will continue their discussions and then report back to the full Commission.

1:30 – 2:15 p.m.

### **Reports from the Focus Groups**

The three working groups will report on areas of agreement and disagreement and what further information and expertise they need to make decisions.

2:15 – 2:30 p.m.

Break

2:30 – 3:45 p.m.

### **Full Commission Discussion of Key Topics**

The full Commission will respond to the reports of the working groups and what consensus they have reached in terms of how to provide funding; contain costs and improve quality; and increase coverage, enhance access to care, and promote wellness and prevention.

3:45 – 4:00 p.m.

### **Wrap-up**

The Co-chairs will describe the plans for the next meeting and for any “homework” the members should be doing before the next meeting.

4:00 p.m.

Adjournment