Legislative Services Agency

MINUTES

Legislative Commission on Affordable Health Care Plans for Small Businesses and Families

July 18, 2007 Second Meeting

MEMBERS PRESENT:

Senator Jack Hatch, Co-chairperson
Senator Joe Bolkcom
Senator Larry McKibben
Senator Amanda Ragan
Mr. John Aschenbrenner
Ms. Amy DeBruin
Mr. David Carlyle, M.D.
Ms. Barb Kniff
Mr. Timothy Kresowik, M.D.
Ms. Julie Kuhle
Ms. Jan Laue
Mr. Eric Parrish
Ms. Patsy Shors
Mr. Russ Sporer
Ms. Sarah Swisher
Mr. Joe Teeling

Representative Ro Foege, Co-chairperson
Representative Dave Heaton (Alternate)
Representative Dave Jacoby
Representative Mark Smith
Ms. Sharon Treinen
Mr. Jay Christensen (Alternate)

Ex Officio Members:
Mr. Kevin Concannon, Director, Department of Human Services
Mr. Steven Fuller, D.D.S.
Ms. Julie McMahon, designee of the Director of Public Health
Ms. Susan Voss, Commissioner of Insurance

MEETING IN BRIEF

Organizational staffing provided by: Ann M. Ver Heul, Legal Counsel, (515) 281-3837

Minutes prepared by: Patty Funaro, Senior Legal Counsel, (515) 281-3040

I. Procedural Business.

II. Reports.

III. Strategic Planning Process.

IV. Introduction of Research Proposal and Budget by Advisory Council.

V. Review of Commission Budget.

VI. Other Business.

VII. Materials Filed With the Legislative Services Agency.

I. Procedural Business.

Call to Order. Co-chairperson Foege called the second meeting of the Legislative Commission on Affordable Health Care Plans for Small Businesses and Families (the Commission) to order at 9:03 a.m. on July 18, 2007, in the Chief Mahaska Room of the Atkins Memorial Union, William Penn University, Oskaloosa, Iowa.

Approval of Minutes of June 20, 2007, Meeting. Dr. Carlyle asked that the minutes, as distributed, be corrected to reflect the absence of Ms. Kimberly Russel at the June 20, 2007, meeting. The correction was noted and the minutes were approved as corrected.

Motions. Co-chairperson Hatch presented four motions to the Commission for approval:

- The Commission requests that the Legislative Council approves the appointment of the Director of the Department of Elder Affairs, or the director's designee, to the Commission.
- The Commission requests that the Legislative Council approves the addition of Mr. Christopher Atchison as a member of the advisory council.
- The Commission requests that the Director of the Legislative Services Agency recommends to the Legislative Council and the Legislative Council approves an agreement with the National Conference of State Legislatures to utilize Mr. Bruce Feustel as facilitator for the Commission in consideration for reasonable and necessary expenses incurred in acting as the Commission's facilitator.
- The Commission approves the appointment of one temporary alternate by each public member to serve in the event the member is unable to attend a Commission meeting. However, the status of a temporary alternate is that of a nonvoting member.

The motions were moved by Senator Bolkcom and seconded by Representative Jacoby. The motions were approved on a voice vote.

Introductions. Co-chairperson Foege introduced Senator Tom Rielly and Senator Rielly welcomed the Commission and guests to Oskaloosa. Representative Eric Palmer was also introduced upon his arrival.

Update on Public Hearings With Governors. Ms. Patty Funaro, Legislative Services Agency (LSA), announced that the workgroup regarding the public hearings to be moderated by former Governors Terry Branstad and Thomas Vilsack met to discuss plans for the public hearings to be held in Council Bluffs on September 4, 2007, Indianola on September 26, 2007, and Davenport on September 27, 2007. The format for the hearings is being developed with input from the governors. The workgroup will provide updates at future Commission meetings.

Commission Blog. Ms. Funaro reported that the Commission's blog for the public to enter comments via the internet is being finalized. Members of the public will be asked to respond to a question which will change on a monthly basis, and the responses will be monitored by LSA prior to posting. The initial question on the blog will be "What do you like or not like about Iowa's health care system or plans?"

Adjournment. The meeting was adjourned at 3:53 p.m.

Next Meeting. The next meeting of the Commission was scheduled for August 15, 2007, in Mason City, Iowa, with the venue and time to be announced at a later date.

II. Reports.

A. National Conference of State Legislatures (NCSL) Health System Conference in New Orleans, LA.

Senator Bolkcom presented the team report from a meeting sponsored by NCSL in New Orleans, June 21-23, 2007, entitled "Using Limited Health Dollars Wisely: What States Can Do to Create the Health System They Want". The Iowa team consisted of legislators, legislative staff, executive branch directors or their designees, and a representative of the Governor's Office. The five primary goals identified by the team were:

1. Design a process to set health priorities so we can find our highest priorities.
2. Create wellness enhancements for state employees.
3. Provide accessible, affordable health care for all children residents in Iowa, including dental and mental health care.
4. Create a comprehensive prenatal and newborn home visitation program for every newborn Iowan.
5. Create transparency for consumers in the health care system.

Senator Bolkcom stated that the team would like the Commission to move forward with priorities 1, 3, 4, and 5, and that the team could move forward with priority 2. Representative Smith commented that the meeting was one of the best he had attended in his years as a member of the General Assembly.

B. NCSL Health Care Chairs Meeting.

Co-chairperson Foege reported that he and Co-chairperson Hatch participated in the NCSL Health Care Chairs Meeting in Washington, D.C., sponsored by a number of organizations including the Kaiser Family Foundation, the American Association of Retired Persons, and the American Academy of Family Physicians. The meeting covered a wide range of health care issues. Both state and federal updates were provided. State presentations included those from Massachusetts, Indiana, California, and Washington. Co-chairpersons Hatch and Foege also met with the Iowa's Congressional delegation and discussed the State Children's Health Insurance Program (SCHIP).

C. Health Data Research Advisory Council Report.

Dr. Pete Damiano, Director, Public Policy Center, and Professor, Department of Preventive and Community Dentistry, University of Iowa, and a member of the advisory council, reported on the activities of the advisory council and provided a recommendation for approaching the issue of health care as the Commission moves forward. The area of health care is complex and each of the areas of cost, quality, and access to health care is huge. The advisory council discussed the idea of thinking about

health care under the umbrella of "coverage" which includes but is not limited to insurance. The issue of coverage could be broken down by populations such as children, young adults, parents, single adults, adults with disabilities, and pre-Medicare adults ages 55-64. Another way to break down the coverage issue is from the payor perspective of business, government programs, and self-pay. The underlying issues, such as cost containment or wellness, could then be analyzed relative to coverage. Dr. Damiano noted that just having insurance coverage doesn't necessarily improve health. He referred to an article published by the Partnership for Prevention listing the priorities for cost-effective preventive services. (The article is posted on the Commission's website at http://www.legis.state.ia.us/lsadocs/IntComHand/2008/IHPAF023.PDF.) Dr. Damiano also suggested that the Commission could analyze insurance coverage of various conditions such as dental insurance or mental health insurance. He suggested that the advisory council could make presentations based on populations or on covered conditions, as an example. He recommended that the Commission keep the idea of health front and center and not focus only on payment issues.

Health Data. In response to a question by Dr. Carlyle regarding the adequacy of data on the insured and uninsured, Dr. Damiano noted that various studies have been performed through the Department of Public Health that provide adequate data and that he would recommend holding off on additional studies until gaps are identified. In response to a question by Representative Heaton regarding the role of the advisory council, Dr. Damiano stated that the advisory council acts as staff to the Commission and will provide information to the Commission to assist it in making informed decisions.

Goals. In response to a question posed to the Co-chairpersons by Representative Heaton regarding the goal of the Commission, Co-chairperson Foege suggested that the goal is to build bridges and to utilize the advisory council in collecting data. The goal is long-term and by the end of the legislative interim, his goal is to develop an outline of how to accomplish long-term health care reform. Co-chairperson Hatch responded that the goal of the Commission is to develop a long-term, comprehensive solution, and that he would want legislation drafted for review by the General Assembly during the 2008 Session.

Children. Dr. Damiano noted that with regard to uninsured children, data derived from a recent study by the Public Policy Center indicate that there was a decrease from 6 percent to 3 percent in the number of uninsured children between the years 2000 and 2006. Of the children still uninsured, three-fourths are eligible for the Medicaid or SCHIP programs. Therefore, Dr. Damiano suggested that in order to cover virtually all children, a new program is not needed but that more funding and outreach would be needed for the existing programs. In response to questions by Senator McKibben and Representative Heaton, Dr. Damiano noted that the percentages cited include children who were uninsured at some time during the year.

Additionally, it was noted that for FY 2007-2008, additional funding was appropriated to the Department of Human Services to provide for additional outreach to as well as coverage for an additional 10,000 children and 6,500 parents in the SCHIP and Medicaid programs. Director Concannon stated that the measure that Senator Charles Grassley is supporting in Congress regarding SCHIP would provide adequate funding to alleviate the current and expanded increase in the program. Dr. Damiano noted that Congressional activity could limit the ability of states to

cover parents under SCHIP, and Director Concannon noted that while some states have already expanded SCHIP to cover parents, Iowa has not.

In contrast to the decline in the percentage of uninsured children in Iowa, Dr. Damiano stated that data indicate that the percentage of uninsured parents has remained the same, at approximately 11 percent, in the period from 2000 to 2005.

Cost. Dr. Kresowik suggested that in addition to coverage, the Commission should focus on the aspect of cost. He queried whether there is some way to measure the cost to those who do not have coverage and are self-pay. Dr. Damiano responded that the underinsured issue is also part of this equation and that there is some data, but it is a moving target. Mr. Sporer added that self-pay patients are charged 100 percent of the cost and that in addition to the cost shifting from those on Medicaid and Medicare, there is also cost shifting from those who self-pay but are not able to cover the costs.

III. Strategic Planning Process.

Co-chairperson Foege introduced Mr. Feustel, Senior Fellow, Legislative Management Program, NCSL, as the facilitator for the Commission. (A brief outline of Mr. Feustel's professional experience is posted on the Commission's website.) Mr. Feustel and Co-chairperson Foege noted Mr. Feustel's connections to Iowa. Mr. Feustel related an experience working with legislators in Belarus and the importance of everyone working together for a common result. He reminded the commissioners that each one of them has something to add and is important to the success of the Commission. Mr. Feustel stated that the purpose of his presence is to assist in pulling ideas out of each member, and that the process will take patience, persistence, and passion.

Mr. Feustel reviewed the ground rules for the Commission which are: listen; participate and be verbal; represent your group, yet recognize that you're part of the larger picture; be open to others' ideas; and end on time.

A. Exercise 1: What's Good.

Mr. Feustel asked that each member introduce himself or herself and share what each likes best about health care or health care plans in Iowa. Responses included:

- The concern that Iowans have for covering kids, and the steps being taken to rebalance health care for persons with disabilities and elders.
- A regulatory system that allows businesses to operate in the state.
- The sense of security that having health care insurance provides.
- The superlative health care providers in the state and the need to ensure that these providers have health care coverage themselves.
- The compassion of Iowans in working together to do better. In building a better health care system, the focus should be not only on the aspect of cost but on the broad-based issue of health.
- Caring for the indigent.
- Having skilled providers and the ability to utilize technology.

- Having a comparatively low rate of uninsured, and having affordable and good quality health care. Going forward, health care/coverage should be accessible, portable, and costs should be contained.
- A good patient population who take care of themselves.
- A lot of local access and high-value care with a good cost-to-quality ratio.
- Having a quality continuum of care and tremendous caregivers.
- Collaboration between providers and patients — they all talk to each other.
- The private/public partnerships.
- Iowans take care of their own.
- The willingness of Iowans to try new approaches.
- Iowans expect better.
- The problems in Iowa relative to health care/coverage are manageable.
- Very caring providers with missionary zeal.

B. Exercise 2: Commission Priorities.

Mr. Feustel asked each member to write on cards the top two problems that need to be addressed by the Commission. The members then formed pairs to discuss their choices. Next the members formed groups of five to six to organize their cards into themes and posted the cards on a wall to share with the group. The results of this exercise are attached as Attachment 1.

C. Exercise 3: Strengths/Weaknesses/Opportunities/Threats/Sleeping Dogs (SWOT) Analysis.

The members were assigned to five groups named for famous individuals with Iowa connections (Donna Reed/Strengths, Buffalo Bill/Weaknesses, Ann Landers/Opportunities, Grant Wood/Threats, and Glenn Miller/Sleeping Dogs) to participate in the SWOT analysis and report their results to the Commission as a whole. The results of the exercise are attached as Attachment 2.

D. Exercise 4: What Do We Want?

The five groups formed to have each member write down three values or principles that guide the member's view of what the Commission needs to do: discuss the choices; analyze the choices in terms of themes, areas of agreement, and tensions; and then report to the Commission as a whole. The results of this exercise are attached as Attachment 3.

E. Exercise 5: Strategic Issues Identification.

The commissioners were asked to pick three to four strategic issues to work on for the rest of the afternoon. In developing the issues, member discussion included the following comments:

- Ms. Shors stated that universal health care is a social contract that needs to be made with all Iowans and requires participation by everyone in the process.
- Ms. Kuhle suggested that an overall principle is that everyone should have health care. A question is whether it should be mandated, like auto insurance is mandated, and if it is

a public right. Another issue is that whatever the strategy for health care reform, it must be doable and sustainable.

- Mr. Aschenbrenner suggested that if everyone assumes that all Iowans should have health care, then what quality health care is needs to be defined and the structure used to provide health care needs to be determined.
- Mr. Sporer noted that there is a distinction between the issue of providing health care and the issue of how to finance health care and how to contain costs.
- Dr. Kresowik stated that everyone must be involved in coming together and must share in the benefits and pain in developing consensus.
- Dr. Carlyle noted that even if a process is established to cover all kids and adults, some will fall through the cracks and the system will still have to deal with those who don't fit the structure.
- Representative Heaton expressed a concern about the limitations on reform presented by the federal Employee Retirement Income Security Act of 1974 (ERISA).
- Senator Bolkcom suggested that the notion of health care could be thought of as we think of roads and education and providing the opportunity for everyone to access health care. He also suggested that all of the money in the current system, if rebalanced, could provide for universal health care.
- Ms. Swisher recommended establishing mileposts or guidelines that move toward universality and then working on the nitty gritty details.
- Co-chairperson Hatch reflected that everyone does have access to education, but not access to the same education. The Commission must decide if every child should have a right to health care as they do education.
- Ms. DeBruin stated that health care needs to be affordable and accessible. A question is if all Iowans believe health care is valuable.
- Ms. Shors stated that the group would have to identify what universal health care is.
- Ms. Kuhle queried whether if the decision is to move toward providing access to affordable health care, people will be allowed to have a choice in that decision.
- Mr. Aschenbrenner suggested that there is a distinction between access to affordable health care and access to insurance coverage. Access to affordable health care is not saying that everyone should have insurance. If someone can afford insurance they could be required to have insurance, and those who can't afford it could be helped.
- Dr. Carlyle stated that if universal coverage is the goal, there has to be a mandate or certain people, such as young adults, will determine that they don't need it, there will be high risks outside the pool, and costs will increase.
- Representative Heaton noted that for any reform, resources would have to be identified to implement the reform.
- Senator Bolkcom suggested that in addition to those who do not have insurance, small businesses, employers, and individuals in the market are also concerned and that the problem is much broader than just the uninsured.

- Co-chairperson Hatch noted that DPH has performed surveys of consumers and businesses. Some populations can be easily covered, but others, such as the employed, may require more in-depth thought.
- Ms. Kuhle stated that the first issue is wanting universal coverage and the second part of that is wanting to control health care costs.
- Ms. Laue noted that the bottom-line issue is affordability.
- The members discussed the distinction between universal coverage and universal health care. Having coverage does not equate necessarily with having access. All Iowans should have access to health care and then the determination is made on how this is funded. Another issue is the role of the state in providing universal access. Key aspects of health are assigned to the Department of Public Health (DPH) and these aspects do not involve insurance. Financing and limitations must also be determined.
- Mr. Parrish queried what universal health coverage would look like. He suggested that Iowans want to know in everyday terms what services would be provided, and then the determination could be made of how to finance the system.
- Co-chairperson Hatch noted that we have a good sick care system, not a system based on prevention and wellness. He noted that universal coverage would require someone to pay for health insurance. Universal care involves the providers and he suggested that if there is an insurance mandate for everyone, everyone should have a medical home so that the notion of prevention is included.
- Mr. Aschenbrenner suggested that the only way that Massachusetts could move ahead so quickly with their health care reform was by establishing a high-level framework and then leaving the details to a smaller group.
- Senator McKibben agreed with an earlier comment by Co-chairperson Foege that whatever is done must be doable and sustainable. He suggested that great progress had been made in covering kids and that options could be reviewed for covering more adults, but he cautioned against mandating coverage overnight in a market economy.
- Ms. McMahon noted the great progress made in public/private partnerships and the role of public health in providing basic care.
- Dr. Carlyle suggested that in order to achieve cost containment, perhaps certain populations could be mandated to have coverage because mandates would help achieve cost containment in the entire system.
- Ms. Laue noted that a 1994 health care reform interim committee developed wonderful ideas, but stalled when the issue of financing came up. She suggested that there is a role for the state in providing for preventive health care for all if it would be doable, and then other existing programs could be expanded to fill other gaps. She also suggested that the Commission needs to talk about the political realities of how much money is available to spend and how much can be done.
- Representative Heaton noted the advances that DPH has made in communities with grants for wellness activities like those in Henry County.

- Senator Bolkcom agreed that Senator McKibben and Representative Heaton made good points that we have a good system and that we could do a number of incremental things that would not be very costly, such as cost containment measures, and measures that would make the system more efficient, such as changes in the insurance industry administrative procedures.

From the discussion, Mr. Feustel suggested the following issues for the members to work through in small groups of their own choice:

- How to contain costs and increase efficiency?
- What kind of resources do we have to pay toward our efforts?
- Do we want universality? What does universal coverage mean?
- Do we want universality? What does universal care mean?
- How do we build on the good system that we have?

F. Exercise 6: Strategic Issues Working Groups.

Commission members worked through the issues identified in exercise 5 to determine the most important initiative, the easiest initiative, the most creative initiative, the most controversial initiative, the underlying conflicts that need to be resolved, and the information or advice that is needed to address the issue. The results of the exercise are attached as Attachment 4.

G. Exercise 7: Wrap-up.

Mr. Feustel asked that members share the most helpful comment they heard from another Commission member during the day. Some of the comments included:

- Senator Bolkcom noted Senator McKibben's comment about his sense of how well the state is doing, especially in improvements in health care for children.
- Representative Jacoby noted that the use of terminology during the day struck him and the need to all have the same concept of terms as the Commission moves forward.
- Ms. DeBruin suggested that what she heard was that the Commission should focus on what can be done to expand what we are doing well in the short-term.
- Director Concannon noted the comments about prevention, including Dr. Damiano's reference to the article on prevention options.
- Ms. Shors noted the issue of determining the meanings of the terms "universal coverage" and "universal health care" and the concept of the use of a medical home for everyone.

Mr. Feustel asked that before the August meeting each commissioner contact at least one other commissioner to discuss their views.

IV. Introduction of Research Proposal and Budget by Advisory Council.

Overview. Co-chairperson Foege introduced Mr. Atchison to review the proposal by the Health Care Data Research Advisory Council to provide information to the Commission.

Mr. Atchison outlined the various proposals.

Staff Support. The first proposal is to provide staff support to the advisory council with a budget of up to $14,000.

Research Study. The second proposal is a research study to be performed by Dr. Gary Rosenthal, Professor of Internal Medicine and Health Management and Policy of the University of Iowa Colleges of Medicine and Public Health, and advisory council member representing the Carver College of Medicine, that reviews and analyzes data related to charity care delivered in Iowa hospitals, including emergency rooms and ambulatory surgical centers. The proposed budget is up to $21,160. Director Concannon asked if the data would be based on hospital charges or costs. Mr. Atchison stated that it would be based on charges. Director Concannon cautioned that the numbers would be greater because the irony in health care is that those without insurance pay based on charges, not costs. Co-chairperson Hatch noted that the initial study would not include data on community health centers, but would include data on the University of Iowa Hospitals and Clinics. Ms. Swisher asked if there were other data sources than those listed, which include the American Hospital Association's annual survey and the Iowa Hospital Association's data. Mr. Atchison responded that Dr. Rosenthal is most comfortable with the data sources listed.

Stakeholder Interviews. The third proposal is stakeholder interviews to be conducted by the State Public Policy Group as a means of determining themes, priorities, perspectives, principles, and approaches regarding health care reform. The Commission members would be able to recommend the stakeholders to be interviewed.

Mr. Aschenbrenner queried whether the stakeholder interviews would be worth doing since the members of the Commission represent many of the stakeholders and are already involved in the work of the Commission. Co-chairperson Hatch responded that the stakeholder interviews would provide a channel of access for those groups that do not have access through the Commission.

With regard to the stakeholder interviews, Dr. Carlyle suggested that the questions posed would need to be very specific and focused. Director Concannon suggested that it might be more productive for the stakeholder interviews to occur later in the process. Co-chairperson Hatch noted that the idea of the interviews is to provide more in-depth information. Senator McKibben suggested that the stakeholders who do not have access to the Commission could express their views at the public hearings in September.

Literature Review. The fourth proposal is a literature review and simulations with a proposed budget that is contingent upon the needs/requests of the Commission.

Co-chairperson Hatch noted that the literature review is pending because there is a significant amount of data available from previous studies and surveys. He asked the Commission members if they would like to have a summary of the various studies/surveys that were completed through DPH and the Public Policy Center and the members agreed.

Commissioner Voss voiced her support for the idea of simulations and said that this would provide policymakers with valuable information that is difficult to develop on short notice during session. She said that having a base model to work from would be helpful.

Approval. Senator McKibben stated that he could support the proposals relating to the advisory council coordination and the charity care analysis, but not the stakeholder interviews and literature

review and simulations. Senator McKibben moved that the Commission approve a motion requesting that the Legislative Council approve the proposed research and budget proposals for the University of Iowa College of Public Health for advisory council coordination and the charity care study and analysis, subject to necessary refinement and negotiation by LSA in consultation with the co-chairpersons. The motion was seconded by Mr. Teeling. The motion was approved on a voice vote. The Commission left for further consideration at some future time the proposals for stakeholder interviews and the literature review and simulations.

V. Review of Commission Budget.

Ms. Funaro presented an estimated budget for Commission expenses, including the expenses of the facilitator, meeting accommodations, consumer member per diem and expenses, staff travel expenses for out-of-town meetings, supplies, and the three public hearings. Dr. Carlyle moved and Co-chairperson Foege seconded a motion requesting that the Legislative Council approve the budget proposal, subject to necessary refinement by LSA in consultation with the co-chairpersons. The motion was approved on a voice vote. At the request of Senator McKibben, staff will post expenditures on the Commission's internet website as they are reimbursed and will provide monthly expenditure updates.

VI. Other Business.

Mr. John McCalley, Director of the Department of Elder Affairs, thanked the Commission for including representation of the Department of Elder Affairs on the Commission.

Ms. Laue asked that information regarding the lieutenant governor's wellness public hearings be included on the Commission's website.

It was determined that if members have questions, data requests, or information to share, these matters should be funneled through LSA.

VII. Materials Filed With the Legislative Services Agency.

The following materials listed were distributed at or in connection with the meeting and are filed with the Legislative Services Agency. The materials may be accessed from the <Additional Information> link on the Committee's internet page:

http://www.legis.state.ia.us/aspx/Committees/Committee.aspx?id=208

- Information from New Orleans NCSL Meeting
- Early Childhood Development - Grunewald
- Health Priorities into Action - Gibson
- Public Health - Hayes
- The Public Policy of Health - Lamm
- Iowa State Team Report (Draft)
- U of I Public Policy Center, Health Policy Research News
- U of I Public Policy Center, New Reports on Child Health in Iowa Links
- Directions to the William Penn Campus and Chief Mahaska Room in the Atkins Memorial Union

- Instructions for Commission Members from facilitator Bruce Feustel
- Disease Management - Submitted by Senator Joe Bolkcom
- Case Management and Kidney Diseases
- Diabetes Care Management
- Cost Saving and Case Management
- Heart Case Management
- Heart Failure Case Management
- Productivity Enhancement for Primary Care Providers using Multicondition Care Management
- Iowa's Workforce and the Economy - Medical Insurance Benefits - Submitted by Commissioner Voss
- Young Adult Health Coverage - Submitted by Brad Trow, House Republican Caucus
- U of I Offers Health Plan for Grads
- Many Young Adults Go Without Health Coverage
- NCSL Facilitator Background
- Strategic Planning Exercises
- Motions
- Motions
- Estimated Commission Budget
- Research and Budget Proposals
- IDPH Responses to Dr. Carlyle Questions
- Division of Insurance - Additional Information Response

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Attachment 1
Exercise 2--Commission Priorities

Theme 1: Wellness/Prevention and Wellness
1. Increased emphasis on Wellness and prevention
2. Prevention of illness--unhealthy living
3. Obesity/smoking
4. Make "person" accountable for "their" health dollars

Theme 2: Health care workforce shortage
1. Health Care Workforce
2. Workers in Health Care
3. Adequate funding--reimbursement

Theme 3. Contain escalating health care costs/Cost of Health Care
1. Cost Management
2. Cost
3. Continued increasing costs of health care
4. Government mandates
5. Assist small businesses in providing insurance
6. Contain escalating health care costs
7. Affordability
8. Cost containment
9. Affordability
10. Cost
11. Cost containment for small businesses
12. Better utilization of most cost effective providers

Theme 4. "Consumer Report" for health care
1. Increase transparency--eliminate confusion
2. Quality and cost reporting

Theme 5. Coverage for families/businesses/uninsured
1. Uninsured Iowans access to affordable health care
2. Adult coverage
3. Access of health care for rural communities
4. Health care for business start-ups
5. Families coverage
6. Coverage of parents
7. Increase numbers insured
8. Mental health coverage
9. Availability

Theme 6. Universal Health coverage for all Iowans

1. Help more adults gain health coverage
2. All Iowans need health insurance
3. Cover the uninsured
4. Equitable payment schedules/broader benefits package
5. Expand long-term care service choices
6. Access for all
7. Mental/dental access

Theme 7. Access/Access to coverage

1. Access to quality care for low-income
2. Reverse decline of health care availability in rural Iowa
3. Health Plan must be portable
4. Bring in those who opt out by conscious decision
5. Access to affordable health care to all
6. Get those on the economic margins in the risk pool

Theme 8. Affordability/Affordable health care

1. Affordable insurance for pre-Medicare adults
2. Reasonable out-of-pocket costs for health services
3. Cost
4. Working adults without insurance or underinsured
5. Affordability to all due to escalating costs
6 Cost containment--diabetic care
7. Help small businesses provide health insurance (affordable)
8. Affordability for participants--may have it available, but can't afford==uninsured
9. Small business affordable health care

Attachment 2
EXERCISE 3 SWOT Analysis

STRENGTHS (Donna Reed Group)

- Quality of care for those insured
- Health care education resources
- Critical Access Hospitals
  Rural health infrastructure - rural health clinics, FQHCs
- High number of insured Iowans (particularly kids)
- Availability of coverage to small business improving
- Collaboration between those involved in health care
- Integration and networking of providers allow for practice opportunities
- National leader in ratio of family practitioners to patients

WEAKNESSES (Buffalo Bill Group)

- Resources
  - Uninsured - Question whether insurance is too expensive or people lack economic ability to buy
  - Unavailability of providers in some areas
  - High administrative costs of insurance
  - Duplication of services
- Procedures
  - Overutilization of treatment, high tech equipment, drugs
  - Doctors and other providers need to collaborate and respect one another's roles
  - Inefficient due to lack of information
- Performance
  - System income-driven - doctors paid to do tests, procedures
  - Acute care model - not prevention/wellness model
  - Consumers have no incentive to stay well

OPPORTUNITIES (Ann Landers Group)

-Quality/cost reporting (Care)
-Evaluate quality outcomes in other national systems
-Implement public/private projects - best practices
-Take advantage of national attention i.e. Iowa caucuses
-National economic incentives for solutions

- Increasing awareness of wellness
- Incentives to individual providers
- Relax more

THREATS (Grant Wood Group)

- Federal control of entitlement programs that affect Iowans
- International health care issues - cheaper coverage overseas?
- Aging of the baby boomers
  - How will we handle this bubble
  - Shortage of providers (retirements)
- Misinformation about worldwide health care systems
- Pandemics and infrastructure to handle it
- Inability of a technological hookup between providers and people
- Social barriers

SLEEPING DOGS (GLENN MILLER GROUP)

- Life choices
- Personal responsibility of health
- Extending life with low quality and high costs
- I need to know…
- Focus on insurance
- System other than insurance
- Profit in health care
- Aging population
- Veterans' health issues
- Inaccurate information
- Varying costs for covered vs. noncovered
- Complexity - choices
- Overutilization

Attachment 3
EXERCISE 4 - What do we want?

Ann Landers Group - Themes

Agreement:
- Strive for a healthy Iowa
- Every Iowan deserves and receives quality health care - just like a quality public education
- Measurable results - high quality

Tensions:
- Health care - right or privilege?
- "Socialized" health care
- Mandate

Buffalo Bill Group - Values

Agreement:
- Wellness/prevention/ education important
- Universal coverage
- Health care is a right - a social contract - like public education

Tensions:
- Quality vs. personal responsibility, availability, access

Glenn Miller Group

Agreement:
- Fairness
- Basic coverage for all

Tensions:
- Individual responsibility
- Terminology
- Fix all vs. doable

Donna Reed Group

Agreements:
- Every Iowan have access to health care coverage
- Everyone have a medical home
- Personal and shared responsibility
- Portability and sustainability
- Cost containment

Tensions:
- Basic vs. high quality health care and what is basic
- Level of public payment participation

Grant Wood Group

1. Do what legislation directed us to do - "Affordable health care plans for families and small businesses"
2. Sustainable - build on our strengths in Iowa.
3. Incentivize personal responsibility/ positive choices (prevention)
4. Flexible choices for care/insurance

Attachment 4
EXERCISE 6 - STRATEGIC Issues Working Groups

1. Working Group 1 - How to contain costs and increase efficiency?
   -Easiest:
   - Cover more uninsured adults like we did with kids
   - Eliminate duplication of services - coordinate care - gatekeeper, medical home
   - Better use of ancillary services
   - Use schools to deliver care to families

   -Tensions- Disagreements
   - How quality/results/satisfaction of U.S. system compares to other countries
   - Whether small employer coverage should be required to provide all mandated care

2. Working Group 2 - What kind of resources do we have to pay toward our efforts?
   - Federal Role
     -Starting point for providers
     -Other states for federal buy-in
     -Can we renegotiate?
   - Going into system now
     -Charity care - uncompensated - who?
     -Public purchasers?
     -Incentives
     -Private investment
     -Section 125 IRC

3. Working Group 3 - Do we want universality? - Coverage
   What does it mean - care, coverage?
   - Near-universal coverage(not total) coverage
   - Must discuss "mandating"
   - Current approach must be changed
   - Single payer(Medicare for all) - high cost
   - Need to define care and coverage (include pharmaceuticals)
   - Shared responsibility - reminders, etc.

4. Working Group 4 - Universality - Care
   - Medical home
   - Health care work force
   - Risk pools
   - Determine minimum plan

- Individual and/or employer mandate
- Insurance reform (coverage or pool)
- Ability to pay?
- Cost containment
- Decisions on experimental/high cost procedures - state board to decide

5. Working Group 5 - How do we build on the good system that we have?
   - Expand hawk-I for all children (easiest, important)
   - Provide wellness component to parents of children on state assistance plans (creative)
   - Mandates (controversial)
   - State based reinsurance for small employer groups
   - Early screening and detection mental health (creative)
   - Wellness for state employees - become change agents for all Iowans
   - Costs (Information needed)
   - Help uninsured
   - Help underinsured
   - Cost analysis
   - I vs. unknown (personal responsibility)
   - Basic coverage
   - Educate - consumers, providers
   - Prevention incentives
   - Individual co-payment
   - Provide security for all
   - Fairness
   - Doable
   - Simple