

**DELAWARE HEALTH CARE COMMISSION
FEBRUARY 3, 2011
DELDOT ADMINISTRATION BUILDING
FARMINGTON/FELTON CONFERENCE ROOM
DOVER**

MINUTES

Commission Members Present: Bettina Riveros, Chair; Theodore W. Becker, Jr.; Thomas J. Cook, Secretary of Finance; A. Richard Heffron; Rita Landgraf, Secretary, Delaware Health and Social Services; Janice E. Nevin, MD; Dennis Rochford, and Fred Townsend

Commission Members Absent: Karen Weldin Stewart, Insurance Commissioner, and Vivian Rapposelli, Secretary, Services for Children, Youth and Their Families

Staff Attending: Paula Roy, Executive Director; Marlyn Marvel, Community Relations Officer; Robin Lawrence, Executive Secretary and Linda G. Johnson, Administrative Specialist

CALL TO ORDER

The meeting was called to order at 9:05 a.m. by Bettina Riveros, Commission Chair.

MEETING MINUTES OF JANUARY 6, 2011

Fred Townsend made a motion to approve the January 6, 2011 meeting minutes. Ted Becker seconded the motion. After a voice vote, the motion carried.

RETREAT REPORT

Chairwoman Riveros reported that she notified relevant parties that the Commission would submit its annual report after it has reviewed the Retreat report.

Ms. Riveros said she thought the Commission had an excellent discussion at its retreat. Discussion included the role of the Health Care Commission, Commission priorities, and a plan for executing priority activities. Secretary of Finance, Tom Cook, agreed that it was a valuable forum.

Ted Becker said it was a good opportunity to look at what the role of the Health Care Commission will be in light of what is going with federal health reform and during the session the Commission outlined some productive roles for the Commission in the future.

Ms. Riveros informed members of the public that the Commission focused on some key issues at the Retreat, with a very heavy focus on stakeholder outreach with respect to the Affordable Care Act. Secondly, the Commission did discuss three initial priorities with respect to the implementation of the Affordable Care Act and the role of the Health Care Commission.

Action

The Commission approved the January 6, 2011 DHCC meeting minutes.

It is time for the Delaware Health Care Commission to issue its Annual Report and Strategic Plan 2011 which will provide the basis of the Commission's work plans for the next year. The final version of the Annual Report will be submitted to the Governor and General Assembly.

Those three priorities were 1.) the implementation of a Health Insurance Exchange that is appropriate to Delaware; 2.) improving systems of delivery of care, including items such as patient centered medical homes, and fostering innovative ideas; and 3.) workforce development and capacity.

Although the Commission identified three priority areas, it is anticipated that there will be focus on other areas as well. It was noted that there is a massive amount of information, particularly regarding the Affordable Care Act, and there will be many policy issues to address. Stakeholder outreach is a current priority, particularly regarding design issues for an Exchange. During the outreach events the Commission will give an overview of the Affordable Care Act and invite input on roles for the Commission in the priority areas and other areas.

Paula Roy gave a summary of the Commission's retreat discussion and asked Commissioners to respond as to whether the discussion was captured accurately. This will provide the basis of the Commission's work plans for the next year and the final version of the Report and Plan to be submitted to the General Assembly.

The Commission's mission was reaffirmed:
The Commission is an independent public body reporting to the governor and Gen. assembly, working to promote access to affordable care for all of Delawareans.

The Commission's key objective has always been to promote access to affordable health care while maintaining cost and promoting quality. The enactment of the federal Affordable Care Act fundamentally changes how the Commission achieves that objective in that there is now a federal framework for reform.

The Affordable Care Act is very comprehensive and managing implementation activities could be approached either by subject matter or by implementation timelines.

Mrs. Roy reported that of the Commission's three priorities for the immediate future Health Benefit Exchange design and function issues must be addressed first. This is driven by a tight implementation timeline that will force states to make key decisions about Exchanges in a fairly tight time frame.

The second and longer term priority is driving and reforming the delivery of health care. This arises from the belief that it is not enough to make health care more available; it is also necessary to identify ways to make delivery more effective, with improved quality that leads to better health. At the Retreat, Commission members talked about the Commission being a place where ideas

At the Retreat, Commissioners decided three priorities are 1.) the implementation of a Health Insurance Exchange that is appropriate to Delaware; 2.) looking at systems of delivery of care, including items such as patient centered medical homes; and 3.) workforce development and capacity moving forward.

and innovation can be incubated-the DHIN being a successful example.

The third priority deals with assuring an adequate supply and distribution of health care professionals to deliver care.

Specific roles for the Health Care Commission:

- *Collect information and data*

Stay informed on key elements of the Affordable Care Act and its impact on Delaware, as well as the unique aspects of health care delivery and financing in Delaware.

- *Gather stakeholder input*

Learn and understand the multiple perspectives on various aspects of the Affordable Care Act in particular and health care delivery and financing in Delaware in general. Understand the impact of reforms on all stakeholder groups.

- *Perform analysis and assessments*

Analyze data and stakeholder input so that objective assessments can be offered and aggregates of points of view can be provided. The Commission should be positioned to be the place where issues are vetted and, to the extent possible, consensus is achieved. Its recommendations must be objective.

- *Lend expertise to the General Assembly*

be able to explain multiple viewpoints and offer best assessments and recommendations for courses of action

- *Be the "honest broker"*

Recommendations coming from the Commission must be based on assessments and analyses of stakeholder viewpoints, data and research and be strategies that improve the delivery of care, manage cost and improve overall personal and population health.

- *Be an incubator*

The Commission is the place where innovative ideas can be incubated. Potential areas range from Health Benefit Exchange design and governance issues, to service delivery changes and health promotion. Incubation activity requires partnership across state agency lines and with the private sector.

- *Conduct or foster research*

The Commission has historically performed well when its recommendations are based on a combination of consensus building and research. In order to be the "honest broker" the Commission must have facts at hand.

Specific roles for the Health Care Commission:

- *Collect information and data*

- *Gather stakeholder input*

- *Perform analysis and assessments*

- *Lend expertise to the General Assembly*

- *Be the "honest broker"*

- *Be an incubator*

- *Conduct or foster research*

How the Commission will operate

- *Assess its expertise*

The Commission collectively has a rich array of expertise. However, there are areas where specific expertise may be lacking. The Commission should recognize those areas and identify ways in which it can gain knowledge where it may be missing.

In terms of Commission composition, the perspective of nursing is important and is currently missing.

The Commission should conduct a gap analysis to identify expertise residing with current commissioners and knowledge gaps. The Commission should then identify ways to bring lacking expertise into its discussions.

- *Form partnerships*

Many of the knowledge gaps can be filled or the incubator role performed is through partnerships and collaboration with other state agencies, private sector interests and organizations falling under the Health Care Commission's purview. For example, the Department of Insurance last year addressed pre-authorization issues regarding nuclear stress tests. While the issue was rooted in insurance industry practices, the medical aspects and the system delivery aspects of the issue went beyond insurance. Are there other areas like this where the Commission could help? The Commission should be willing to help if future issues like this arise and are brought to its attention.

With regard to health professional workforce development issues, it will be important to engage DIMER and DIDER in Commission activities. In addition it will be important to form partnerships with education, higher education, the Health Sciences Alliance and the Department of Labor.

- *Communication*

It is important that the Commission communicate clearly and effectively with multiple stakeholders. It can perform a consumer education role. Explaining what the Commission does to the public and policymakers is very important. A set of guiding principles will convey to the public how the Commission endeavors to conduct itself.

The Commission should develop a strategy for communication on all levels. Offers to provide assistance have been made and should be accepted.

In particular the Commission has learned that many non-profits are interested in training staff and agency volunteers on various

How the Commission will operate

- *Assess its expertise*
- *Form partnerships*
- *Communicate*

elements of the Affordable Care Act. The Commission could develop a communication plan that assists in this, allowing agencies to train their staff and volunteers in areas where they can play a valuable communication role.

While communication on all levels is critical, communication with legislators should be a priority. It is likely that legislators will be approached from many perspectives regarding various aspects of the Affordable Care Act, and it is important for the Commission to communicate what it is doing and how it plans to assist the General Assembly.

Ms. Riveros asked Commissioners to review the draft of the guiding principles and share feedback for expansion or amendment. She believes access to affordable health care for individuals and the small business community is a key area right now.

Mr. Becker added one comment to the Guiding Principles, under *'Gather Points of View'* and *'Understanding Points of View'* he thinks that it is important to note the rural areas of Delaware and the differences in the delivery of health care in urban, suburban and rural areas.

Ms. Riveros agreed with Mr. Becker, adding it is a very good point to take into account the nature of some of our communities, both rural and urban, as well as other issues, with respect to diversity.

RESEARCH AND POLICY DEVELOPMENT

Affordable Care Act – Exchange Planning

- Briefing and Discussion – Exchange Functions – Timeline for Planning

Chairwoman Riveros said there would be heavy focus on Exchange planning, with significant outreach to the public, over the next six to eight weeks. It will be critical to understand and determine the best approach for Delaware as the Commission makes recommendations on whatever action is necessary to implement the appropriate Exchange for Delaware.

Ms. Riveros said Delaware received a federal Exchange Planning grant and is finalizing the selection of the consultant to assist in the planning.

States have three options for Exchanges: a state-based Exchange, forming a regional Exchange or doing nothing, in which case the federal government will establish and operate and Exchange. Most states are concluding that it will be very difficult to form regional exchanges because states' regulatory environments are

Delaware received a Federal Exchange Planning grant

so different. Nor has there been much activity regarding federal Exchanges.

Once the planning activities are completed federal funds are available for Exchange implementation if Delaware decides to develop a Delaware Exchange.

Ms. Roy and Ms. Riveros have developed a stakeholder outreach plan, which was included in the meeting materials. Dates need to be added. Through the end of March there will be a series of public meetings with various stakeholders. They will include the small business, the larger business, agents and brokers, medical providers and others. The Commission is working with the Small Business Caucus of the General Assembly to provide overviews and briefings on Exchanges. Meetings with health plans have already occurred and have heard specific concerns and information on how plans think the Exchange should be developed. In February or March the Commission staff will be utilized to consolidate all the information received and present it in a concise and focused manner to the Commission. The General Assembly will be briefed after that.

Two weeks ago Secretary Landgraf and Ms. Riveros briefed the Legislature on the Affordable Care Act. They met with the joint sessions of the House and Senate Insurance and Health Committees to share Delaware's experience to date and advise members of the role of the Health Care Commission. It is anticipated that subsequent meetings will be scheduled after the stakeholder meetings have concluded, probably in April. It was noted that the Commission may find that it needs more information before making recommendations.

Ms. Riveros would like input from Commissioners on what other information or expertise they feel will be needed to make recommendations or present options.

Secretary Landgraf has formed a Steering Committee of representatives of state agencies impacted by implementation of the Affordable Care Act. Currently it is looking at operational and IT issues to be addressed. The work of that committee will feed up to the Commission.

Rich Heffron asked if using uniform enrollment forms is part of the requirements for Exchanges. He reported that the business community has asked for this for many years. He has served on many task forces that have called for form simplification, but there has been little success.

and is finalizing the selection of the company which will be assisting in the planning

Through the end of March there will be a series of very open public meetings with various stakeholders.

The Commission will review aggregate recommendations in March and April and it may be that the Commission finds it needs more information before it makes recommendations to the House and Senate Insurance and Health Committees.

Secretary Landgraf answered that she does not believe that uniform forms are prescribed, but noted that it will be an issue since people will have to be able to check for eligibility for public programs such as Medicaid and S-CHIP through an exchange. Standardization, particularly in the IT area will need to occur.

Ms. Roy observed that during the DHIN planning and development, data senders agreed on a standard in which results are delivered. Maybe there is some opportunity to build on that collaboration.

Ms. Roy reported on Exchange Planning and Implementation grants. While Delaware is just now hiring a consultant for the Exchange Planning Grant, the US Department of Health and Human Services has issued a notice for implementation grants. The Implementation grant guidance gives states four times throughout this year to apply for the implementation grant. This is in recognition that states are in very different places in their planning activities, and states that are farther along may want to apply for Implementation sooner than Delaware. Application dates throughout the year are March 30, June 30, September 30, and December 30. It is the best assessment of the Health Reform Workgroup that Delaware would be best to apply for the Implementation grant on June 30th. The reason for that is that Delaware's Planning grant period ends September 30. Waiting until September 30 to make the application would create a lag in activities. The Workgroup recommends to the Commission that it places implementation in jeopardy to have that lag in activities.

Secretary Landgraf said it would be a benefit to have the Planning grant consultant firm still available to work with the Implementation grant so that the technical assistance from the consultant could be used in writing the Implementation grant request. This may allow the planning to be streamlined.

Ms. Roy directed Commissioners to the 'Exchange Planning Timeline 2011' document in the meeting materials and she summarized the timeline for the next six months, which focuses on Exchange planning activities. In late Spring the Commission may want to look at Workforce issues.

- February
 - Consultant for planning activities engaged
 - Commission-sponsored stakeholder events scheduled
 - Health Reform workgroup begins review of draft Exchange legislation for Commission review
- March
 - Commission completes stakeholder events
 - Commission discusses and analyzes result of stakeholder

We are at the cusp of bringing on consulting services for the Planning grant.

States have four different times throughout this year that they can apply for the implementation grant: March 30, June 30, September 30, and December 30.

It would be a benefit to have the Planning grant consultant firm still available to us to work with the Implementation grant group for some overlap so we could use that technical assistance from the Planners.

In late Spring the Commission may want to look at

- input
 - Commission begins review of Exchange legislation
 - Consultant begins work
- April
 - Commission continues analysis on Exchange design, function and governance
 - Work completed on Exchange legislation
- May
 - Additional meetings as necessary
 - Discussion with General Assembly
- June
 - Exchange legislation enacted
 - Delaware applies for implementation grant

Workforce issues.

Ms. Roy said Ed Ratledge, Director of the University of Delaware's Center for Applied Demography and Survey Research, is conducting research that will help with market analysis estimates of the populations that will be affected or might take advantage of purchasing insurance through the Exchange.

Ms. Riveros added Mr. Ratledge's work was enabled through the Exchange Planning grant because it required an environmental scan of Delaware.

Dr. Nevin pointed asked, given that there are other states much further ahead of Delaware in Exchange planning, if there is a way to learn from them in terms of what did they put in place and, if they had to do it over again, what would they have included that they didn't include. Dr. Nevin expressed concern that the members of the Commission do not have all the expertise needed to make recommendations. Given the newness of this activity, it is possible that the Commission may not know what questions to ask.

Ms. Riveros said that the Commission can benefit from the experience of states that are ahead. She agrees that it is important to determine the areas of expertise needed. For example, Exchange design issues can have a significant impact on the insurance market. The research that Ed Ratledge will conduct should provide some information in that regard. The Commission could contact other states to learn about the expert advice they have received and either report back or invite some of those people in. At the last meeting, the Commissions discussed the need to have the expertise of a health economist. Ms. Riveros has spoken with others who have used a health economist. She suggested that the Commission might benefit from having

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someone from other states that have implemented Exchanges to talk about their experience.

Dennis Rochford asked whether Delaware should consider aligning with Pennsylvania, New Jersey and Maryland in terms of Exchange planning and implementation, particularly if the option of a regional exchange is seriously considered.

Ms. Riveros responded that she has spoken to colleagues in other states, and has concluded personally that it may be several years down the road before Delaware wants to create a compact or collective with other states. Given the aggressive timeline, to work through Delaware's governance and regulatory issues, it might turn out that it is more efficient in the short term to only consider a state based Exchange. The coordination of governance and regulatory issues across states is difficult. In addition there is not much interest in Delaware from other states, especially given the state's demographics. She did note that New England states are looking for opportunities to share resources in terms of Exchange planning and operations. Maryland is farther ahead than Delaware. Delaware has tried to coordinate some Medicaid work with Pennsylvania, and experience suggests that it takes a long time. The Exchange timeline is prescribed in the Affordable Care Act, and it is unlikely that the timeline will allow for collaboration with other states.

Ms. Roy added that conventional wisdom is that the regulatory environments are so different in states and even though an Exchange is a gateway to Medicaid and CHIP, it is really about making insurance available and affordable in the small group and individual markets. The way Maryland approaches that market and the way Delaware does are very different. On the surface, it sounds attractive because it would increase the pool, and the size of the pool is going to be an issue for Delaware. However, working through all the regulatory issues might be a little more than the time frame allows.

Mr. Becker said that it is possible that some business and agents may want to consider a regional exchange because of the small size of a Delaware pool.

Ms. Riveros said Delaware is small, there is a risk of adverse selection in the pool but one major goal is for premiums to be lower. Initially a federally operated Exchange sounded attractive because of the potential for a larger pool. However, Delaware would give up some controls if it opted for a federal Exchange. After receiving feedback, the Commission may decide to push harder and more aggressively to reach out to other states.

Secretary Landgraf agreed that Mr. Becker raised good points about leveraging, and suggested that employers are very focused on health care costs. Discussions with employers might reveal useful information.

- **Wisconsin Exchange Prototype**

The State of Wisconsin set up an on-line model of what an Exchange could look like. Experiencing what one state envisions as an Exchange may be helpful. It is available through the DHCC web site <http://dhss.delaware.gov/dhcc/>.

Dr. Nevin has viewed the Wisconsin prototype and said the prototype makes it very real. She believes it would be a helpful tool at stakeholder outreach meetings - it takes a concept which is difficult to understand and shows what it looks like in practical terms.

Mr. Heffron said Dr. Nevin makes a good point. The public is concerned about how it will affect them, their family and what it is going to take out of their pockets.

Ted Becker said Exchange issues will be very important to the small business community, and agreed that the Exchange concept is very nebulous at this point.

- **Delaware Exchange Planning Activities**

Ms. Roy reviewed some of the specific activities detailed in the Request For Proposal (RFP) for consulting services for the Exchange planning grant, funded through the federal government.

Expectations include:

- comprehensive program planning
- technical skills
- financial modeling
- actuarial assistance
- insurance expertise
- knowledge of public health programs (the Exchange needs to be a gateway to public programs such as Medicaid and S-CHIP)
- develop a work plan
- project management
- analyze and sift through information pertaining to Exchanges
- design issues and considerations as legislation is developed

The consultant will compile a report to include:

- identify the regulatory issues if an Exchange is going to be developed successfully
- doing the functions Delaware determines it should do
- sort through pros and cons of various governance options

The State of Wisconsin set up an on-line model of what an Exchange could look like. Experiencing what one state envisions as an Exchange may be helpful. It is available through the DHCC web site <http://dhss.delaware.gov/dhcc/>.

The Request For Proposal (RFP) for consulting services for the Exchange planning grant is funded through the federal government.

- financial sustainability – Exchanges have to figure out how to finance themselves after 2016.

A fundamental assumption in the thinking that led to the creation of the Exchanges is that people, as their income situation and life situation changes, may be moving in and out of an Exchange to access health insurance, because they may access coverage through Medicaid, then become employed and access coverage in the private market. A key function of the Exchange is to make the transition from public to private insurance as easy as possible.

Ms. Riveros added there was a news story on the radio this morning about that specific issue. A recent analysis suggested that some people may have periods of time without coverage because of the churning in and out of programs. It was suggested that they may need to stay in Exchanges longer.

Secretary Landgraf pointed out the potential for an awkward overlap if Delaware applies for the Exchange implementation grant June 30 because planning activities do not end until September 30. By June, the Commission has to be at point where it knows what it wants to say in the grant application. Planning activities will wrap up while waiting for notification on the Implementation grant.

Ms. Riveros pointed out that the consultant can help drive decisions, but emphasized that the Commission, not the consultant, has the responsibility to consider the options and make any recommendation to the Legislature.

Mr. Rochford asked why legislation creating the Exchange needs to be enacted by June 30 this year if Exchanges become effective January 1, 2014. He asked about the Exchange legislation versus the planning work product.

Ms. Riveros answered that the Exchange has to be up and running effectively by January 1, 2014, but it has to be able to enroll people by July 1, 2013, which means as far as IT work and operations in that testing mode in the first quarter of 2013. The enabling legislation would address granting a governing authority to a body to create the Exchange, run it, determine the financial model and be budget neutral.

Mr. Rochford also asked if the Health Care Commission will function in the development of the Exchange the way it did with DHIN; being the focus of building, developing whatever the Exchange looks like, then turning the operations over to another entity.

Expectations of the consultant include:

- comprehensive program planning
- technical skills
- financial modeling
- actuarial assistance
- insurance expertise
- knowledge of public health programs (the Exchange needs to be a gateway to public programs such as Medicaid and S-CHIP)
- develop a work plan
- project management
- analyze and sift through information pertaining to Exchanges
- design issues and considerations as legislation is developed

Ms. Riveros said the Commission should consider that, as well as other issues. For example, should the Exchange be more of an open market, or more highly regulated? The Commission will need to consider and determine the most appropriate structure for Delaware, considering what will be most beneficial for the target customers of the exchange – small businesses, individuals, providers, etc. There will be an opportunity to use Exchanges to help achieve other policy goals, such as driving delivery system reform. How much Delaware decides to push requirements through exchanges will be important.

- **Stakeholder Engagement Plans and Timeline**

In its January meeting, the Commission discussed it being very important to talk to insurance agents and brokers, small businesses, and meetings have started already. Meetings with health plan representatives will be scheduled individually. Issue papers from health plan companies have already been received, raising their concerns about the Exchanges.

Meeting with large employers are also going to be important and Rich Heffron, as Vice-President of Government Affairs with the Delaware State Chamber of Commerce will facilitate those meetings. Beginning in 2017 states will have the option to open Exchanges to larger employers.

Meetings will also take place with no-profits. It is recommended that they be approached in two ways: One, non-profits that are organized around specific health issues (diabetes, cancer) that have a nonprofit perspective but a broader perspective on specific health issues. Other nonprofits operate as nonprofits but have similar problems as small employers.

Consumer input is also important. Two specific organizations to contact are AARP and the League of Women Voters.

As many groups and perspectives as possible will be gathered.

At quarterly meetings with partners in the CHAP, Ms. Roy said they have already started to inviting discussion about the roles as community health care providers and the Affordable Care Act.

Other interests include educational facilities, particularly those that have a role in training health care professionals. Other specific organizations include the Health Science Alliance, the Council on Health Promotion and Prevention and Workforce Investment Board.

Dr. Nevin suggested adding general groups of home health providers and hospice providers.

Ms. Riveros added the Delaware Public Policy Institute.

Ted Becker suggested including the United Way with nonprofits, and added that it could play a significant role.

Dr. Ray Sukamar cautioned to think carefully about the medium used to reach people.

SYSTEM DELIVERY

- Stakeholder Engagement – Phase Two

Ms. Riveros said that as the Commission addresses its other priorities, such as system delivery, patient centered medical homes and perhaps accountable care organizations, a second stage of stakeholder outreach should occur. It is hoped that in May or June a workgroup could be formed to begin work on those areas.

INSURANCE REFORMS

Linda Nemes - the Department of Insurance (DOI)

Ms. Nemes reported to the Commission that:

- legislation is drafted
- DOI is working on several aspects of the reform
 - the actuaries are doing an analysis so DOI can draft a letter to the federal government about the loss ratio
- proceeding with two federal grants
 - interviews for the position of ombudsman are completed and selection has been tentatively made and awaiting final approval
 - a contract with the two nonprofits who will work with the Ombudsman in the Consumer Assistance Program have been executed
- the spreadsheet Ms. Nemes mentioned at the last DHCC meetings has been completed, populated and awaiting final approval before being posted on the DOI web site.
- work is being done with the vendor to do a web site compare so consumers can key in some elements and get comparisons of cost for health insurance
- DOI is in the process of initiating meetings with non profit organizations that will be working on the ombudsman program.

There is specific legislation focused on legislation in the Affordable Care Act and include allowing adult children to stay on their parents health insurance policies until age 26; eliminating lifetime caps on coverage and eliminating annual limits on coverage.

The purpose of our legislation is to give Delaware the authority to enforce any action necessary. From what DOI has seen from the

carriers with their filing, they are complying and there have not been any issues.

OTHER BUSINESS

Tracking for grants and funding continue and referred Commissioners to an updated spreadsheet. So far, the total awarded to governments has been \$7,829,000.00 and \$5.7 million has been awarded to non-government agencies.

PUBLIC COMMENT

Dr. Joann Fields asked if the proposed legislation from the Department of Insurance or the Delaware Health Care Commission will be available for citizens so they can advocate to their representatives and how will that become available.

Ms. Riveros said the Commission will be putting together a model and bring it back to the Commission for more discussion. The Commission can make it available to the public for their input. That can be done at a meeting or through the DHCC web site. The Commission is working collaboratively with the Insurance Commissioner's Office so Exchange legislation would come from the Commission.

Secretary Landgraf said Dr. Fields may be interested in what the Department of Insurance is packaging to make their regulatory authority. As soon as the meeting with the Legislative body takes place, Linda Nemes is going to have it posted on the DOI web site. Ms. Nemes said the bill to allow adult children to stay on their parents health insurance policies until age 26 is Senate Bill 2.

Fred Townsend added there are other sources too. The State of Delaware web site has links to legislation once it is approved.

Dr. Robert Frelich asked for the Commission use microphones to ensure the guests can hear everything being said. Secondly, he asked how the Commission functions vis-à-vis state government. Ms. Riveros explained that the Health Care Commission is an independent body, with members of the Administration. Members will be working with contacts in the Legislature and the Administration to communicate recommendations.

Secretary Landgraf and Ms. Riveros specifically told members of the House and Senate Insurance Committees and Health Committees that they would offer additional reports and recommendations once the stakeholders meetings have concluded. Secretary Landgraf added that she and Ms. Riveros have quarterly briefings with the Governor on the work of the

Health Care Commission and they prepare a weekly report to the Governor.

Maria McCable, representing the Board of Trustees of the Delaware Multiple Sclerosis Society, asked if she could participate in stakeholder meetings. Ms. McCable suggested the Commission consider meeting with labor unions.

Nicholas Moriello, a Delaware insurance broker attending on behalf of NAIFA (National Association of Insurance and Financial Advisors), said he is aware that the State has issued an RFP for consulting services for Exchanges. His understanding is that the selected consultant will be making recommendations to the State regarding Exchanges, but it also sounds as though the Commission will be doing that. He asked for clarification. Ms. Riveros clarified by saying the consulting firm will be working for the state. It will assist in the planning activities, but the Health Reform Steering Committee of state agency people and the Health Care Commission will be making final recommendations

Secretary Landgraf emphasized that the Steering Committee is not separate from the Health Care Commission and that its work reports to the Commission. Ms. Roy added that the Steering Committee looks at implementation in terms of how state government operates. The Steering Committee will likely identify policy issues for the Commission.

Ron Simmons, the Delaware State President for NAIFA, said his association is communicating with about 15 other NAIFA states that are doing similar things the Commission is trying to accomplish here. He may be able to supply information or ideas from those other states.

George Meldrum from the Nemours Foundation, asked if the Commission has decided if it is going to take positions on legislation. Secretary Landgraf suggested that the Commission could look to its Guiding Principles to help determine that.

Mr. Rochford asked if that could be handled when the Commission updates its statute. It is unclear whether that will occur this session.

Dr. Nevin cautioned that being too active in taking positions on legislation could be overwhelming, particularly if people expects the Commission to take a position on every piece of legislation. She agrees that the current Commission statute is outdated. She agreed that looking to the Guiding Principles would be very helpful. If legislation is relevant to the Commission's work – for example legislation creating an Exchange, it may be advisable to

Secretary Landgraf emphasized that the Health Reform Steering Committee as separate from the Health Care Commission. An organizational chart or flow chart would help people start to conceptualize these groups and at what level they are touching.

take a position.

Mr. Rochford agreed that the Commission should carefully choose when it takes positions on legislation.

Rich Heffron said there may be instances where the General Assembly or a Committee may ask the Commission for an opinion. In that case, the Commission will have to decide it is appropriate to do so and supply information.

NEXT MEETING

The next meeting of the Delaware Health Care Commission is March 3, 2011, at the Department of Transportation Administration Building, First Floor, Farmington /Felton Conference Room, 800 Bay Road, Dover.

ADJOURN

The meeting adjourned at 10:45 a.m.

Next Meeting

The next meeting of the Delaware Health Care Commission is March 3, 2011, at the Department of Transportation Administration Building, First Floor, Farmington /Felton Conference Room, 800 Bay Road, Dover.

GUESTS

John Allen	Allen Insurance
Thomas Besthola	Optometry
Diane Cain	Multiple Sclerosis Society
Jeanne Chiquone	American Cancer Society
Barbara DeBastiani	Wheeler and Associates
Dr. JoAnn Fields	Family Practice Physician
Dr. Robert Frelich	Medical Society of Delaware
Michele Haranin, OD	Delaware Optometric Association
Cheryl Heiks	Cozen
Rebecca Kidner	
Travis Lehman	
Maria McCable	Multiple Sclerosis Society
Matt Meehan	Pfizer
George Meldrum	Nemours Foundation
Michael Moriello	National Association Insurance and Financial Advisors
Linda Nemes	Department of Insurance
Sheila Nutter	Hewlett Packard
Gina Perez	Advances In Management
Karryl Rattay, MD	Division of Public Health
Rosa Rivera	Henrietta Johnson Medical Center
Christine Schiltz	Parkowski, Guerke and Swayze
Debra Shears	National Association Insurance and Financial Advisors
Ron Simmons	Delaware President, National Association Insurance and Financial Advisors
Wayne Smith	Delaware Healthcare Association
Ray Sukumar	DPS
Betsy Wheeler	Wheeler and Associates
Greg Williams	Delmarva Rural Ministries