

**DELAWARE HEALTH CARE COMMISSION
JANUARY 6, 2011
DELDOT ADMINISTRATION BUILDING
FARMINGTON/FELTON CONFERENCE ROOM
DOVER**

MINUTES

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

Commission Members Absent: 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 OCTOBER 7, 2010

Rich Heffron made a motion to approve the October 7, 2010 meeting minutes which was seconded by Ted Becker. After a voice vote, the motion carried.

Action

The Commissioners approved both the October 2010 and December 2010 DHCC meeting minutes.

MEETING MINUTES OF DECEMBER 2, 2010

A motion to approve the December 2, 2010 meeting minutes was made by Rita Landgraf and was seconded by Rich Heffron. After a voice vote, the motion carried.

INFORMATION TECHNOLOGY

Transfer of DHIN contracts

When the Delaware Health Care Commission had oversight of the DHIN, contracts with DHIN vendors and the federal government were executed with the DHCC. These include: Advances in Management, Inc.; Medicity, Inc.; Allscripts, LLC; Advanced Data Systems Corp.; Cerner Healthcare Solutions, Inc.; eClinical Works; Henry Schein Medical Systems, Inc.; STI Computer Services, Inc., and contract number HHS29020050012C with the Agency for Healthcare Research and Quality (Delaware Health Information Network Demonstration Project).

Action

Contracts which had been the responsibility of the DHCC were assigned to the DHIN.

Pursuant to Senate Bill 231, the Delaware Health Information Network (DHIN) became an independent entity from the Commission effective January 1, 2011 and a new Board of Directors designated.

Two resolutions were distributed to the Commissioners for consideration to transfer contracts, which had previously been the responsibility of the Commission, to the DHIN.

Action

Mr. Becker made a motion to approve assignment of the contracts to the DHIN and Secretary Landgraf seconded. The motion carried after a voice vote.

Chairwoman Riveros will execute the contracts and deliver to the appropriate individuals.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

State Loan Repayment Program – Paula Roy

The Loan Repayment Program has the following funds available for distribution:

- \$85,000 available in State DIMER funds through June 30, 2011
- \$67,214 available in State DIDER funds through June 30, 2011
- \$35,000 available in federal matching funds through August 30, 2011
- \$100,000 available in ARRA federal matching funds through Sept. 29, 2011 (*must have State match*)

Remaining in current FY 2010 federal funds

- \$155,500 was available in federal matching funds through August 30, 2010 (*must have State match*)

A no cost extension request has been submitted to be able to use these funds through Fiscal Year 2011. A decision is still pending.

Review of DIDER Application

The Loan Repayment Committee and DIDER Board of Directors reviewed the following application and made its recommendation.

1. *Site: Peninsula Dental, Peninsula Crossing, Route 113 South, 26670 Centerview Drive, Unit 19, Millsboro, DE 19966*
 - previously approved site
 - the practice treated approximately 4,125 patients in the previous calendar year, of which 875 were below 200% of Federal Poverty Level.

Gloria Wu, D.M.D

Dr. Wu received a degree in biochemical engineering from Rutgers University, Rutgers College and School of Engineering, New Brunswick, NJ and a D.M.D. degree from Temple University Kornberg School of Dentistry, Philadelphia, PA. She completed her

Dental residency at Christiana Care Health System in Wilmington, DE. Dr. Wu is a first generation American citizen and is fluent in Chinese.

Dr. Wu's debt burden is approximately \$331,000.00 (verified).

- Funding: State funds

Recommendation for Gloria Wu

The Loan Repayment Committee recommended that Dr. Gloria Wu be awarded \$25,000 for a two year commitment.

The DIDER Board of Directors recommended that Dr. Gloria Wu be awarded \$25,000 for a two year commitment with an addendum that additional funds may be provided contingent upon availability of funds at the end of the Fiscal Year.

Review of DIMER Applications

The Loan Repayment Committee and DIMER Board of Directors reviewed the following applications and made the following recommendations.

Site Application

Delmarva Rural Ministries, 36 Wyoming Avenue, Dover, DE 19904

- non-profit site in a federally designated primary care and dental HPSA
- in 2009, this DRM site treated 9,972 patients; 4,683 primary care, 4,846 general dental care and 443 mental health care (not located in a mental health HPSA). Of those patients, 4,230 were below 200 percent of Federal Poverty Level.

DRM is planning to recruit one family practice physician and one nurse practitioner.

Recommendation for Delmarva Rural Ministries

The Loan Repayment Committee and DIMER Board of Directors recommended that Delmarva Rural Ministries be approved as a practice site, and that \$25,000 (\$12,500 state funds plus \$12,500 federal funds) be reserved to assist with recruiting a family practice physician and a nurse practitioner.

DRM's progress in recruiting will be reviewed in April and the Loan Repayment Committee will make a determination at that time whether to recommend that the funds remain reserved for Delmarva or released to another applicant, so that they are spent by June 30.

Health Care Commission staff will speak with staff at Delmarva

Rural Ministries to discuss the Loan Repayment Program policies and procedures.

Advanced Degree Practitioners

Applicant: Erin Fletcher, DO

4. *Site: Beacon Pediatrics, 18947 John J. Williams Highway, Suite 212, Rehoboth Beach, DE 19971*

- A group pediatric practice located in a Federally designated primary care HPSA
- Thirty five percent of the 1,246 patients fall under Medicaid or S-CHIP.

Erin Fletcher, DO

Erin Fletcher graduated from Boston (MA) College with a Bachelor of Science degree in biology and a Doctor of Osteopathic Medicine from Philadelphia College of Osteopathic Medicine. She completed a residency in Pediatrics at Crozer Chester Medical Center, Upland, PA.

A board certified pediatrician, she accepted a position at Beacon Pediatrics in July 2010. Dr. Fletcher's debt burden is approximately \$217,000.00 and she is interested in a *three* year commitment.

- Funding: State funds

Recommendation – Erin Fletcher, DO

The Loan Repayment Committee and DIMER Board of Directors recommended that Dr. Erin Fletcher be awarded \$25,000 for a two year commitment.

Applicant: Sherin Ibrahim, DO

5. *Site: Clinic by the Sea, 16295 Willow Creek Road, Lewes, DE 19958*

- Site is in a Federally designated underserved area
- Last year the practice saw 10,000 patients – 20 percent/Medicaid or S-CHIP, 50 percent /Medicare, and 5 percent were uninsured

Sherin Ibrahim, DO

Born in Riyadh, Saudi Arabia, Dr. Ibrahim is an American citizen and is fluent in Arabic. She received a Bachelor of Life Science from New York Institute of Technology in Westbury and a degree as a Doctor of Osteopathic Medicine from New York College of

Osteopathic Medicine, Old Westbury. Her residency in internal

medicine was completed at Morristown (NJ) Memorial Hospital.

Dr. Ibrahim's debt burden is approximately \$36,200.00 (verified) and she is interested in a three year commitment.

- Funding: State funds only

Recommendation – Sherin Ibrahim, DO

The Loan Repayment Committee and DIMER Board of Directors recommended that Dr. Sherin Ibrahim be awarded \$5,000 for a two year commitment.

Tracey D. Frazier, PsyD, LCSW, LCDP

Tracey Frazier, PsyD, LCSW, LCDP was awarded a two year contract for loan repayment last June to practice at the Delaware Hospital for the Chronically Ill in Smyrna. Dr. Tracey Frazier has withdrawn from the Loan Repayment Program. Although no funds have been released on her behalf to her lender, her award included federal funds, which required that the following default provision be included in the contract:

DEFAULT PROVISION: Should the participant breach this written contract by failing to complete the specified service commitment the participant will owe the State of Delaware an amount equal to the sum of the following:

- a. The total of the amounts paid by the State Loan Repayment Program to, or on behalf of, the participant for loan repayments for any period of obligated service not served;*
- b. An amount equal to the product of the number of months of obligated service not completed multiplied by \$7,500; and*
- c. Interest on the amounts above at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach, except that the amount the State of Delaware is entitled to recover shall not be less than \$31,000.*

The Commission sought guidance from Deputy Attorney General Stuart Drowos on whether the default provision would apply to Dr. Frazier, given that no funds have been disbursed.

Ms. Riveros asked if Deputy Attorney General Stuart Drowos will reach out to the Federal Government about Dr. Frazier's withdrawal from the State Loan Repayment Program because matching Federal funds were a portion of the award.

Ms. Roy answered that Mr. Drowos was of the opinion the government did not need to be notified because no breach of contract occurred since no funds were disbursed. He advised

that a letter should be sent forthwith to Dr. Frazier voiding the contract and absolving SLRP from repaying her loans.

Chairwoman Riveros suggested it may be worthwhile for DAG Drowos to look at that provision in the contracts and insert a clause that addresses that the default provision not be triggered until tender of the first payment of funds to a lender so that it is very clear in the future and gives applicants an opportunity to withdraw from that agreement.

Action

Mr. Townsend made a motion to allow the deputy attorney general to determine whether the loan repayment form could be amended to clarify the point at which the default provision of the State Loan Repayment Program is activated. It was noted that the form may have been prescribed and the Commission may not have the luxury of making any amendments to it.

Action

Fred Townsend made a motion to approve the recommendations of the Loan Repayment Committee and DIDER and DIMER Boards for SLRP funding. Ted Becker seconded the motion. After a voice vote the motion carried.

Karen Weldin Stewart asked how much money the State funds are lacking to match the Federal funds and Ms. Riveros replied about \$30,000.00. Each 'State funds only' SLRP award will continue to draw down State monies and decrease the availability of funds to match the Federal money.

Division of Public Health Oral Health Grant

Ms. Roy informed the Commissioners that the Division of Public Health applied for and was awarded a Federal grant for '*Oral Health Workforce Activities.*' The grant includes \$200,000 to recruit pediatric dentists to Kent and/or Sussex Counties for two years - \$100,000 for year one and \$100,000 for year two. Year One ends June 30, 2011 and Year Two ends June 30, 2012. Funds will be distributed through the Commission's loan repayment program and the funds will be transferred to the Commission to make the awards.

The grant requires a State match of \$40,000.00 but the money only needs to be applied broadly to the state loan repayment program, rather than the two specific awards. Current loan repayment awards to dentists will qualify for the state match, including previously allocated FY 11 SLRP funding.

The DIDER Board will soon be meeting to discuss strategies to

Action

The Commission voted to amend the default provision of the SLRP contract.

Action

The Commission accepted the funding recommendations for the Loan Repayment applicants.

recruit a pediatric dentist and the DHCC and Higher Education Commission staff is working together to draft rules and guidance for this award to avoid any confusion about awards made under the Workforce Activities grant and awards made under the regular loan repayment program.

The Federal guidelines for this grant are fairly liberal so the new guidelines need to be clear that the new Workforce Activities awards are made under guidelines that are separate and distinct from other SLRP awards.

RESEARCH AND POLICY DEVELOPMENT

Update: Affordable Care Act - Karen Weldin Stewart, Delaware Insurance Commissioner, and Linda Nemes – Delaware Department of Insurance (DOI)

Linda Nemes reported that legislation is needed to bring Delaware's insurance laws into compliance with the new insurance reforms enacted as part of the Affordable Care Act. Specific reforms that have already taken effect include allowing adult children up to age 26 to remain on their parents' policies; elimination of pre-existing condition exclusions; elimination of annual and lifetime limits on policies and elimination of co-pays for preventive services. Delaware law will need to be changed to comply with these new federal provisions. Chapters 33 and 35 of Title 18 of the Delaware Code will be affected by these changes.

Commissioner Stewart added that legislation was drafted and DOI staff met with Senator Blevins and Representative Short, chairs of the Senate and House Insurance Committees. They have agreed to sponsor the bills.

DOI received two grants – one award is \$149,000. 00 for the *Consumer Assistance Program* for an Ombudsman. DOI will bring a person on board to work with its Consumer Services Division. This Ombudsman will have direct contact with persons with questions in relation to their coverage, helping with enrollment and other activities provided for in the grant.

The U S Office of Consumer Information and Insurance Oversight (OCIIO) holds training sessions and periodically provides information on program operation.

Commissioner Stewart noted that state Insurance Commissioners meet often to discuss insurance reform issues contained in the Affordable Care Act and have met with President Obama and US HHS Secretary Kathleen Sebelius. Activities are coordinated through the National Association of Insurance Commissioners.

Legislation is needed to bring Delaware Code into compliance with Federal laws.

DOI will bring an Ombudsman on board to help persons with questions in relation to their coverage, helping with enrollment and provide all of the activities the Federal Health Care Reform wants an Ombudsman to advocate for consumers.

The *Premium Rate Review Grant* awarded all of the states \$1,000,000.00. Delaware is in a good position with this because Delaware was given the authority in October 2009 to actively review the rates and either to approve or disapprove.

Commissioner Stewart already reviews every health rate increase request submitted to the Department, after DOI actuarial review.

The grant encourages increased transparency in the rate review process, and DOI is developing several web site enhancements. One is a spread sheet which will list all companies that have requested rate increase, what happened in the review and the amount approved. This will allow consumers to know how and if their plans are affected. It is important to note that this information is only available for "fully insured" plans and will not affect self funded plans. Self-funded plans are not subject to regulation by state insurance department. Generally large employers choose to self-insure.

Ms. Roy said the Affordable Care Act also places limits on medical loss ratios for plans, meaning there is a limit on how much plans can spend on administrative functions versus medical expenses. Large group plans are limited to and 80 percent medical loss ratio and small plans have an 85 percent medical loss ratio. DOI will consider this when reviewing rates.

Insurance companies provide the Department of Insurance with spreadsheets which Commissioner Stewart reviews. If she notes a great disparity in plans she questions why one product is higher and the companies have to provide and explanation for their business practices.

There was a general discussion about input from the small business community and the following points were raised: Has DOI received many inquiries? Answer: very few. The State Chamber of Commerce has not heard much from small businesses regarding health reform. Speculation is that over years most small business owners have come to expect increases and they are simply waiting to see how the Affordable Care Act will impact them.

Dr. Ray Sukumar, member of the public, noted that his insurance rates have increased forty percent. More information and assistance is needed.

Ms. Riveros asked Ms. Nemes to provide a brief summary of what benefit the DOI Ombudsman will deliver to Delawareans. Ms. Nemes said the Ombudsman will go one step further than the DOI Consumer Services Division does. The Ombudsman will help

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consumers with enrollment issues in their health insurance plan; will contact self-funded plans to help clarify issues and questions for consumers. There will be real-time help for non-English speaking people. While the DOI Consumer Services Division does this with referrals, the Ombudsman will have more of a hands-on, direct contact in helping to identify services that may be available to people and connecting them with the appropriate agencies for enrollment.

Ms. Stewart said the Insurance Commissioners are particularly excited about the feasibility of the Ombudsman being able to contact self-insured plans on behalf of consumers, particularly in Delaware where the Department of Insurance estimates that 80 percent of the population is covered by self-insured plans.

Ms. Nemes said the Ombudsman will help individuals with the internal and external appeals process for adverse claims decisions. The Ombudsman will tell people how to file an appeal, advise what their rights are and, if necessary, act as an advocate with the insurance carrier in the appeal process and get the external appeals to the utilization review organizations, independent of the insurance carriers, to make sure that the consumer is protected.

Update: Affordable Care Act

Ms. Riveros noted that Delaware has been awarded an Exchange Planning Grant, which will assist in determining how and if to establish a state based Health Benefit Exchange. DMMA – Medicaid is the lead agency in administering this grant and has issued an RFP for consulting services to help identify and guide key policy decisions that will need to be made. Bids will be reviewed shortly and it is hoped that a contract will be awarded soon. The Commission will need to work very aggressively to make recommendations on Exchange design issues.

Exchange planning should be a very collaborative effort. A very critical component will be stakeholder outreach.

Ms. Roy reported on grants applied for and received under the Affordable Care Act. The Division of Public Health received an award of \$250,000.00 for Personal Responsibility Education. The Clearinghouse Committee has approved it.

Funding is available for the purpose of purchasing school based health center equipment. That grant was originally withdrawn by the issuer but then new guidance was issued in the fall. The first part of that grant was submitted at the end of November and the second part will be submitted January 12th. Delaware hopes to receive about \$250,000.00 for that project. The Clearinghouse is scheduled for this month.

The Ombudsman will help individuals with the internal and external appeals process for adverse claims decisions; tell people how to file an appeal, advise what their rights are and, if necessary, act as an advocate with the insurance carrier in the appeal process and get the external appeals to the utilization review organizations, independent of the insurance carriers, to make sure that the consumer is protected.

Supplemental funding has been provided for adult Behavioral Risk Factor Surveillance System surveys, which measures health behaviors. It is not a new survey. Clearinghouse has approved this funding.

Ms. Riveros said it would be helpful to have a running tab of benefits to be received by the State and if there are other awards to non-State agencies we are aware of, it might be helpful to know of them as well or have a breakout to share that information.

Secretary Landgraf said it is known the Federally Qualified Health Centers received money; the University of Delaware, Del Tech and Delaware State University for workforce development and the Retiree Reinsurance Program which has helped about 10 – 12 private companies.

Ms. Roy noted that it is easier to track funding coming into state agencies that awards made to non-state agencies. Nonetheless, staff will work to maintain communication with non-state agencies so that a more complete picture of federal Affordable Care Act funds can be drawn.

Stakeholder Outreach

Ms. Riveros invited commissioners to discuss the outreach to stakeholders to assure that multiple points of view are communicated to the Commission as aspects of the Affordable Care Act are implemented.

For example, other states have created panels to focus on specific issues, such as care delivery or Health Benefit Exchanges. It will be important to develop methods to open discuss and receive input from multiple stakeholders, including the public, business community and provider. It will also be important to establish a communication strategy with the General Assembly.

Discussion

Secretary Landgraf agreed that the discussion is important, noting the DHSS has received inquiries from many groups. The Commission will be the vehicle for monthly public input, but it is very important to conduct more broad and focused outreach activities. Delaware needs to position itself to implement the Affordable Care Act based on solid data and public input.

Now that Delaware has the Health Benefit Exchange Planning grant, the Commission is interested in the public's input.

Commissioner Stewart believes having forums are a great way of communicating to people. She suggested that video conferencing

The Clearinghouse Committee establishes state goals and objectives for maximizing the utilization of federal aid and nonfederal aid programs. It promulgates procedures and guidelines for all state departments, agencies, public and higher education covering applications for federal grants and nonfederal grants.

The Clearinghouse requires, upon request, any state department, agency, public and higher education receiving a grant of money from the federal government or a nonfederal grant to submit a detailed report to members of the Committee of expenditures and program measures for the fiscal period in question.

could be an important way to conduct outreach activities.

Dr. Robert Frelich (member of the public) commented on the importance of addressing quality of care, noting that quality care is not necessarily more expensive care.

Dennis Rochford inquired about the capability to conduct webinars, saying they can be an effective way to communicate with specific groups and the public. The Commission should identify the pertinent partners and then break the Affordable Care Act down to bite-size, easy to understand pieces by prioritizing 3 or 4 salient points that where input is important.

Ms. Riveros suggested finding out how other states are approaching this issue.

Lolita Lopez (member of the public) said she recently attended a forum with 25 or 30 community service providers who serve many of the people who will be affected by the Affordable Care Act. They were asking for expertise to come to their organizations and 'train the trainer' so when clients come to them they can respond with factual information and steer them to the right place. She suggested that the Commission include the Delaware Association of Non-Profit Agencies (DANA) as a partner who could reach out to many of the other non-profits in the community so the people affected could translate real information in real time.

Secretary Landgraf agreed that there might be value in providing technical guidance where possible in training so that professionals dealing with public populations are able to clearly articulate various aspects of the Affordable Care Act. This is important because there is a massive amount of information, and it is difficult to decipher and prioritize which is important.

Dr. Nevin observed that there are multiple purposes for communication strategies. One concerns general information about the Affordable Care Act and identifying the tools to make sure that anyone who wants general information gets it. Using technology is a must because some of that information is going to change and there must be a means to make changes quickly. A second purpose is to have specific stakeholder input so that as the Commission develops plans and makes decisions it has the connection with the key stakeholders who will be impacted by the decisions. It is important to remember that because there is so much uncertainty the key question is, 'How is this going to impact me?' That is the kind of dialogue the Commission needs to have. The Commission needs to hear what people are worried about. This will allow it to develop a plan to impart information they need to feel reassured, but, also, so the Commission learn and make

sure that what it does meets community need.

Ted Becker said it is important to note that implementation will be an incremental process and it will be a challenge to talk about what will happen from now to 2014. People really want to know what will happen to them. He also noted that the use of webinars is a great strategy, but should not be the only strategy to communicate with people, as it will miss certain people.

Webinars would be appropriate for some audiences, but there was consensus that public forums were also important.

Rich Heffron said he already had Secretary Landgraf, Ms. Roy and Ms. Riveros make presentations to the different Chamber groups. He noted that webinars might be good for reaching the small business community because they are busy running their businesses and may not have the time to attend meetings. While it is important for the Commission to receive input from the business community, it is equally important that the Commission provide good information to allow businesspeople to understand the law.

Joann Hasse (member of the public) suggested a one or two page document be distributed to all of the Legislators, to make them aware of whom is doing what - that the Health Care Commission has been named as the body to do it, what the Insurance Commissioner's Office is doing it. Legislators have a pipeline to their constituents. Maybe also share it with the newspapers.

Fred Townsend said the agent/broker community tends to be on the front lines and know what their client's problems are better than anyone. It is extremely important to include input from them early in the process. Ms. Nemes said the National Association of Insurance and Financial Health Advisors (NAIFA) is one of the first organizations the Commission should contact.

Mr. Heffron agreed, citing an example of a health plan the State Chamber offered a few years ago. The plan was five percent less if businesses did not use a broker, but very few opted to purchase the plan because they were so tied to their brokers.

Mr. Townsend pointed out that brokers tend to align themselves with their clients rather than the companies they represent. They have to advocate for their clients.

Mr. Becker concurred with Ms. Townsend. He observed that many are not comfortable that they know enough about the Affordable Care Act. In addition they are wondering how it will impact their business.

Cheryl Heiks (member of the public), said that communication is a complicated, but not necessarily difficult process. The Commission should consider developing a multi-pronged plan that recognizes that people learn and absorb information at different rates and in different ways. It is important to develop a strong communication strategy using the internet, the media and other platforms. Communication professionals to be able assist in this area. She recommended engaging people to help. People may not want to leave their businesses, but they may be willing to view something on the internet at their convenience. Conferences and meetings could be video-taped then made available on the internet.

Dr. Sukumar (member of the public) said it is important to let people know when grants are available.

Brian Posey (member of the public) agrees that it is important to find out what is already going on in terms of Affordable Care Act implementation and communicate it. This will allow people in the community to tap in when areas of unique concern are addressed.

Ms. Lopez (member of the public) agreed that the public can benefit from public meetings noted the disadvantage is it can be a very slow process.

Mr. Posey suggested that the DHCC has a great opportunity to elevate its standing and knowledge in the community, create enhanced media outreach and focus on simply talking: What is happening? What is the change? How does it affect me? Where do I go to get more information?

Ms. Riveros said another role for the Commission to play is the dissemination of information on a timeline basis – what went into effect in 2010, what will go into effect in 2011, etc. This could be a way of making the information simpler. FAQ's could be developed after events to summarize the discussion.

Barbara DeBastiani (member of the public) suggested the DHCC consider establishing a speaker's bureau. This allows people who have particular expertise in various areas of the Affordable Care Act speak on those topics.

Others agreed. If this is developed it is important to let agencies know so that when large conferences are planned the speaker's bureau could be tapped to talk about various aspects of the Affordable Care Act.

Ms. Riveros said it would be good to take advantage of existing meetings and conferences, so people can provide input and not

have to go to another meeting. A plan for outreach will be developed for review at the next Commission meeting.

Commissioners and public observers viewed an animated video produced by the Kaiser Family Foundation that gives an overview of the Affordable Care Act. It takes 1,000 pages of the Affordable Care Act and boils it down to key issues. Following is the link to the video: <http://healthreform.kff.org/the-animation.aspx> which will also be available on the Commission website.

PUBLIC COMMENT

Ms. Riveros closed the meeting with the statement that the Commission will bring an outline of outreach strategies to the February meeting.

Next Meeting

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

ADJOURN

The meeting adjourned at 11:00 a.m.

Next Meeting

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

GUESTS

Tami Brown	Merck
Judith Chaconas	DHSS/Division of Public Health/Bureau of Health Planning Management
Jeanne Chiquone	American Cancer Society
Barbara DeBastiani	Wheeler and Associates
Dr. JoAnn Fields	Family Practice Physician
Robert Frelich	Medical Society of Delaware
Donna Goodman	Westside Family Healthcare
Michele Haranin, OD	Delaware Optometric Association
Joann Hasse	League of Women Voters
Cheryl Heiks	Cozen
Emily Knearl	Planned Parenthood
Travis Lehman	
Lolita Lopez	Westside Family Healthcare
Matt Meehan	Pfizer
Linda Nemes	Department of Insurance
Sarah Noonan	Westside Family Health
Sheila Nutter	Hewlett Packard
Karryl Rattay, MD	Division of Public Health
Rosa Rivera	Henrietta Johnson Medical Center
Lillian Ronneberg	Hewlett Packard
Siamak Samii, M.D.	Medical Society of Delaware
Lisa Schieffert	Delaware Healthcare Association
Christine Schiltz	Parkowski, Guerke and Swayze
Ray Sukumar	DPS
Jose Tieso	Hewlett Packard
Betsy Wheeler	Wheeler and Associates