

Policy Examiner

Dispatches about the Colorado Commission on Affordable Health Care



Debate on Public Health Exposes Political Divide on Commission

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The Colorado Commission on Affordable Health Care finally began substantive discussions of health care costs at its December 8 meeting, with commissioners confronting a major question: Where do we start?

The commission's first big policy discussion on health costs after four months of administrative and organizational meetings also laid bare a political schism about the role of public health and social influences on health care costs.

The cost of health care is a huge and complex topic, and commissioners debated whether and how they should narrow their study. The legislature created the commission this year and gave it three years to make a comprehensive study of ways to reduce health costs.

"We all consume health care, but we're not the best consumers," said Marguerite Salazar, a nonvoting member of the commission and director of the state Division of Insurance.

Salazar said she is encouraged by new ideas such as comparison pricing, where people can use databases to compare the cost of similar treatments at different hospitals. She also pointed to Connect for Health Colorado, where consumers can comparison shop for their insurance policies.

"I think those are real creative things to do. For the longest time, we've just taken what was handed to us," Salazar said.

Commissioner Sees a 'Dictatorial' System

Linda Gorman, health care policy center director for the Independence Institute, said the commission needs to study costs from both a population and individual perspective. But she also criticized the work of public health departments and ridiculed them for focusing on

Leadership election, staffing decisions scheduled for January

Plenty of organizational work remains for the Colorado Commission on Affordable Health Care, and much of it will be decided at the January 12 meeting.

Election of officers: A chair and vice-chair will be elected. Commissioners can nominate themselves at the January meeting. Bill Lindsay and Cindy Sovine-Miller have been serving as the interim chair and vice-chair.

Contracting with staff: Twelve people or groups have expressed interest in contracting for staff work, including both administrative and data analysis duties. The jobs could be split among two or three contractors, Lindsay said. He intends to present finalists for the contracts to the full commission at the January meeting. (The Colorado Health Institute has applied to perform the data analysis work.)

Travel schedule: The commission is required to meet in each congressional district, and commissioners discussed a new travel plan at the December 8 meeting. Instead of the original proposal for listening sessions spread across much of next year, commissioners are now considering a set of public hearings that could quickly cover much of the state next August and September. Commissioners think, for example, that they could reach Pueblo, Alamosa and Durango in one trip of two or three days.

Also, commissioners want the hearings to be more focused than an open-ended listening session. Instead, they would like members of the public to react to different cost-cutting proposals or list the top strategies for the commission.

A travel schedule will not be finalized until the commission hires its staff.

projects like building bike paths.

"It's not your job to tell me how to live, or what I should eat, or that I should lose five pounds," Gorman said, referring to public health campaigns. "It's turned into a very dictatorial system."

Commissioner Steve ErkenBrack, however, said social factors need to be studied, but it doesn't necessarily mean the commission will recommend measures such as one championed by former New York City Mayor Michael Bloomberg to ban super-size sodas.

"Identifying a cost driver is not the same thing as prescribing change," said ErkenBrack, president and chief executive officer of Rocky Mountain Health Plans. "That doesn't mean you're going to take a Bloombergian approach to this."

Commissioner Cindy Sovine-Miller, a political consultant, said that diabetes is on the rise, but food labels have no recommended daily limits of sugar intake.

"I think those are factors that are absolutely relevant to the cost of health care, and we have to look at those and not silo them or pretend they're irrelevant to the cost of health care," Sovine-Miller said.

Gorman thought otherwise.

"Twenty years ago, salt was the enemy," Gorman said. "There's no evidence that salt is a problem for normal people."

Gorman also said public health experts have overestimated the death rate from smoking and obesity.

The commission did not make a final decision on its work

Staffing Needs of the Commission

The Colorado Commission on Affordable Health Care has been slow to begin its substantive work, in part because it has no staff. An ad-hoc planning committee of the volunteer commissioners has handled all arrangements until now. Staff will be hired for three functions:

Support

- Developing and posting agendas
- Taking minutes
- Arranging meeting sites
- Staffing subcommittee meetings

Administrative

- Developing and maintaining the budget
- Communicating with the press, legislators and public
- Fundraising
- Arranging for speakers and other resources

Research

- Identifying data, speakers and articles of interest
- Examining what Colorado and other states have done
- Helping write reports to the legislature

plan at the December 8 meeting. But members of its planning committee will use the meeting's discussion to begin crafting an agenda for the group in 2015.

The commission's next meeting is January 12 at 12:30 p.m. at Regis University in northwest Denver, in the Mountain View room of Claver Hall.

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