



# Health Care Cost Analysis Task Force

January 17, 2020

303 E 17th St, 11th Floor, Conference Room 12B, Denver



# HB19-1176 Health Care Cost Savings Act of 2019

## Phase 1 FORM

Sep 2019 – Dec 2019

- ✓ Create **Task Force**
- “**Norm**” (*bylaws, meetings dates/locales, action between meetings, contact info*)
- **Level set knowledge** of health care costs, **identify desired info**. *What has been done in CO? Elsewhere?*
- ✓ By Oct 1, **issue basic RFP**
- ✓ Create **DQ Scoping / Planning DQ**

## Phase 2

### ASK / LEARN

Jan 2020 – Aug 2020

- **Education** needed? Materials? Speakers?
- Complete **DQ Scoping / Planning** process →
- By **???**, create & post **RFP / DQ for Cost Analysis**
- By **???**, select & engage **entity for Cost Analysis**
- **Fundraise**
- **Stakeholder meetings** (3-5)

## Phase 3

### EVALUATE / RECOMMEND

Sep 2020 – Aug 2021

- By **???**, receive **analysis**
- By **Jan 1, 2021**: report **preliminary findings** to General Assembly (*introduce analyst, method/process, explain next steps*)
- By **Sep 1, 2021**: submit **final report** with all findings to General Assembly

**FY20:** \$92,649 (\$5,200 task force travel; \$87,449 analysis) - \$5,000 Level setting

**FY21:** \$92,649 (\$5,200 task force travel; \$87,449 analysis)



# 1176 Task Force - Agenda, 1/17/20, 2:30-4:30p

303 E 17th St, 11th Floor, Conference Room 11A, Denver



| TOPIC   | ACTION  | Presenter   | Time   |
|---|---|---|--|
| <b>Call to Order, Introductions, Conflicts of Interest 2:30p</b>  |   | Mitzi   |  |
| <b>Agenda</b>   | <b>Approve</b>  | Mitzi   | 5 minutes  |
| <b>Minutes, 1/3/20</b>  | <b>Approve</b>  | Carrie  |  |
| <b>Public Comments</b>  | Listen  | Mitzi   | 10 minutes   |
| <b>Task Force</b> <ul style="list-style-type: none"><li>• New Member</li><li>• Meetings in Community linked to Stakeholder meetings</li><li>• Website</li></ul>   | <ul style="list-style-type: none"><li>• Update</li><li>• Update</li><li>• Update</li></ul>                            | <ul style="list-style-type: none"><li>• Mitzi</li><li>• Sen. Ginal</li><li>• Mitzi</li></ul>  | 10 minutes   |
| <b>Projects</b> <ul style="list-style-type: none"><li>• State Procurement Process</li><li>• DQ for Scoping &amp; Planning – selection</li><li>• DQ / RFP for Cost Analysis – release date?</li><li>• Level setting knowledge – anything further needed?</li></ul> | <ul style="list-style-type: none"><li>• Discuss</li><li>• <b>Select</b></li><li>• Discuss</li><li>• Discuss</li></ul> | <ul style="list-style-type: none"><li>• Nick / Michelle</li><li>• Monica / Michelle</li><li>• Monica / Michelle</li><li>• Mitzi</li></ul> | 25 minutes<br>60 minutes<br>5 minutes<br>5 minutes |
| <b>Adjourn: 4:30p</b>   |   |   |  |



# DQ for Scoping & Planning



**Status:** 2 responses (CO School of Public Health & CHI)

## Timeline

- Dec 13: Scoping & Planning DQ released.
- Jan 2: Responses due.
- Jan 3: Task Force Meeting – update.
- Jan 10: Scoping/Planning DQ Committee reviews responses, prepares summary. [HANDOUT](#)
- Jan 17: Task Force discusses & selects Scoping/Planning vendor.
- ???: Vendor presents product to Task Force. Task Force determines DQ or RFP.
- ???: Release Cost Analysis DQ or RFP.



# DQ or RFP for Cost Analysis

TBD

*will be shaped by results of Scoping and Planning DQ*



# HB19-1176, Health Care Cost Savings Act of 2019

The Task Force must issue a **competitive solicitation** to select an analyst who will provide a **detailed analysis of fiscal costs and other impacts** of:

1. The current health care financing system, in which residents receive health care coverage from private and public insurance carriers or are uninsured;
2. A multi-payer universal health care system, in which all residents of Colorado are covered under a plan with a mandated set of benefits that is publicly funded and paid for by employer and employee contributions; and,
3. A publicly financed and privately delivered universal health care system that directly compensates providers.

*MUST analyze these. MAY include a 4<sup>th</sup> – depending on time and resources.*



# HB19-1176, Health Care Cost Savings Act of 2019

## Each analysis MAY:

- Include **1<sup>st</sup>, 2<sup>nd</sup>, 5<sup>th</sup>, & 10<sup>th</sup> year costs**
- Set **compensation for licensed providers** at levels that result in net income that will attract and retrain necessary providers
- Include **benefits reimbursed at 120% of Medicare rates** for CO residents temporarily living out of state
- Define, describe, & quantify the **# of uninsured, underinsured, & at-risk insured** individuals in each system
- Include the provision of **benefits** that are the **same as required by federal act**
- Identify **health expenditures by payer**
- Identify **out-of-pocket charges** including coinsurance, deductibles, and copayments



# HB19-1176, Health Care Cost Savings Act of 2019

## Describe how the system provides:

- **Services required by the federal act**
- **Medicare-qualified** services
- **Medicaid services & benefits** = or  $\geq$  current (w/ equivalent provider compensation rates)
- **Medicaid services & benefits** for individuals with disabilities who don't meet asset or income qualifications & who have the right to manage their own care & the right to durable medical equipment
- Coverage for **women's health care & reproductive services**
- **Vision, hearing,** and **dental** services
- **Access** to **primary specialty services** in **rural CO** & other **underserved areas** or **populations**
- **Behavioral, mental health,** and **substance use disorders** services





# HB19-1176, Health Care Cost Savings Act of 2019

Provide a review of existing literature regarding the collateral costs to society of high health care costs which may include:

- **Cost of emergency room, urgent care, & intensive care treatment** for individuals who are unable to afford preventive or primary care in lower-cost settings
- **Cost in lost time from work, decreased productivity, or unemployment** for individuals who, as a result of being unable to afford preventive or primary care, develop a more severe, urgent or disabling condition
- **Cost of bankruptcies** – cost to the individual and the providers not paid
- **Costs to & effects on individuals who do not file bankruptcies but are financially depleted** due to medical costs
- **Medical costs** caused by **diversion of funds from** other **health determinants** (such as education, safe food supply or safe water supply)
- Other **collateral costs as determined** by the task force



# HB19-1176, Health Care Cost Savings Act of 2019

Analyst shall **model sufficient** and **fair funding systems** that may be viable for each system **that may raise revenue** from:

- The **general fund**
- Federal **waivers** under **Medicaid** and the federal act
- **Progressive income taxes**
- **Payroll taxes**, split between employer and employee
- Other **taxes**
- **Premiums based on income**



# Level Set Knowledge

12/6/19 – 1/3/20: Task Force reviewed materials provided by HMA.  
1/3/20: Tom Reid presented basic concepts of health care costs, systems.

## Goals:

- Resources to help us achieve a **common basic understanding** of health care costs, systems
- **Manageable**
- **Unbiased** – or at least **balanced** (identify key arguments for and against each option)
- **Estimate** the fiscal **cost** and **other impacts** (quality, access, & equality)



## HEALTH MANAGEMENT ASSOCIATES

<https://www.healthmanagement.com/>

<https://www.healthmanagement.com/our-team/staff-directory/name/tom-marks/>

## Product from HMA

- 16 **articles/studies** with summaries or abstracts  
(3 “key findings” recaps added by HMA)
- 1 **video**
- **link** to a website for each resource
- **PDFs**
- **Organized** as follows:
  1. Background and overview – U.S. Healthcare System
  2. Background and overview – Colorado
  3. State-level universal health care initiatives
  4. Single payer systems – pros and cons, and design features
  5. Cost of universal health systems
  6. Comparisons of U.S. to models in other countries



# Rules of Engagement (approved 1/3/20) & Website

## MEETINGS

- 230p - 4:30p.
- 1<sup>st</sup> & 3<sup>rd</sup> Friday of the month.
- Set location with audio, visual, call-in.
  - near Capitol during session
  - 5 meetings “in community” linked to stakeholder meetings

## AGENDAS

- To task force at least 24 hours in advance.
- On website at least 24 hours in advance.
- Include public comment period?

## MINUTES

- High level summary of discussion, action (motions, seconds, voting), and next steps. Approve at next meeting.
- To Task Force at least 24 hours in advance of next meeting.
- On website within week after approval.

## QUORUM

- Required to take action.
- 7 of 13 members (in person or by phone).
- Proxy can be given to fellow appointed task force member via email to Chair. No delegates.

## VOTING

- If quorum met, 51% majority.
- Removal of task force member requires super majority = 2/3rds of all members.
- Final product for legislature requires 2/3rds of all members.
- Email voting recorded in next meeting’s minutes.
  - Chair (or support staff) will text to prompt when email input needed.
  - Goal: give at least 24 hours to offer input via email.

## TRAVEL REIMBURSEMENT

## WEBSITE

- Intro/Welcome from Chair
- Resources:
  - Link to HB19-1176
  - More?
- Committee Members – bios & team pic
- Meeting locations, dates, times
- Agendas
- Approved Minutes

2020 Mtgs: 1/3, 1/17, 2/21, 3/6, 3/20, 4/3, 4/17, 5/1, 5/15, 6/5, 6/19, 7/3, 7/17, 8/7, 8/21, 9/4, 9/18, 10/2, 10/16, 11/6, 11/20, 12/4, 12/18.

2021 Mtgs: 1/15, 2/5, 2/19, 3/5, 3/19, 4/2, 4/16, 5/7, 5/21, 6/4, 6/18, 7/2, 7/16, 8/6, 8/20, 9/3.

\*red font = **dates of meetings outside of the metro area & locations TBD.**



