



## Blue Ribbon Commission for Health Care Reform

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**FOR IMMEDIATE RELEASE**

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### **Blue Ribbon Commission for Health Care Reform Approves Package of Recommendations**

Denver, Colo., Nov. 15, 2007 – Today, the Blue Ribbon Commission for Health Care Reform approved a package of recommendations for comprehensive health reform.

The Commission will now turn those recommendations into a final report. Approval of that report will take place in January, and commissioners will present that report to the legislature on January 31, 2008.

20 commissioners present voted for the package; 2 voted against it. Five commissioners were not present.

This package of recommendations tracks very closely with the fifth proposal that the Commission developed. Yet the Commission chose not to identify the fifth proposal as the lead proposal.

“This is a subtle, yet important, distinction,” explained William N. Lindsay III, Commission chair, explained. “There are some differences between the fifth proposal and the final recommendations – for example, financing mechanisms are not included here.

“More fundamentally, though, the Commission chose not to identify the fifth proposal as the ‘lead’ proposal because we decided not to identify any proposal as such,” Lindsay continued.

Lindsay noted another important consideration. “These recommendations are a comprehensive, integrated whole. We are not simply offering a laundry list of suggestions – the recommendations hang together and cascade from each other.”

#### **Next steps**

- Commission staff will flesh recommendations into a draft report.
- Dissenting commissioners will draft minority reports.
- Commissioners will discuss draft majority and minority reports Dec. 13.
- Commissioners will approve majority report Jan. 10.
- Commission presents its report to General Assembly Jan. 31

“The Commission felt it was important to follow this timetable in order to allow sufficient time for dissenting commissioners to develop their minority reports,” Lindsay explained.

#### **Key considerations**

The recommendations reflect some key considerations that commissioners believed to be important:

- Everyone – individuals, employers, providers, insurers and the government – has a role to play in addressing Colorado’s health care needs. All have a share in the responsibility; all will share in the benefits.
- Individuals should have meaningful choices and options that give them control over their own care and coverage decisions.

(more)

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- “One size fits all” doesn’t work in health care. People have differing income levels and health care needs, and health status can change in an instant. We need a range of interventions that respond to such differing needs.
- Some people simply cannot afford private insurance coverage. Those people ought to have access to public coverage for basic health care needs.
- Government, through the public health system and public insurance programs, can promote and encourage healthy lifestyles and preventive care – but individuals have a responsibility for their own health.

### **Overview of recommendations**

A complete overview of the package of recommendations will be available on the Commission’s Web site, [www.colorado.gov/208commission](http://www.colorado.gov/208commission).

Key components include:

- Slow the rate of growth of insurance premiums by covering the uninsured, reducing administrative costs and increasing Medicaid provider reimbursements as a means of minimizing the cost shift.
- Expand coverage by enhancing access to both public and private coverage:
  - Require all legal residents of Colorado to have minimum insurance coverage. Make this mandate feasible by means including:
    - Expand eligibility for public programs
    - Require employers to provide pre-tax plans to facilitate employee purchase of health coverage
    - Provide sliding scale subsidies to low-income households to facilitate their purchase of health coverage
    - Require health plans to cover everyone regardless of health status (chronically ill individuals will be covered through an expanded high-risk program)
    - Enforce the mandate through income tax penalties
  - Create a “Connector” to assist individuals’ and small employers to understand and choose among insurance options
  - Merge and restructure Medicaid and the Child Health Plan Plus (CHP+) to make it work more efficiently
  - Expand eligibility for the restructured program to cover more adults and children
- Promote consumer choice and direction by providing cost and quality information, choice of plans and other mechanisms.
- Enhance quality by supporting the provision of evidence-based medicine, adoption of health information technology, paying providers based on quality and other mechanisms.
- Enhance coordination of care by providing medical home for all Coloradans and other mechanisms.
- Increase use of prevention and chronic care management.
- Improve delivery of services to vulnerable and underserved populations through program expansions, reimbursement for telemedicine and other mechanisms.
- Encourage individual responsibility for health, wellness and preventive behavior.
- Fund safety net providers and public health delivery systems appropriately.
- Continue to explore the feasibility of options such as voluntary continuous portable coverage (an optional program similar to Medicare) and 24-hour coverage (allowing employers to merge workers).

Again, this is not a complete list of the recommendations. The full package will be posted on the Commission’s Web site, [www.colorado.gov/208commission](http://www.colorado.gov/208commission).