



Blue Ribbon Commission for Health Care Reform

Advisory Task Forces

Charge

The Commission is charged with the responsibility of providing recommendations on health care reform to the General Assembly. The four proposals selected for modeling very intentionally represent four different approaches to health care reform in order that the Commission, and ultimately the General Assembly, may have as much information as possible about the efficacy of different approaches to reform in meeting the goals of SB06-208. The Commission is also exploring the feasibility of creating a consolidated proposal, which also will be modeled by the Lewin Group.

The purpose of the Task Forces is to provide support to the Commission in the following specific respect:

The Task Forces are established to help the Commission understand the impacts (including those that are positive or problematic) of each of the four approaches to reform represented by the proposals selected for modeling on the populations represented by each Task Force. The Task Forces also will examine impacts of the consolidated proposal, if such a consolidated proposal is developed by the Commission. Each Task Force is asked to focus on the impact of each proposal on the population represented by that Task Force in responding to this charge.

The Commission asks the Task Forces to address the following questions:

- (1) What are the impacts, both positive and problematic, of each proposal on the constituency represented by your task force (business, provider, underserved, rural)?
- (2) From the perspective of your task force, what, if any, challenges would be faced in implementation of these proposals?

Task Force Duties/Meetings

The Task Forces will consist of 15 non-Commission members each except for the Underserved Task Force which consists of 20 members. Each Task Force will be led by two Co-chairs, one a member of the Blue Ribbon Commission and one a Task Force member. The Chair of the Blue Ribbon Commission shall appoint the co-Chairs of each Task Force. Those appointments shall be ratified by the Blue Ribbon Commission for Health Care Reform.

Each Task Force shall hold its first meeting by the middle of July 2007.

The Task Forces shall meet no more than six times, and shall conclude their work no later than the end of September 2007.

The Task Forces shall be prepared to make a presentation of their analysis of the four proposals to the Commission by mid August, 2007.

The Task Forces shall present a final report, including analysis of the consolidated proposal to the Commission by September 30, 2007.

The Co-Chairs of the Task Forces shall communicate with each other about the progress and recommendations of each of the Task Forces, and shall exchange perspectives from each for the consideration of the other Task Forces prior to completion of the final report of each Task Force to the Commission.

Timeline:

July 17, 2007

Lewin Group presents findings on four proposals at Commission meeting.

August 15th?

Task Forces present their analysis of four proposals.

September 10, 2007

Commission approves consolidated proposal for modeling.

September 30, 2007

Task Forces present final report, including analysis of consolidated proposal.

October – Early November

Commission continues modeling and refinement of consolidated proposal.

Mid-October – Early November

Commission holds hearings in each Congressional District.

January 31, 2008

Commission presents findings to the General Assembly.