

COMMISSION ON AFFORDABLE HEALTH CARE

Operating Principles

10-28-14(revised)

1. The Commission needs to be open to a wide variety of viewpoints and data. It also needs to be willing to ask hard questions and make tough decisions.
2. The Commission will operate on a consensus decision making model, where possible. To add definition to this concept we suggest the following framework for decision making around whether a consensus exists.

Commissioners in support of a consensus will have to decide if their opinion on a matter can be supported by points #1-4, below. If it cannot, and #5 or 6 apply, then a vote should be requested as provided in the By-Laws for the Commission.

	Consensus is achieved if <u>ALL</u> participants are at level 1-4
1	I am <u>enthusiastic</u> about this decision. I am satisfied that the decision is an expression of the wisdom of the group.
2	I find the decision is the <u>best choice</u> . It is the best of the real options available.
3	I <u>can live with</u> the decision but I am not especially enthusiastic about it.
4	I do not fully agree with the decision and need to register my view, however I <u>will stand aside</u> and not block it.
5	I feel we have no clear sense of unity in the group and need to talk more before a consensus can be reached
6	I do not agree with the decision and feel the need to <u>block it</u> .

3. While we should not be constrained by existing laws or regulations in making our recommendations, we should be aware of them in our deliberations.
4. We need to be mindful of any unintended consequences resulting from our recommendations.
5. If the Commission is to go into Executive Session it will only be to deal with legal or personnel matters, and the guidelines to be followed are those specified by the State.
6. Commissioners should feel comfortable discussing the Commission's work with the public, or elected representatives. However, in so doing any communication must be prefaced by the fact that only the Chair, or the Chair's designee, can represent the Commission officially, and their comments are their own opinions.

Official communications with the press, or our elected leaders, on behalf of the

Commission must be under the purview of the Chair.

7. Deference should be given among the Commissioners. Each individual was appointed for their experience, expertise, and perspective. It is important to recognize the value of differing opinions and alternative positions.
8. The Commission must focus on the structural cost drivers within the system.
9. We should be willing to say, “yes if…” not “no because…”.
10. Since health care represents approximately one-sixth of the economy today, the perspective of all of the components of our society, including the economic impacts of any recommendations, need to be considered.
11. Our elected and appointed officials are a key constituent of the Commission and thus regular and ongoing communications with them is important to the effective outcome of the Commission’s work.
12. To the degree possible, the Commission should consider using electronic means to expand access to Commission deliberations and make in-person meetings less necessary. Things like electronic bulletin boards, web-x meetings, etc. should be fully investigated.
13. All must consider that we are approaching a significant opportunity for change that will affect all Coloradoans.