

HEALTH POLICY COMMISSION

Proposed Subcommittee Responsibilities

Per the by-laws of the Health Policy Commission (HPC), the Chairperson, with approval of the Board, may establish standing and temporary committees for any purpose.

In order to facilitate the work of the HPC, and to allow members an opportunity to more fully examine specific topic areas, the Chair proposes to establish four standing subcommittees. Each Board member will serve on two subcommittees with a total of five members on each subcommittee. These subcommittees are organized around specific functions of the HPC and have been designed to have approximately equal workload. In particular, all subcommittees have both monitoring and operational responsibilities.

The topics listed here are minimum tasks required of the Commission. There are additional topics related to Chapter 224 that the subcommittees may engage with over time.

The four subcommittees are:

- 1.) Cost Trends and Market Performance**
- 2.) Quality Improvement and Patient Protection**
- 3.) Care Delivery and Payment System Reform**
- 4.) Community Health Care Investment and Consumer Involvement**

The subcommittees may hold their own open meetings and hearings, and will report regularly on their activities to the members of the full Board. The subcommittees may make recommendations to the Board on specific actions; however, all final decisions will be made upon a vote of the full Board. Each subcommittee will elect a subcommittee chairperson.

Stuart Altman, as Chairperson of the Board, will serve as an ex-officio member of all subcommittees.

Cost Trends and Market Performance

Members (*in alphabetical order*):

1. David Cutler
2. Wendy Everett
3. Paul Hattis
4. Rick Lord
5. Secretary of Administration and Finance, ex-officio

This subcommittee will provide oversight and direction to the Executive Director and staff of the Health Policy Commission for the following responsibilities:

- Establish the annual health care cost growth benchmark for total health care expenditures in the Commonwealth.
- Conduct annual cost trends hearings, in conjunction with the Center for Health Information and Analysis and the Attorney General, and issue a final report on health care trends.
- Conduct cost and market impact reviews of providers and plans proposing significant market changes to the health care industry, considering the impact of these changes on cost, access, quality, and market competitiveness.
- Oversee the development and implementation of performance improvement plans for certain health providers and health plans.

Quality Improvement and Patient Protection

Members (*in alphabetical order*):

1. Carole Allen
2. Wendy Everett
3. Marylou Sudders
4. Veronica Turner
5. Secretary of Health and Human Services, ex-officio

This subcommittee will provide oversight and direction to the Executive Director and staff of the Health Policy Commission for the following responsibilities:

- Examine the impact of health system changes on the quality of health care in the Commonwealth, including the impact on patient access to care, and on the providers of health care, including front-line practitioners and health care workers.
- Establish, as appropriate, quality of health service measures in addition to the statewide quality measures, to be incorporated into the standards for certified ACOs and Patient-Centered Medical Homes.
- Establish the role and responsibilities of the Office of Patient Protection, including the development of an external review process for the review of grievances submitted by or on behalf of patients of risk-bearing provider organizations and ACOs.
- Track the progress of efforts regarding mental health coverage parity and ensure the integration of mental health, substance use disorder and behavioral health services with physical care in the development of new care delivery and payment models.
- Develop guidance related to the prohibition of mandatory overtime for hospital nurses.
- Coordinate with the Department of Public Health and the e-Health Institute regarding investments in public health and interoperable health information technology provided in Chapter 224.

Care Delivery and Payment System Reform

Members (*in alphabetical order*):

1. Carole Allen
2. David Cutler
3. Marylou Sudders
4. Jean Yang
5. Secretary of Health and Human Services, ex-officio

This subcommittee will provide oversight and direction to the Executive Director and staff of the Health Policy Commission for the following responsibilities:

- Establish a provider organization registration program.
- Develop and implement standards for a certification program of Patient-Centered Medical Homes (PCMH) and Accountable Care Organizations (ACOs) and develop model payment standards to support PCMHs.
- Administer a competitive grant program to foster the development and evaluation of innovative health care delivery, payment models and quality of care measures.
- Coordinate with public and private payers regarding the advancement, adoption and measurement of alternative payment methodologies.
- Coordinate with the Division of Insurance regarding the development of regulations related to the certification of risk-bearing provider organizations.

Community Health Care Investment and Consumer Involvement

Members (*in alphabetical order*):

1. Paul Hattis
2. Rick Lord
3. Veronica Turner
4. Jean Yang
5. Secretary of Administration and Finance, ex-officio

This subcommittee will provide oversight and direction to the Executive Director and staff of the Health Policy Commission for the following responsibilities:

- Develop and administer a competitive grant program to enhance the ability of certain distressed community hospitals to meet system transformation.
- Develop strategies for engaging with various constituencies and a communications plan for educating providers, businesses, consumers, and the general public regarding the implementation of Chapter 224.
- Develop strategies for helping consumers navigate health care cost and quality, especially in light of additional information required under Chapter 224.
- Conduct an investigation and make legislative recommendations relative to increased adoption of flexible spending accounts, health reimbursement arrangements, and health savings accounts, as required by April 2013.
- Monitor and report on developments in health insurance product design regarding the impact of tiered or selective networks and high-cost sharing plans on out-of-pocket costs to individuals and families and on patient access to quality care.
- Work with other state agencies to minimize duplicative requirements.