

# HealthFirst Connecticut Authority

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## AGENDA

Thursday, June 19, 2008

9 a.m. Room 1C of the LOB

Welcome And Introductions

Review Of Charge To The Authority

Review Of Minutes Of May 29 2008

- A. Progress Toward Fact Finding And Requests For Information
  - B. Costs And Benefits Of Extending Coverage: Resources Needed To Get Estimate Of Costs Of Recommended Approaches To Universal Coverage
  - C. Discussions of The Outline, Content And Structure Of The Final Report (See Attached)
    - a. Assignments
    - b. Schedule Of Next Meetings
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## Outline of Final Report (discussion draft)

1. Executive Summary
2. Taskforce Mission / Motivation for universal coverage, other changes  
(includes Taskforce process)
3. Structure and problems of current health care financing and delivery
4. Needed changes in health care delivery  
e.g., prevention and health promotion, workforce issues, electronic health record, care coordination / medical homes]
5. Introduction to menu of choices considered and tradeoffs made on roadmap / glide path to universal coverage, also business case for better coverage
6. SINGLE PAYER SYSTEM  
(Note: universal public financing, but not necessarily giving everyone only a single set of public benefits as under traditional Medicare. Could be more like current Medicare that offer enrollee choice among competing publicly run plan and publicly overseen private health plans like current Medicare or other such alternatives)
7. UNIVERSAL PRIMARY-CARE-ONLY PUBLIC COVERAGE
8. BUILDING-BLOCK / GAP FILLING APPROACHES
  - a. IMPROVING MEDICAID: MAXIMIZING FEDERAL FINANCIAL PARTICIPATION, BETTER PROGRAM OUTREACH AND ENROLLMENT, IMPROVING PROVIDER PARTICIPATION
  - b. NEW PROGRAM ALTERNATIVES FOR CURRENTLY UNINSURED:  
INTRODUCTION TO OPTIONS

- c. INSURANCE PARTNERSHIP ALTERNATIVE: BUILDING ON STATE EMPLOYEES PLAN
  - d. DIRECT-CARE ALTERNATIVE [OPTIONAL: A.K.A. ADAPTING SAN FRANCISCO TO CT]
  - e. CONNECTOR / EXCHANGE ALTERNATIVE [OPTIONAL: A.K.A. MASSACHUSETTS COMES TO CT]
  - f. PUBLIC GAP-FILLING PLAN RUN LIKE SELF-INSURED EMPLOYER  
(i.e., more active administration by public purchaser of services, with more data collection, some use of workplace/school clinics, more active interventions generally)
9. THE CHALLENGES OF AFFORDABILITY: FOR INDIVIDUALS/FAMILIES AND FOR SOCIETY
10. DEFINING HOW FUNDING RESPONSIBILITIES ARE SHARED UNDER UNIVERSAL COVERAGE:
- a. RESPONSIBILITY OF INDIVIDUAL
  - b. RESPONSIBILITY OF BUSINESS
  - c. RESPONSIBILITY OF GOVERNMENT
  - d. MANDATED ENROLLMENT OR VOLUNTARY

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## APPENDICES