

Present.:

Health

Care

Comm.

Alaska State Legislature



Senator Mike Miller, Chairman
Senator Pete Kelly, Vice Chairman
Senator Drue Pearce
Senator Gary Wilken
Senator Kim Elton

State Capitol, Rm 119
Juneau, Alaska 99801-1182
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Senate Committee on Health, Education and Social Services

Senator Miller,
Schedule for today, 2/9/00

Agenda

1:30-2:30 PM

- ✓ HCR 15 Developmental Disability Awareness Month (Staff-Jennifer Strickland)
- ✓ SCR 12 Sobriety Awareness Month (Staff- Angela Moss)
- ✓ SB 204 Extend the Commission on Aging- (Admin. -Jane Demmert, ACA)
- ~~SB~~ 198 Increase Base Allocation for Education (Sen. Wilken)
- ✓ ~~SB~~ 85 Teacher's Licensure & Professional discipline-(DOE-Sana Green)
Senator Donlev has (1) amendment, but he is @another meeting; will not offer amendment if he doesn't show up to Hess personally.

SB 127 Scholarship's To University of Alaska (CANCELLED-moved to 2/16/00)

2:30-3:00 PM

= Health Care Commission Presentation - (Red Folder)
Jerry Near, Chairman, Community Care Foundation
Gary Schwartz, CCF, Board of Directors

= Bills previously Heard/Scheduled
* Teleconference

Creation of a Statewide Health Care Commission

PREAMBLE

The intent of the legislature is to encourage the creation of a health care market more directly driven by consumers and health care providers who are responsive to consumer needs.

Under the health care delivery system, envisioned for Alaska, consumers would be able to choose their physician within a regional delivery system encompassing an integrated panel of providers. The providers electing to participate on these regional panels would meet participation criteria involving credentials, performance in areas of quality and customer service, and mutually agreed upon fee for service compensation uniformly applied to all providers within a geographic region.

The regional delivery systems would be primary care centered, relying on family practitioners, pediatricians, obstetricians and general internists with affiliated specialty/subspecialty physicians, hospitals, and allied health professionals. These regional provider panels would provide a full continuum of medically necessary services for the enrolled Alaska population. It is not the intent to overhaul the health care delivery system, but rather to fine-tune the existing system. The regional delivery systems could be existing provider networks, medical care organizations, regional public health centers, physician hospital organizations, or a consortium of provider entities electing to provide services.

Pricing and performance information for consumers will be organized around the regional delivery systems. A standard basic benefits program would be provided by the regional provider panels to those Alaskans selecting this option. The statewide plan to be fully developed within a year will provide coverage for medically necessary services throughout Alaska. If Alaskans desire benefits beyond the basics, the private health entity to be established by the Alaska Legislature will recommend supplemental insurance options. There could be several levels of benefit coverage (supplemental options) available to Alaskans, with varying benefits, different co-payments and deductibles, and different insurance premium costs. Alaska residents may elect to purchase expanded benefits, beyond the basic level of services, by paying additional fees. Features of the basic benefit program envisioned include physician services, inpatient care, emergency care, outpatient procedures, preventative services, and prescription drugs.

In order to progress beyond the initial steps of community volunteers embraced by the Community Care Foundation, it is believed that legislation is required to create a statewide private/public health care commission to conduct intensive study and public hearings culminating in a report to the legislature containing recommended health services for Alaskans to be covered in a statewide plan; projected health insurance premium costs; and administrative services and powers required to provide health services under a statewide Alaska health plan. Start up funds (private and public) will be

needed to begin this initiative in concert with the Alaska citizenry and health care providers. The ultimate goal is to establish a self funded state health care delivery entity to administrator a basic benefit plan available to all Alaskans. The state health care delivery entity will recommend cost efficiencies and the elimination of duplicative services in programs offered under current state, federal, or private administration. This entity will assume responsibility for health plan oversight and administration and may assume responsibility for the approval of proposed services requiring state or federal pass through funds and improvements in the credentialing of health care professionals.

Legislative passage of a state resolution, this upcoming session, to create a Statewide Health Care Commission with powers to investigate, design, offer, and administer a statewide health benefits plan available to all Alaskans is needed by the Alaska citizenry and health care providers.

A RESOLUTION

Creating the Statewide Health Care Commission

BE IT RESOLVED BY THE LEGISLATURE OF THE STATE OF ALASKA:

WHEREAS there are a limited number of health insurance companies competing in the Alaska market which seriously impacts the cost, availability of coverage, and patient access to quality medical care; and

WHEREAS there are more than 100,000 uninsured Alaskans residing in the state; and

WHEREAS more than forty percent of the health and hospital services are provided out of state; and

WHEREAS private and public health insurance administration, paid for by Alaskans, is provided out of state; and

WHEREAS there are no means available to Alaskans to compare existing health insurance plans according to their relative costs of operation, medical and hospital services provided, and administrative efficiency; and

WHEREAS the Alaska citizenry has not had an opportunity to provide their views or develop a health benefits program involving consumers and health care providers who are responsive to consumer needs in Alaska;

BE IT RESOLVED that the Alaska State legislature establish a Statewide Health Care Commission to provide a focal point for further discussion and action concerning the health insurance needs of Alaskans, the development of a basic health benefit plan for the State of Alaska, and the creation of a publicly held trust with administrative powers to oversee health care delivery and administer a plan responsive to the citizens of Alaska; and be it

FURTHER RESOLVED that the Statewide Health Care Commission, after twelve months of study and public hearings, prepare a report for the legislature which addresses cost of health insurance, availability of coverage, and patient access to quality medical care in Alaska and contains specific recommendations on health insurance needs of Alaskans, basic services required in a benefit plan for the State of Alaska, the establishment of a public/private entity within the state having administrative powers to oversee health care delivery and state plan administration; and be it

FURTHER RESOLVED that the Statewide Health Care Commission shall consist of nine voting members:

- (1) three members shall be appointed by the Speaker of the House of Representatives; at least one member shall be a member of the House of Representatives; at least one public member shall be chosen from among Alaska residents who represent the interests of people in need of health care coverage; and at least one public member shall be chosen from among Alaska residents who provide health or hospital services within the state;
- (2) three members shall be appointed by the President of the Senate; at least one member shall be a member of the Senate; at least one public member shall be chosen from among Alaska residents who represent the interests of people in need of health care coverage; and at least one public member shall be chosen from among Alaska residents who provide health or hospital services within the state; and
- (3) three members shall be appointed by the Governor, the Speaker of the House of Representatives, and the President of the Senate from among Alaska residents who represent the interests of the insurance industry, State of Alaska public health programs, and Federal health programs rendered in the state; and be it

FURTHER RESOLVED that the following persons may serve on the Statewide Health Care Commission as nonvoting members:

- (1) the Commissioner of Health and Social Services or the Commissioner's designee;
- (2) the Commissioner of Administration or the Commissioner's designee;
- (3) the Chair of the Commission on Rural Governance and Empowerment or the Chair's designee;
- (4) the President of the Alaska State Medical Association or the President's designee; and
- (5) the President of the Alaska State Hospital Association or the President's designee; and be it

FURTHER RESOLVED that the public members of the Statewide Health Care Commission shall serve without compensation but are entitled to per diem and travel expenses authorized for boards and commissions under **AS 39.20.180**; and be it

FURTHER RESOLVED that the Statewide Health Care Commission shall elect a chair, vice-chair, and secretary from among its voting members with at least one of the positions being comprised of a legislator and two of the positions being comprised of public members, shall meet as frequently as the Statewide Health Care Commission determines necessary to perform its work and may meet and vote by teleconference; and be it

FURTHER RESOLVED that a small professional staff be retained to support the Statewide Health Care Commission in fulfilling its charge; and be it

FURTHER RESOLVED that the Statewide Health Care Commission review the April, 1999 Special Report to the Alaska Legislature entitled "Access for Alaskans" which contains a business plan and material supporting the establishment of a publicly endowed foundation which would sponsor and administrator a statewide health plan to extend health care and wellness services to all residents in Alaska. The Statewide Health Care Commission shall continue the efforts of the community volunteers represented by the Community Care Foundation who prepared the special report; and be it

FURTHER RESOLVED that the Statewide Health Care Commission begin work upon the appointment of its full voting membership and be terminated upon receipt of its report to the Alaska Legislature or upon the convening of the First Regular Session of the Twenty-fourth Alaska State Legislature.

Testimony Before the HESS Committee

Jerry A. Near, Chairman
Community Care Foundation
Board of Directors

Mr. Chairman, members of the Committee, and Committee guests, thank you for the opportunity to discuss the creation of a Statewide Health Care Commission.

A statement from the World Health Organization identifies the key elements to achieve health. It is not just being free of disease. Instead it is peace, shelter, education, decent income, stable ecosystem and economy, sustainable resources, social justice and equity.

This seems to be somewhat of a departure from the traditional thinking which would probably include physicians, hospitals, clinics, and other support industries which make up our current health care system. There is mounting evidence that the contribution of medicine towards improving health care is becoming quite limited. Spending more money on health care will not result in improvements in the overall health of a population. Many believe we are approaching the end of low-cost high-impact medical breakthroughs. Further, many believe that a society that spends so much on health care, may in fact be reducing the health of its population because it begins to reduce its support towards the key elements mentioned above, those being peace, shelter, education, and the others.

Our comments today are to encourage the State of Alaska to begin the process of analyzing how the health care system functions within this state. We do not think that more money is the answer. We do believe that there is much room for creating greater efficiencies, improving access, lowering costs, and retaining more resources, allowing more jobs for Alaskans. We believe that enough financial resources already exist to care for all Alaskans.

What Gary Schwartz presented provides a spectrum of what a statewide health plan could be, what it could do, and certainly provided the rationale to create a Statewide Health Care Commission. The next portion of my presentation will discuss how it could go together and what will be the requirements and benefits that could be expected. At the conclusion of my remarks, Mike McLane, a member of the Community Care Foundation, will speak to the importance of the community as a voice in the future of health care (by teleconference from Anchorage).

What is a self-funded insurance system? New federal efforts blanket everyone (HCAA and the patient bill of rights). No federal program, however, can replace a local program. All health care is local, not national.

Who would own the system/plan? The plan may be owned by enrollees, a co-operative, or a voluntary organization, but it must be member directed (responsive) and governed by a member elected board of directors.

What is involved in health plan development? Adherence to actuarial principles, a regional systems approach, involvement of consumers and providers at a minimum. The following points will need to be addressed by the Statewide Health Care Commission:

- Go it alone? Selecting support personnel, computer systems, etc. High initial cost factors. Educational challenges.
- Request for proposal for a contributing insurance company partner who has substantial development expertise in the areas identified below:
 - a. Conceptualization of goals and the feasibility of an Alaskan structure?
 - b. Community involvement
 - c. Preliminary design and affordability
 - d. Prototype design and test model
 - e. Implementation, marketing, enrollment
 - f. Evaluation of what works, what doesn't, and changes necessary for success
 - g. Modifications and redesign

What part might an Insurance Partner Play?

- a. Actuarial expertise
- b. Sound insurance principles
- c. Eligibility management for Alaskans only
- d. Plan administration (day to day plan operation overseer)
- e. Marketing and enrolling capability (300 Alaska agents)
- f. Re-insurance to offset risk
- g. Assistance with plan design
- h. Supplemental programs
- i. Consolidation of payer groups
- j. Claims adjudication and payments to providers
- k. Premium collections and electronic funds transfer.
- l. Provision of utilization and expense data
- m. Access to capital
- n. Utilization management
- o. Health risk assessments of Alaska population
- p. Credentialing of providers
- q. Physician specialty referral networks
- r. Hospital referral networks (same)

Insurance partner selection from a request for proposal should:

- a. Be open to a long term strategic partnership
- b. Demonstrate openness and commitment to educate and work with the plan administrators and enrollees
- c. Provide staff and technical support for local delivery systems.

- d. Be able to offer a range of management services and willingness to share financial risk with the partners.
- e. Offer flexibility and guidance to accommodate different enrollment needs for assimilation into the plan as it matures.
- f. Willingness to collect and compile all financial and utilization information.
- g. Commitment to grow the plan within the state.
- h. To administer the plan within the state involving Alaskans in their work force.
- i. Willingness to participate in capital contributions, plan development, and start-up.
- j. Be able to administer the plan for a set percentage of premium which includes re-insurance costs.

What will be the appropriate legal structure for offering and operating a statewide health plan? In my view, the legal structure must be insulated (isolated) from political elements, vested interests, turf battles, and outside domination. Its focus must be to serve Alaskan enrollees first.

By what means could greater financial efficiencies be achieved?

- a. Regional delivery systems can retain greater resources locally helping to offset the cost of units of care by spreading fixed costs.
- b. Premiums can be retained within the State, not sent outside using Alaskan owned banks. Interest earnings could be reinvested in the plan.
- c. Electronic technology that brings 21st century efficiencies to operate the statewide health plan. The Alaska telemedicine system could serve as a platform in this regard.
- d. Jobs can be created within Alaska to operate the statewide health plan.
- e. Availability of health data to understand the total utilization of health care and its costs within Alaska.
- f. Self-funded allows for the elimination of many costly regulations (ERISA).
- g. Flexible benefits accommodating participants needs.
- h. Collaboration with the many overlapping, competing, duplicative delivery systems as now exist can reduce costly competition (the medical arms race).
- i. Patients will have an increased awareness regarding elements which are driving costs. They will have available information to inform them through the health plan's administrative center in Alaska.

Other than financial efficiencies what are some associated benefits?

- a. Centralized state-wide mediating capability. Close to a dozen separate systems each on their own tracks. Greater citizen involvement and input.
- b. Eventually a unified payer authority (not a "single payer system"). A clearing house for scores of different payers. Hawaii has only two insurers which eliminates duplicating overhead factors.
- c. Single basic health plan with voluntary supplemental options.
- d. Regional delivery systems responsive to local needs and conditions.

- e. Alaska employment! Jobs in Alaska instead of Hartford, Connecticut or Seattle, Washington.
- f. Broader access.
- g. Greater choice than now offered by employer sponsored plans.
- h. Modified medical savings accounts.
- i. Eventual ability to contract and administer government pass-through programs instead of outside administration.
- j. Retain more financial resources in Alaska. Currently 30% or more of Alaska health care dollars exit the state.

Alaska deleted a State Health Board years ago. We believe it is time, to once again rekindle a centralized, coordinating, mediating body to pull the multiple delivery systems into a collaborative unified coordinated structure. Your support in creating the Statewide Health Care Commission with powers to address these complex and expensive health care issues is welcome.

Thank you.

Testimony Before the HESS Committee

Gary B. Schwartz, MPH
Community Care Foundation
Board of Directors

Mr. Chairman, members of the Committee, and Committee guests, thank you for the opportunity to discuss the creation of a Statewide Health Care Commission. The Commission's purpose, as some of you are aware, is to conduct intensive study and public hearings regarding the establishment of a self-funded state health care delivery organization that could offer and administer a basic health benefit plan available to all Alaskans. A draft bill has been prepared and provided to you which would create the Commission (the draft is attached to these comments).

The Statewide Health Care Commission, after approximately a year's work, would report its recommendations to the legislature on appropriate and affordable health services for Alaskans to be covered in a statewide plan; projected health insurance premium costs; and the powers required to provide health services under a statewide health plan.

We ask that you encourage the creation of a health care market more directly driven by consumers and health care providers who are responsive to the needs of Alaskans.

Under the statewide health care delivery system, envisioned for Alaska, consumers would be able to choose their physicians from a panel of providers who meet certain participation criteria and desire to provide health care services to Alaskans. The physician panels would provide a full continuum of medically necessary services for the enrolled population.

The Alaska health care delivery system does not need to be overhauled, but rather, we need to fine-tune the existing system. We have excellent physicians and hospitals in Alaska who are committed to providing high quality, accessible, and cost effective services. They need the support and encouragement from Alaskans to improve efficiencies in delivering health and medical care.

We believe a standard benefit program that provides medically necessary services throughout Alaska that covers physician services, inpatient care, emergency care, outpatient procedures, preventative services, and prescription drugs would create the market and climate for improvements in provider productivity and efficiencies. In Alaska, for Alaskans, by Alaskans is a far better solution than in the lower 48, for Alaskans, by outside providers.

In addition to addressing a statewide health plan, the Statewide Health Care Commission will also, recommend cost efficiencies and the elimination of unnecessary services in

programs offered under current state, federal, or private initiatives. The ultimate goal is to ensure that every Alaskan has access to affordable and appropriate health care services. The Alaska Health Plan should become the obvious choice for health care financing, by virtue of its affordability, quality of services, superior health outcomes, and demonstrated commitment to excellence in consumer health care.

Statement of Need

This state is facing a critical point in our history. Many hard choices must be made concerning our state's budget, our resources, and our long-term development. The cost of health care is increasing dramatically for all Americans as well as citizens of the state. By identifying cost savings and enhancing opportunities to collaborate and cooperate, the Statewide Health Care Commission can improve the quality of life for all Alaskans through the prudent use of health care resources.

The realities of rising health care costs, an expensive and ever growing administrative bureaucracy, failed attempts at new delivery and cost containment systems, lack of medical access for approximately 80,000 uninsured Alaskans, and increasing pressure from industry and community leaders to control costs are causing government, payers, and policy-makers to permit and encourage more rational solutions to emerge.

The inability of Alaskans to obtain coverage for themselves, and their children, has been exacerbated by the higher costs for health insurance within our state. It also creates a dignity of life issue for our working neighbors to be dependent on charity or to go without health care when they need it for themselves or their family.

Background Information

The U. S. health care industry is a \$900+ billion industry which, for the past ten years, has been growing at an annual rate of nearly two times the general rate of inflation. It is a unique industry in which three-quarters of all services are paid for by a "third party" versus the patient who receives the services. This payment phenomena has effectively severed the traditional price control mechanisms normally found in other American industries and has significantly contributed to runaway industry costs.

Controlling health care costs is further complicated by an industry which is very labor-intensive, driven by new technology and an expanding base of scientific knowledge that must satisfy patient expectations of high-quality services without regard to cost.

To understand the health care industry, is to understand the key participants. Individually and in the aggregate, these participants will need to evaluate accepted practice patterns, new therapies, different delivery approaches, and innovative business relationships in light of "cost-benefit" relationships. In short, the industry must focus itself on doing a better job of balancing quality and cost and rid itself of the "vested participant positions" which can stifle change and challenge control. These next two years will be devoted to health care nationally. Now is a good time for Alaskans to craft their own plan

particularly when the economy is continuing its robust performance with relatively low unemployment.

Health Industry Participants

Patients are being encouraged to become more astute clients and to demand cost effectiveness and service/delivery excellence from their health care providers. It is no longer unusual for a patient to ask questions about quality, expected outcomes, costs, appropriateness, risk, the need for second opinions, and alternative therapies. Health plans, employers, and the federal government have established incentives and policies aimed at encouraging patients to become more sophisticated consumers.

Employer purchasers are adopting a "buy right" strategy for their employees or enrollees. It is common for employers to use benefit plan specifications during their group contracting discussions with health plans, third party administrators, and individual providers. Some health care purchasers are beginning to use indices such as quality, medical outcomes, service satisfaction, and cost effectiveness as the basis for contracting. Purchasers are beginning to incorporate quality and utilization management concepts in their bid specifications with health plans.

In Alaska, medium and small employers have less buying power, infrastructure, and internal expertise to properly handle health care purchasing, and in many instances, are at the mercy of their third party insurers to perform these functions. The Statewide Health Care Commission will assist the small businesses in securing adequate and affordable services with the design of the Alaska Health Plan.

Public officials and policy-makers across all political boundaries are committed to controlling health care consumption and appetite. They recognize tax dollars and employer spending cannot continue to support the current patterns of use, let alone the projected expenditures for the mushrooming population of seniors, indigent and immigrants. The federal and state governments are appropriating hundreds of millions of dollars annually for both applied research and "demonstration projects" aimed at studying utilization, quantifying outcomes and quality, and developing data bases for health care decision-making which contain more accurate "cost-of-care" information.

Physicians, dentists, other health care providers, and institutions are concerned about the movement of "outsiders" systematically taking control of the Alaska health care industry and usurping Alaskan resources, as evidenced by the trend of "for-profit" corporations and health plans directing the provision of services out of state. Out of state tertiary care services, mental health, rehabilitation, home care, insurance claims administration, practice management, health care staffing, durable medical equipment, and free-standing ambulatory surgery businesses are but a few examples of concern to the provider community.

In order for the health care industry to become more efficient and cost effective, it is imperative for patients, purchasers, and providers to have more meaningful and usable

information about the services and "health improvements" they are supporting. Unfortunately, the vast majority of health care providers do not routinely collect and provide cost and health outcomes information. This "information void" has created a situation where it is extremely difficult for purchasers to appraise the overall value of health services.

Patient, physician, employer, and payer decisions all dramatically impact a patient's health status and the associated costs of care. The inability to understand and measure the dynamics of such decision-making, results in uninformed patients, frustrated physicians, angry employers, frustrated payers, and beleaguered policy-makers. Patients primarily judge their medical and dental care based upon "servicing considerations" such as waiting time, comfort, courtesy, and communications. Additionally, the principal method for patients to evaluate cost effectiveness is based upon their out-of-pocket expenditures.

Providers are adamant in their belief that financial concerns are already jeopardizing quality patient care and they look forward to cost containment approaches with better options than are currently available. Health care purchasers are becoming impatient with the health industry's inability to control its costs and of being asked to manage quality and outcome without any usable information. Payers do not understand why they see dramatic variances in practice styles and resource consumption without appreciable differences in the end result.

Depending on the situation, each major health care "participant" can be considered a customer, even though each tends to view cost and quality differently and, thereby, desires to measure and control these factors in varying fashions. However, the health care business is no longer a "cottage" industry. The industry will by necessity function more economically and rationally without having to sacrifice service and quality. It will no longer be adequate for providers to deliver their services at acceptable levels of quality at "fair market" prices. Buyers are becoming more informed and selective. Patients are more sophisticated and demanding. Payers are being required to manage overall costs. The end results of this marketplace scenario will be an array of providers committed to a strategy of promising the highest quality services at the lowest possible price.

The Health Insurance Environment

Health insurance organizations include a wide range of potential state partners, such as Aetna U.S. Healthcare, Blue Cross/Blue Shield, Principal Health and Hospital Insurance Company, Private Health Care Systems, Inc., and the like. Generally, in return for some financial consideration, these organizations could assist the state with initial administration of an Alaska plan for group and individual purchasers of health care services encompassing employers, government programs such as Medicare and Medicaid, union trusts and individual or family policyholders). They could agree to provide administrative services (in Alaska) responsive to a defined set of health care services for covered persons recommended by the Statewide Health Care Commission.

Several trends are prevalent in the health insurance industry:

- Health insurance organizations are seeking out and establishing strategic partnerships with physicians, dentists, and others who share a commitment to delivering high-quality, cost-effective services;
- The focus is shifting from short-term cost reduction strategies to an emphasis on longer-term goals;
- There is an increasing focus on local or community integrated systems of care, which emphasize continuity and coordination in the delivery of health care services;
- Buyers are demanding that health care organizations be able to document improvements in quality, service delivery, outcomes, and cost containment.

On the political scene, health care proposals are market-based, but revolve around accountability. The centerpiece unique to these proposals encourages providers and insurers to form networks that would compete for patients on the basis of price and quality. We believe this can be accomplished in Alaska by the Statewide Health Care Commission.

Issues Facing the Statewide Health Care Commission

In conclusion, the reality of rapidly increasing health care costs and increasing pressure from both the private and public sector to offer choice, demonstrate real dollar savings, and improve access to quality services will stimulate the Statewide Health Care Commission to recommend changes which will positively address the following issues and problems:

- Failed attempts at implementing cost containment mechanisms which embody misaligned financial incentives.
- Limited accountability and a "void" of meaningful and usable information necessary to appraise the value of health care services being offered in Alaska.
- Unacceptable levels of inappropriate, ineffective, and inefficient health care being delivered in Alaska.
- Burdensome, inefficient, and costly administrative systems.
- Limited sense of individual responsibility on the part of patients.
- Lack of a consistent and cost-effective approaches to evaluate, test, adopt, and control the dissemination of new technologies and/or delivery solutions.

- Inability to obtain the accurate "direct cost of care" information necessary to accommodate providers and to recommend acceptable levels of reimbursement.
- Access to information documenting patient outcomes.
- Access to utilization and medical information as it relates to provider performance. As the race to formulate the "best" accelerates, necessary information regarding the provider performance, efficiency, effectiveness, and appropriate use of resources becomes a benchmark for provider participation.
- The ability to distinguish providers who share a commitment to achieving cost containment within the context of quality management in Alaska.
- Providing reasonable access to health care facilities for physicians and their patients, both from a geographic and scheduling perspective.
- Providing a competitive balance to hospital systems where there is a decreasing ability to buy services on a cost controlled basis.

Introduction and passage of a state legislative resolution during this session, to create a Statewide Health Care Commission with powers to investigate, design, offer, and administer a statewide health benefits plan available to all Alaskans is needed by the Alaska citizenry and health care providers. Your leadership and action is needed and appreciated.

Thank you.

(See attached bill to create a Statewide Health Care Commission)