**Granite State PNHP**

**Minutes**

**September 22, 2021**

Attending:

Tyler Brannen - Guest

Ken Dolkart (Zoom)

Camilla Jones (Zoom)

Rob Kiefner

Don Kollisch

Ahmed Kutty

1. Minutes of August 11 meeting were accepted as written
2. Tyler Brannen – guest speaker – NH Dept of Insurance “Director of Life and Health”. Previously DOI Director of Health Economics
   1. Grew up in Hanover
   2. Background: Masters (Johns Hopkins) in Health policy and finances
   3. Recent project - [web-site](https://nhhealthcost.nh.gov/about) on health costs
   4. Tyler is unique in Dept of Insurance in not being a lawyer. 15 years with NH Insurance Commission.
   5. The Insurance Commissioner – as compared to staff - can favor insurance companies and limiting regulation
   6. What has changed in the last 10 years?
      1. Federal law sets guidelines about what States can do
      2. For instance, Medicare Advantage is governed by states
      3. There are many demographic risk pools
      4. Relatively few people in NH are covered by the individual market
      5. A challenge is how to introduce competitive principles, since House Commerce Committee (Chairs John Hunt, Jeb Bradley) believes that market forces are paramount
         1. **Study Committees** more often come up with solutions than **Commissions**. Good example: a study Committee that successfully addressed Surprise Billings
      6. Federal policy makers (legislators) each listen to different experts. And some of the lobbyists really **aren’t** expert.
      7. **Ken**: how did All-payer work in Baltimore? **Tyler**: fairly well, as the rules were clear. But there was still enough room for un-fairness and in-equity. Maryland is now working with global budgets for hospital systems.
      8. **Rob**: what would NH do about Medicare Advantage or the Direct Contracting Entities? **Tyler**: not much, even though these are commercial insurance companies. It would be **good** if the states could provide oversight of Medicare Advantage. Medicare Advantage provides great profits for large commercial insurance.
      9. Positive changes: mental health parity and the ACA
      10. **Don**: what should our group do? **Tyler**: get the head of a large hospital system to say that they are in favor of Single Payer. Probably the best would be DHMC. *Don: I will forward recent information about USC leaders coming out in favor of SP*. Camilla: as Hospital systems should fare well with Global Budgeting, their leaders should favor SP!
      11. The insurance department can only enforce the law, and not set policy.
3. Chapter activities
   1. NHMS Survey and Resolution
      1. *Don: I will send out the survey questions*
   2. City council resolutions
      1. Ahmed: Keene City Council voted 13:1 in favor, but Mayor hasn’t signed it yet.
         1. Ken: perhaps write and publish a LTE to shame the Mayor
         2. *Ahmed will discuss with Jim Murphy and Carl DeMatteo*
   3. *Speakers Bureau*
      * 1. Rob: perhaps we should give talks on current threats to Medicare, as well as on the difference between current Medicare and “improved” Medicare (most importantly, no need for supplemental)
        2. *Don: I will send Rotary lists to Steering Committe*e.
        3. Camilla/Ahmed: how about giving talks to Medical Staff and or hospital senior leadership?
        4. Ken: consider speaking with the Boards of smaller NH Hospitals.
           1. *Camilla: consider just contacting the CEO of the Hospital.*
           2. *Ken: look at local members of PNHP and local members of R&D*
           3. Ken: I will try to find someone (?from National PNHP) to be a speaker at our meeting about Hospital Global Budgeting
   4. Legislation in NH
      1. Don: Jerry Knirk says “No, do not bother with this current legislative session”
4. PNHP National: our local favorite, Marvin Malek was not elected to the Board
5. Annual meeting: all 5 of the current Steering Committee put their names up for re-election. All 5 of us were voted in unanimously
6. Treasurer’s Report - $521.93
7. New business - none
8. Next meeting: October 27 (probably hybrid again, depending on the evolution of the COVID-19 pandemic)