

Advisory Council on Affordable Health Care

Member Remote Participation Policy

POLICY: In accordance with Title 1, Section 403-B of the Maine Revised Statutes, it is the policy of the Advisory Council on Affordable Health Care to allow Council members to participate remotely in Council meetings under certain circumstances and using certain methods of remote participation.

1. Council members are expected to be physically present for Council meetings except when being physically present is not practicable. As a matter of overall policy, the Advisory Council affirms the value of face-to-face interactions and the benefits of in-person public participation at their meetings. Members of the Council and staff are asked to be physically present for public meetings except when that is not practicable. Except as permitted by this Policy, only those Council members who are physically present at the physical location of a Council meeting may participate in the meeting.
2. Circumstances and conditions under which remote participation is permissible.
 - a. Existence of an emergency or urgent issue.
 - i. If, as determined by the Council Chair following consultation with the Executive Director, an emergency or urgent issue arises that requires the Council to immediately schedule a meeting to address the emergency or urgent issue, one or more Council members may participate in the meeting from a remote location.
 - ii. If, as determined by the Council chair, an emergency or urgent issue arises that requires the entire Council to meet remotely, the Council Chair in consultation with the Executive Director may authorize the Council to conduct a virtual meeting without a physical location. Council members would participate in such a virtual meeting from remote locations, and the public would be permitted to attend remotely.
 - b. Circumstances in which physical presence of Council member is not practicable. A Council member may participate in a Council meeting from a remote location under the following circumstances:
 - i. The Council member has an illness or other physical or mental condition that causes the member to face significant difficulties traveling to and attending the Council meeting or that is contagious and would pose a substantial health risk to others if the Council member attended in person;
 - ii. There is a reasonable chance that the Council member's health or safety will be compromised by attending the Council meeting in person;
 - iii. When significant distance or inclement weather impede travel;
 - iv. When events or occurrences out of the control of the Council member or the effects of such events or occurrences make travel by the Council member to the physical location not practicable.
3. Form of remote participation. When one or more Council members will be participating remotely or the Council will be conducting a virtual meeting, the Council will schedule a meeting

using an internet-based virtual meeting platform (e.g., Zoom) that provides simultaneous audio and video reception for all participants. The Council will provide access to the virtual meeting to Council members and the public.

4. Responsibilities of Council members who participate remotely. Any Council member who participates remotely must:
 - a. Have the technology, including internet access, in their remote location sufficient to be seen and heard during the meeting and participate in the same capacity as those members physically present and be responsible for any costs associated with obtaining and maintaining the technology and equipment necessary to participate remotely.
 - b. Maintain decorum to the same extent as those Council members physically present. The Council Chair, in consultation with the Executive Director and after an oral or written warning, may deny a Council member the option to participate remotely pursuant to this Policy if the member has failed to comply with this subsection on more than one occasion.

5. Procedures applicable when Council members participate remotely.
 - a. A member of the Council who participates from a remote location in accordance with this Policy is present for purposes of a quorum and voting.
 - b. If any Council member is participating in a Council meeting from a remote location, all votes taken by the Council during the meeting must be taken by roll call vote that can be seen and heard by the other members of the Council and the public.
 - c. If any Council member is participating from a remote location, the Council shall make all non-confidential documents and other materials, electronic or otherwise, considered by it during the meeting available to the public who attend by remote means to the same extent customarily available to members of the public who attend Council meetings in person, so long as no additional costs are incurred by the Council.

This Policy was adopted by the Council on [DATE].

Maine Advisory Council on Affordable Health Care Disclosure of Conflict of Interest

A member of the Advisory Council with a conflict of interest shall elect to be recused. "Conflict of interest" means any instance in which a member of the advisory council or an immediate family member has received or could receive either of the following:

1. A direct financial benefit of any amount deriving from the results or findings of a study or determination by or for the advisory council; or
2. A financial benefit from individuals or companies that own or manufacture prescription drugs or health care services or items to be studied by the advisory council that in the aggregate exceeds \$5,000 per year. For purposes of this paragraph, "financial benefit" includes honoraria, fees, stock or other financial benefit and the current value of already existing stock holdings, in addition to any direct financial benefit deriving from the results or findings of a study or determination by or for the advisory council.

Do you have any relationships or activities which could be perceived to have influence on you in your role with the council?

Yes No

If yes, please explain:

Signature: _____

Date: _____

Name: _____

Maine Advisory Council on Affordable Health Care

Organizational Charter

I. Authority

- a. The Advisory Council is formed and authorized in [Maine Revised Statutes Title 5 §3123](#).
- b. The Council is directed to advise the Office of Affordable Health Care on matters affecting the cost of health care in this State.
- c. The Council does not have authority to compel the Office to act on its recommendations, or to speak on behalf of the Office.

II. Membership

- a. Members will be appointed and confirmed pursuant to [Maine Revised Statutes Title 5 §3123](#).
- b. Members are appointed to represent particular constituencies and areas of expertise, rather than specific organizational affiliations.
- c. Members may not speak on behalf of the Council, except where a majority vote of the Council has agreed to endorse a position.

III. Charge and Responsibilities

- a. The primary charge of the Office of Affordable Health Care is to analyze health care costs in Maine and develop proposals to make high-quality health care more affordable to Maine people. The Council will strengthen the quality of the Office's work by providing a forum for feedback and advice from diverse expert perspectives.
 - i. Members of the Council agree that cost should not be a barrier to health care for Maine people, and support rigorous analysis to better understand drivers of cost-related barriers.
 - ii. Members agree to approach the work of the Council with a focus on identifying areas of opportunity to increase the affordability of quality health care for Maine people.
- b. The Council will provide feedback to the Office on topics presented for discussion by the Office at regular meetings. Feedback may include, but is not limited to:
 - i. Recommendations for areas of further study, and suggestions of data sources for use in analysis;
 - ii. Contextualization of data sources or methodological approaches to the analysis of certain data sets;
 - iii. Technical or operational considerations of the field they represent, which should be considered when interpreting an analysis or considering a policy concept under discussion;
 - iv. Concerns or priorities of the constituencies or perspectives they represent.

- c. The Council may request that the Office present on specific topics or initiatives, if a majority of the Council endorses the request.
 - i. The Office will meet requests to the extent possible considering staff capacity and other demands. When necessary, the Executive Director may request that the Council prioritize requests by importance or urgency.
- d. The Office may also request that Council members provide feedback on an ad-hoc basis on topics relevant to their areas of expertise.

IV. Operations

- a. The Council shall meet bi-monthly.
 - i. Additional ad hoc meetings may be scheduled at the discretion of the Chair, in coordination with the Executive Director.
 - ii. Meetings may be canceled or postponed at the discretion of the Chair, in consultation with the Executive Director.
- b. The Council will elect a Chair and Vice-Chair from its members.
 - i. The Chair may delegate any responsibilities to the Vice-Chair, on either a temporary or permanent basis.
 - ii. Should the Chair leave the Council, the Vice-Chair will serve as acting Chair until a new Chair can be elected.
- c. Meetings will be recorded and posted publicly on the Office's website. Minutes will be kept of attendance and any recorded votes taken by the Council.
- d. Should the Council wish to formally endorse a recommendation to the Office, a vote will be held. A majority vote of members present will constitute a formal endorsement of a recommendation.
 - i. Members of the Council with a conflict of interest must recuse themselves from a vote.
- e. This Charter will be reviewed on an annual basis, and updated as needed.

Office of Affordable Health Care – 2023 Public Hearing

Suggested Comment Structure

Questions for carriers, employers, and providers:

1. Please identify and briefly describe the top (2-3) concerns of your organization in reducing health care cost growth and promoting affordability of health care for consumers.
2. Of the concerns described in question one, are there characteristics specific to Maine (geographically, economically, demographically) that contribute to the significance of the issue here?
3. Please identify and briefly describe the top strategies your organization is pursuing to address these concerns, as well as metrics for success and any results observed.
4. With as much specificity as possible, please identify and describe the top state health policy changes your organization would recommend to support your efforts to address those concerns.

Questions for individual consumers:

1. Has the cost of health care created a barrier to accessing care, or an undue financial burden on you or your family? Please share any information you are willing to about the experience, including the type of cost(s) (e.g. out-of-pocket costs, insurance premiums) and the health care services you were trying to access?
2. When you were experiencing challenges affording health care, did you attempt to access assistance from a government agency or any other organization? Did you find any specific resources particularly helpful, or were there gaps in the assistance available?
3. Are there particular cost barriers you would encourage Maine state government to prioritize when considering policy changes? Or are there policy ideas you believe would benefit yourself and/or other consumers?

Questions for advocacy organizations and others:

1. Please identify and briefly describe the top (2-3) cost-related barriers consumers in Maine face when attempting to access necessary health care.
2. Of the barriers described in question one, are there characteristics specific to Maine (geographically, economically, demographically) that contribute to the significance of the issue here?
3. With as much specificity as possible, please identify and describe the top state health policy changes your organization would recommend reduce or eliminate these barriers.