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**State Lawmakers Get Briefings  
on UVa Miller Center's  
Health Care Cost Containment Report  
*National Conference of State Legislatures Aug. 21 Session  
Will be Live Streamed***

Raymond Scheppach, director of a University of Virginia Miller Center commission that examined how states can improve health care, will brief lawmakers at the National Conference of State Legislatures' Legislative Summit this Thurs., August 21 in Minneapolis. His session, which runs from 11:30 am to 12:45 pm CT, will be streamed live at [www.ncsl.org](http://www.ncsl.org).

Scheppach will discuss the work of the State Health Care Cost Containment Commission, which released a report earlier this year detailing how governors and other states leaders can transform their health care systems and make them more coordinated, patient-centered, of higher quality, and less costly.

On Wed., August 20, Scheppach testified before the Virginia General Assembly's Joint Commission on Health Care Healthy Living/Health Services Subcommittee about the commission's recommendations.

The full report as well as Scheppach's testimony to Virginia lawmakers is available at <http://millercenter.org/policy/commissions/healthcare>.

The State Health Care Cost Containment Commission was co-chaired by Mike Leavitt, former U.S. secretary of health and human services and governor of Utah, and Bill Ritter, former governor of Colorado. Its members represented all key sectors of the health care community and included health insurance, hospital, and physician group CEOs as well as representatives of the major purchasers of health care, such as Medicare, Medicaid, the private sector, and consumers.

The report recommends that states:

1. **Create an Alliance of Stakeholders to Transform the Health Care System** - To move toward a more cost-effective health care system, state government must form an alliance with purchasers, the medical community, and other stakeholders to create a consensus and commitment for change.

2. **Define and Collect Data to Create a Profile of Health Care in the State**  
- Working with their stakeholder alliance, states should establish a common definition of health care spending, identify quality-tracking measures, create a process for collecting cost and quality data, and conduct an initial analysis of where health care spending is above national norms.
3. **Establish Statewide Baselines and Goals for Health Care Spending, Quality, and Other Measures as Appropriate** - The state and its alliance should establish appropriate targets for limiting cost growth and quality improvements in the health care system.
4. **Leverage Payment Reforms to Accelerate the Trend Toward Coordinated, Risk-Based Care** - States should use health spending programs they administer to encourage the formation of high-performing coordinated care organizations that accept risk-based, global payments. Programs that states can use for leverage include Medicaid, the state employee health program (which can be combined with local government employees for increased influence), and health insurance exchanges.
5. **Encourage Consumer Selection of High-Value Care Based on Cost and Quality Data, and Promote Market Competition** - States can help ensure that consumers are given the cost and quality information they need to make informed health care decisions and that adequate competition exists in the health care marketplace. States can make the cost and quality of health care services more transparent by reporting such information on a statewide basis and requiring plans and providers to publish such information.
6. **Reform Health Care Regulations to Promote System Efficiency** - State health care regulations affecting insurance, benefits, scope of practice, and medical malpractice can influence health care costs. States should review these policies to ensure they promote efficiency and do not present obstacles to expanding the availability of risk-based, coordinated care.
7. **Promote Better Population Health and Personal Responsibility in Health Care** - States can use education and the bully pulpit, wellness programs for state employees, and public health initiatives to promote population health and encourage individuals to take more personal responsibility for their health care decisions.

Scheppach is an economic fellow at the Miller Center and a professor of practice at U.Va.'s Batten School of Leadership and Public Policy. He is the former executive director of the National Governors Association.

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**Contacts:**

Kristy Schantz, 202-758-3918, [kkschantz@virginia.edu](mailto:kkschantz@virginia.edu)  
Kim Curtis, 434-243-2985, [kcurtis@virginia.edu](mailto:kcurtis@virginia.edu)