EXECUTIVE ORDER
NUMBER SEVENTEEN

TO: HEADS OF ALL STATE DEPARTMENTS AND AGENCIES

RE: ESTABLISHMENT OF STATEWIDE HEALTH CARE COST
MANAGEMENT COMMISSION AND TASK FORCES ON
HEALTH PLANNING AND INFORMATION AND ON HEALTH
CARE FINANCING AND DELIVERY ALTERNATIVES

WHEREAS, health care which is accessible, affordable and
of high quality is vital to the well-being of all Delawareans;
and

WHEREAS, the health care field is changing rapidly, and
we must make informed individual and public policy decisions in
response to those changes, and in anticipation of future health
care needs, demands and developments; and

WHEREAS, the increasing costs of health care are of con-
cern to consumers, business and industry, and government; and

WHEREAS, uncontrolled health care cost growth places
great strains on the resources of many consumers, reducing
their access to health care, makes American business less com-
petitive on the world marketplace by increasing the cost of our
products, and has a major impact on state and federal budgets
and taxes; and
WHEREAS, efforts must be made to control the growth of health care costs and to provide services in the most efficient, cost-effective manner, while maintaining access and quality; and

WHEREAS, a report prepared for the Office of the Lieutenant Governor in January, 1984, by Drs. Stephen Keiser and James Morrison of the University of Delaware, entitled "Health Care Policy for Delaware", indicated that although Delaware was not at the crisis stage in health care costs primarily because of the efforts of health planning agencies and the provider community, those costs are still growing faster than the rate of inflation; and

WHEREAS, the report recommended that a Health Care Cost Containment Commission be established to study Statewide health care costs, health care cost containment programs and strategies and important health issues affecting all consumers;

NOW, THEREFORE, I, MICHAEL N. CASTLE, by the virtue of the authority vested in me as Governor of the State of Delaware do hereby order and declare as follows:

1. A Statewide Health Care Cost Management Commission, along with a Task Force on Health Planning and Information and a Task Force on Health Care Financing and Delivery Alternatives are hereby established.
2. The Commission shall report directly to the Governor and the General Assembly; the Task Forces shall report to the Commission.

3. The purpose of the Commission is to make recommendations for containing the costs of health care while maintaining quality and access to services; to recommend health planning and information mechanisms for making informed public policy and individual decisions on health care; and to address major health care policy issues which affect cost, quality and access.

4. The Commission shall make an initial report by June 10, 1986, to the Governor and the General Assembly indicating the areas where the State can play a significant role in containing health care costs, the approach the Commission plans to take toward health care cost management and policy issues, and the specific assignments it will give to the Task Forces.

5. Thereafter, the Commission shall review the analyses and recommendations submitted by the Task Forces and determine which one(s) should be accepted and implemented.

6. In reviewing the health care environment and making its determination of assignments to be given to the Task Forces, the Commission shall consider the following issues, among others:

(a) What information is needed to make the best possible decisions on health care matters, and how should this
information be disseminated so that citizens can become more efficient users, providers, and payers of health care;
(b) What health planning structure can respond to major health issues in a timely and appropriate manner with consideration given to needs, costs and alternatives;
(c) What public, private or individual actions can have the greatest impact on containing health care costs while maintaining quality and access;
(d) What incentives for efficient delivery and utilization of health care services can be developed;
(e) How can health care costs be shared equitably, considering those who are uninsured or underinsured and low income persons who are not eligible for government programs;
(f) What is the appropriate role of prevention and health education in improving health status and decreasing cost growth; and
(g) What policies relating to new technology should be pursued.
7. As appropriate, the Commission's recommendations may encompass policies to be adopted by the private and public sectors, legislative action, administrative action, public
education, further study of particularly complex and technical issues, and whatever other short and long range approaches it believes are essential to help us meet health care needs in the future in the most cost effective manner.

8. The Commission shall make its final report to the Governor and the General Assembly by November 1, 1987. The Commission may, at its discretion, submit recommendations prior to that date if it believes that timely implementation is feasible and advisable.

9. The Commission shall be comprised of 14 members, including the Secretary of Health and Social Services, who shall be Chairman and shall assume responsibility for staffing and day-to-day activities of the Commission. The other members, to be appointed by the Governor, shall include representatives of business and industry, consumers, the Director of Public Health, the Secretary of Finance, a member of the House of Representatives from one political party and a member of the State Senate from the other political party.

10. The two Task Forces shall be appointed by the Secretary of Health and Social Services in his capacity as Chairman of the Commission. The Chairman shall also appoint a Chairman of each Task Force from the Commission membership. Health care providers, consumers, planners, insurers and payers shall be represented on the Task Forces. Various health care
constituencies which are not represented on the Task Forces shall have an opportunity to present their views and suggestions to the Task Forces.

11. The two Task Forces are charged with carrying out the assignments given to them by the Commission and providing reports on each assignment which include the necessary analyses to document their findings, support their recommendations and address potential costs and benefits of each recommendation or alternative.

12. The Task Forces shall report to the Commission on each assignment by the date specified by the Commission. No recommendation will be considered final until it is reviewed and approved by the Commission. Where feasible, the Task Forces shall provide several options or alternatives.

APPROVED this 26th day

[Signature]
Governor

ATTEST:

[Signature]
Secretary of State

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