

April 20, 2021

TO: Dr. Ikram Khan, Chairman, Patient Protection Commission
Sara Chalhagian , Executive Director, Patient Protection Commission
Patient Protection Commission Commissioners

FR: Bobbette Bond, Patient Protection Commissioner
(submitted electronically)

RE: ***PPC Millbank Advisory Committee and Process for Other Committees for 4/21/21 Meeting***

Pardon my absence for part or all of the upcoming meeting scheduled for tomorrow (4/21/2021). I have a dental emergency and cannot attend on time.

In my absence, I hope this communication can serve as a placeholder for future discussions about the topics being discussed today.

Milbank Advisory Committee:

First, I would appreciate consideration of a problem that may exist with the Advisory Committee appointment process itemized for consideration tomorrow. I am not aware of a process for public input or a public application for this committee. If only members of the Patient Protection Commission have been included in soliciting potential committee members, I would request that we create an additional step (or steps) that allow opportunity for interest by those outside the Commission. For example, the name that I submitted for this advisory committee is not included in the materials submitted today, so will be unable to be selected.

Other Committees:

The appointment process for the other committees previously created by the PPC in our second meeting does not seem to be transparent or comprehensive and I would ask that this process be revised, and consideration made of the following:

- The potential committee structure and scope of the committees approved in the second meeting of the PPC should be determined prior to soliciting names for these committees. I request consideration by the Commission of a process to determine the number of committees the Commission staff have resources to manage, the scope to consider for each committee, the size, structure and leadership considerations of the committee, the intended goals, and the timeframe for the committee. When the three committees were approved at our second meeting, they were never created. That work was not completed because there was concern that the Commission support did not have the capacity to manage three committees. How has that been resolved?
- Once an understanding of the purpose and structure of the committee is established, the Commission could then be in a better position to consider a committee membership process. Boards and Commissions usually have a public process that allows those interested and invested an opportunity to apply, followed by a clear process for selecting candidates.

Applicant Criteria for Consideration:

Because this Commission is a statewide body with a primary mission of protecting patients, the committees should be tasked with supporting this mission. Our Commission can benefit from committee composition that creates a voice for the advocates and patients that are not on the Commission.

- Commissioners should have an opportunity to determine if a limited number of recommendations for appointment can be submitted by each Commissioner. One member of a ten-member committee should not provide a disproportionate share of the names on a list for consideration if the intent of the committee work is balance.
- The purpose of our commission should guide the committee work, and the Commissioners should have an opportunity to carefully consider the role of committee members. For example, should subcommittees provide expertise that is missing on the Commission, rather than recreating the same expertise in the committees that we have on the Commission? Or should we instead seek support from perspectives not present on the Commission? Suggestions for how to move forward include:
 - Do we have adequate representation from patients – the charge of this Commission?
 - Do we have adequate representation of the diversity that exists in the patient population in this state that will allow us to adequately understand the role that racial inequality and social determinants of health play in patient experience and state health care structure?
 - Why would we appoint any committee member who has resigned from the Commission?
 - What expertise is needed from the health care industry lobbyists? Their positions will, by job duty, reflect those of the industry already represented on the commission.

I hope the Commissioners can consider these and other issues before we complete the Milbank advisory committee creation, and before appointing members to the committees previously approved by the Commission. I also hope that we will not consider additional committees at this time, some of which may already exist in the state.

Thank you for these considerations and I look forward to attending at least a portion of the meeting tomorrow.