Healthcare Advisory Committee Meeting Transcript

Federal Advisory Committee Meeting 1 | May 18, 2026
The Hubert H. Humphrey Building
200 Independence Avenue S.W. Washington, D.C., 20201

Dr. Clive Fields

Good afternoon. It is an absolute pleasure on behalf of HHS and CMS to welcome the members of the Health Advisory Committee, and those members of the public who are joining us for this first meeting. I want to quickly introduce myself. We will get a chance to introduce every member of the committee.

My name is Clive Fields, I'm a family physician, I practice clinically in Houston for around 30 years, and then founded an organization called Village MD in 2013. That organization was a primary care-based organization that was committed to prevention, wellness, the management of chronic disease, and also believed in outcome-based reimbursements.

There is a lot that we're going to try to cover in today's first public meeting, so I wanted to kind of start by giving you an idea of where we're going.

We're going to start with just a quick welcome. We're going to do some introductions of the members of the Health Advisory Committee. We will be taking a look and voting on the bylaws under which this organization or this committee will operate. We'll get a chance to review the working groups and their scope of work. And we've reviewed some time to... or reserved some time to review some of the public comments that this organization has received.

My goal is to close before 5 o'clock and to identify the next steps for us as we move forward. Our agenda is very full. For those of you who are on the line from the public, again, we really appreciate your engagement and the opportunity to hear from you.

For those of you during the meeting who would like to make public comment, there's a couple of different ways that you can do that. Those comments can be submitted by email. There is an email on the slide in front of you. And during the meeting, any other comments can be sent. If they're not addressed during this meeting, we'll get a chance to address them after this meeting, and

certainly we'll get back to you as quickly as we can. If you would like to participate or send information or comments to the next meeting, those emails are also available to you on the slide.

Couple of objectives that I really wanted to make sure we got to for this first meeting, really 4 primary objectives. First, I really wanted the committee members to have a chance to introduce themselves, so we can begin to build an understanding of the expertise and diversity that is in this room.

Having spent a few hours with the committee this morning, it is my pleasure to say that the real-time and real-life expertise in this room, I believe, is something that will inform and be incredibly valuable to the work in front of us. I do want to provide some context for the committee's charge and help define the scope and the mission of our work.

I mentioned that we will review and hopefully approve and comment on the bylaws that will define the rules under which we will engage. And importantly, we will get a chance to narrow the focus of each working group's scope so that people will leave this room with a clear understanding of the work in front of us.

The ground rules, as those in the room know, if you would like... if you have a question, please raise the name tent in front of you. I will call on you, and we will proceed from there.

This committee is comprised of leaders from across the healthcare system who will provide advice on improving, strengthening, and modernizing the United States healthcare system. I'm excited to be working with every member of this group and truly appreciate the time and commitment that you have made to be here today, and the work in front of us over the two-year term of this committee.

I'm going to start by introducing the members of the committee, and I will call on you in alphabetical order. If you could share a little bit of your background, a little bit of the goals that you would like to see this committee address, and I think the members of the public who have joined us would really appreciate that. So I'm going to start with Dr. Robert Bessler.

Dr. Robert Bessler

Good afternoon and thank you. My background is... My career is probably 3 phases. Number 1, I'm an emergency physician who has practiced both in trauma centers in big cities to community hospitals. Phase 2 was building and leading for 23 years of privilege at Sound Physicians, which became the nation's leading hospital-based physician organization by size and scope, and now in Phase three, leading Honest Health, which is a value-based care organization focused on serving our nation's healthcare system through hospitals and their employed physicians.

Sebastian Caliri

My name is Sebastian Caliri, and I started my healthcare journey as a medical student at Stanford. From there, I went to Palantir Technologies, where I led a lot of our early healthcare work, working with pharmaceutical companies, payer organizations, health systems, to help them solve their hardest data and analytics problems.

From there, I joined 8VC, where I am today, where I am a partner leading investments in health IT, healthcare services where I've both invested and incubated a number of companies, serving vulnerable populations, helping reduce administrative burden with AI and other technologies, and my focus as part of the committee will be in technology and data as themes that underlie all of our important goals.

Dr. David Carmouche

Good afternoon. I serve as the Executive Vice President and Chief Medical and Commercial Officer of Lumeris, a St. Louis-based company, where we are building AI solutions to support primary care providers in their amazing work.

That work is informed by 30 years of experience as a frontline primary care physician, and also as an executive across health plans, large health systems, and at Walmart -- Walmart Health. So, really excited about, how we can leverage CMS's convening authority and policymaking to unlock data, to create better access and better experiences, for healthcare in America. Thank you.

Elizabeth M. Fago

Good afternoon, I'm Elizabeth Fago, and I have been involved in the long-term care business for many, many years. I was an early provider in the value-based program. I had over 100 facilities and 13,000 employees. And... today, we are doing the same thing in a higher level of care. And I look forward to working with this committee. Thank you.

William (Bill) J. Gasson

Thank you, Clive. Good afternoon, Bill Gasson. I have, the privilege of being a husband and a father, and in addition to that, I have the privilege of serving as the president and CEO of Sanford Health. Sanford Health is headquartered in Sioux Falls, South Dakota, and provides care to predominantly rural communities across the Upper Midwest. It's the nation's largest rural healthcare provider. We do that through a network of 60 hospitals and across the wide geography, where we provide services on the acute care side, as well as on the post-acute side, through the Good Samaritan Society as well as through our provider-based health plan as well, too.

Prior to that, I started off with a healthcare practice as an attorney before coming in-house at Sanford Health 15 years ago, and just excited about the opportunity to continue to do this great

work, to see how we can work together to take what is a great health system in this country and make it much better, and make sure that we can provide higher access, improve quality and long-term sustainability to the benefit of this country, to our patients, and those who are providing care. Thank you.

Dr. Clive Fields

Thanks, Bill.

Dr. Jenni Gutapati

Hi, I'm Jenni Gutapati, president and founder of Healthy Insights, a new health tech startup, as well as the value-based healthcare program director for Boise State University. I have over 2 decades of my background being in nursing, primarily serving the rural communities of eastern Oregon and western Idaho. And then developed, for Boise State University, a master's degree program teaching population health management, value-based care, and healthcare payment reform. And I'm honored to be a part of this community. Thank you.

Valerie D. Huhn

Hello, everybody. Valerie Huhn. I am the Director of Missouri's Department of Mental Health, which is a cabinet-level agency.

I work specifically with people with serious mental illness, people with substance use disorders, and people with developmental disabilities fall under our department's purview. I've been in government for 26 years, I've been in the Medicaid space, I've been in the state budgeting space. Happy to be at the end of legislative session in Missouri for my state bureaucrats out there and really look forward to continuing to try to manage the costs of our Medicaid program while still providing quality services and protecting some services for some of the most vulnerable Missourians, or in this case Americans, so, thank you.

Dr. Clive Fields

And Missouri is on the University of Texas football schedule this year, so we're looking forward to the contest.

Valerie D. Huhn

Come on to Columbia!

Dennis Laraway

Thank you, Clive. Again, Dennis Laraway. I've had a 42-year career as a senior financial executive for some of the largest, most complex health systems in the country. I presently serve as Executive Vice President and Chief Financial Officer for Cleveland Clinic.

Immediately prior to, I had served in the same capacity for Banner Health, in Phoenix, Arizona. Prior to Memorial Hermann Health System in Houston, Texas. Prior, Scott & White Healthcare in Temple, Texas. I also enjoyed 15 years in Catholic Healthcare, both with Ascension Health and Catholic Healthcare West as a Regional Chief Financial Officer.

Looking forward to serving with my colleagues on the committee and our colleagues across Health and Human Services and Centers for Medicare and Medicaid Services to help finance American healthcare moving forward affordably and sustainably.

Dan Liljenquist

Hi, I'm Dan Liljenquist, I'm the Chief Strategy Officer at Intermountain Health. delighted to be on this committee. I'm also the volunteer board chair of CivicRx, which is a non-profit generic drug company with a simple mission to ensure that essential medicines are available and affordable for everyone. My background, I'm an attorney by training. I've spent most of my career in strategy. I served also in the Utah State Senate and ran our Medicaid ACO legislation about 15 years ago in Utah, so I'm delighted to be here. Thank you, Mr. Chair.

Andrew Lynch

Good afternoon, Andrew Lynch. I'm Chief Strategy Officer for Acadia Healthcare, based out of Nashville. We're the largest stand-alone behavioral health provider in the country. Started off my career doing a doctoral degree in bioengineering. Did consulting, spent quite a bit of time on the payer side, and then, spent quite a bit of time on the technology side, and then have been shifting to the provider and services side ever since. I'm honored for the chance to try to strengthen the backbone of healthcare in this country. Thank you.

Ursel J. McElroy

Good afternoon, Ursel McElroy. I am Director of the Ohio Department of Aging. It's a cabinet-level agency. I also have the opportunity to serve as President of the Board of Directors for Advancing States, a national association that represents the 56 states and territories on aging and disability issues. I'm particularly interested in this committee. I'm excited to move things toward action.

We know that with older adults, they are the fastest growing, if you will, demographic that we have in this country. We also know that we have a lot of complex care needs that we have to address in this country that are straining our system.

We also understand that we have economic volatility issues, as well as tech disruptions, and so I'm really here and interested to find solutions on how we can not only live longer, but we can live well, as we age in this society. Thank you.

Dr. Kyu Rhee

Hi. Kyu. I'm a primary care doc. I'm also a proud girl dad and a spouse to a social worker, so the integration of primary care and behavioral health is always important, especially even at home.

Dr. Clive Fields

I say it's happening in your house every day.

Dr. Kyu Rhee

Every day, every day. We need it, especially with 2 teenage daughters.

So, I just wanted to share kind of a little bit about my background. I'm grateful to have been a primary care doc in the front lines in community health centers as a National Health Service Corps Scholar, and served in those community-based settings, and also had the opportunity to work in the federal government as a public servant, as the chief medical officer of HRSA, and also in the private sector at IBM and CVS Health. I'm currently the president and CEO of the National Association of Community Health Centers, which serves about 52 million people, 1 in 7, including 1 in 3 in rural America, with a workforce of over 330,000, so very grateful to be on this committee with my wonderful colleagues, and excited about the opportunities that we have to improve the U.S. healthcare system. I have a strong bias towards the importance of primary care, especially for vulnerable populations.

Russ Thomas

Good afternoon, everyone. Russ Thomas. I'm the President and Chief Executive Officer at Availity, where we serve 3.5 million providers in every health plan in the country, and transacting their administrative business all day, every day. I'm particularly excited to be on this committee because I believe we're at an inflection point where technology can tremendously advance the execution of good policy in the U.S. healthcare system. I'm proud to be a part of this.

Dr. Linda Thomas-Hemak

Thank you. Good afternoon, everybody. My name is Linda Thomas-Hemock. I'm a first-generation primary care internal medicine and pediatric physician, public health enthusiast, and a medical educator, who also, because of the needs of my patients and the families I serve, [inaudible] in addiction, obesity, and nutrition.

I actively provide primary care to multi-generational families in northeastern Pennsylvania while educating in a professional workforce, and I have the tremendous privilege of being the president and CEO of the Wright Center's needs-responsive Teaching Health Center Graduate Medical Education Safety Net Consortium that offers community-owned, community-governed, whole-person health services with integrated and empowered workforce development.

Dr. Clive Fields

Thank you.

I think these brief introductions have given everybody, both in the room and those who are joining us in the public forum, an idea of the breadth and depth of experience that's been brought to this work, and I personally can say I certainly look forward to it.

I am going to take chair privilege and shout out to my son, Joseph, who signed on today because he's never really sure what his dad does. And so, I'm thinking that he might have a clue, at least what I was doing today.

I want to move the conversation to a bylaws conversation, and we've all had a chance to review the bylaws. Those bylaws will be available online for those who want to see them.

But I wanted to call out, kind of, 5 separate areas of the bylaws, and then call for, any discussion, questions, and ultimately a vote on acceptance. The bylaws really include 5 separate areas.

One is the purpose and scope of the meeting. The second, the membership and terms. I think everyone here is aware that the term of this commission or committee will be for 2 years. We will be meeting quarterly. Meetings will be public and only closed as determined by FACA rules. Our work will comply with all federal regulations. Members will disclose and manage all conflicts of interest. A quorum or majority must be present for a meeting, and a simple majority will be sufficient for approval.

Members can speak externally as individuals but will not represent the committee's positions publicly. The bylaws, as I mentioned, will be available to the public.

And if there are no other questions, based on the conversations and the review of the bylaws that you've had a chance, I'd love to take a vote on acceptance of these bylaws. Are there any questions or comments before we take that vote?

Being no questions or comments, I would ask for just a round of ayes for those who will accept the bylaws as written.

All Committee Members (Present)

Aye

Dr. Clive Fields

And nays for those who object? [no objections]

Bylaws are accepted and will be made available both to each and every member of this committee and to the public.

One of the ways that we're going to try to get as much accomplished in this group is by taking the expertise in this room and breaking it into what I'm going to call small working groups. Those working groups will include members within this committee, as well as outside experts that will be added, to make sure that the topics that each working group is addressing is addressed by the most significant experts in their respective areas.

The goal of the working groups will really be to take very broad topics and narrow them in a way that makes them manageable and ultimately leads to recommendations to the Secretary and the administrator that can be acted on. The goal is to leverage a small group of experts in a way that identifies these problems and brings them, again, to something actionable, something that actually can be done in the near term.

The goal of this committee is not to produce a report in 2 years, but is actually to advise the Commissioner, excuse me, the administrator and the secretary on an ongoing basis as to our best thinking on the topics that have been placed in front of us. The ultimate goal is to turn promising concepts into prioritized and actionable outputs for the committee, for committee deliberation, transformation, and ultimately draft recommendations.

As is typical of FACAs, or Federal Advisory Committees, we will be working in the smaller groups that I described. These will allow us to be more efficient, and given the breadth of our charge, they will allow us to focus our work. There are 6 working groups that have been established.

And what I'm going to do is I'm going to, as the working group lead on the first working group, which is the MAHA working group, I'm going to share the priorities and initial objectives of that group. Then I'm going to ask each of the other... the other 5 working groups to present those findings. I'll ask the chairman specifically to present those to both us and the public at large.

Dr. Clive Fields

The charge for the MAHA Working Group was to develop actionable policy solutions to prevent and better manage chronic disease.

We believe that as a mission statement, that we can champion the idea of healthspan, healthy years of life for all Americans. It will be a cradle-to-grave opportunity, which starts at home, lives in your communities, and is supported by the healthcare system.

As part of that, we will seek to promote the integration of prevention strategies directly into communities, with a focus on the first point of contact between patients and the healthcare system.

We will seek to accelerate access to high-quality healthcare teams, inclusive of behavioral health practitioners. We will build longitudinal and trusted relationships between patients and providers, and we will seek to harness new technologies to empower patients and support longer and healthier lives.

The next working group to present will be... Reducing administrative burden.

Dan Liljenqiuist

Our working group will focus on advancing accountability for safety and outcomes while reducing unnecessary administrative burden.

Our opportunity we're focused on simplifying the accountability system for providers and the healthcare workforce, payers, patients, and caregivers. And we'll seek to do 3 things.

First, eliminate unnecessary and burdensome regulations, and that includes duplicative, obsolete, contradictory rules and regulations while creating an ongoing process to maintain regulatory hygiene.

Second, evaluate friction and challenges across CMS programs, including traditional Medicare, Medicare Advantage, Medicare ACOs, and the Medicaid and CHIP programs.

And three, recalibrate oversight and accountability to the appropriate levels. An example is the CMS payer delegation on Medicare Advantage.

Thank you.

Dr. Clive Fields

The next working group will be deploying real-time data.

Sebastian Caliri

The charge of Deploying Real-Time Data Working Group is expanding the use of real-time data to support a higher quality of care, speed up claims processing, and improve quality measurement.

And we think of this working group as, really foundational, as infrastructure for many of the goals of the other working groups, be that in patient care, be that in reducing administrative friction, be that in better serving vulnerable populations.

Specifically, we will seek to create a reality of data liquidity so patients, providers, and payers can access real-time data without special effort.

We will identify data solutions for payer-provider collaboration to reduce administrative burden and facilitate payments.

And finally, we'll seek to modernize and harmonize Medicaid data infrastructure across states.

Dr. Clive Fields

The next working group is Improving Care for Vulnerable populations.

Dr. Kyu Rhee

So, as we focus on enhancing care for vulnerable populations, including those served by Medicaid, we're looking at these 5 key areas. So, to think first about reimagining and defining quality for those vulnerable populations, and as we know, there's quite a bit of potential variability at times in terms of how quality is defined across the 50 states, in terms of Medicaid programs.

We also recognize that much of Medicaid, while it's so important to think about physical and mental health and that integration, it's also important to think about the non-medical, the social services that, need to be considered and also defined and determined what's... belongs in Medicaid there. Often, we think about the 1115 waivers.

We also are interested in partnering with the data piece as well and leveraging Medicaid data to make sure we're delivering a higher value, improving quality, reducing costs, and demonstrating the return on investment of Medicaid.

Also, we know that there's quite a bit of innovation that happens across Medicaid at a state level, at a national level, so we want to incentivize that innovation and highlight those best practices both locally, at a state level, and also nationally. And the importance of moving Medicaid from volume to value is also essential as well.

Dr. Clive Fields

Thank you. The next working group is Strengthening Medicare Advantage.

Dr. Robert Bessler

We're focused on strengthening Medicare Advantage sustainability, including modernizing risk adjustment and quality. We believe that to make Medicare Advantage more sustainable, we're focused on the 4 main constituents, patients, providers, payers, and taxpayers.

And we seek to do this through identifying incentives to reward patients for actions that improve their health outcomes. We want to make it easier for patients to understand their MA plan options and features.

We desire to decrease the friction of participating as a provider in MA, and improve the real-time connectivity across the care settings.

We'd like to improve predictability for MA plans.

And we'd like to address the sustainability, ultimately, of the Medicare Trust Fund by demonstrating the cost savings with high-quality outcomes from MA.

Dr. Clive Fields

Great, and the last working group is Crushing Broad Waste and Abuse.

Russ Thomas

Thank you, Clive. Our focus is going to be on identifying and developing actionable levers for CMS to strengthen program integrity to protect taxpayer dollars while preserving access for compliant providers and beneficiaries.

We see as an initial opportunity for change that we will harness new technology, tools, and partnerships to proactively and transparently prevent fraud and identify innovative approaches to reduce waste and abuse. There is a specific bifurcation of fraud, separate from waste and abuse there, and we talked about that earlier.

We will seek to empower patient medical decision-making by leveraging modern technologies, incentivize appropriate utilization, and accelerate appropriate payment timelines, and strengthen CMS infrastructure by improving current fraud, waste, and abuse technology, tools, and processes.

Dr. Clive Fields

Thank you. I want to thank all of the working group leads and all the other people that contributed to this readout.

I want to move on now to the public [comment] portion of today's meeting, and I want to thank the members of the public who are joining today. We appreciate and sincerely are looking forward to your engagement and to your interest.

We have received a number of letters to this committee from groups as diverse as the National Association of Rural Health Clinics, the American Association of Naturopathic Physicians, The American Occupational Therapists, the American Pharmacists Association, and the American Academy of Family Practice. All of your correspondence will be distributed to the appropriate work group, and we look forward to continuing feedback as the work progresses inside this committee.

We anticipate setting up many ways that the public will be able to access this committee and provide the kinds of ideas that we're all looking for to strengthen and improve the American healthcare system.

In closing, I want to just quickly recap what we've done today, and we've been at this for a number of hours. We've had a chance to introduce the committee members to the public. We've provided context for the committee's charge. We've reached consensus and agreed on the bylaws under which this committee will operate. And we have narrowed the committee's focus and each working group's scope.

I'm hoping that this meeting has given not just the people in the room, but the members of the public who have joined us, an idea as to the type of work that this committee will be engaging in, and the expertise that has been brought to bear.

For those of you who want to stay connected to the Health Advisory Committee work, please check the HAC website for updates on future committee meetings and other information. And your thoughts can be shared by email at HAC@cms.hhs.gov.

I'm going to take one last, opportunity to thank everybody for the work we've done today. I know I personally look forward to working with each and every one of you as we proceed down this two-year journey. And again, to those members of the public who've engaged and shown interest, we look forward to your input.

With that, I am going to call to close this first Health Advisory Committee meeting and wish everybody a healthy and happy afternoon. Thank you.