

# The Changing Health Insurance Market: Implications for Public Policy and for State Government Purchasers

*A symposium sponsored by  
The Center for Health Program  
Development and Management*

Tuesday, June 13, 2006  
8:30am - 4:30pm  
Reception Following

UMBC  
ITE Building, Lecture Hall 7



## Agenda

8:00-8:30	Registration and Continental Breakfast
8:30-8:45	Welcome
8:45-9:45	Keynote Session: The Changing Landscape of Health Insurance in the United States
9:45-10:00	Break
10:00-11:30	Session 2: Public Sector Responses to a Changing Private Health Insurance Market: A New Role For State Government Purchasers
11:30-1:00	Luncheon Presentation: Evidence-Based Decision Making for Health Care Purchasers
1:00-2:15	Session 3: What Does It Mean to Be "Insured"?
2:15-2:30	Break
2:30-4:00	Session 4: Consumer-Directed Health Care: The Changing Role of the Individual
4:00-4:30	Session 5: Lessons from the Day
4:30-6:30	Reception

Welcome

Charles J. Milligan, Jr.

**Keynote Session: The Changing Landscape  
of Health Insurance in the United States**

Escalating health insurance premiums, a decline in employer-sponsored insurance, and a growing emphasis on consumer-directed health insurance models have dramatically altered the health insurance landscape. The keynote session will address current trends in health insurance coverage, such as Medicaid and SCHIP expansions, the substitution of public coverage for private coverage, the decline in employer-sponsored insurance, and the future of retiree health coverage. This session will also explore trends in private health insurance, including changing benefit designs and the emerging role of consumer-directed health insurance. These themes will be woven together to provide important insights for state policy makers and health services researchers who are seeking to better understand the role that is and should be played by state-administered health insurance programs like Medicaid and SCHIP.

**Speaker: Paul Ginsburg**

**Reactor: Amy Davidoff**

**Session 2: Public Sector Responses to a Changing Private Health Insurance Market: A New Role for State Government Purchasers**

The erosion of employer-sponsored insurance (ESI) has left many Americans uninsured and shifted millions from ESI to state programs such as Medicaid. The dual challenges of providing a public insurance safety-net and shoring up ESI has placed pressure on states to come up with new ways to provide health insurance coverage without over-burdening state budgets. Some states are considering employer “play or pay” laws, such as Maryland’s “Wal-Mart” legislation. Others, like Massachusetts, are exploring models that include individual mandates and purchasing pools. The Deficit Reduction Act of 2005 provides states with a new tool by offering additional flexibility to adapt Medicaid benefit packages to meet existing insurance gaps. This session will examine the evolving role of states in covering uninsured populations in the face of widespread substitution of public insurance for ESI.

**Speakers:** Alice Burton  
Rick Curtis  
Todd Eberly

**Moderator: Ann Volpel**

**Luncheon Presentation:  
Evidence-Based Decision Making for Health Care Purchasers**

Ruben Jose King-Shaw, Jr.

**Session 3: What Does It Mean to Be “Insured”?**

With the advent of health savings accounts, high-deductible health plans, and Medicaid limited benefit packages, the definition of health insurance is changing, blurring the distinctions between long-held notions of what it means to be insured, underinsured, or uninsured. This session will explore how the new insurance products—designed to promote greater personal responsibility while containing health care expenditures—are transforming the long-standing employer-employee pact to provide more traditional health insurance coverage and impacting consumer expectations of the scope of their “insurance” and their obligation to become a more prudent user of services. The session will also focus on how federal and state regulatory changes are likely to alter both the definition of and the market for health insurance.

**Speakers:** Paul Fronstin  
Jerrold Glass  
Steven Larsen

**Moderator:** David Colby



## About the Speakers

### Session 4: Consumer-Directed Health Care: The Changing Role of the Individual

The consumer's role in health care decision-making is changing dramatically. By design, health reimbursement accounts, health savings accounts, and high-deductible health plans require active participation on the part of the consumer in decisions about utilization, cost, and quality. This session will examine how consumer-directed health insurance products influence consumer behavior and how states are experimenting with Medicaid consumer-directed purchasing.

**Speakers:** Cynthia Feiden-Warsh  
John Folkemer  
Judith Hibbard

**Moderator:** Michael Nolin

### Session 5: Lessons from the Day

This final session will summarize challenges identified and lessons learned during the day, focusing on:

- ◆ The implications for public policy of the substitution of public insurance for ESI and the evolving role of states in covering the uninsured.
- ◆ The new definitions for "insured" and the implications of each on safety-net providers, state budgets, and the targeted populations.
- ◆ How public health insurance programs might be structured to promote consumer direction and encourage cost-conscious behaviors.

**Speaker:** Christopher Perrone

**Alice Burton, MHS**, is Vice President at AcademyHealth, where she leads The Robert Wood Johnson Foundation's State Coverage Initiatives (SCI) program.

**David Colby, PhD**, is Deputy Director of Research and Evaluation at The Robert Wood Johnson Foundation.

**Rick Curtis** is President and Founder of the Institute for Health Policy Solutions.

**Amy Davidoff, PhD**, is an Assistant Professor in the Public Policy Department at UMBC and a former Senior Research Associate at the Urban Institute.

**Todd Eberly, PhD candidate**, is a Senior Research Analyst at the Center for Health Program Development and Management, UMBC.

**Cynthia Feiden-Warsh, MSW**, is an independent consultant. She is former Vice President of Development for Government Programs at Lumenos.

**John Folkemer, MPA**, is Vice President with the Lewin Group. He is the former Director of the Division of Benefits, Eligibility, and Managed Care for Medicaid and State Operations at CMS and the former Medicaid Director in Maryland.

**Paul Fronstin, PhD**, is a Senior Research Associate with the Employee Benefit Research Institute and Director of the Institute's Health Research and Education Program.

**Paul Ginsburg, PhD**, is President of the Center for Studying Health Systems Change.

**Jerrold Glass, MPA**, is President and Founder of J. Glass & Associates and former Executive Vice President and Chief Human Resources Officer at US Airways.

**Judith Hibbard, DrPH**, is a Professor in the Department of Planning, Public Policy & Management at the University of Oregon.

**Ruben Jose King-Shaw, Jr., MIB, MHSA**, is a Senior Partner at Pan American Risk Management Associates, LLC. He is a former Deputy Administrator and Chief Operating Officer at CMS and former Secretary of the Agency for Health Care Administration in Florida.

**Steven Larsen, JD**, is Chief Executive Officer of AMERIGROUP Maryland, Inc. He served as the Maryland Insurance Commissioner from 1997 to 2003.

**Charles J. Milligan, Jr., JD, MPH**, is Executive Director of the Center for Health Program Development and Management, UMBC.

**Michael Nolin** is Deputy Director of the Center for Health Program Development and Management, UMBC.

**Christopher Perrone, MPP**, is a Senior Program Officer at the California HealthCare Foundation.

**Ann Volpel** is a Senior Research Analyst at the Center for Health Program Development and Management, UMBC.

## How to Register:

Registration is available at  
[www.chpdm.org/symposium/  
aboutSymposium.htm](http://www.chpdm.org/symposium/aboutSymposium.htm)

For more information, contact  
Joyce Meyers at 410.455.6377  
or [jmeyers@chpdm.umbc.edu](mailto:jmeyers@chpdm.umbc.edu)

## The Center for Health Program Development and Management

The Center, located at the University of Maryland, Baltimore County (UMBC), works with public and nonprofit community-based agencies in Maryland and elsewhere to improve the health and social outcomes of vulnerable populations in a manner that maximizes the impact of available resources. The Center specializes in Medicaid managed care and rate setting, long-term supports and services, clinical and quality management, community and public health, and web-based health care data management. We are committed to addressing complex issues through informed, objective, and innovative research and analytics.

### Directions to the Symposium

*UMBC is conveniently located in the Baltimore-Washington corridor, just minutes from I-95 and the BWI airport and rail station.*

Take I-95 (south from Baltimore or north from D.C.); take Exit 47B, Route 166 (I-195) west toward Catonsville; exit right onto campus (follow signs); at 2nd stop sign, turn left on Hilltop Circle; at 1st light, turn left on Hilltop Road and turn right into parking lot; walk from parking lot down the hill toward the buildings; follow signs to the ITE Building.

OR, from I-695, take Exit 12C (Wilkins Avenue west); turn left on Walker Avenue; at stop sign, turn right on Hilltop Circle; at 1st light, turn right on Hilltop Road and turn right into parking lot; follow remaining directions above.



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