



## TESTIMONY: SB182 – MARYLAND HEALTH BENEFIT EXCHANGE ACT OF 2011

### Support With Amendments

### Senate Finance Committee

16 February 2011

---

The *Maryland Women's Coalition for Health Care Reform* is a statewide coalition of hundreds of individuals and 53 major women's organizations, including all of the County Commissions for Women. We work together to advance comprehensive, affordable, accessible health care to *all* Maryland residents.

We are here to voice our **support, with friendly amendments**, for SB182 – the Maryland Health Benefit Exchange Act Of 2011. This legislation is an effective first step towards the implementation of the Affordable Care Act (ACA) in Maryland. We are particularly pleased that it includes the recommendation of the Health Care Reform Coordinating Council to establish the Exchange as an **independent public entity**. The Coalition actively participated in the Exchange and Insurance Market Workgroup meetings and firmly believes that this structure is essential for accountability and transparency, as well as to ensure the public's confidence in the Exchange - an important factor in its success.

Other elements that we believe are particularly important are the additional funding Maryland will be eligible for with passage of legislation this year, and:

- A **Board of Trustees** of a size to be effective in making decisions in a timely manner and with sufficient consumer representation.
- **Substantive conflict of interest language** in the legislation that will inspire consumer confidence.
- Specific **studies** that will further define the functions of the Exchange and its operations in the future. Of particular importance from the consumers' perspective will be the construct of the **navigator program**. Here it is important to remember that many of those using the Exchange will be individuals in the lower income brackets who will be purchasing health insurance for the first time.

---

[www.mdhealthcarereform.org](http://www.mdhealthcarereform.org)

Leni Preston, Chair [leni@mdchr.org](mailto:leni@mdchr.org) Anne S. Kasper, Ph.D., Founder [anne@mdchr.org](mailto:anne@mdchr.org)

However, we believe that SB182 can be strengthened, which we propose be done with two amendments.

- **One of the permanent seats on the Exchange Board should be reserved for a public health researcher** affiliated with an academic institution in Maryland. This individual would bring a unique perspective and expertise to the deliberations of the Exchange Board in a number of areas that include: (i) knowledge of the health needs across Maryland's diverse communities, including health disparities; (ii) coordination of Maryland's public health services and research with the Exchange; (iii) the application of principles of evidence-based medicine, and (iv) the use of health datasets and research methods relevant to health care systems and improved health outcomes.

While the other recommended members of the Board may have an understanding of one or more of these issues, none would bring the depth and breadth of expertise to the larger issues that a public health researcher would. And, they have a unique understanding of the populations served by the Exchange, including their specific health care needs, as well as the social and cultural factors that influence these groups. In addition, both the ACA and SB182 speak of the need to reduce health disparities and create health equity. SB182 lays out few tangible steps to achieve this. The public health researcher would be in a position to address these challenges as well as the goal to promote preventive measures. These are by far the most effective tool to reduce costs and ACA provides substantial funds to support this. For these reasons we strongly commend this amendment for your consideration.

- Add a **Consumer Advisory Committee** with members to be appointed by the Exchange Board. The membership should be principally representatives of consumer advocacy groups and particularly those with knowledge of populations that will be eligible for Medicaid and the federal subsidies program. Their expertise across a broad range of issues will be a valuable resource for the Exchange Board. The issues they could address include: (a) eligibility & enrollment, (b) design of affordable and appropriate health benefit packages; (c) design of the navigator program and the specific role of navigators; (d) education & outreach; and (e) the Exchange website.

One final issue is the date to complete a report on the **study** called for in Section 6 - to determine whether the Exchange should become a **nonprofit entity**. The Coalition recommends that the date for this study be postponed by at least a year to allow for more substantive data-gathering and analysis.

The Coalition looks forward to working with the Committee and the Administration on SB182 and we urge your support with the friendly amendments.

Submitted by Leni Preston, Chair, Maryland Women's Coalition for Health Care Reform

[lenipreston@verizon.net](mailto:lenipreston@verizon.net) T/F: 301.530.8153 Cell: 301.351.9381

---

[www.mdhealthcarereform.org](http://www.mdhealthcarereform.org)

Leni Preston, Chair [leni@mdchr.org](mailto:leni@mdchr.org) Anne S. Kasper, Ph.D., Founder [anne@mdchr.org](mailto:anne@mdchr.org)