



**TESTIMONY: SB238 - Maryland Health Benefit Exchange Act of 2012
Support With Amendments
Senate Finance Committee
22 February 2012**

The ***Maryland Women's Coalition for Health Care Reform*** is a nonpartisan, statewide alliance of individuals and 81 organizations. Today we are testifying in support with amendments of SB238 – the Maryland Health Benefit Exchange Act of 2012 – because this legislation contains important elements that will allow us to reach our State's goal of comprehensive, affordable, accessible and high-quality health care for *all* of its residents. In doing so, it successfully addresses the Exchange Board's recommendations made to you in its December 23, 2011 report.

It is important to acknowledge, at the outset, the leadership of Governor O'Malley's administration and your own work in the complex task of implementing the Patient Protection and Affordable Care Act (ACA). Maryland has demonstrated that this can and should be undertaken in a timely and deliberative manner and with strategies that bring a diversity of expertise and voices, including the most important – consumers - to the decision-making process. We applaud these efforts and are encouraged by the current stakeholder process to finalize the legislation. In that, we and eight other organizations, submitted amendments to Carolyn Quattrocki, who must be commended for her collaborative approach.

Today, rather than going into specific details which my colleagues will do, I want to emphasize a few **key issues** for your consideration:

- The Financial Sustainability Advisory Committee, which I serve on, proposed as a central tenet that the **Exchange benefits all Marylanders** – not just those served by this new insurance marketplace. We are pleased that the Exchange Board adopted this principle.
- The Exchange Board report emphasized the importance of providing it with **flexibility** to allow it to respond to a variety of factors that will occur as we move towards January 1, 2014 and ultimately to 2016 when the Exchange must be self-sustaining. Anything short of their recommendations, in areas that include decisions on **selective contracting**, may work against the Exchange's long-term success.
- Underlying this, and the **viability of the Exchange**, is the fact that it will only succeed if consumers fully understand the benefits to them and have full faith in it. That requires the continuation, and we would argue the expansion of the current **open and transparent process**. For that reason, we submitted amendments to expand that in two critical areas:
 - **Navigator Program:** If Maryland is to succeed in its goal of reducing the number of uninsured, the navigator program must reach the target populations and provide them with the tools to not just access the



insurance coverage they need, but to get the actual care they deserve. In doing so, it must meet both cultural competency and linguistic standards. The Coalition believes that there should be **flexibility in the legislative language** to allow for decisions to be taken in the future as we approach January 1, 2014. And that, in making its programmatic decisions the Exchange Board and Insurance Administration would benefit from a newly formed **Navigator Advisory Group (NAG)**. Its composition should reflect a diversity of community-based organizations and public agencies closely connected with the target populations in all geographic areas of the state -Baltimore City or Montgomery County are very different from Allegany, St. Mary's, or Dorchester County. The scope of their work should include the design of the training components and these should be integrated with, and incorporated into, training requirements for the SHOP.

- **Essential Health Benefit package (EHB):** We agree with the proposal to engage the Health Care Reform Coordinating Council in the final determination process given, in part, the representation on that body of this and other committees. However, we believe that here, too, the **expertise of those in the public health sector and consumer-centric groups** like ours and those who serve the needs of specific populations, are essential to a fully informed decision-making process.

The Coalition would also encourage the Committee to consider that an insurance card alone is not enough. We were pleased that the Exchange Board adopted “continuity of care” as one of its principles and we believe that underscoring that should be the recognition that Maryland requires a “culture of care.” By adopting that, and putting in place policies to support it Marylanders can be assured that the full promise of health care reform will be achieved.

The Coalition believes that - Reform: It Is Good for Your Health and that of All Marylanders. We look forward to working with you and the Administration on SB238 and we urge your support with amendments.

Submitted by Leni Preston, Chair – leni@mdchcr.org 301.351.9381