



The 6th Annual World Health Care Congress Speaker Podcast Series

TRANSCRIPT

Lessons from the Massachusetts individual health insurance mandate



Jon Kingsdale, Executive Director, Commonwealth Health Insurance Connector Authority



**Interviewed by Lola Butcher
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Lola Butcher: This is Lola Butcher, World Health Care Congress contributing editor and healthcare journalist, here with Jon Kingsdale, Executive Director of the Commonwealth Connector in Massachusetts. Mr. Kingsdale will speak at the 6th Annual World Health Care Congress in Washington DC April 14-16.

Mr. Kingsdale, thanks for joining me.

John Kingsdale: Hello, Lola. My pleasure.

LB: Please tell me about the Connector-and how is it working out in Massachusetts?

JK: The Connector is an independent public agency, so we have our own board of directors, although some of those members serve in the state administration, and we are one of the lead agencies in Massachusetts for the implementation of health reform, and frankly, to make some of the policy decisions that the legislature actually triage to us. So we have developed some new programs to insure people, and we make such basic decisions as, if you're going to require insurance, what's the minimum standard for insurance – we call it minimum credible coverage – that people have to have to satisfy the mandate.

LB: Everyone is looking to Massachusetts to see what concepts might be adapted at the federal level. Based on your experience, what elements of the Massachusetts reforms are most likely to get Washington's attention?

JK: Well, of course it's impossible to know, even after the election, but there are a number of things that we're doing that clearly have already piqued the interest of other states and federal policy makers. First of all is the concept of the Connector as a marketplace or an exchange, where we make very transparent and easy for people to shop for health insurance. A second element, of course, is we could not have done this in

Massachusetts without federal support, federal financial support, and I think when you're talking about finance reform for 16 percent of the nation's gross national product, federal participation is going to be required. Speaking of which, another element, of course, is cost control and cost containment. I'm sure there's going to be federal focus on that. And then, probably the most distinguishing factor here is the affect of the so-called individual mandate, the requirement that adults who can afford buy insurance, and the impact that's had on throughout our health reform effort.

LB: I understand that at the World Health Care Congress you'll be addressing "lessons learned" from launching the Massachusetts' Connector. Can you please give us a preview?

JK: Sure. In addition to the importance of federal financial participation, which I've already alluded to, a couple of things stand out, I think, about our experience. One is the tremendous effort that went into it on the part of private sector groups to try to promote reform, really for two or three years before the legislature even enacted something, and that has actually, that coalition of support, which is very broad, has stayed actively involved in the implementation as well. And that's just, I think, a critical lesson. You know, frankly, we did health reform here 20 years ago under Governor Dukakis by a slim, it passed by a slim, slim majority, and never really was implemented. By contrast, there's a very broad consensus here, and we've done everything we can in a difficult implementation process to actually build on and enhance that consensus. And then the implementation itself, there's a, there's a wealth of lessons that we've learned in that, which I'll be sharing with folks at the Congress.

LB: Do you expect meaningful federal health care reform after the election? Why or why not?

JK: Well, I'm going to be a little evasive because the answer really is, yes and no. Clearly there's a lot of interest and it's a big domestic policy, a priority. Senator Obama has, in particular, identified that as a priority. However, the straightened financial circumstances are such that, on the one hand, there may be all the more need for it, but on the other hand, far fewer federal and state resources available to finance reform. So, myself, I'm a little bit less optimistic than before the recent financial services meltdown and the accompanying federal bail-out, but I wouldn't rule it out.

LB: Thank you, Mr. Kingsdale. To hear more of Mr. Kingsdale's insights, be sure to attend the [6th Annual World Health Care Congress](#) April 14-16, 2009 in Washington DC.