

# Programme OPERA – ENTRETIENS

## Entretien – santé n°43

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**Interviewer: Could you go back to your career and explain what you did after your studies, and why?**

Responder: I graduated in law degree in Master of public policy. My first work after school was with the Massachusetts Department of Medical Security. They were established to implement the universal health coverage law in Massachusetts. I has been repealed but at the time it was planned for the implementation. My studies were more about social policy, employment and welfare, but my first job was in health, so I staid in health! There is a lot to do! From Massachusetts, I went to Colorado working [free-free]for a non-profit organization oriented to children issues but mostly worked for the State of Colorado. I worked for the governor as his policy adviser on health. This was during the Clinton health reform effort so I got very involved in the national politics as well as local. Couple of years later, there was a restructuring of the Agency within the State government, creating a new department just for health care and I began the director of that department.

**I: When was it exactly?**

R: 90-91 in Massachusetts. 92-97 in Colorado. The department was formed July First of 1994. Then I went to the Urban Institute. They had a large project called “Assessing the new federalism”. It was about the devolution of social policy to the states.

**I: You have always worked on the links between the state and the federal levels. Was it a personal interest? What do think about these links? Do you have personal views?**

R: I guess I had been interested for a long time because when I got my law degree, I had to write a paper the last year and it was about the federal preemption doctrine, which is basically the limitations about what the federal government can tell the states what they can do. When I was in Colorado, I was not so focused on the relationships. I was just doing the job. I certainly became interested in the issue over the years. I think for me - I am not sure I have a very specific way that I would characterize my views - I tend to believe in a pretty strong national government but I have learned over the years who hard it is to make things standardized, to uniform in a country as large as ours. It started to push me to try to improve the relationships

*W. Genieys, Operationalizing Programmatic Elite Research in America, OPERA : ANR-08-BLAN-0032.*

between the two levels because I do not think... I think there are a lot that the federal government cannot do but leaving issues to the states does not work very well either. My role is to find ways to improve the relationships

**I: Here, do you work with the states? Could you explain me your work here?**

R: We are an independent not-for-profit organization. We do a combination of policy analysis and writing around issues that are important for states health policy. We also provide direct technical assistance to states when they try to solve problems, we help them to figure out the best way to address them. We are a convener. We bring together the states. Officials do not have many opportunities to get together. It is a combination of analysis, assistance and convenience.

**I: Do you also play the role of intermediary between the states and the federal level, if a state has a request for instance?**

R: Sure. That is very complicated. Let me explain... There are many associations of states officials that are formal. At the highest level, the National Governors Association represent all the nation governors. There is a Medicaid directors association, a Insurance Commissioner Association, Public Health officials association. There are hundreds of associations. They are the formal relationship. Every state is represented and when there is an issue, these associations play that role. But because every state is a member, it is very hard for them to agree. There are many areas where they have views that states would have that they want to put forward, but the formal membership associations are not able to do that. If it is a very important decision, the state is [staff mailed] directly try to play that it but if it is a smaller issue, it gets lost in the formal mechanism. That is an area where we might play a role because the voice through the association is not effective but we don't represent the states, we don't speak for them because we do not have this membership structure but we can bring their issues in the attention of people of the federal level.

**I: Do you work more closely to some states than to others?**

R: We do. Not especially by issue area but we tend to work with states that are more leadership states. It is very by topic. There are states that are very active and we tend to have many relations with them; and there are states that are doing less and we are less likely to interact.

**I: Which are the most active states?**

R: That is always a good question. Minnesota comes very often. It is very lot by areas but there is a sort of few crossties of states: Minnesota, maybe in a lesser degree Wisconsin, lesser degree [Alonoy]. They have very cooperative approaches and we work with. The North-East states: Massachusetts has been very active in health care, New York, Vermont, Main, Rhodes Island, Pennsylvania. There are a lot going on in these states. We have targeted activities in many states but, if you get to the South-East, it is a less active health policy environment.

**I: Do some states try to have the leadership on health care, try to impose their model...**

R: Absolutely. Yes, very much. The leadership can take different ways. Sometimes, you have a governor, who is very committed to this issue and wants to make a national stand and say “that is what we are doing” and tries to get attention for that. Sometimes you are a legislator. Usually it is because you have someone very high in the government and says “This is an issues that I am caring about and I am going to raise its profile.”

**I: So it is a political interest for the governors...**

R: There are some states where there is some much of a culture of activity in this area. I would say that Minnesota really frozes in this category. Minnesota has been working on such a broad range of health issues for so long that it almost does not matter who the governor is because there is a community that keeps the things moving, weather or not the governor is for. But that is very unusual. Usually it takes a person who has the political leadership, either a governor or in legislature.

**I: And you, how do you cope with these ambitions?**

R: It is not a problem. It is good: it is a motivation to make things happened. We do not work primarily with governors. We mostly work with people in the state agencies.

**I: Do you work with the staff of Romney?**

R: I was very involved in the Massachusetts reform but some had happened before I came here. That is more a personal story that the organization’s story. When I was at the Urban Institute, we had a contract to do the analytical work that led to the creation of the plan that automatically passed. So we did modeling, estimates and option and presented them to large hearings and meetings to try to build momentum behind the reform. Here we continue to work with the agency that is implementing the law. I would not say that we work very much directly with Romney staff but the agency staff definitely.

**I: What do you do for them?**

R: Just two months ago, they had series of hearings on costs, how the cost are growing and what they should do about it. I went up and spent a day moderating these hearings, asking questions for the witnesses, helping generate some recommendations for what the state policies might be to do this. Early in Massachusetts, when the law was enacted, I moderated internal meetings to try to build consensus around some of the provisions of the law. One of the issues of the law is the minimum standard for health insurance and they had to decide what the standards were. So I had to moderate meeting of about 20 community leaders who have very different views about what that should be, to try to reach a consensus. We also draw lessons from their experience and publish them for other states that are trying to do something similar. So that can learn from them.

**I: Do you think that you are the main organization that do this work?**

R: There are many. When something has high profile as Massachusetts happens, everyone comes. There are dozens of organization that came to Massachusetts, did studies, wrote papers. In that kind of situation, we are just one of the organizations.

**I: Even the organization that do not have a special interest in the state level? For instance Urban Institute.**

R: That is the perfect example, exactly. They certainly have an interest but they are not known usually but they came and did studies.

**I: Do you think that you provide something special because you are specialized?**

R: Yes, Certainly, I do. It is partly because we are specialized but also because we have a very practical approach. The Urban Institute do very sophisticated data analysis but we do program analysis, more policy analysis. If someone asks to examine a study that involves running regression on large data sets, that is not what we do. There are people who do that. But when people ask how to get something done, we are stronger. And since many of the things that have to get done have to be at the state level. That orientation I think serves as well.

**I: What do you mean exactly by program analysis?**

R: Good question. We focus more on how a program works or how to make a program successful. Just this morning, I was at a meeting about Medicare payment. It is a high level question: how much should you pay doctors, how much should you [ ] from a place to another. It is a very broad question that [lines in self in] to analysis. But then when someone asks the results of a broad analysis and figure out how to design a program to carry out the goals that you might have or how to define the policy in a way that someone can actually run something. I am not sure to be very clear. We do a lot of work on Medicaid. Among the issues, there are very high level questions, like: "who should be eligible?". Once you answered that, you have to figure out: "Ok. We said that people whose income are below the certain amount should be eligible. How do you do that? How do you collect the information? How do you look at the information? How often do you look at the information? How do you make sure that it is accurate? How do you help people to gather the information they need to determine a fair benefit? That is what I mean by program analysis. It is not the broad policy question: everyone below this level should get Medicaid benefits. You can do 10000 analysis to say that the number should be 10% instead of 15. But we are more: "ok, if the number is ten, how do you do that? How do you run the program that actually will achieve the goal that you have."

**I: This meeting about Medicare payment, it was for the new law?**

R: No. It was totally unrelated. It was just an overview about the research. But there will be. Next week, John Holahan from the Urban Institute will present a report on how states will be affected by the new rules of Medicaid. I will be a respondent. I did the research and I will talk about what it means for the states. That is the kind of work that we do.

**I: You still work together?**

R: Actually not so much. It is just for the conference. We worked together just a little bit.

**I: During the reform of Massachusetts, you were working at the Urban Institute. Do you know which other organizations were involved in this process?**

R: There were not many other people at the beginning. The Heritage foundation worked more with the governor Romney because he is conservative. The Heritage foundation feels like it is part of the creation of the law. We did most of the analytic work. And the state did some on their own. But there were not many people. The work that we did was under contract with Blue Cross Blue Shield Massachusetts Foundation.

**I: At the beginning, were you aware of the importance of this law?**

R: Of course I could not know what would happen. But we thought that it was very important. No state at that point had done what Massachusetts was trying to do.

**I: Then, were you asked by staffers at the Congress or in the government because of your knowledge of this reform?**

R: Sure. Quite a lot.

**I: Who are the other people who know very well this reform?**

R: There are a team of us from the Urban Institute. My colleague John Holahan. He is more a researcher and he has continued to do a lot of work on analyzing the Massachusetts. Then a lot of people in Massachusetts: John Kingsdale, who runs the Massachusetts Connector, which is the arm that is responsible for implementing the law. Every time I turn around, he is speaking somewhere to give his understanding. There was actually a newspaper article in the Boston Globe a couple of years ago on how many Massachusetts officials were around the country to talk about what they were doing.

**I: Do you think that you were influential in the Obama's reform?**

R: I played a little role. There are many people. I think that you were right. The Massachusetts were critical; so those who could speak to that experience have more opportunities to be involved. It made a big difference.

**I: What did you say about this reform? Did you give your opinion? Did you explain the working of the system?**

R: Both of those and more... Part of it has been an ongoing political battle on how things are going in Massachusetts. If you ask most people in Massachusetts, they say that it is going pretty well. But there are a lot of people who do not like the plan and go out to say that it is not going so well. So part of what you have to do is to tell the story and give people the real data. How it works is also an important part. It is complicated. It is not a simple program. So just basic information for people who want to understand: how this happened, how it works and things like that. Another thing is that Massachusetts is unique: it is a wealthy state, they

had relatively few uninsured when they started, it is very politically liberal. You start asking the question what it would look like to do what they did in other parts of the country. That is hard! That is the kind of things.

**I: You were more asked by the Congress or the government?**

R: More by the Congress. The Congress really took the lead. It was sort of a hard situation: the administration said: we want to do that but you have to figure out how. So most of the discussions about “how” happened in Congress. I testified a few times and met Congressional staffs and it was very little with the administration. Now that changed since it is in law because they implement and they have a lot of questions. So we are meeting with them all the time. So now it is much more with administration than with Congress.

**I: Before the beginning of the legislative process, were you asked by the Democratic party, or the Republican party?**

R: No. The parties really do not play a policy-making role. That is one of the unique things in the American political system. Partly because of the parliamentary system, partly because the whole policy development process has been pushed out to all these private organizations like mine! So most of the discussions take place among private organizations. There are interaction then with the congressional staff and the administration staff. The party itself play a very little role.

**I: Were you ask by the Center for American Progress, which is very close to the Democratic Party?**

R: That is funny because I was just thinking about them. No, not before him but were talking with them now. That is the kind of things. Our organization is certainly alined more to the left than to the right. Personally, my experience... when I was in Colorado, the governor was the chair of the Democratic party. My personal views are clear. But organizationally, we would never alined with an organization like that in a formal way. It goes back to the certain way we begin. Most people just don't pay attention to these states-federal issues. It is an after thought. They begin with what we want to gonna do, how will be the costs, and then, these intergovernmental issues, they just don't get attention. So there are not a lot coming to us for ask. Then, when it happened and they have to implement it, they realize that they have to do the work, they certainly are interested. But you also have to understand – I am trying to capture this... We all know each other. We all go the same meetings. Idea and information are flowing informally all the time. For example, I am a member of the Kaiser commission on Medicaid and the uninsured, every time we meet, even before the health reform, we are talking on Medicaid, and how that fits in a health reform. The people in the commission, we come from different places but we share ideas and then we go back. So, those ideas make their way around. At least for me and the kind of work I do, that is more how it happens.

**I: You said that there is a connection between the decline of political parties and the increasing number of the think tanks. Could you develop these ideas?**

R: Sure. I can try. The problem is that I don't really know which came first. So it is hard to say. And the problem is that there are many kinds of think tanks. Those we were talking about are VERY aligned with the political parties. But that is a small minority. Then you have

places with strong ideological views. They are consistent maybe with the party, and there are a lot of ideas that flow back and forth. The AEI, the Heritage Foundation, the Cato Institute: very clear ideological views aligned with the Republican party but often disagreeing with things that are coming out from the Republican Party. It is really more like a dynamic. Then you have always research institute that are not very ideological. That is what the Urban Institute, Mathematica and Brookings, places that do a lot of analysis, they are called think tanks, but a lot are not ideological analysis. And then you have places like us that I am not even sure – I mean, you can call it a think tank, but I am not even sure that it is the right term. My comparative in political knowledge is very poor, so forgive me. When I think of countries with parliamentary system, first of all you have parties cocision because in order to form a majority, you have to have loyalties. the parties that are out of power remain,- there is often a shared government - examining the same policy but preparing the reentry back to the government when they go back into the majority. And of course the ministers are reelected by the elected parliament. We have such a different model. For, the party that is out, there is no place to go. When I went living in Washington, the offices were full of people who were in power, they run the government, but they lost power. They have always found another job but they are sort of weeding/waiting to come back in when they win. So I don't know what else to say. It is how it works.

**I: Do you know how it was before the explosion of these think tanks? Do you know where the people went?**

R: I do not know. It is a great question. The Urban Institute was formed to analyze the effect of the War against Poverty led by the Johnson administration. That was only 50 years ago. I do not know how it was happening before that.

**I: You also told me that during the Clinton reform, you were very involved both at the federal and state level. Could you speak a little bit about that?**

R: Sure. When President Clinton was elected, he gave responsibility for developing the health care reform to Hillary Clinton, his wife. She created a 500 people group to build the proposal. It was a very [] to do it. They ask the National Governor Association to name few representatives of the states to join the group and I was one of the people. So I was basically designed by the National Governor Association to help represent states interests. The reason why I was is that my boss was the chair of the National Governor Association.

**I: What was your role in the group?**

R: It was very funny. I lived here during 3 or 4 months. We divided up into groups. Each groups had a topic and we would meet and consider the options. There was a core staff that was doing the work but I was not in it. I don't want to pretend that I was [] the proposal. There was a core staff that was working with the White House to buid the proposal and they tryied to convene the whole group to consider the options on all the different aspects. We met couple of days a week and late at night. It is a very funny process.

**I: You had to represent the states interests. How did you do to do that?**

R: I am not sure that I did it well. Of course it did not pass so it does not matter! It seems like a very long time ago... There were a lot of important issues. For instance, there were what  
*W. Genieys, Operationalizing Programmatic Elite Research in America, OPERA : ANR-08-BLAN-0032.*

they did not called exchange, but they called it HIPICS (Health Insurance). There were a lot of discussion about how it would be formed, who would form them, what the states' role would be. Really the way they would work had to be made clear. Among the five of us, who represented governors, we would share notes accross all of these committees and try to report back to the governors : the nature of the discussions and where the things were going in order to identify the places where the states needed to speak up. At the end it was more about information than about specific policies.

**I: You did not report your experience in Massachusetts with the Universal Coverage Act? (even it had been repealed)**

R: Because it was repealed, there was not a lot that I could bring of it.

**I: Did you bring other experiences?**

R: Yes, absolutely. The most consistent theme that five of us who were representing the states was to focus on how it is going to work. Understand the congressional staff tend to be fairly young, fairly limited experience, actually doing things, they are very smart. But they don't have a very.. you know, what does it take? So the major part of what we did is to ask question: "ok it is a nice idea, but how do you make it work".

**I: Which states?**

R: It was just based on the leadership of the National Governor Association. I was in Colorado, the vice chair was from South Carolina. Then it changed and went from South Dakota. And Vermont was there.

**I: In the last reform, did you testify to explain the policy of a particular state, except Massachusetts?**

R: Massachusetts was everywhere. I try to remember. I testified last summer, but I do not remember what it was about. In my panel, there was Judy , the secretary of Massachusetts, so she spoke about Massachusetts. The name of the panel was "Coverage initiatives". So it was a hearing just to talk about how what we learn from what states are doing can help reform.

**I: In this kind of testimony, can choose to speak about one particular experience or example that you prefer.**

R: Yes. That is the difference with the National Governor Association. I can speak more openly about what I think works and what does not whereas in the NGA you represent all of the states. I have a lot of freedom to do that. It is good!

**I: Except Massachusetts, what other states experience have been influential in the last reform?**

R: Obviously, Massachusetts was the main. I think that less attention was given to Main. Main did a reform two years earlier than Massachusetts. It is less ambitious, but its structure is actually more similar to the new law than Massachusetts. So I think that it made a bigger difference [] than most people know. Vermont also was less ambitious, but very similarly

*W. Genieys, Operationalizing Programmatic Elite Research in America, OPERA : ANR-08-BLAN-0032.*

very focused approach to Main. It addressed issues that Massachusetts does not like improving how people actually get health care and not only how they pay for it. California went through very close to, but automatically did not pass, a reform very similar to Massachusetts. The fact, even if it was not successful, that the biggest state in the country came close to a reform made a huge difference.

**I: Because you think the representatives of California had an idea about what could be done, were more aware of the issues and available solutions?**

R: Yes, absolutely. There are a lot of confusing things. The ideas are complicated. It takes time to learn what they mean and having gone through the debate, even if it did not pass, made people understand concepts. The best example of that is individual mandate approach of coverage. That is a very hard, and not comfortable concept. But if you spend a year talking about what it means, you can understand what it is and what it is not. When the first year it sounds just horrible: how can people be forced to buy insurance! But that is not what it means! It is having through the discussion already.

**I: You said that the plan of Main is maybe more similar to the current law than the Massachusetts plan. In which way?**

R: Not in total but in one important way. In Main, there was a big effort to sell subsidies insurance to small businesses. In Massachusetts, it is almost only about individuals and families, not through job. The current plan has a big individual component but also a big job component. So if you want to understand the jobness component, you have to look very much more at Main than at Massachusetts. There is also something that is a technical detail but it is a important one. In Massachusetts, the insurance products are standardized and there are subsidies to buy them. In Main, when you are poor, there is not only subsidies to buy insurance, but there are also a subsidy for the amount you have to pay when you get care. That is like the federal law. So the design of the benefits, how it works, how subsidies work, is more similar to Main than to Massachusetts. There are definitely things in Massachusetts that are more similar but these are important aspects that are unique to Main.

**I: Do you think that for these two aspects, the legislator used the example of Main?**

R: I think so. I am not even sure. It is hard to draw a straight line to it but the fact that it is inexistence I think made it easier for them to use is as an example. There is a specific example: there is a whole section of the law that is just put in and based on a program that Washington state has. A common question I got during the reform was : we are trying to figure out who to do something. Is there any state that are doing that? If yes they look at how the states are doing and they use it.

**I: Do you think that Massachusetts pushed more for its plan than the Massachusetts?**

R: The funny thing is that Romney is trying to convince that he does not have anything to do with the reform. It is very hard. I do not think that Massachusetts had to push. That is so obvious: that is THE model.

**I: Did other states pushed?**

R: I do not think that they think in that way. What they think is : “are we sure that what we learned from our experience is in the federal law.” It is important to understand that states have been struggling for a long time about how to do things like this. At least for the people who I worked with, the overwhelming feeling was: “if always the federal law is there, make it something we can work with and we will take the rest of the way”. It is not so much pushing its own plan. The biggest difference is between happening and not happening. Once it is happening, there are a lot of little differences about how to do it, but we will [] such a battle about what []. I think that many people who would have preferred a little different this way or that way, were basically quiet about their disagreements because most wanted to support making something happened.

**I: Did your jobs allow you to use your personal views, to convey them?**

R: I do not think that I would do a job where I could not do that. But you do it differently in the different jobs, for different reasons. Urban Institue is research institute and most people who come to you do it for the research. So if mostly you want to tell what is wrong and what is right, it is the wrong place to be. Because people tell: “that is not why we invited you here.” From that basis, I have always been in organizations where you draw the implications. You start with the data and then you say: “This is where it leads me, in terms of conclusion”.

**I: Did you personal views evolve since the beginning of your career?**

R: I hope so! I hope that I have learned something!

**I: In which way?**

R: This is a funny way to say it. Personally, I think I have moved to the left but publicly I have become more aware of how it is important to try to find the middle. That is how I feel. I am more clear on what I think is the best way to be but it is very clear that we won't get it by saying: “it is the best way”. Maybe it is personal straight for me also, I can pull people together who don't agree, to try to find if there is an agreement. If you start off over here people would not even have a conversation. So I find it comfortable to work in the middle to try to pull slowly people in my direction but I think my views moved more to left.

**I: What had an impact on this evolution?**

R: I think that what had an impact for me is that I see a very fundamental split between how people view what is wrong with the health care system and what the rules are. I think there is a very strong divide in people sense of what the rules should be like, what the country should be like. It is a very strong divide. I guess the reason for my shift is, as I have seen how strong the views are of those on the side other than mine, I realized that on the one hand, I just think that they are wrong! – you know, I do! – and the other is that I think that if we are just sitting around, we get stuck [] and I don't like being stuck. I believe in trying to get things done. Despite you have to try to find that point. I don't know if the Clinton failure changed my view, but the years after, it seemed less and less likely that we would solve this problem. The more the unlikely it became, the more it made clear to me what the opposition is and what the reasons are for the opposition and that made stronger my views.

**I: In the last reform, how did you do to help to find a consensus, a compromise? Did you take part in some bipartisan groups, or...?**

R: In fact, I was. I was one of the founding people of a group and we still meet! It is going on now for over decade. It is a bipartisan group. It's very quiet. We don't publicized our meetings. Meetings every few months. Equal number of Democrats and Republicans. To just to get to know each other, build relationships and trust.

**I: How is it called?**

R: It is called the Belmont group because the first meeting was in a place called Belmont. I would say that the work I do here feels very much like that. Because at the state level, we are working with people from both parties and it is more practically oriented.

**I: When did you start the Belmont group?**

R: It was more than a decade. I don't remember. You can send me an email, I will send a note and ask someone. The person who also founded the group, I saw him this morning in the meeting so I can send him a note and ask.

**I: Do you think that this group could have been useful for the last reform?**

R: It was about building trust and relationship. And I think it was. It wasn't the []. We won't try to negotiate the answer for a plan. We will just speak a common language and try to know each other. It is a time in which people tend to sit in their corner and talk only to people they know and who agree with them. It is very easy to not understand why people have different views than yours. It was more personal and building lines of communication, so if something is happening, you can pick up the phone and call someone and you knew that he knew you and you knew him so you know that if he gave you an answer you could trust him. I think that we can use more this kind of thing.

**I: It was with politicians or policy experts?**

R: Policy experts. No politicians.