

Programme OPERA - Entretiens

Entretien – Santé - n°48

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Vice President and the Director of the **Health Care Marketplace Project** at the Henry J. Kaiser Family Foundation. The Project provides information, research, and analysis about trends in the health care market and about policy proposals that relate to health insurance reform and our changing health care system.

- 2001-: Senior researcher at the Institute for Health Care Research and Policy at Georgetown University, where his research focused on **health insurance and health care financing**.
- 1997-2001: **Deputy Assistant Secretary for Health Policy** at the U.S. Department of Health and Human Services, where he advised the Secretary on health policy issues including: improving access to health insurance, Medicare reform, administration of Medicaid, financing of prescription drugs, expanding patient rights, and health care privacy.
- Consultant for the Lewin Group
- Special deputy in the **Office of the Assistant Secretary for Planning and Evaluation**,
- Insurance analyst for the National Association of Insurance Commissioners, and
- Health policy analyst for the American Association of Retired Persons.

What were your studies about? How did you become interested in health policy?

I went to law school and in law school one of my classmates was a political appointee in Michigan. I came to work with him and I worked on health issues.

When was it?

In the late 1980s. Also, my wife was in medical school so I heard a lot about health care. So I learned about health insurance.

You became very active during the Clinton attempt of reform.

I was a member of the task force and very early appointee. I was employed by the HHS but in fact, I worked for the White House. I left the secretary for the second mandate.

In what circumstances? By whom were you asked?

I came to DC few months at () and worked for the AARP through that Public Policy Institute. I was asked because when you worked in health insurance, you got to know people in the administration and at the state level. I was National Commissioner for states, a federal lobbyist on health.

At the AIC I drafted laws. It was a combination of some substance and some advocacy. During the transition, I worked with Chris Jennings and Judy Feder.

What kind of plan did you support?

Everything that'd work. It was clear that there wouldn't be a public insurance. A lot of attention was given to managed competition. The idea don't (). But I did not advocate any idea. My role was technical. I was in the financing and drafting staff.

Who worked with you?

Diane Rowland, Sara Rosenbaum. Jennings was more on the political side.

You have a general sense on how you want to do things.

Payroll tax, employer mandate. It's a lot of economics. There were a lot of intellectual meetings. At some point, there are a lot of back and forth in the legislative process between Congress and the White House. The bill Ms Clinton had proposed should be translated in legislation by Congress and we were pushing hard for that. () It's different from Paul Starr. There were a lot of discussions and a fair amount of (). But the process stopped at some point.

My position was unusual. I was drafting in Congressional staff but for the President. My role was more to coordinate work. And we were trying to get Ways and Means and Finance Committees, which, as you know, were really reluctant.

One of the Non committee was involved. Some of them objected that it wasn't the right way.

Meetings. Kronnig: part of the process.

Some happened before I came there. Clinton had trouble with the budget. CBO said that would be much more expensive.

Nice ideas. Cooperation. Another thing to say – collect

Flexible things – requirement

Exchanged staff – deputy treasure – Affected the money supply.

An enormous flows to this organization. That fits the idea of an enormous amount of (). You throw flexible ().

In the Obama reform, did you help?

Not much. I spent some time.

Did you work more with specific committees?

I worked more on the Senate side. I was invited in close door session at the HELP and Finance Committees.

What mixture they still have.

Exchanges.

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There was a fair number of interactions.

Here we set up a premiums' calculator for Congressional staff. We can look the impact on premiums if you change...

Who did you work with?

We did some modeling with Jonathan Gruber. We also worked with a lot of people from the Center for Policy and Budget Priority. I also worked with John McDonald at HELP and people from Urban Institute. John worked a lot on exchanges and now he is in the administration on insurance regulation, to implement the provisions of the law.

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After leaving the administration, how did you keep you in touch with the political world?

I have been there for a long time and in important position. So people know me and get in touch. I have contacts with Congressional staff. You can know each other.

Would you agree to say that there was more consensus between experts in the Obama reform than in the Clinton reform?

There was an overall framework because there was no other political option. Then the main issues were if it would be at the state or the federal level – a key difference between Senate and House – and the generosity of the subsidies.

What about the public option?

It occupied a lot the public debate but I was sure that it would never happen.

Since the beginning?

Yes. You need 60 votes in Senate and it was clear that conservatives Democrats in Senate would never vote for that.

For Democrats, there was no other option. The presidential election set up the Democratic proposal, which would be less regulatory than Clinton. But the question was: how you can make that plausible.

When you left the administration, there was no hope for a soon major reform in health care. What did you do?

We worked on sub-issues. And we were overall talking about health care, problems and need of reform. We also do every year an employers survey. The goal is to understand how real things work. The idea of a reform really comes from the presidential campaign.

No. I am not really in a position to do it. We try to impact decision or non-decision.

What's your general assessment of the ACA?

There are a fair number of challenges and the implementation is a mess. It has a change to work if health people enroll. If penalties are a good thing, or are high enough, I don't know. That's still an open question. I am sure that you need something like a requirement in order to get healthy people involved.

Are there alternatives to a mandate?

Yes there are. You have to make penalties for people who don't have insurance but that can be incentives to join an insurance plan early. For instance, now you don't pay more when you are 40 if you have just joined or if you are enrolled for 20 years.

On the question of cost-containment, what do you think of the ACA?

It's kind of bullshit.

The country

Many different

No one likes regulation. The new payment system is marginal.

Some operate rate. To have the payed on a more constrained. Like the rest of the world. We need to have some real budgeting.

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Do you work sometimes with Republicans?

If they ask, we are happy to answer. But none voted the law! At the grass level, there are a little bit more contacts. But in general they are not interested. We had more relations during Clinton. Now it's even more extreme. There was no cosponsor in the ACA!

Do you still possible for your organization to be bipartisan?

It's harder to know what is politically possible.

Do you consider yourself more as a researcher or an advocate?

I do some amount of pure research to try to figure out how things work. For instance, as I said, with the employers survey. And I also try to apply research to policy. I also try to make research simpler for the media. The problem with the ACA is that there was no great leadership and communication was very bad. I did a lot to explain the law and spread basic ideas on regulation, tax, Supreme Court. It is easy to fear people with immigrants, poor people. It's a hard time to get a message because (). People at the White House were too fearful.

About what?

About everything in the law. They didn't want to be called socialized medicine, brokers of patients-providers relationships.

How would you describe the role of experts in the policy process?

It is a little role. Heritage and Cato are far away in the last decade. Experts for Republicans fit ideas. Experts for Democrats give more technical help.

What the difference between being an expert inside and outside the government?

Inside you do stuff that you can do. Outside you do whatever you want.

Do you think that career civil servants have influence on the policy-making process?

No, or very little. They have more influence in the Medicare issues but even there it's very limited. On the tax issues, they have more influence. Political appointees have specific point of views but the administration don't keep people with specific point of view.

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