

Council of the District of Columbia
Committee on Health, Thursday, January 24, 2013
Chaired by Council Member Yvette M. Alexander
Benefit Exchange Authority

I am Susan Walker, a volunteer advocate with the D. C. Coalition on Long Term Care.

I would like to commend the D.C. Council for promptly passing the legislation authorizing the D.C. Health Exchange. The Council's foresight put it in the forefront of most of the United States in implementing the ACA. Mayor Gray, Director Turnage and Commissioner White are to be commended for assembling an incredibly able team that met the deadlines of the ACA, making D.C. one of the first exchange plans approved.

I have been impressed by the commitment and breadth of knowledge of the Health Exchange Board that Mayor Gray appointed and the Council confirmed. With the hiring of Mila Kofman as the Exchange Director, the exchange has the administrative leadership that it needs to complete its daunting task on time.

Due to the number of decisions that need to be made for the exchange to be functional by 2013 Open Enrollment, Ms. Kofman has implemented a process that is inclusive and transparent yet focused to get the required key decisions made.

I know the insurers of the District of Columbia are concerned about any potential cost associated with D.C.'s exchange design, but the reality is that the community is paying a heavy cost in having residents without health insurance. .

There has also been a lot of controversy regarding how health insurance will be sold by 2014. The District has a unique market, in part because of its outstanding job in insuring most residents. But if we do not handle certain challenges, such as, parity between insurances within and outside the exchange, Qualified Health Plans with network adequacy and quality ratings, strategies to prevent adverse selection, effective oversight of insurer risk pooling and broad based financial stability, then all of the Council's efforts to implement the President's health care law could fail.

One of the most important tasks of the Exchange will be educating and enrolling the uninsured residents of D.C. The Exchange plans to take advantage of federal grant dollars to fund communitybased in person assistance programs. Existing consumer based organizations, as well as diverse cultural and religious organizations will be critical, along with brokers and agents, to make sure that every D.C. resident and small employer has access to support as needed to enroll.

It is evident, there is a lot to be done, but with cooperation and good will by all stakeholders to do what is in the best interest of the residents of D.C. we can have an Exchange second to none.

Susan Walker, MSW, LICSW, LCSW