Welcome to Rebalancing Health Care in the Heartland. This forum – the second in a three-part series devoted to the examination of state- and national-level health care reform – takes place at an important time for Iowa and the nation. As America prepares for the 2008 presidential election, voters consistently rank issues related to health care as a top-tier concern. Iowa, the venue for the first-in-the-nation presidential caucuses, is in a unique position to “set the tone” for a critical discussion of health care issues at the state and national levels.

The Rebalancing Health Care in the Heartland series brings together health care policymakers and key decision makers to identify priorities that address health care issues of Iowans. Forum 1, held November 15, 2006, in Iowa City, focused on issues related to Medicaid and Medicare – such as access, cost, quality, and prevention – that affect Iowa children, elders, those with mental health needs, and those with disabilities. Forum 2, taking place June 19, 2007, in Des Moines, examines state-based health care reform initiatives that are taking shape in Iowa and other states across the nation. In December 2007, participants in Forum 3 will have the opportunity to explore issues related to national health care policy during sessions in Des Moines.

Please refer to www.rebalancinghealthcare.org for additional details and information about this series.

Forum Planning Committee

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Senior Advisor to the President for
Public Health Programs and Policy
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Iowa Medical Society
Christopher Atchison
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College of Medicine, and Center for Disabilities and Development
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Iowa Health System
Sara Swisher
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SEIU Local 199
Thomas Temple
Executive Vice President and CEO
Iowa Pharmacy Association
David Vellinga
CEO and President
Mercy Medical Center
FORUM 2: A FOCUS ON STATE-BASED HEALTH CARE REFORM
Tuesday, June 19, 2007
Des Moines Marriott Downtown

Sponsored by:
American Republic Insurance Company • Mercy Health Network • Northwest Area Foundation
Partnership for Better Health • Principal Financial Group • The University of Iowa

Co-sponsored by:
Delta Dental of Iowa • Iowa Department of Human Services • Iowa Health System
Iowa Hospital Association • Iowa Medical Society • Iowa Pharmacy Association • Pioneer Hi-Bred International, Inc.
Service Employees International Union • Wellmark Blue Cross Blue Shield of Iowa

PROGRAM

7:00 am  Registration and Continental Breakfast (Iowa Ballroom, Salons E-H)
8:00 am  Opening Remarks and Recognition
James A. Merchant
8:10 am  Comments by Lieutenant Governor Patty Judge
8:20 am  Keynote Speaker:  Steven A. Schroeder
Rebalancing Health Care in the Heartland:  Forum 2 – State Based Health Care Reform Around the Nation
9:00 am  Session 1 – Massachusetts
Moderator:  David H. Vellinga
Keynote Speaker:  Jon M. Kingsdale
Massachusetts Health Reform
Panel Members:
Access  Peter C. Damiano
Cost  John E. Aschenbrenner
Quality  Andrea H. McGuire
10:30 am  Break
10:45 am  Session 2 – Tennessee
Moderator:  Janet Griffin
Keynote Speaker:  Ronald E. Harr
Cover Tennessee
Panel Members:
Access  Matthew C. Osterhaus
Cost  John E. Schneider
Quality  Thomas C. Evans
12:15 pm  Lunch (Iowa Ballroom, Salons A-D)
1:15 pm  Session 3 – Oregon
Moderator:  Kevin W. Concannon
Keynote Speaker:  Bruce W. Goldberg
State Health Care Reform:  Déjà vu All Over Again - Lessons from the Oregon Health Plan
Panel Members:
Access  David A. Carlyle
Cost  Joseph F. Corfits, Jr.
Quality  Cheryll Jones
2:45 pm  Break
3:00 pm  Session 4 – Health Care Reform in Iowa
Moderator:  James A. Merchant
Panel Members:
Representative Ro Foege (D)
Senator Jack Hatch (D)
Senator James A. Seymour (R)
Representative Linda L. Upmeyer (R)
John Hedgecoth
3:30 pm  Rapporteur
Steven A. Schroeder
4:30 pm  Meeting Adjourned
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>John E. Aschenbrenner, CLU, FSA, MAAA</td>
<td>President, Insurance and Financial Services, Principal Financial Group, Des Moines, IA</td>
</tr>
<tr>
<td>Kevin W. Concannon</td>
<td>Director, Iowa Department of Human Services, Des Moines, IA</td>
</tr>
<tr>
<td>David A. Carlyle, MD</td>
<td>Physician, McFarland Clinic, Ames, IA</td>
</tr>
<tr>
<td>Joseph F. Corfits, Jr.</td>
<td>Senior Vice President of Finance and Chief Financial Officer of Iowa Health - Des Moines, Des Moines, IA</td>
</tr>
<tr>
<td>Peter C. Damiano, DDS, MPH</td>
<td>Professor, Public Policy Center and College of Dentistry, University of Iowa, Iowa City, IA</td>
</tr>
<tr>
<td>Thomas C. Evans, MD</td>
<td>President and CEO, Iowa Healthcare Collaborative, Des Moines, IA</td>
</tr>
<tr>
<td>Ro Foege</td>
<td>Iowa Representative, House District 29, Democrat</td>
</tr>
<tr>
<td>Bruce W. Goldberg, MD</td>
<td>Director, Oregon Department of Human Services, Salem, OR</td>
</tr>
<tr>
<td>Janet Griffin, JD</td>
<td>Vice President for Public Policy, Wellmark Blue Cross Blue Shield of Iowa, Des Moines, IA</td>
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<tr>
<td>Ronald E. Harr</td>
<td>Senior Vice President for Government Programs and Public Affairs, Blue Cross Blue Shield of Tennessee, Chattanooga, TN</td>
</tr>
<tr>
<td>Jack Hatch</td>
<td>State Senator, Senate District 33, Democrat</td>
</tr>
<tr>
<td>John Hedgecoth</td>
<td>Senior Policy Analyst, Office of the Governor, Des Moines, IA</td>
</tr>
<tr>
<td>Cheryll Jones, ARNP, CPNP</td>
<td>Health Services Coordinator, University of Iowa Child Health Specialty Clinics, Ottumwa, IA</td>
</tr>
<tr>
<td>Patty Judge</td>
<td>Lieutenant Governor of Iowa, Des Moines, IA</td>
</tr>
<tr>
<td>Jon E. Kingsdale, PhD</td>
<td>Executive Director of the Commonwealth Health Insurance Connector Authority, Boston, MA</td>
</tr>
<tr>
<td>Andrea H. McGuire, MD, MBA</td>
<td>Chief Medical Officer and Vice President, American Enterprise, Des Moines, IA</td>
</tr>
<tr>
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</tr>
<tr>
<td>Matthew C. Osterhaus</td>
<td>Pharmacist, Osterhaus Pharmacy, Maquoketa, IA</td>
</tr>
<tr>
<td>John E. Schneider, PhD</td>
<td>Assistant Professor, Health Management and Policy, College of Public Health, University of Iowa, Iowa City, IA</td>
</tr>
<tr>
<td>Steven A. Schroeder, MD</td>
<td>Distinguished Professor of Health and Health Care, Department of Medicine, University of California, San Francisco; President Emeritus, Robert Wood Johnson Foundation, San Francisco, CA</td>
</tr>
<tr>
<td>James A. Seymour</td>
<td>State Senator, Senate District 28, Republican</td>
</tr>
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<td>Linda L. Upmeyer</td>
<td>Iowa Representative, House District 12, Republican</td>
</tr>
<tr>
<td>David H. Vellinga</td>
<td>President and Chief Executive Officer, Mercy Medical Center, Des Moines, IA</td>
</tr>
</tbody>
</table>
Patty Judge

Lt. Governor Patty Judge was elected the 44th Lt. Governor of Iowa. A former registered nurse, small businesswoman and farmer, she first won election to the State Senate in 1992 and was re-elected in 1996. In the State Senate, she served as the Assistant Majority Leader and Assistant Minority Leader.

She then won statewide election as Secretary of Agriculture in 1998, and won re-election in 2002. She was the first woman elected to serve as Iowa’s Secretary of Agriculture, and the first woman in the nation elected to that post. In 2006 she was elected Lt. Governor with Governor Chet Culver.

Patty Judge understands what it takes to fight the tough battles and as your Lt. Governor, she continues to stand up and fight for a brighter future for all Iowans and our state.

Please Welcome Lt. Governor, Patty Judge.
Rebalancing Healthcare in the Heartland:
Forum 2—State Based Health Care Reform Around the Nation

Steven A. Schroeder, MD
Des Moines, Iowa
June 19, 2007

Performance of the U.S. Health Care System

- Health status
- Costs
- Access
- Quality

Health Status of the United States

- Ranks 19-25 in usual indicators
### Health Status: United States vs. 29 Other OECD Countries

#### Health Status Measure

<table>
<thead>
<tr>
<th>Health Status Measure</th>
<th>U.S.A.</th>
<th>U.S. Rank in OECD (30)</th>
<th>Best Rank of OECD</th>
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<tbody>
<tr>
<td><strong>Infant Mortality (deaths in first year of life/1000 live births/2002)</strong></td>
<td></td>
<td></td>
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<tr>
<td>All races</td>
<td>6.8</td>
<td>25</td>
<td>Iceland (2.7)</td>
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<tr>
<td>Whites only</td>
<td>5.7</td>
<td>22</td>
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<tr>
<td><strong>Maternal Mortality 2001 (deaths per 100,000 births)</strong></td>
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<tr>
<td>All races</td>
<td>9.9</td>
<td>22</td>
<td>Iceland (0)</td>
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<tr>
<td>Whites only</td>
<td>7.2</td>
<td>19</td>
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</tbody>
</table>

### Health Status: United States vs. 29 Other OECD Countries (cont’d)

#### Health Status Measure

<table>
<thead>
<tr>
<th>Health Status Measure</th>
<th>U.S.A.</th>
<th>U.S. Rank in OECD (30)</th>
<th>Best Rank of OECD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Life Expectancy from birth (y)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Women</td>
<td>80.1</td>
<td>22</td>
<td>Japan (85.3)</td>
</tr>
<tr>
<td>White women</td>
<td>80.5</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>All men</td>
<td>74.8</td>
<td>22</td>
<td>Sweden (78.4)</td>
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<tr>
<td>White men</td>
<td>75.3</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td><strong>Life expectancy from age 65/-2004</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>All women, years</td>
<td>19.8</td>
<td>10</td>
<td>Japan (23)</td>
</tr>
<tr>
<td>White women, years</td>
<td>19.8</td>
<td>10</td>
<td></td>
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<tr>
<td>All men, years</td>
<td>16.8</td>
<td>9</td>
<td>Iceland (18.1)</td>
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<tr>
<td>White men, years</td>
<td>16.9</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

* Data missing for six (6) countries

### Some Good News

- US does much better for life expectancy after age 65
- 2003 life expectancy data at all time high—77.6 years at birth
  - Women: 80.1, men: 74.8
  - White women>black women>white men>>>black men
Determinants of Health

- Genetic predisposition
- Behavioral patterns
- Environmental exposures
- Social circumstances
- Health care

Proportions (Premature Mortality)

- Genetic: 30%
- Behavioral: 40%
- Environmental: 5%
- Social: 15%
- Health care: 10%


Behavioral Causes of Annual Deaths in the United States, 2000

- Sexual Behavior: 20,000
- Alcohol: 85,000
- Motor Vehicle: 43,000
- Guns: 28,000
- Drug Induced: 17,000
- Obesity: 365,000
- Smoking: 435,000

Source: Mokdad et al, JAMA 2004;291:1238-1245


- 20.9% of adults are current smokers

Source: Graph provided by the Centers for Disease Control and Prevention. 1955 Current Population Survey; 1965–2001 NHIS. Estimates since 1992 include some-day smoking.
Prevalence of Adult Smoking, by Education—U.S., 2004

- 26.2% No high school diploma
- 39.6% GED diploma
- 24.0% High school graduate
- 22.2% Some college
- 11.7% Undergraduate degree
- 8.0% Graduate degree


Smoking and Chronic Mental Illness (CMI)

- CMI patients die 25 years earlier
- About half that is from smoking
- 44% of cigarettes in US consumed by those with CMI and/or substance abuse
- Off the radar screen for most mental health clinicians
- Understudied by NIH

STATE-SPECIFIC PREVALENCE of SMOKING among ADULTS, 2005

- California 15.2%
- Nevada 23.1%
- Utah 11.5%
- Texas 20.0%
- Illinois 19.9%
- Indiana 27.3%
- Kentucky 28.7%
- New York 20.5%
- Florida 21.6%

Motor-vehicle-related death rates per 100,000 population and per million vehicle miles traveled (VMT), 1966-1997

Source: MMWR, May 14, 1999 / 48(18);369-374

1.4
1.8
2.3
5:06
6:07
7:04
36%
45%
58%

Hours of TV Viewed Daily 1960-1992

Millions of Person Miles in Automobiles, 1970-1990

Emergence of an Inactive Society

800 k-calories/day decrease in 20 years

Percent of Workforce in Sedentary Occupations, 1950-1996

No Data <10% 10%-14% 15-19% ≥20%

Obesity Trends* Among U.S. Adults

BRFSS, 1985

(*BMI ≥ 30, or ~30 lbs overweight for 5'4" woman)

Source: Mokdad AH.

No Data <10% 10%-14% 15-19% ≥20%

Emergence of an Inactive Society
Health Status—Summary

- Doing better
- But at bottom of developed world
- Major declines in heart disease (multiple reasons)
- Social causes very important
- Obesity epidemic looming
- Hard to improve through medical care alone
**Percentage of Gross Domestic Product Spent on Health Care in 2002**

Source: OECD Health Data

**National Health Expenditures 1940-2002**

Percent of GDP

National Health Expenditures

1990 1995 2000 2004* 2010*

15 100 200 300 400

1990 2000 2004 2010

Billions of dollars

*Projected

Source: OECD Health Data


**National Health Expenditures 1940-2002**

Billions of dollars

*Projected
### Why Is U.S. Medical Care So Costly? (16% GDP now)
- Physician supply? No (but specialty % very high)
- Fee for service payment valuations? Yes
- Health worker incomes? Yes
- Hospital supply/length of stay? No
- Proportion intensive care beds? Yes
- Rate of expensive procedures, and technology in general? Yes, in spades!

### Why Is U.S. Medical Care So Costly (Part 2)?
- Practice style variations? Yes
- Administrative costs? Yes
- Malpractice, including defensive medicine? Yes
- Aging population? Not really
- Patient demand? Yes
- Lack of cost competition? Yes

### Why Does US Medical Cost Containment Fail?
- Americans (at least those who are insured) resist limited choices
- Power of industries—device manufacturers and drug companies
- Power of medical/hospital sectors
- Strong patient demand for more (e.g., alternative medicine)
- Surge of new technologies
- Political hot potato, and lack of accountability focus
Why Not Let Costs Keep Rising?

- Opportunity costs
  - Schools
  - The environment
  - Jobs and overseas competition (see General Motors)
  - Other worthy causes
- Business resistance
  - Operational costs
  - Retiree costs
  - Source of labor disputes
- Pressure on public programs (Medicare, Medicaid, County Hospitals)
- Increases the number of uninsured
- Biggest cause of personal bankruptcies

Access to Care in the United States

- "Best of systems, worst of systems"
- Access problems even for the insured (ED as primary care source)
- We stand alone regarding large # of uninsured
  - 45 million uninsured (16% of under 65 population)
  - millions more underinsured
  - millions of uninsured immigrants
- But very little wait for procedures for the insured

One Million More People Became Uninsured In 2006 Despite Lower Unemployment Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Uninsured Millions</th>
<th>Percent</th>
<th>Unemployment Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>47.5</td>
<td>16%</td>
<td>4.3%</td>
</tr>
<tr>
<td>2005</td>
<td>46.5</td>
<td>15.9%</td>
<td>4.8%</td>
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<tr>
<td>2004</td>
<td>45.8</td>
<td>15.7%</td>
<td>5.5%</td>
</tr>
<tr>
<td>2003</td>
<td>45.0</td>
<td>15.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>2002</td>
<td>43.6</td>
<td>15.2%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

**Private Health Insurance**

Shrinking at about 1.5% a Year

Changes in Health Insurance Coverage, Working Adults

<table>
<thead>
<tr>
<th>Year</th>
<th>Employer sponsored</th>
<th>Medicaid</th>
<th>Private, not Group</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>87.5%</td>
<td>6.1%</td>
<td>5.6%</td>
<td>17.1%</td>
</tr>
<tr>
<td>2004</td>
<td>83.1%</td>
<td>5.6%</td>
<td>5.6%</td>
<td>20.6%</td>
</tr>
</tbody>
</table>

Source: Kaiser Family Foundation

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**Why U.S. Tolerates Such a Large Number of Uninsured? Explanations, Rationales and Myths**

1. The numbers are exaggerated
2. Uninsurance is often temporary
3. Many choose to be uninsured
4. The uninsured get care anyway
5. We can’t afford to expand coverage
6. Government is untrustworthy
7. American political system prevents major reform
8. (Poor under-represented politically)

*Schroeder SA. The medically uninsured—will they always be with us?, NEJM, 1996; 334:1130-1133.

---

**How Cover the Uninsured?**

- Single payer
- Three tiers
  - Employer-based
  - Medicare
  - Medicaid
- “Play or pay”
- State experiments (Massachusetts/California)
- Expanded vouchers charity care
- Mixture of public/private (See Germany.)
- Missing Element=political will
Quality of Care

- U.S. leads the world in research and emphasis
- But glass half empty (see IOM report re 98,000 preventable deaths each year)

Ways to Improve Quality of Care

- License physicians and hospitals (states)
- Accredit hospitals (Joint Commission)
- Certify and recertify specialists (specialty boards)
- Investigation of complaints (state licensing boards)
- Oversight by payers (e.g., QIOs for Medicare)
- Pay for performance?

Ways to Improve Quality of Care (2)

- Malpractice, including national data bank
- Systems design for chronic care management
- Hospital quality of care committees, M & M conferences
- Public information/transparency
- Electronic medical records to reduce risk of errors
Summary: Lessons from the States

- Tobacco control—CA and MA
- Health insurance coverage—MA, TN, OR
- Costs—See Dartmouth Medical Atlas
- Many others
- In the absence of national political consensus, the states may have to show the way
Dr. Schroeder is a Distinguished Professor of Health and Health Care, Division of General Internal Medicine, Department of Medicine, UCSF, where he also heads the Smoking Cessation Leadership Center. The Center, funded by the Robert Wood Johnson Foundation and the American Legacy Foundation, works with leaders of more than 20 American health professional organizations and health care institutions to increase the cessation rate for smokers. It has expanded the types of clinician groups that support cessation, developed an alternative cessation message (Ask, Advise, Refer), created new ways to market toll-free telephone quit lines, and engaged the mental health treatment community for the first time. Between 1990 and 2002 he was President and CEO of the Robert Wood Johnson Foundation. During that time the Foundation made grant expenditures of almost $4 billion in pursuit of its mission of improving the health and health care of all Americans. It developed new programs in substance abuse prevention and treatment, care at the end of life, and health insurance expansion for children, among others.

Dr. Schroeder graduated with honors from Stanford University and Harvard Medical School, and trained in internal medicine at the Harvard Medical Service of Boston City Hospital and in epidemiology as an EIS Officer of the CDC. He held faculty appointments at Harvard, George Washington, and UCSF. At both George Washington and UCSF he was founding medical director of a university-sponsored HMO, and at UCSF he founded its division of general internal medicine.

He has published extensively in the fields of clinical medicine, health care financing and organization, prevention, public health, the work force, and tobacco control. He currently serves as chairman of the International Advisory Committee of the Ben Gurion School of Medicine, is a member of the editorial board of the New England Journal of Medicine, a director of the James Irvine Foundation, the Charles R. Drew University of Medicine and Science, and the Robina Foundation. He formerly chaired the American Legacy Foundation, was a Council member of the Institute of Medicine, an Overseer of Harvard, and President, the Harvard Medical Alumni Association. He has six honorary doctoral degrees and numerous awards. Dr. Schroeder lives in Tiburon, California with his wife Sally, a retired schoolteacher. Their two sons are physicians, one a cardiologist and one a pediatrician. Steve and Sally have two granddaughters.
Massachusetts Health Reform

Jon Kingsdale
June 19, 2007

The Uninsured in Massachusetts

- Total Commonwealth Population: 6,200,000
  - Insured (93%) 5,830,000
  - Uninsured (7%) summer 2006 370,000
    - <100% FPL Medicaid Eligible but unenrolled 70,000
    - 0-300% FPL Commonwealth Care 140,000
    - >300 FPL Affordable Private Insurance 160,000

Note: Based on August 2006 Division of Health Care Finance and Policy statewide survey

MA Landmark Health Care Reform Law

- Subsidize insurance for low-income uninsured
- Require individuals age 18 and older to have health insurance by July 1, 2007
- Require employers w/ 11+ FTE employees to provide some contribution & a pre-tax, payroll deduction plan
- Reform the small- & non-group market
- Increase MassHealth reimbursement levels (P4P)
Options Under Commonwealth Choice
(37-year old)

<table>
<thead>
<tr>
<th>Benefit Level</th>
<th>Carrier A</th>
<th>Carrier B</th>
<th>Carrier C</th>
<th>Carrier D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gold</td>
<td>$400</td>
<td>$460</td>
<td>$285</td>
<td>$370</td>
</tr>
<tr>
<td>Silver</td>
<td>$300</td>
<td>$340</td>
<td>$235</td>
<td>$230</td>
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<tr>
<td>Bronze</td>
<td>$240</td>
<td>$280</td>
<td>$175</td>
<td>$185</td>
</tr>
</tbody>
</table>

How Does This Compare With What is Available Now?

- The $184 plan is half the $335 premium this same individual would pay now.
- The $335 premium currently available buys less:
  - No Rx coverage
  - $5,000 deductible
- The $184 plan covers:
  - Rx
  - Office visits & ER visits immediately, plus 80% of other costs after a $2,000 deductible

Minimum Creditable Coverage
(draft regulations)

1. Comprehensive health plans, include Rx
2. No annual or per sickness benefit maximum
3. No indemnity fee schedule of benefits
4. Deductible capped at $2,000/$4,000
5. Cover (3/6) preventive care visits
6. Out-of-pocket max. of $5,000/$10,000
Timeline for Complying with MCC

<table>
<thead>
<tr>
<th>EVENT</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
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<tbody>
<tr>
<td></td>
<td>Spring</td>
<td>Summer</td>
<td>Fall</td>
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<tr>
<td>Regulations Published</td>
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<tr>
<td>Employment Evaluate and Adjust Plan</td>
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<tr>
<td>Offering</td>
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</tr>
<tr>
<td>Open Enrollment Dates</td>
<td></td>
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<tr>
<td>Plan Effective Dates</td>
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</tr>
</tbody>
</table>

*February 2008: Beginning of employer-sponsored insurance (ESI) compliance

Affordability Schedule and Regulations (draft)

- Flexible enforcement
  - Accounting for individual circumstances
  - Robust appeals process

- Require Participation in Commonwealth Care

- For the rest, keep it simple
  - Excuse lower-income brackets
  - Assume affordability for upper-income brackets
  - Progressive sliding scale of premium contributions, stated as dollars/month, in between for singles, couples and 3+
  - Benchmark affordability for ESI based on Commonwealth Care rates

Will Mass. Health Reform Work?

- It is working
  - 30%+ uninsured enrolled (7/06 – 6/07)
  - Non-Group insurance: half the price & twice the value
  - Unanimous votes on MCC, Affordability, etc.

- Why is it working, so far?
  - 3 years to enact
  - Consensus (non-accusatory) approach
  - Intelligent leadership

- Is it sustainable?
  - 2-3 years to implement
  - Realistic expectations
  - Bend the trend
Challenges Ahead for Health Reform

- Outreach, education & enrollment
- Refining CommCare & CommChoice in budget context
  - Crowd-out
  - Budget neutrality
  - State fiscal limits
- Enforcing near-universal participation
- Bending the trend in health care costs

Living within the Golden Triangle

Ear Infections (Acute Otitis Media)

Problem:
- In the US, it is routine to use antibiotics to treat ear infections. But national clinical guidelines recommend the option of observation without the use of antibiotics in select cases.¹
- In some countries in Europe, this is already common practice.¹

Burden: 5.18 million episodes of AOM occurred in 1995 at a cost of approximately $2.98 billion.²

Cost: the total cost of antibiotic prescriptions for acute respiratory infections in 1998 was an estimated $1.32 billion, of which $726 million was for excess antibiotic prescriptions.²

¹ acute respiratory infections includes: otitis media, sinusitis, pharyngitis, bronchitis, and upper respiratory tract infections
Hospital-Acquired Infections

Problem:
- Currently, between 5 and 10 percent of patients admitted to acute care hospitals acquire one or more infections, and the risks have steadily increased during recent decades. ¹

Cost:
- These adverse events affect approximately 2 million patients each year in the United States, result in some 80,000 deaths, and add an estimated $4.5 to $5.7 billion per year to the costs of patient care. ¹
- Each year, an estimated 250,000 cases of central line-associated bloodstream infections occurs in the U.S., with an estimated attributable mortality of 12%-25% for each infection, and a marginal cost to the health-care system of approximately $25,000 per episode. ²

Cardiac Stents

Problem:
- During the past 30 years, the use of cardiac stents has become common in the initial treatment of patients with stable coronary artery disease in, even though treatment guidelines advocate an initial approach with intensive medical therapy, a reduction of risk factors, and lifestyle intervention. ¹

Cost:
- Each year, more than 1 million cardiac stent procedures are performed in the US, and recent data indicates that approximately 85% of these (i.e. 850,000 procedures) are done in patients with stable coronary artery disease. ²
- The cost of these 850,000 procedures is approximately $11 billion dollars per year. (This is based on an estimate of $14,000 per procedure: 850,000 procedures x $14,000 per procedure = $11 billion.)
DAVID H. VELLINGA

BIOGRAPHICAL SKETCH

David H. (Dave) Vellinga is President & Chief Executive Officer for Mercy Medical Center in Des Moines, Iowa – an operation that includes 917 licensed acute beds on three campuses— Mercy Medical Center, Mercy Capitol and Mercy Franklin— and Mercy Medical Center – Centerville, a 54-bed hospital. The system also includes extensive long-term care, a nursing home, assisted living, independent living, and Mercy Hospice, as well as four urgent care, four quick care and 37 primary and specialty care clinics, 18 rural affiliate facilities, and employs more than 6600 employees with a medical staff of more than 800 physicians and allied health professionals. Dave also serves as CEO for Mercy Health Network, a joint operating venture between Trinity Health of Novi, Michigan, and Catholic Health Initiatives, and is responsible for healthcare systems in Des Moines, Sioux City, North Iowa (Mason City), Clinton, and Dubuque. Dave is also President and Chairman of the Board for Trinity Health International in Farmington Hills, Michigan, a position he has held since 1993.

Prior to beginning in Des Moines on January 1, 1999, Dave served as President & CEO for North Iowa Mercy Medical Center in Mason City, Iowa. North Iowa was formed as a result of a 1993 merger of St. Joseph Mercy Hospital— for which Dave was President & CEO—and North Iowa Medical Center, both in Mason City. Dave served in various administrative roles at Mercy and with the University of Iowa Hospitals & Clinics in Iowa City.

A graduate of Northwestern College, Orange City, with a Bachelor of Arts Degree in Business Administration, Dave holds a Masters Degree in Hospital and Health Care Administration from the University of Iowa. Many professional associations and civic activities reflect Dave’s energy and passion in the area of health care in Iowa. Honors include being recognized as one of the ten “Emerging Leaders in Healthcare” by the Healthcare Forum (1990) and being named the recipient of the Iowa Hospital Association’s “Ship’s Wheel” award in 1991.

Dave is married and resides in Clive, a suburb of Des Moines, with his wife, Nancy. Daughter, Megan, is a graduate student at the University of Southern California. Daughter, Jill, a graduate of the University of Iowa, is married and lives in Ankeny; she and her husband have two daughters. Son Nathan, holds a degree from Cornell College and a Master’s Degree from the University of Colorado in Boulder. Outside of family, Dave’s interests include long distance running, community involvement and international health services.

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Jon Kingsdale, Ph.D.
Executive Director, Commonwealth Health Insurance Connector Authority

Jon Kingsdale is the Executive Director of the Commonwealth Health Insurance Connector Authority, an independent authority established under Massachusetts’ landmark health reform legislation of 2006, to promote coverage of the uninsured. He works with a broadly representative Board of Directors to develop key elements of the health care financing policy in Massachusetts, develop and implement new programs, and build a capable organization.

As a senior executive at the Tufts Health Plans for almost twenty years, he was responsible for strategic planning, product development, public affairs and government relations. He led major product initiatives including the development of various new HMO benefits for the group market (including tiered-network HMO and POS plans), New England's largest Medicare + Choice HMO, and consumer-directed health plans.

His work experience also includes executive roles in strategic planning and reimbursement at Blue Cross Blue Shield of Massachusetts, research on hospital finances at the Harvard School of Public Health, policy issues consulting in Washington, D.C., and reporting for Forbes Magazine.

He received a doctorate in economic history from the University of Michigan and a B.A. from the University of Pennsylvania. He has taught at the Harvard School of Public Health and the Boston University School of Public Health.
Dr. Peter Damiano is the Director of the Health Policy Research Program at the University of Iowa Public Policy Center and Professor, Department of Preventive and Community Dentistry at the College of Dentistry. He is a former Robert Wood Johnson Dental Health Services Research Scholar and HRSA Primary Care Policy Fellow. He is a graduate of the University of Iowa College of Dentistry (DDS) and UCLA School of Public Health (MPH). His principal area of research is health services research and includes studies of access to care, quality, cost and outcomes of care, particularly for primary care services. His research projects include studies of access to care for underserved populations. He has been the principal investigator of a number of studies evaluating public insurance programs including the Iowa Medicaid and S-SCHIP programs (*hawk-i*) and will soon begin an evaluation of the Iowa Care program. He is also currently the principal investigator for a study concerning the health and well-being of children and families in Iowa. This study will include a series of reports concerning access to care, health status and family functioning of: 1) children statewide, 2) early childhood issues, 3) minority children, 4) insurance coverage, and 5) nutrition and physical activity. He has published many peer reviewed journal articles as well as research monographs for policymakers.
John E. Aschenbrenner
President – Insurance and Financial Services
The Principal Financial Group®

Aschenbrenner has more than 32 years experience in the financial services industry -- including nearly 20 years in strategic business development, financial oversight and executive management at The Principal Financial Group. He joined the company in 1972 and through the years held a variety of executive level positions in the organization’s pension, individual retail, and group life and health businesses. Named to his current position in 2003, Aschenbrenner is responsible for overall management of the company’s life and health insurance businesses generating approximately $275 million of annual operating earnings and includes Individual, Group, Medical and Supplemental Benefits divisions as well as distribution channels supporting each.

Aschenbrenner received his bachelor’s degree from the University of Iowa and his master's degree from the University of Iowa. He is a member of Phi Beta Kappa.

Aschenbrenner currently serves on the Board of Visitors of the Henry B. Tippie College of Business – University of Iowa, Board of Directors, United Way of Central Iowa and Board Member of America’s Health Insurance Plans. He is the past chairman of the board of directors of the Iowa College Foundation and LIMRA International. He is also a Fellow of the Society of Actuaries, a member of the American Academy of Actuaries, a member of the Actuaries Club of Des Moines, member of National Coalition on Health Care, LIMRA Leadership Institute Fellow (LLIF), and a Chartered Life Underwriter (CLU).

About the Principal Financial Group
The Principal Financial Group® (The Principal®)¹ is a leader in offering businesses, individuals and institutional clients a wide range of financial products and services, including retirement and investment services, life and health insurance, and banking through its diverse family of financial services companies and national network of financial professionals. A member of the Fortune 500, the Principal Financial Group has $256.9 billion in assets under management² and serves some 17.6 million customers worldwide from offices in Asia, Australia, Europe, Latin America and the United States. Principal Financial Group, Inc. is traded on the New York Stock Exchange under the ticker symbol PFG. For more information, visit www.principal.com.

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¹ "The Principal Financial Group" and "The Principal" are registered service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.
² As of December 31, 2006
Dr. Andy McGuire

Dr. Andy McGuire is presently Chief Medical Officer, Vice President for American Republic Insurance Company and World Insurance Company. This role includes strategic direction for the Enterprise and clinical oversight of Medical Management, Pharmacy Management, Risk Selection, and Network Management. Previously, Dr. McGuire was Vice President, Medical Director for Wellmark, Blue Cross Blue Shield of Iowa and South Dakota. She is a nuclear medicine physician by training.

Dr. McGuire's academic career included research with multiple publications on positron emission tomography focused on breast cancer utilizing radioactive labeled estrogen at Washington University School of Medicine and Mallinckrodt Institute of Radiology.

Dr. McGuire's education includes a Bachelor of Science degree in Chemistry from Creighton University and a Medical Doctorate from Creighton University. She has a Masters of Business Administration from Kennesaw State University.

Dr. McGuire is currently involved in State and National Health Policy including a member of the CPT panel of the American Medical Association charged with overseeing coding for all health care professionals and Chief Medical Officers Committee of the Association of Health Insurance Plans.

Dr. McGuire serves on multiple boards focused on her interests in health, women and children. She presently serves on University of Iowa College of Public Health Board of Advisors, the Des Moines Partnership Board, and co-chair of the Partnership for Better Health. She is a member of the Mercy Hospital Foundation Board and a prior member of the House of Mercy Board of Directors. She is the President of the Creighton University National Alumni Board and a member of the Board of Directors of Creighton University. Dr. McGuire is involved with the Society of Nuclear Medicine and has previously worked with the low level radioactive waste committee and radiation safety committee.

She is currently involved with early childhood issues through the Woman's Leadership Connection of the United Way and chair of the Advocacy Committee for Woman's Leadership. She has been involved in many ways with the United Way including co-chair of the Woman's Leadership Connection and co-chair of the loaned executive program. Her advocacy for health, women and children lead her to run for Lt. Governor of Iowa to emphasize these issues.

Dr. McGuire has received many accolades including the "Woman of Influence". Dr. McGuire is married to Dan McGuire, an orthopedic spine surgeon and lives in Des Moines. They have 7 children ranging in ages from 10-20 years of age.
Cover Tennessee – Overview

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association. This document has been classified as public Information.

Cover Tennessee Programs

Limited-benefit plan for the working uninsured
Premium ($150 Avg.) paid by State – Employer – Individual
Age-rated, not underwritten, portable, smoking and BMI factors

SCHIP expansion plus pregnant women
Eligibility determined by State’s vendor, PSI
Launched 4/1/07, benefits mirror State employee plan

High-Risk Pool (like old TCHIP)
Insurance companies and TPAs share excess claim cost on market share basis

CoverTN

• Limited Benefit Plan for working poor
• $150 average premium
• Funding from employee, employer (voluntary) and state
• 1st Step – Qualified Employer based on:
  - < 25 employees
  - > 50% of employees with < $41,000 income
  - No coverage offered within last 6 months, or employer paid < 50% of premium
  - As long as the employer qualifies, all employees qualify, regardless of income.
CoverTN

- Portable – employer funding is optional (after 6 months)
- No recertification of eligibility
- Must be residents of Tennessee
- Two plans to be offered
- Projected 28,000 in first year (2007)

CoverKids

CoverKids

- SCHIP program with funding under Title XXI
- Managed by State of Tennessee Division of Insurance Administration
- Rich benefits based on State POS program – copayments only
- Three populations:
  - Children from families with incomes below 150% of FPL
  - Children from families with incomes between 150% and 250% of FPL
  - Unborn children
- Children from families with incomes above 250% of FPL may buy into the program

CoverKids

- Projected 28,000 in 1st year
- Risk arrangement based on concept of distribution of excess premium:
  - Bid includes total monthly premium based on both claim costs and admin costs
  - Settlement after 12 months based on actual claim costs and earned admin fees
  - Premiums paid above actual costs are split between the Plan and the State
- Disease (condition) management key
- Network requirements for children’s hospitals and pediatric specialists
Access TN

- Risk Pool similar to the old TCHIP
- Three coverage options – Basic PPO, HDHP and Catastrophic, based on State Employee program
- ASO Arrangement
- Funded from a) enrollee, b) state and c) assessment of insurers
- Only enough state funds for 6,000 enrollees (1st year), but could expand with federal funding
- 4,500 slots reserved for TennCare disenrollees, including those who purchased a guaranteed issue product; 1,500 for other uninsurables
- Random selection of first 6,000 slots began on 3/1/07
Janet Griffin
Vice President, Public Policy and Board Secretary
Wellmark Blue Cross and Blue Shield of Iowa

Janet Griffin, the company’s chief policy analyst and political strategist, oversees representation of Wellmark Blue Cross and Blue Shield’s policies and interests before Congress, state legislators and regulators. She also serves as Board Secretary.

Griffin has close to 30 years experience in the insurance industry. During her tenure with Wellmark Blue Cross and Blue Shield, Griffin has served as corporate counsel, provided oversight of compliance and regulatory affairs and served as business ethics officer.

Before joining Wellmark Blue Cross and Blue Shield, Griffin was a staff attorney with the Iowa Division of Insurance and, subsequently, First Deputy Insurance Commissioner. As a regulator, Griffin focused on consumer protection and enforcement of Iowa’s insurance laws, including implementation of a program to identify abusive sales practices in the senior health insurance market. Griffin also served for a number of years, including three terms as President, on the Board of Directors for the Iowa Comprehensive Health Association – Iowa’s first effort to address the issues of the uninsured in the state.

A Pittsburgh, PA., native, Griffin holds a bachelor’s degree in political science from The Pennsylvania State University and a law degree from the University of Iowa College of Law.
Ron Harr is Senior Vice President – Government Programs for BlueCross BlueShield of Tennessee. He has executive responsibility for the company’s involvement in Tennessee’s TennCare program (Medicaid), Cover Tennessee and Medicare HMO. As such, he is President and CEO of the company’s subsidiary, Volunteer State Health Plan. He also has responsibility for public affairs (government relations, media relations and charitable contributions) for all lines of business.

BCBST currently serves 300,000 of the 1.1 million enrollees in TennCare. The company was the winning bidder on all three of the insurance components of Cover Tennessee, the state’s program to cover the uninsured, launched on April 1, 2007.

Prior to joining BCBST in 1995, Ron had spent most of his career in the telecommunications industry (at AT&T and BellSouth). In 1992, BellSouth assigned him as the “National Telecommunications Liaison” to the Clinton-Gore Campaign.

Ron attended Washington and Lee University and graduated from the University of Tennessee at Knoxville in 1976. He has attended executive management programs at Pennsylvania State University and Harvard University. He lives in Chattanooga, Tennessee and has two daughters in college.
Matthew Osterhaus

Matthew Osterhaus is a community and consultant pharmacist who co-owns and operates Osterhaus Pharmacy in Maquoketa, Iowa. He is a graduate of The University of Iowa College of Pharmacy. He is an adjunct faculty member of the University of Iowa College of Pharmacy and Drake University College of Pharmacy, serving as a preceptor for Community Care Pharmacy Practice residents and Doctor of Pharmacy students in Pharmaceutical Care. He is a member of Outcomes™ Certified Pharmaceutical Care Network and has been instrumental in furthering community-based research in Iowa. Mr. Osterhaus has completed the Iowa Center for Pharmaceutical Care training program and the APhA Community Pharmacy Management program. He served on the Iowa Medicaid Drug Utilization Review Commission from 1985-2000, and the Iowa Board of Pharmacy Examiners from 1993-2002. He currently serves on the Iowa Medical Assistance Pharmaceutical and Therapeutics Committee, the Board of Directors of Pharmacist Mutual Insurance Company, the Board of Governors of Outcomes Pharmaceutical Healthcare LLC and the Board of Directors of the Iowa Pharmacy Foundation. He is an active member of his local, state, and national pharmacy associations, serving in a variety of leadership positions, currently serving as a Trustee of the American Pharmacists Association. Mr. Osterhaus is actively involved in community development currently serving on the boards of MIDAS (Maquoketa Industrial Development Assistance Services), Timber City Development Corporation and Maquoketa State Bank and as President of the Maquoketa Area YMCA.
John E. Schneider, PhD

John E. Schneider, PhD is currently an Assistant Professor in the Department of Health Management and Policy and the Department of Economics at the University of Iowa, where he also holds appointments in the Iowa City VA Center for Research in the Implementation of Innovative Strategies in Practice. His PhD is in Health Services and Policy Analysis from the University of California Berkeley.

He has over 15 years of experience studying economic and organizational aspects of the health care industry. After earning an MA in economics, Dr. Schneider was a research analyst at the Center for Health Economics Research from 1989 to 1993, involved extensively in analyses of large databases, cost analyses, and economic modeling of regulatory programs. While at CHER he co-authored numerous technical project reports for clients including the Centers for Medicare and Medicaid Services, the Agency for Healthcare Research and Quality, and the Robert Wood Johnson Foundation. After earning his PhD, Dr. Schneider served as the Director of Research at the California Association of Health Plans for two years. At CAHP, he led projects on collaborative quality improvement, policy analysis, managed care regulation, public relations, and developing research to support government relations functions for the health insurance industry in California. Dr. Schneider has also served as a consultant to managed care organizations, state health departments, trade associations, medical device manufacturers, large pharmaceutical companies, and others. He has also served as an expert witness on the economics of hospital competition and hospital payment.

Dr. Schneider’s research interests and expertise include health insurance and managed care, regulation, hospital competition, specialty hospitals, economic effects of clinical practice guidelines, insurer-provider contracting, cost effectiveness analysis, medical technology evaluation, and workplace health promotion. His research has been published in leading health journals, including Health Affairs, Health Services Research, and Inquiry. He is co-author of The Business of Health (AEI Press, 2006), and is a regular contributor to the Wall Street Journal Professor Journal, an online resource for instructors. He currently teaches introductory, intermediate, and advanced health economics and courses in health insurance and managed care.
Tom Evans, MD

Tom Evans, M.D. is the President and CEO of the Iowa Healthcare Collaborative. This non-profit foundation brings together hospitals and physicians in a provider-led effort to improve the quality, patient safety and value of healthcare. Prior to this he served as Chief Medical Officer for the Iowa Health System, an 11 hospital system which provides services to about one third of Iowans seeking hospital care. Under his leadership, the Iowa Health received the prestigious Codman Award from the Joint Commission on Accreditation of Healthcare Organizations and was recognized by the American Medical Association for its work in healthy literacy.

Dr. Evans received both BA and MA degrees from Drake University and his MD degree from the University of Iowa in 1983. He completed his Family Medicine residency at Broadlawns Medical Center in 1986 and practiced family medicine for 13 years. He has served as President to both the Iowa Medical Society and the Iowa Academy of Family Physicians. Dr. Evans currently serves on the Board of Governors for the National Patient Safety Foundation and as faculty with the Institute for Healthcare Improvement.
State Health Care Reform: Déjà Vu All Over Again
Lessons from the Oregon Health Plan

Bruce Goldberg, MD
Director
Oregon Department of Human Services

Oregon Health Plan
- Series of legislative actions aimed at ensuring access to affordable health care for all Oregonians
- Originally Included:
  - Medicaid Demonstration Project
  - High risk pool
  - Small business purchasing pool

OHP Original Principles
- Universal access to basic level of health care
- Society is responsible for financing care for the poor
- Public process for deciding basic level of care
- Encourage effective care and discourage over-treatment
- Funding must be explicit and economically sustainable
GOALS

- HEALTH CARE FOR THE UNINSURED
- BASIC BENEFIT PACKAGE OF EFFECTIVE SERVICES
- BROAD PARTICIPATION BY PROVIDERS
- DECREASE COST SHIFTING & CHARITY CARE
- A RATIONAL WAY TO ALLOCATE RESOURCES FOR HEALTH CARE

Medicaid Demonstration

- Expand Medicaid coverage to Oregonians below 100% FPL
- Eliminate cost shifting to the private sector
- Deliver health care services using the prioritized list of conditions
- Provide most health care through managed care and contain cost

Change the Policy Question

From:

**WHO** IS COVERED

TO:

**WHAT** IS COVERED?
How the OHP Works

Prioritized list of condition treatment pairs 1-736.

Diagnosis: SEVERE/MODERATE HEAD INJURY: HEMATOMA/EDEMA WITH LOSS OF CONSCIOUSNESS

Treatment: MEDICAL AND SURGICAL TREATMENT

ICD-9: 850.1-850.5, 850.2-851.1, 851.1-851.5, 851.6-851.8, 851.9


FUNDAMENTAL QUESTIONS

- **Who** are we going to cover?
- **What** are we going to cover?
- **How much** are we going to cover?
- **How much** are we going to pay?

Eligibility
- Benefit
- Utilization
- Cost

Results

- 100,000 additional Oregonians had access to basic health care
- Decreased numbers of uninsured
- Decreased hospital charity care
- Decreased emergency room use
- Increase in preventive health care services delivered to low income Oregonians
Where “we” are now?

- Health insurance as we know it, is out of reach for a growing share of the workforce.
- Health care costs are reducing wages, profits, investments, and impacting jobs and the economy.
- Rising health care costs are driving many states to ramp down/or limit expansion of public programs.
- Rising health care costs and lack of coverage impact everyone’s health with uneven quality and access.

Lessons Learned

1. No plan is an island.
   Publicly and privately financed systems exist as a piece of a larger health care system that is complex, fragmented, and costly. Solutions must be “system-wide”.

2. Federal healthy Policy is...”“_____.”

3. Explicitly allocating resources is necessary.

Lessons Learned

4. Public process is essential.

5. Pay attention to equity and shared responsibility among providers, participants, financers.

6. Make it sustainable and focus on outcomes and value.
## Déjà Vu

**Who:** are we going to cover?
**What:** are we going to cover?
  - Basic benefit or comprehensive?
  - What process to determine what is included and what is not?
**How:** will we do it?
  - Finance?
  - Public expansion, private subsidy, total restructure?
  - Deliver care?
  - Reimburse providers for care?
  - Control costs?
  - Ensure quality and access?
  - Improve health?
KEVIN W. CONCANNON

Kevin Concannon became Iowa Department of Human Services Director in March 2003. He was re-appointed as DHS Director by Governor Culver and Lt. Governor Judge in January 2007. DHS is an agency that directly serves, on average, 997,000 Iowans per year. The agency provides authority and financing for a range of services including health care for Iowans of all ages through the Medicaid program and health insurance for children through the Iowa hawki program. The agency also is the lead agency for behavioral health care, including services to people with mental illness and developmental disabilities. The agency provides child support collection services, financial assistance, child care, foster care, adoptive services, child protective services, juvenile justice services, long-term care support for elderly and disabled persons, food assistance through the food stamp program, and adult protective services. DHS operates and oversees the management of nine state institutions; two juvenile facilities, two resource centers for people with disabilities, four mental health institutions, and the Civil Commitment Unit for Sexual Offenders (CCUSO). The agency operates a number of combined state and federally financed programs and has an annual budget of $4.8 billion dollars.

Previously, Kevin served as Maine’s Department of Human Services Commissioner from 1995 to 2003. From 1987 to 1995 he was the Director of the Oregon Department of Human Services. From 1980 to 1987 he was Commissioner of the Maine Department of Mental Health and Mental Retardation.

Kevin has led efforts at the state level to obtain more affordable prescription drugs for state residents and was the named defendant in a landmark U.S. Supreme Court 2003 case entitled PhRMA vs. Concannon. He was instrumental in reforming the public welfare systems of the states of Maine and Oregon, implemented major mental health and developmental disabilities service system reforms in Maine, Oregon, and recently in Iowa, and was responsible for increasing access to medical care through state insurance programs in Oregon, Maine, and Iowa as well as expanding the choices and supports in long-term care for elderly and disabled people, thereby reducing their reliance on institutional forms of care. He has also championed system improvements in food assistance and the application of electronic technology and information systems to support the Department’s Mission.

Kevin has served as President of the American Public Welfare Association (APWA) and previously served as President of the National Association of State Mental Health Program Directors. He has also served as a member of the Board of Directors of the American Public Human Services Association. He is on the Milbank Memorial Fund’s Reforming State Health Care Steering Committee and serves as Co-Chair in 2007. He serves on Harvard University Kennedy School of Government Invitation Committee on the Future of Child Welfare in the United States.

Kevin’s educational background includes a BA degree from Saint Francis Xavier University and a MSW degree from Saint Francis Xavier University and the Maritime School of Social Work, Halifax, Nova Scotia. He previously served from 1987 to 1995 as Adjunct Professor of Social Work at Portland State University and, previous to that, as Adjunct Assistant Professor of Social Work at the University of Connecticut Graduate School of Social Work (1981 to 1985). In 2005/2006 he was Adjunct Professor of Social Work at the University of Iowa School of Social Work.
Bruce W. Goldberg, M.D.
DIRECTOR
OREGON DEPARTMENT OF HUMAN SERVICES

Dr. Bruce Goldberg is a family medicine physician who has devoted his professional career to improving the organization, delivery and financing of public health services. He has been director of the Oregon Department of Human Services (DHS) since November 2005, a position he says he was drawn to because of the opportunity it provides for making a positive difference in the lives of so many people.

During his time with DHS he has led efforts to improve children’s access to health care and reduce hunger and food insecurity among Oregonians, has been instrumental in developing plans for revamping the state’s mental health system and constructing two new state psychiatric hospitals, and has promoted education and prevention as the most effective means of protecting and improving the health of Oregonians.

Dr. Goldberg’s experience also includes serving as head of the Office for Oregon Health Policy and Research, Medical Director for CareOregon, Health Officer for Columbia County in Oregon, and Director of Community Health Services in Zuni, New Mexico. He also was a faculty member at Oregon Health and Science University for more than 15 years.

Dr. Goldberg has published widely and has served on numerous regional and national advisory boards and committees. He currently is chairman of the American Public Human Services Association’s National Policy Council.

He received a Lifetime Achievement Award in 2002 from the Oregon Public Health Association, the OHSU School of Medicine’s 2000 Faculty Humanism Award, and in 1994 was named a U.S. Public Health Service Primary Care Policy Fellow.

Dr. Goldberg is a graduate of the Mount Sinai School of Medicine in New York City and completed his family medicine training at Duke University.

He and his wife, also a physician, are the proud parents of two daughters, one in college and one in high school. In his spare time he plays the harmonica in a rhythm and blues band and roots for the New York Yankees.

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David A. Carlyle, M.D.

Dr. Carlyle is a Board-Certified Family Physician and Hospice Medical Director in Ames, Iowa. He volunteers at the Ames Free Medical Clinic. He received his B.A. from the University of Notre Dame and his M.D. from the University of Iowa. He completed his Family Medicine Residency in Waterloo, Iowa. In 1990, he received his Certificate of Added Qualification in Geriatrics from the American Board of Family Medicine. A life-long Iowan, he was raised in Denison and started his career in Family Medicine in Titonka/Algonia before moving to Ames in 1993.

His public policy involvement includes fifteen years of serving on various legislative committees/commissions for the Iowa Academy of Family Physicians, the Iowa Medical Society, and the American Academy of Family Physicians. This year, he finished six years of serving and two years as chair on the Tobacco Use Prevention and Control Commission of the State of Iowa. He is currently the Chair of the Board of Directors of the Iowa Prescription Drug Corporation, a non-profit entity that seeks to provide medicines to uninsured individuals. He was Co-Chair of the Committee that successfully raised funds to endow the Iowa Academy of Family Physicians Chair of Rural Medicine at the University of Iowa. He is on the Board of Directors of FAMMED Political Action Committee, which is the PAC associated with the American Academy of Family Physicians.

His honors include the American Academy of Family Physicians’ 1999 Public Health Award for his help in establishing the Healthy and Well Kids in Iowa(HAWK-I). He has received two Iowa Senate Commendations for his work for children insurance and anti-tobacco efforts.
Joseph F. Corfits, Jr.
Chief Financial Officer & Compliance Officer

Mr. Corfits has been the Senior Vice President of Finance/Chief Financial Officer of Iowa Health – Des Moines since 1996 and the Compliance Officer since 2003. Mr. Corfits serves on the Board of Directors for several joint ventures; including ambulatory surgery centers, imaging center, property management company, cardiac cath labs, lithotripsy center and lazer eye center. He is on the National Board of Directors for the Healthcare Financial Management Association and is also on the Board of the Des Moines Downtown Community Alliance.

Mr. Corfits received his Bachelor of Science Degree in Accounting from Mankato State University in Mankato, Minnesota and his MBA from Drake University in Des Moines, Iowa.
CHERYLL JONES

Cheryl Jones received her BSN from the University of Iowa in 1969. She completed the Pediatric Nurse Practitioner Program at the University of Iowa in 1973.

Cheryl worked as a public health nurse at the Public Health Nursing Association of Linn County in Cedar Rapids from 1969-1974. She taught in the University of Iowa PNP program for two years from 1974-1976.

Cheryl is currently employed as the Health Services Coordinator for the Ottumwa Regional Center of Child Health Specialty Clinics and has held this position since 1977. In her capacity as Health Services Coordinator she provides diagnosis, evaluation and care coordination services for children with special health care needs which includes children exposed to drugs prior to birth. As part of these services Cheryl participates in the evaluation and follow-up of children with special health care needs through the use of telehealth.

Cheryl also works as a Pediatric Nurse Practitioner at Ottumwa Pediatrics, Ottumwa, Iowa. In this capacity she provides newborn nursery care and well child care.

Cheryl serves on a number of committees. At the local community level she serves on the ADLM Health Advisory Committee to ADLM Empowerment Board, Community Task force on Drug Affected Infants/Children, Headstart Health Advisory Committee, Wapello County Healthy Community Committee, Davis County Council for the Prevention of Child Abuse, Davis County Decat Committee, Wapello County Child Abuse Multidisciplinary Team, and Area XV Early Access Executive Committee. She is a member of the Ottumwa Regional Health Center Board.

At the state level she serves on the Iowa Script Team, Legislative Committee Prevent Child Abuse Iowa, Legislative Chair of the Iowa Association of Nurse Practitioners, Senator Tom Harkin’s Nurses Advisory Committee, the Board of the Iowa Rural Health Association, the State Child Protection Council, Citizen Review Committee, and is co-chair of the Iowa DEC Alliance.

Cheryl was appointed to the Iowa State Board of Health by Governor Vilsack in 2002. She was reappointed to the board for a second three year term in 2005 and currently serves as vice chair of the Board.

At the national level she served as Legislative Chair for the National Association of Pediatric Nurse Practitioners (NAPNAP) for four years. Cheryl is a member of the American College of Nurse Practitioners Public Policy Committee and currently serves as the committee chair.

Cheryl is a member of the following Professional Organizations: National Association of Pediatric Nurse Practitioners, American College of Nurse Practitioners, Iowa Association of Nurse Practitioners, American Professional Society on the Abuse of Children, Iowa Public Health Association, the Iowa Rural Health Association, Prevent Child Abuse Iowa, and Iowa Nurses Association.

Cheryl and her husband Bob live on the family farm in Davis County where they raise sheep and hay. The farm has been in Bob’s family for 150 years and was recognized as a Heritage Farm in 2006. They are the parents of two children, Travis and Sarah and the grandparents of three grandsons, Bradley, Justen and Logan.
James A. Merchant, MD, DrPH

Dr. James A. Merchant was appointed as the first dean of the University of Iowa College of Public Health on July 1, 1999. In 2006, Dr. Merchant assumed the additional role as Senior Advisor to the President for Public Health Programs and Policy. Dr. Merchant is a nationally known expert on occupational and environmental health, rural health, and public health policy. He served as head of the College of Medicine’s Department of Preventive Medicine and Environmental Health from July 1, 1997, to June 30, 1999, directed the department’s Division of Occupational and Environmental Health and Institute for Rural and Environmental Health from 1983-1997, and taught in the department since 1981.

A native of Ames, Iowa, Dr. Merchant received a bachelor’s degree in bacteriology from Iowa State University in 1962 and an MD degree from the University of Iowa in 1966. He completed an internship and an internal medicine residency at Cleveland Metropolitan General Hospital, followed by a fellowship in pulmonary and environmental medicine at Duke University. In 1973, he received a doctorate in public health in epidemiology from the University of North Carolina at Chapel Hill and was awarded a Trudeau Fellowship from the American Thoracic Society for post-doctoral study at the University of London’s Brompton Hospital and Cardiothoracic Institute. Dr. Merchant directed the Appalachian Laboratory for Occupational Safety and Health and the Division for Respiratory Disease Studies for the National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control and Prevention (CDC) before returning to Iowa in 1981, and taught and practiced pulmonary medicine at the University of North Carolina and West Virginia University (adjunct appointment).

Dr. Merchant previously directed the University of Iowa’s NIOSH-supported Great Plains Center for Agricultural Health, Iowa’s Center for Agricultural Safety and Health, the Injury Prevention Research Center, the Center for International Rural and Environmental Health, and the Environmental Health Sciences Research Center.

At the national level, Dr. Merchant currently serves as chair of the Legislative Committee and chaired the Public Health Preparedness Consultation Committee from 2003-2006 for the Association of Schools of Public Health. He is a member of the Institute of Medicine’s Roundtable on Environmental Health Sciences, Research, and Medicine and the Pew Charitable Trusts’ National Commission on Industrial Farm Animal Production. Among his awards and honors are a commendation medal from the US Public Health Service, a Health Policy Fellowship with the US Senate, and the William Steiger Memorial Award from the American Conference of Governmental Industrial Hygienists. He was elected to the Institute of Medicine in 1999. Dr. Merchant received a Distinguished Alumnus Award from the University of North Carolina at Chapel Hill in 2005.

Dr. Merchant’s research interests include the epidemiology of occupational/environmental lung disease, environmental and occupational health, rural health, agricultural disease and injuries, international health, and public and rural health policy. He has received numerous grants from the CDC, the National Institutes of Health, private foundations, and corporations.
Representative Ro Foege

Ro was born in George, Iowa and raised in Pocahontas. Ro obtained a BA in Social Work from Wartburg College and a MSW from the University of Iowa, School of Social Work. Since 1963, Ro has been involved in a wide variety of professional and voluntary human service and community activities. While with the Linn County DHS, he developed their foster family program. Later, while working as a consultant with the Linn County Juvenile Court and as the administrator of Catholic Charities in Cedar Rapids, Ro was a founding board member of both Four Oaks and Alternative Services. He also served on the Marion Independent School Board and helped with Foundation 2.

Until his retirement in 2001, Ro was a School Social Worker with Grant Wood AEA in Cedar Rapids. In 1992, he was named Iowa’s “School Social Worker of the Year.” Ro has been recognized with awards from numerous health and human serving organizations.

Ro was first elected to the Iowa House in 1996. Ro has served as an Assistant Minority Leader for two years and Ranking member of the Human Resources Committee. He also served as the Ranking Democrat on the Justice Systems Appropriations Subcommittee. Ro currently serves on the House Committees on Education; Human Resources; Administration and Rules; Appropriations; and he serves as Chair of the House Health and Human Services Appropriations Subcommittee. He was recently named as a Co-Chair of the Commission on Affordable Healthcare for Small Businesses and Families.

Ro is a member of the Iowa Tobacco Use and Prevention Commission; the Iowa Mental Health Planning Council; the Iowa Community Empowerment Board; the Iowa Consortium for Comprehensive Cancer Control; and the Board of Goodwill Industries of SE Iowa.

Ro is married to Susan Salter. They have lived in Mt. Vernon since 1979. Susan has a consulting business and was elected to Chair the Iowa hawk-i Board (Healthy and Well Kids in Iowa), the children’s health insurance program in Iowa. Ro and Susan are the parents of five adult children and eight grandchildren.
State Senator Jack Hatch graduated from Drake University in 1972 with a BA degree. In 1973, he graduated with a MPA in Public Administration. Jack and his family, wife Sonja Roberts and two daughters Regan, 26, and Caslon, 17, live in the historic neighborhood of Sherman Hill in Des Moines’ inner city. The family is dedicated to neighborhood improvement and they are restoring their 100 year old home in the historic neighborhood of Sherman Hill in Des Moines’ inner city.

Sonja is owner of Business Design 1, an interior design business, and occasionally teaches at the College of Design at Iowa State University. Jack and Sonja are co-owners of Perennial Properties Management Services, a property management company. Perennial Properties owns and or manages 216 apartments. Regan works at Wells Fargo Bank and was Jack’s Legislative Assistant in the Senate in 2003. Caslon is an honor’s student in 12th grade at Roosevelt High School where she plays varsity basketball and varsity volleyball.

Jack is President and Founder of the Hatch Development Group, a real estate development firm. His firm has developed two downtown affordable housing communities, the 56-unit apartment community called the Woodland Avenue Brickstone and the 115-unit East Village Square Apartments. He recently completed six town-house condominiums in the Sherman Hill neighborhood. His company has three new projects that include a historic renovation on the Western Gateway, a second affordable housing project in Sherman Hill and a second commercial and condominium project in the East Village.

In 2001, Senator Hatch received the “Community Spirit Award” from the Business Record publication. In 2003, Jack received recognition from the Youth Homes of Mid America, Friends of Youth Award and the Coalition for Family and Children’s Services in Iowa, Protector of Children Award, both in 2003 and 2005 for his work on the protection of the child welfare budget cuts.

In 2005, Senator Hatch received several awards for his work in championing children’s issues. Orchard Place, a statewide child and family counseling agency and the Coalition for Family and Children’s Services in Iowa both awarded Jack the Outstanding Legislator Award for his work on sheparding child welfare initiatives.

For his involvement in health care, the Iowa/Nebraska Primary Care Association recognized Jack as the Underserved Champion of the Year in 2005. During the 2005 Legislative Session, Senator Hatch demonstrated his commitment to affordable, quality health care for vulnerable Iowans as he led passage of legislation creating the Community Health Center Incubator Program and the Iowa Collaborative Safety Net Provider Network. For his work with the assisted living industry, Senator Hatch also received the Outstanding Service Award from the Iowa Health Care Association in 2005.

Jack served in the Iowa House of Representatives representing Des Moines from 1985 to 1993. In 1993, he accepted a position of State Director with US Senator Tom Harkin until September 1995. He returned to the Iowa House after winning the election in November 2000. Presently, he is serving his second term in the Iowa Senate after being re-elected in November 2006. His legislative district represents some of the highest and lowest family incomes in the state.

Jack was elected an Assistant Majority Leader by his colleagues in 2006. He also is the chairman of the Senate Health and Human Services Budget Committee and is a member of the Appropriations, Economic Growth Standing, Human Resources, Labor and Business, and State Government committees.
Senator James A. Seymour

Senator James A. Seymour is serving his second term in District 28 in the Senate. He is a retired hospital president and CEO. He attended Northern Illinois State Teacher College and Creighton University. Senator Seymour is a member of the Community Memorial Hospital Advisory Board, American Legion, Kiwanis Club, and Farm Bureau. He also served in the United States Marine Corp Reserves. He was born and raised in Rockford, Illinois and currently resides in Woodbine, Iowa. He and his wife, Dottie, have three children.
Representative Linda Upmeyer

Representative Linda Upmeyer represents HD 12 (Cerro Gordo, Hancock and Franklin counties) and is serving her third term. She lives in Garner where she and her husband, Doug, farm. She is also a Nurse Practitioner, practicing at Mercy Medical Center North Iowa.

Representative Upmeyer is an Assistant Minority Leader and her committee assignments include Administration and Rules, Human Resources, Natural Resources, and Commerce. She also serves on the Administrative Rules Review Committee. She has recently been appointed to the Legislative Commission on Affordable Health Care Plans for Small Businesses and Families, is a member of the Commission on Elder Affairs and serves on the Watershed Quality Task Force.

Nationally, she co-chairs the Health and Human Services Committee of the Midwest Council of State Governments and leads a subcommittee for Health IT. She also co-chairs the Health and Human Resources Task Force of the American Legislative Exchange Council (ALEC) and chairs a work group for Health IT for ALEC. She is a member of the Health Information Technology Champions in the National Council of State Governments. She serves on the Council of State Governments Work Group for Interbranch Cooperation.

Representative Upmeyer received her ADN from North Iowa Area Community College, her BSN from the University of Iowa with Honors and High Distinction, and her MSN, FNP from Drake University, Summa Cum Laude. She is a member of Phi Theta Kappa, Sigma Theta Tau, and Omicron Delta Kappa. She is a graduate of the Bowhay Institute of Legislative Leadership, a Toll Fellow, and was recently selected for the program for Emerging Political Leaders at the Darden School of Business, University of Virginia. She has received numerous awards for leadership and public service.

She is the mother of five children (a daughter and four sons) and grandmother of two grandsons. To her great joy, they all live and work in Iowa!
John Hedgecoth

John Hedgecoth is a senior Policy Analyst for the Office of Governor Chet Culver and Lt. Governor Patty Judge. He has previously served with Governor Culver as a campaign and transition policy advisor and as a Deputy Secretary of State.

Policy areas including health care, human services, elder affairs, insurance, commerce, veterans, IPERS and inspections and appeals are assigned to John within the Governor’s office. During the most recent legislative session, John served as lead staffer on the cigarette tax and stem cell research bills.

John serves as a member of the strategic planning team for health care issues within the administration. Prior to entering public service John was a practicing attorney in Cedar Rapids, practicing primarily in family and juvenile law.