

**Testimony for Public Oversight Roundtable on
“The District of Columbia Health Benefit Exchange Authority”**

**Council of the District of Columbia Committee on Health
January 31, 2013 at 10:00am**

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The District has long been a national leader in ensuring that all residents have access to comprehensive health coverage. Even before passage of the Affordable Care Act (ACA), the vast majority of Legal Aid’s clients qualify for some form of medical assistance through the District, whether it is Medicaid, the DC Health Care Alliance, and/or the Qualified Medicare Beneficiary program. Now the ACA is ushering in many changes to local and national health care programs, and these changes will have a tremendous impact on Legal Aid’s client community.

My testimony discusses the following areas of critical importance in implementation of the ACA in the District: (1) engaging a wide range of stakeholders in the District of Columbia Health Benefit Exchange (“HBX” or “Exchange”) development and implementation process; (2) ensuring sufficient coordination of the Exchange and the Medicaid program; and (3) guaranteeing appropriate and adequate staffing for the Department of Human Services (“DHS”), the Department of Health Care Finance (“DHCF”), and the Exchange itself.

(1) The Health Benefit Exchange Executive Board Should Continue To Engage Stakeholders.

Throughout the process of implementing the ACA, the District has taken concrete and positive steps to solicit and respond to stakeholder input in meaningful ways. Legal Aid, along with other organizations, has participated in subcommittees of the Mayor’s Health Reform Implementation Committee, and will continue to participate in the topic-specific working groups and advisory committees that are just getting started. These groups and committees will allow stakeholders with subject matter expertise to continue to participate in creating an Exchange that will best meet the needs of District residents. The involvement of groups like Legal Aid is especially important, as we are able to bring to bear the experiences of our client community, who are among those most likely to be affected by the District’s policies.

The Exchange will serve many individuals and small businesses that were previously unable to afford private health insurance as well as those who receive their health insurance

¹ Sponsored by the Norflet Progress Fund.

² The Legal Aid Society of the District of Columbia was formed in 1932 to “provide legal aid and counsel to indigent persons in civil law matters and to encourage measures by which the law may better protect and serve their needs.” Over the last 80 years, tens of thousands of the District’s neediest residents have been served by Legal Aid staff and volunteers. Legal Aid has been practicing in the area of public benefits for a number of years, representing clients with Medicaid, DC Health Care Alliance, and Qualified Medicare Beneficiary cases.

through the District. In order to adequately address the health care needs of these diverse populations, the HBX Executive Board, the DHS, and DHCF must continue to work in partnership with community-based organizations, consumer advocacy groups, brokers, and other stakeholders with experience serving these communities. The sharing of a wide variety of perspectives and experiences with the HBX Executive Board will help to guard against the adoption of policies that favor one group to the detriment of others. Additionally, the participation of a range of organizations provides the HBX Executive Board with access to different experts who can point out areas of unaddressed needs and propose creative solutions. Through their involvement with the HBX Executive Board, representatives of these organizations will be in a good position to conduct outreach and education about the Exchange and changes to Medicaid, as well as assist individuals in enrolling in plans through the Exchange. As such, the HBX Executive Board's inclusive approach has, and will continue to, leverage the resources of non-governmental entities (both public and private) to support the development of the Exchange in a very short timeframe – open enrollment will begin in nine months – as well as the longer term success of the Exchange.

(2) The HBX Executive Board Should Ensure That There Is Adequate Coordination Between The Exchange And The Medicaid Program.

As part of the ACA, the District has and will continue to make changes to the current Medicaid program, such as expanding the eligible Medicaid population and changing the rules that govern the determination of eligibility. The Exchange will create a one-stop shop where individuals who may qualify for Medicaid or tax credits can apply for these supports and/or enroll in private plans. The creation of the Exchange provides many opportunities for improved coordination across programs but also presents challenges that must be addressed to prevent confusion and/or improper loss of coverage in the future.

The complex changes to eligibility determinations required under the ACA raise a number of potential concerns, including the protection of individuals and families who experience fluctuations in income or household size, and the continued eligibility of individuals and families currently eligible for Medicaid. The rules that the District will adopt must be designed and implemented in a coordinated way, and the participation of a variety of stakeholders will be essential in anticipating and avoiding potential pitfalls.

(3) DHS and DHCF Should Be Provided With The Staff To Support Implementation Of The Exchange While Performing Their Regular Duties

The staff and leadership of DHS, DHCF and the Department of Insurance, Securities and Banking (DISB) should be congratulated for their significant efforts to coordinate and support the process of gathering information and building the foundation for a strong Exchange in the District. As implementation of the Exchange approaches, DHS and DHCF will work even harder to support the launch of the Exchange and operate existing medical and non-medical assistance programs for low-income District residents. This will lead to increased pressure on staff time and resources. We appreciate the dedication and commitment of the DHS and DHCF staff to ensuring the success of the Exchange. In order to better support them – and the thousands of District residents whose survival depends on them – we urge this Committee to

provide DHS and DDCF with adequate staff so that successful implementation of new programs does not have to come at the expense of existing programs.

Conclusion

The process of implementing the Exchange has been transparent and inclusive, engaging those stakeholders who currently and will continue to support and assist the individuals and small businesses in the District who will participate in the Exchange and Medicaid expansion. We strongly support these efforts and urge this Committee to continue to support them as well. As we look to the future when the Exchange is operational, we hope that this Committee will also ensure that there is sufficient coordination and staff support to fulfill the ultimate goals of health reform in the District – expanding access to coverage for all without causing anyone to lose coverage they currently have. We look forward to continuing to work with your office, this Committee and the relevant District agencies as this process continues.