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Issues in Health Insurance Reform: More on Exchanges

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Kathryn Linehan joined the Forum as a principal policy analyst in January 2009. Her areas of interest include private insurance markets and post-acute and long-term care payment systems. Before joining the Forum, Ms. Linehan was a consultant at Alicia Smith & Associates, where she worked with a number of states with Medicaid managed care programs. She worked with clients on developing, implementing, and evaluating various aspects of their Medicaid programs. Prior to her consulting work, Ms. Linehan analyzed Medicare payment issues with two congressional support agencies. For three years she analyzed skilled nursing facility and hospice payment issues at the Medicare Payment Advisory Commission (MedPAC). Prior to that, she was a senior analyst at the General Accounting Office (GAO, now known as the Government Accountability Office) for five years, where she focused on various issues including Medicare+Choice, prescription drug, and physician payment policy. She has a bachelor's degree from Oberlin College and a master of public health degree from the University of Michigan School of Public Health.



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Jon M. Kingsdale, PhD, is the executive director of the Commonwealth Health Insurance Connector Authority, an independent authority established in 2006 under Massachusetts' landmark health reform legislation. As the founding executive director, he leads key initiatives to make health insurance universally available and to reform health care financing in Massachusetts.

As a senior executive at the Tufts Health Plans for 20 years, Dr. Kingsdale was responsible for strategic planning, product development, public affairs and government relations. Prior to Tufts Health Plan, he worked in strategic planning and reimbursement at Blue Cross Blue Shield of Massachusetts, researched hospital finances at the Harvard School of Public Health, consulted on health policy issues in Washington, DC, and worked as a reporter for Forbes Magazine.

He received a doctorate in economic history from the University of Michigan and his bachelor's degree from the University of Pennsylvania. He has taught at the Harvard School of Public Health, the Boston University School of Public Health, and Tufts University School of Medicine.



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Lesley Cummings is the executive director of the California Managed Risk Medical Insurance Board (MRMIB). Ms. Cummings has over 28 years of experience in California state government, having held various positions within the executive and legislative branches. Prior to returning to MRMIB, she served as a special assistant to the Speaker of the California Assembly on health issues. She served in the executive branch as the associate director for policy at the Department of Health Services, and as a deputy director at MRMIB. In the legislature, Ms. Cummings was chief consultant to the Assembly Insurance Subcommittee on health insurance, and she was responsible for health budget issues at the Assembly Ways and Means Committee and the Legislative Analyst's Office.

Ms. Cummings participated in the drafting of California's small group health insurance reform, including the development and implementation of a state-operated purchasing pool for small employers, legislation reforming managed care, and the design and implementation of the Healthy Families Program. In 2004, she led MRMIB's efforts in assessing the impact of an employer-enacted pay or play requirement known as Senate Bill 2 on the purchasing pool that MRMIB would have operated, had SB 2 not been overturned by voters.



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John M. Bertko, FSA, serves as adjunct staff at RAND, as a visiting scholar at the Brookings Institution, and as a consultant to the National Health Policy Forum. He retired as the chief actuary for Humana, Inc., where he managed the corporate actuarial group and coordinated the work of actuaries on Medicare Advantage, Part D, and consumer-directed health care products. Mr. Bertko has extensive experience with risk adjustment and has served in several public policy advisory roles, including design of prescription drug programs. He is also a commissioner for the Medicare Payment Advisory Commission and a member of the panel of health advisors of the Congressional Budget Office. He served the American Academy of Actuaries as a board member from 1994 to 1996 and as vice president for the health practice area from 1995 to 1996. He was a member of the Actuarial Board for Counseling and Discipline from 1996 through 2002. Mr. Bertko is a fellow of the Society of Actuaries and a member of the American Academy of Actuaries. He has a BS degree in mathematics from Case Western Reserve University.



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Gary Claxton is a 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. Prior to joining the Foundation, Mr. Claxton worked as a 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. From

March 1997 until January 2001, Mr. Claxton was the 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. Other previous positions include serving as a consultant for the Lewin Group, a special deputy in the Office of the Assistant Secretary for Planning and Evaluation, an insurance analyst for the National Association of Insurance Commissioners, and a health policy analyst for the American Association of Retired Persons.

