Fall National Meeting Event:

Rising Health Care Costs, Key Drivers and Potential Solutions

Saturday, November 17
3:00 – 5:00 p.m.
If you would like to learn more about key and emerging insurance issues, check out the CIPR Newsletter, published quarterly!

*Previous issues included the following articles:*

• A Brief Exploration of Rising Health Care Costs
• Swipe Right for On-Demand Insurance
• Advances in Catastrophe Modeling Improve Risk Assessment
• The Increasing Risk of Wildfire and Insurance Implications

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Rising Health Care Costs, Key Drivers and Potential Solutions

November 17, 2018
Hilton San Francisco Union Square

3:00 p.m. Welcome and Opening Remarks
  — Julie Mix McPeak, NAIC President and Tennessee Insurance Commissioner

3:10 p.m. Presentation: The Current State and the Challenges of the U.S. Health Care System
  — Joel White, Founder and President, Horizon Government Affairs; President, Council for Affordable Health Coverage

3:35 p.m. Panel Discussion: Identifying the Primary Health Care Cost Drivers and Strategies for Mitigating Costs
  Moderator:
  — Julie Mix McPeak, NAIC President and Tennessee Insurance Commissioner
  Panel:
  — Jessica Altman, Commissioner, Pennsylvania Insurance Department
  — Cynthia Cox, Director of Health Reform and Private Insurance
  — Kim Holland, Vice President, Blue Cross and Blue Shield Association
  — Gaurav Suri, Co-Founder and Chief Operating Officer, Health IQ
  — Susan Pantely, Principal and Consulting Actuary, Milliman
  — Joel White, Founder and President, Horizon Government Affairs; President, Council for Affordable Health Coverage

4:35 p.m. Audience Q&A

4:55 p.m. Closing Remarks
  — Julie Mix McPeak, NAIC President and Tennessee Insurance Commissioner

5:00 p.m. Networking Reception
Jessica Altman currently serves as Insurance Commissioner for the Commonwealth of Pennsylvania. Prior to this, Altman served as chief of staff for the Pennsylvania Insurance Department alongside former Insurance Commissioner Teresa D. Miller beginning in June 2015. In this position, Altman served as the top aide to former Commissioner Miller, oversaw policy initiatives for the agency, and coordinated policy with other state government agencies and external groups.

Altman represented the department in a number of statewide initiatives, including coordinating aspects of Health Innovation in Pennsylvania, which leverages funds from the federal Centers for Medicare and Medicaid Services’ State Innovation Models Initiative and sitting as a board member for ABC-MAP, the Commonwealth’s initiative to implement a prescription drug-monitoring program. She is also an active member of the NAIC, where she currently serves as vice chair of the Health Insurance and Managed Care (B) Committee, and the National Academy for State Health Policy, where she serves as vice chair of the Health Care Access & Finance Steering Committee.

Prior to joining the Pennsylvania Insurance Department, Altman worked at the U.S. Department of Health and Human Services’ Center for Consumer Information and Insurance Oversight, where she developed policy and facilitated implementation of the Affordable Care Act. In addition, she analyzed policy for the health division of the White House Office of Management and Budget while completing her master’s degree.

Altman earned a master’s degree in public policy from the Harvard University John F. Kennedy School of Government and a bachelor’s degree in policy analysis and management, with a concentration in health care policy, from Cornell University.
Cynthia Cox is director of health reform and private insurance at the Kaiser Family Foundation, where she conducts economic and policy research on the federal Affordable Care Act (ACA) and its effects on private insurers and enrollees.

Her work focuses on enrollment, pricing and competition, with a focus on the ACA’s exchange markets. In addition to her work on the ACA, she oversees content on the Peterson-Kaiser Health System Tracker, a partnership of the Peterson Center on Healthcare and the Kaiser Family Foundation aimed at monitoring the performance of the U.S. health system over time and in relation to other developed countries.

Prior to joining the Kaiser Family Foundation, she held research and advocacy positions at Columbia University Medical Center and the American Cancer Society. She also served on the board of directors of the Berkeley Free Clinic.

Cox earned a master’s degree in public health from Columbia University and a bachelor’s degree from the University of California, Berkeley.
Kim Holland is vice president, state affairs, for the Blue Cross and Blue Shield Association (BCBSA), a national federation of 36 independent, community-based and locally operated Blue Cross and Blue Shield companies. The Blue System is the nation’s largest health insurer, covering more than 106 million people (one-in-three Americans).

In her role with BCBSA, Holland is responsible for ensuring that Blue Cross and Blue Shield plan interests are represented in the development of federal and state legislative and regulatory positions and priorities involving commercial insurance and Medicaid. Additionally, Holland is BCBSA’s corporate lead in its response to the nation’s opioid epidemic.

Holland is widely recognized as a long-time advocate for affordable health insurance, working continually to reduce costs and expand access to coverage. Prior to joining BCBSA, she spent more than 20 years as an employee benefit consultant and independent agency executive. In 2005, she was appointed Oklahoma insurance commissioner by Gov. Brad Henry to fill an unexpired term and, in 2006, became the first woman elected to the post.

Holland resides in Ft. Worth, TX, with her husband, Jim, and near her son, daughter-in-law and two grandchildren.
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JULIE MIX MCPEAK  
NAIC President  
Commissioner, Tennessee Department of  
Commerce and Insurance

Commissioner Julie Mix McPeak was appointed by Gov. Bill Haslam to lead the Tennessee Department of Commerce and Insurance (TDCI) in January 2011. McPeak brings more than 20 years of legal and administrative experience in state government. She is the first woman to serve as chief insurance regulator in more than one state.

Her leadership as TDCI commissioner garnered recognition from Business Insurance magazine, which honored her as one of the “2013 Women to Watch.”

In November 2015, McPeak was elected secretary-treasurer of the NAIC. She has been an active NAIC participant for nearly 20 years and has served on the NAIC’s Executive (EX) Committee since 2013.

In addition to her leadership duties with the NAIC, McPeak is also an Executive Committee member of the International Association of Insurance Supervisors (IAIS) and a member of the Federal Advisory Committee on Insurance (FACI).

McPeak served as co-counsel for the Kentucky Association of Health Plans v. Miller, a case heard before the U.S. Supreme Court, regarding ERISA preemption and the state’s “any willing provider” statutes. McPeak is a frequent author and lecturer on insurance issues, having addressed members of the American Council of Life Insurers, the National Association of Mutual Insurance Companies, the National Alliance of Life Companies and the Million Dollar Roundtable. McPeak authored chapter 9, “Licensing of Insurers,” for New Appleman on Insurance Law, Library Edition, and co-authored the article, “The Future of State Insurance Regulation: Can it Survive?” in Risk and Management Insurance Review.

McPeak is a member of the Tennessee Bar Association, the Kentucky Bar Association and the Nashville Bar Association. She has been a member of the American Bar Association, Tort and Insurance Practice section, where she served as vice-chair of the Insurance Regulation Committee and a member of the Federal Involvement in Insurance Regulatory Modernization Task Force. McPeak has also served on the National Insurance Producer Registry (NIPR) Board of Directors.

McPeak earned a J.D. from the University of Louisville, School of Law in 1994. She is a 1990 graduate of the University of Kentucky, where she earned a bachelor’s degree in business administration, with distinction, in marketing.

Pantely provides actuarial and consulting services to a broad range of clients, including Blue Cross and Blue Shield plans, health maintenance organizations (HMOs), commercial insurers, government agencies and health care providers. Her work includes rate development, provider contract review, reserve certification, capitation development, Medicare risk feasibility studies, HMO start-ups and HMO due diligence, as well as the development of risk-sharing and reimbursement arrangements for physician groups, physician hospital organizations (PHOs), accountable care organizations (ACOs) and other integrated delivery systems.

In addition, Pantely has extensive experience with the valuation, financial analysis and projection of health care services for several state public health insurance (Medicaid) programs.

Prior to rejoining Milliman, Pantely worked at Andersen LLP and Ernst & Young, LLP.
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GAURAV SURI
Co-founder and Chief Operating Officer
Health IQ

Gaurav Suri is co-founder and Chief Operating Officer of Health IQ. Throughout his career, he has been the business lead at many successful start-ups.

Suri began his career in investment banking with Dean Witter (now Morgan Stanley) in New York and, prior to Health IQ, served in a number of leadership roles at various companies. At Google Inc. he served as Head of Commerce Sales, Emerging Businesses after Google acquired Like.com, where he was Executive Vice President for Sales & Business Development. Other previous roles include Vice President, New Business Development for NexTag, where he led the company’s expansion into mortgage, insurance, travel and other services, and Vice President AOL Products, Partner Platforms at AOL. Suri has also held senior business development and operational roles with Veon (sold to Philips Electronics), Comcast Online and Prodigy.

Suri received an MBA from Harvard Business School and a B.S. in Economics with honors from the Wharton School at the University of Pennsylvania.
Joel White is the president of Horizon Government Affairs (HGA), which is a full-service government affairs consultancy specializing in practicable strategic and tactical advice for navigating the congressional and regulatory processes. HGA assists clients in their quest to improve health and lower health-related costs, mostly by turning policy into law.

White is also the president of the Council for Affordable Health Coverage (CAHC), and two CAHC-managed campaigns, Prescriptions for a Healthy America (adhereforhealth.org) and Clear Choices Campaign (clearchoicescampaign.org). In addition, White is the executive director of Health IT Now (HealthITNow.org), a multi-stakeholder coalition that advocates for adoption and use of health information technology (IT) to improve health care.

White is on the boards of directors of CAHC, the Newborn Foundation (a patient advocacy group), Samaritan Inns (a homeless and addiction treatment center), Arlington Bridge Builders (a service organization helping low-income families), and the Citizen and Soldier Foundation (a veterans’ assistance organization). He is also on the National Advisory Board of the Cancer Support Community.

White earned a bachelor’s degree in economics from the American University and is co-author of the book, Facts and Figures on Government Finance.

White spent 12 years on Capitol Hill as professional staff for the U.S. House of Representatives’ Committee on Ways and Means and two members of the U.S. Congress.

He helped enact nine federal laws, including the 2002 Trade Act, which created health care tax credits, the 2003 law that established the Medicare prescription drug benefit and health savings accounts, the 2005 Deficit Reduction Act, and the 2006 Tax Reform and Health Care Act, which reformed Medicare payment policies.
LEARNING OBJECTIVES
At the completion of this program, attendees will be able to:

– Explain the challenges facing the U.S. health care system and how the cost of health care has continued to rise significantly over the years.

– Explain the financial impact of rising health care costs.

– Identify the main drivers of rising health care costs such as population growth, aging population, behavioral and lifestyle choices, disease incidence, increased utilization and high cost of pharmaceuticals.

– Explain how the growing utilization of new medical technologies, high administrative costs and a reliance on expensive specialist care are also key factors in rising health care costs.

– Explain potential solutions and strategies to mitigate the rising trend of health care costs.
Innovation meets regulation.
In the middle of the map.
In the middle of the year.

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