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* **Health care reform forum draws thin crowd with broad concerns**

**By:** **Arielle Levin Becker** | April 26, 2011[View as "Clean Read"](http://ctmirror.org/health-care-reform-forum-draws-thin-crowd-broad-concerns/)

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DANBURY--Two women worried about losing their health insurance wondered what they could do. **An insurance broker asked how more money could be squeezed out of insurance companies that he said make modest profits.** And in less than a half hour, everyone in the audience who wanted to speak had spoken.

The crowd wasn't big, but the first public forum on the health insurance [exchange](http://ctmirror.org/story/11808/exchanges), a key piece of federal health reform, drew a range of perspectives from the 17 people who showed up. Some had questions, while others made requests or expressed concerns.

They didn't get concrete answers; the forum wasn't designed for that, in part, because many answers don't exist yet. The state is at the beginning of a multiyear planning process to build the marketplace for purchasing health care coverage, and the event in the Danbury City Council chambers was intended for state officials to gather feedback, not provide answers.

Federal health reform requires every state to have a health insurance exchange by 2014. The exchange will give residents a way to shop for coverage, providing information--online, by telephone or in the mail--for consumers to compare their options. Plans sold on the exchange must cover certain federally mandated [benefits](http://ctmirror.org/story/11790/essentialbenefits) and must be offered with multiple benefit designs. People who earn less than 400 percent of the poverty level and don't get coverage through their jobs will be eligible for federal subsidies to buy insurance, and those will be handled through the exchange.

The exchange will also be responsible for rating health plans, keeping track of which employers in the state don't offer their workers health insurance, and coordinating with public programs like Medicaid and enrolling people who qualify.

The forum Monday was the first of six public events being held [this and next month](http://ct.gov/opm/cwp/view.asp?a=3072&q=471284). Officials are also meeting with professional groups, including health care providers, hospitals and advocacy groups, to get feedback for the planning process.

Tia Cintron, project manager for the insurance exchange planning grant, told the audience that as the process progresses, officials will have more detailed information, and the public will have more chances to weigh in.

"This was a first step at trying to listen," she said after the meeting. "It's just the beginning."

One speaker, John Chassey, who said he is a small employer, said he hoped the exchange would help bring health care costs to a reasonable range.

Another, Lucia Alworth, offered her help in the planning process. She listed the various types of health coverage she has had: federal insurance and state employee insurance in New Jersey and Connecticut. Now she gets her coverage through COBRA, the law that allows people to maintain their health insurance after leaving a job. She wonders what she'll do when it runs out in about a year.

Alworth said she looked into insurance for herself and her two daughters, but was told she is "probably not insurable."

"I'm definitely following this, very interested in this," she said. "I think that regular people should be involved with this."

Bhakti Shah expressed similar concerns. Her husband was recently laid off from his pharmaceutical company job after 20 years, and she was laid off last week. In a week, she'll lose her health insurance. She could continue it through COBRA for close to $1,100 a month. But they have a house to pay for, she said, and she didn't know how they could afford to keep their coverage.

**Tim Seibert, an insurance broker and president of Seibert Insurance of Connecticut, raised concerns about how the changes in health care will work. He said insurance companies make modest profits.**

**"How is the exchange going to squeeze more money out of that when, by and large, 80 percent of every premium dollar that an insurance company receives goes back out to pay claims?" he asked.**

**Seibert also questioned how the cost of health insurance could be controlled if everyone is required to be insured, regardless of medical history.**

**"My only thought is that you're going to have to reimburse the providers at a lower rate, which is going to prevent them from wanting to be a part of the program," he said.**

Seibert was one of two people who mentioned SustiNet, the proposal to create a state-run insurance plan. The health insurance exchange is not related to SustiNet. The state is required by federal law to create an exchange whether SustiNet passes or not. Plans sold on the exchange are expected to be offered by private insurers, although SustiNet supporters want the state to offer state-run coverage through the exchange as well.

"My question is, how is SustiNet going to manage costs?" Seibert asked. "How is SustiNet or any government program going to actually control cost?"

Danny Ravizza, who introduced himself as a former Western Connecticut State University student, spoke more favorably of SustiNet, saying. "There aren't enough choices of health insurance, especially for small employers who want to see SustiNet, a nonprofit public option, offered as one of those choices."

He also made suggestions about how the exchange should be governed, suggesting that consumers and small businesses be represented on the exchange board, but insurance companies and brokers not be.

"We need to guard against conflict of interest to make sure the exchange serves consumers and not special interests," he said.

State legislators still must pass a bill creating the health insurance exchange, and the composition of the board that oversees the exchange is one of the differences in the bills being considered.

Three exchange bills have cleared committees. [One](http://cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=921&which_year=2011&SUBMIT1.x=0&SUBMIT1.y=0&SUBMIT1=Normal), submitted by the Malloy administration, specifies that board members represent specific groups, including employers, labor, health care providers, consumers, actuaries and the health insurance industry. Board members with financial interests in firms affected by the exchange would be allowed to serve as long as they do not participate in deliberations or votes affecting them.

Two other bills, introduced by leaders of the [House](http://cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=6323&which_year=2011&SUBMIT1.x=0&SUBMIT1.y=0&SUBMIT1=Normal) and [Senate](http://cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=1204&which_year=2011&SUBMIT1.x=0&SUBMIT1.y=0&SUBMIT1=Normal), by contrast, would prohibit anyone from serving who works or consults for an insurer, health care provider, health care facility or insurance producer or broker. But board members would have to have expertise in health care areas such as individual coverage, small employee coverage, health plan administration, and health care finance, deliver system administration or plan purchasing.