

## Single-Payer Consultants

**John Sheils**, Vice President, joined the **Lewin Group** in 1980. John is well known for his depth in understanding the complexities of the health care financing system, the professional integrity of his analyses, and the speed with which he can produce estimates of comprehensive reform plans. John is a nationally recognized authority on health system reform and Medicaid eligibility who has directed several projects for Medicaid programs around the country. John has an MS in public policy from Carnegie-Mellon University.

The **Lewin Group** has long played a role in helping the nation and communities to ensure an adequate safety net for vulnerable populations. The Lewin Group has worked with a wide array of clients on safety net issues including all levels of government, community coalitions, providers, associations, advocacy groups, and philanthropic foundations. They have substantive experience with both coverage and care delivery issues and the skills required to assess needs, evaluate policies and programs, and develop recommendations for action.

**Deborah J. Chollet**, Ph.D., is a senior fellow in the Research Division of Mathematica Policy Research, Inc., in Washington, D.C. In this position, she is responsible for leading research projects related to health insurance coverage, markets, and financing. She has managed and conducted research on health insurance coverage and markets, the conversion of nonprofit hospitals to for-profit status, and Medicare supplemental insurance regulation, as well as provided technical assistance to state governments on related issues.

**Mathematica**<sup>®</sup>, one of the nation's leading independent research firms, conducts policy research and surveys for federal and state governments, foundations, and private-sector clients. The firm has conducted some of the most important studies of health care, welfare, education, employment, nutrition, and early childhood policies and programs in the U.S.

**Gary W. Massingill** FSA, MAAA, is a principal and consulting actuary with the Seattle office of Milliman. Gary specializes in healthcare issues with an emphasis on managed healthcare. He has assisted clients with rating, provider reimbursement and risk sharing arrangements, provider negotiations, estimation of liabilities, underwriting and benefit design, reinsurance and stop-loss analysis, experience analysis, projections, and Medicare/Medicaid/CHAMPUS contracting. He also works with clients on dental, disability, and group life coverages.

For over 50 years, **Milliman** has pioneered strategies, tools and solutions worldwide. One of the largest consulting and actuarial firms in the United States, we are recognized leaders who have helped shape significant changes in the markets we serve. Milliman insight reaches across global boundaries, offering specialized consulting services in employee benefits, healthcare, life insurance and financial services, and property and casualty insurance. Within these, Milliman consultants serve a wide range of current and emerging markets. Clients know they can depend on us as industry experts, trusted advisors and creative problem-solvers.

## Other Consultants

**Physicians for a National Health Program** is a single issue organization advocating a universal, comprehensive Single-Payer National Health Program. PNHP has more than 10,000 members and chapters across the United States.

Since 1987, they have advocated for reform in the US health care system. A large part of their work involves educating health professionals about the benefits of a Single-Payer system--including fewer administrative costs and affording health insurance for the 41 million Americans who have none. Their members and physician activists work toward a Single-Payer National Health Program in their communities. PNHP organizes rallies, town hall meetings, and debates; coordinates speakers and forum discussions; contributes Op-Eds and articles to the nation's top newspapers, medical journals and magazines; and appears regularly on national television and news programs advocating for a Single-Payer system.

**Len Nichols, Ph.D.**, is Director of the Health Policy Program at the New America Foundation, a non-profit, non-partisan policy research institute based in Washington, D.C. Prior to New America Foundation, Len served for three and a half years as Vice President of the Center for Studying Health System Change. He continues to study ways to combine cost containment with coverage expansion, ever-focused on the goal of health insurance coverage for all Americans with shared financial burdens that are sustainable. Len has published and spoken on a wide range of health economics and health policy topics, including health insurance market reforms, decisions of employers to offer health insurance, of workers to buy insurance, of health plans to use manage care techniques, all within environments and contexts defined by federal, state, and local policy makers.

**Quentin Young, M.D.**, is a practicing internist in Hyde Park, a Clinical Professor of Preventive Medicine and Community Health at the University of Illinois Medical Center and Senior Attending Physician at Michael Reese Hospital. Dr. Young has been a leader in public health policy and medical and social justice issues. In 1998, he had the special distinction of serving as President of the American Public Health Association and in 1997 was inducted as a Master of the American College of Physicians. In 1980, Dr. Young founded the Chicago based Health & Medicine Policy Research Group, of which he is currently Chairman.

**Health and Medicine Policy Research Group** has a twenty-three year history of evaluating local health policy as an independent, voluntary policy center with a mission centering on the health of the poor and underserved. Health and Medicine has been long familiar with the developments that have shaped the availability of health care to the poor in the region, and has maintained its influence by developing groundbreaking standards for public programs.

**Jack Lewin, M.D.**, has been the Chief Executive Officer and Executive Vice President of the 35,000-member California Medical Association (CMA), the nation's largest state medical association, since 1995. From 1987 to 1994, he was Hawaii's Director of Health. In addition, Dr. Lewin served as CEO of Hawaii's largest hospital system, was a key implementer of Hawaii's near-universal access system, served as an advisor to President Clinton, and was a practicing primary care physician for 15 years.

As Chief Executive Officer of the **CMA**, Dr. Lewin oversees both the association staff and various subsidiary businesses, including the Institute for Medical Quality, an evaluation and accreditation entity that performs external medical reviews for healthcare organizations. Dr. Lewin received his Medical Degree and Internal Medicine training from the USC School of Medicine and LAC / USC Medical Center.

Chiyome Fukino, M.D., Director of Health

Tom Driskoll, Director, Hawaii Health Systems Corporation

Arleen Jouxson-Meyers, MPH, MD, JD

### **Actuarial Consultants**

INS Regulatory Insurance Services Inc. (Alan Shaw) (215)625-2927

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Reden & Anders (Dennis Hulet, 415-856-7710) Lewis & Ellis (David Dillon)

## HUP Consultants

**Rick Curtis** is President of the Institute for Health Policy Solutions (IHPS), an independent, non-partisan, not-for-profit organization he founded in April 1992. Mr. Curtis develops strategic policy approaches and assists program design for coverage initiatives at the state and national levels. A key interest is development of complementary public and private financing roles to cover uninsured workers and families, and facilitating this through development of alternative health insurance pool constructs.

**IHPS's** overarching goal is to develop cost-effective approaches that build towards *coverage by and for all<sup>SM</sup>* Americans. IHPS provides analysis and expert assistance towards coverage of working uninsured populations. A current example is a new project headed by Mr. Curtis that will develop and analyze alternative state strategies to cover California's uninsured with varying combinations of individual and/or employer participation requirements.

**Mark V. Pauly, Ph.D.**, currently holds the position of Bendheim Professor in the Department of Health Care Systems at the Wharton School of the University of Pennsylvania. He received the Ph.D. in Economics from the University of Virginia. He is Professor of Health Care Systems, Insurance and Risk Management, and Business and Public Policy at the Wharton School and Professor of Economics in the School of Arts and Sciences at the University of Pennsylvania.

One of the nation's leading health economists, Dr. Pauly has made significant contributions to the fields of medical economics and health insurance. His classic study on the economics of moral hazard was the first to point out how health insurance coverage may affect patients' use of medical services. He is currently studying the effect of poor health on worker productivity. In addition, he has explored the influences that determine whether insurance coverage is available and, through several cost effectiveness studies, the influence of medical care and health practices on health outcomes and cost. His interests in health policy deal with ways to reduce the number of uninsured through tax credits for public and private insurance, and appropriate design for Medicare in a budget-constrained environment.

**Kenneth Thorpe, Ph.D.**, is Robert W. Woodruff Professor and Chair of the Department of Health Policy & Management in the Rollins School of Public Health at Emory University in Atlanta, Georgia. Dr. Thorpe received his Ph.D. from the Rand Graduate School, an M.A. from Duke University, and his B.A. from the University of Michigan. Previously, Dr. Thorpe was Deputy Assistant Secretary for Health Policy in the U.S. Department of Health and Human Services. As an academic, he has testified before several committees in the U.S. Senate and House on healthcare reform and insurance issues. Most recently, Dr. Thorpe has conducted an analysis of the costs and benefits of covering the uninsured and the impact of obesity and other major medical conditions on health care costs.