Indiana Health Insurance Exchange Symposium
Executive Summary

On Tuesday October 11, 2011, the Indiana Health Insurance Exchange Symposium was convened at the Indiana Government Center Auditorium. The Symposium was sponsored by The Healthcare Implementation Work Group, which consists of 40 Indiana consumer and provider organizations. This Executive Summary is a snapshot of the major issues at stake for Indiana creating and implementing a health insurance exchange, per requirements from the Affordable Care Act (ACA).

The Symposium consisted of a Keynote Address followed by three panel discussions. The Keynote Address noted that health care reform is needed in Indiana, and in the United States as a whole. The ACA has already produced many benefits (such as the elimination of pre-existing exclusions from qualified health insurance plans), though the legality of the Act is still under review in the Federal Courts.

The first panel discussed whether Indiana should create its own exchange or have the federal government create one. Most panelists agreed that it was in Indiana’s best interest to create an exchange based on the State’s specific needs for its citizens. One panelist disagreed, as the legality of the entire ACA is under review.

The second panel discussed different design options for an Indiana exchange. A few panelists expressed the view that consumers should be at the forefront of exchange design. The exchanges should promote high quality at a low cost, with transparency of the plans. An open-market model was advocated by a number of panelists as a means to increase completion of plans and thereby lowering overall costs. One panelist proposed an evaluator model, which is similar to what Indiana is already proposing; this contains detailed information about each plan allowing consumers to choose the best plans according to their needs.

The final panel discussion noted that many special and unique populations are and will be affected by health care reform, and it is important that Indiana keep these citizens in mind as an exchange is being designed and implemented. Special populations may include (but are not limited to): children, cancer survivors (many of whom, prior to the passage of ACA, were denied health insurance because of pre-existing conditions exclusions), and mental health and substance abuse patients.
The Center for Health Policy

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This report was prepared as a public service for the State of Indiana to provide an overview of the Indiana Health Insurance Exchange Symposium sponsored by The Healthcare Implementation Work Group on October 11, 2011. The views expressed are those of the speakers and panelists and do not necessarily reflect the positions of Indiana University and the Center’s partner organizations or funders.

Author: Matthew J Williams, MA

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Please direct all correspondence and questions to:
Eric R. Wright, PhD, Director, Center for Health Policy
Department of Public Health, Indiana University School of Medicine
714 N Senate Ave, EF220, Indianapolis, IN 46202
Email: ewright@iupui.edu; Phone: (317)274-3161.