The United States is on the verge of major health care reform. The House of Representatives and the Senate are working on legislation that would expand health insurance coverage to a significant portion of the U.S. population. Individuals would be required to have insurance or pay a penalty. Medicaid would be expanded for the lowest income, and subsidies to purchase coverage would be made available to millions of Americans. Insurers would be required to sell insurance to everyone and would be limited in their ability to charge higher premiums for the unhealthy. Health insurance exchanges would be available nationally and possibly at the state level, and would be made available to certain individuals and employers. Employers would be required to pay a penalty if they do not provide coverage to their workers. While there are sticking points regarding the availability of a public plan option and how to finance reform, Congress is moving forward and will seek compromises along the way. Taxes and fees would be collected soon after enactment of the legislation, but many parts of the legislation would not take effect until at least 2013. All of these changes have implications for where workers get their health coverage, for how employers provider coverage, and the future of employment-based health benefits. Please join us for this exciting policy forum on the future of the employment-based health benefits system.
Panel III – Consultant Views on the Future of Employment-Based Health Benefits and Health Care
- Jeff Munn, Hewitt Associates
- David Guilmette, Towers Perrin
- Bruce Pyenson, Milliman

Panel IV – Consumer Views on the Future of the Health System
- Rebecca Burkholder, National Consumers League
- Kevin Kelleher, New Jersey Education Association

Panel V – Employer and Insurer Views on the Future of Employment-Based Health Benefits
- Pam French, Boeing
- Alissa Fox, Blue Cross Blue Shield Association
- Robert Graboyes, National Federation of Independent Business (NFIB)
- Jeanne Denz, General Mills