

## Speaker Biographies

### “Medicare: A Primer”

March 11, 2011

**JONATHAN BLUM** is deputy administrator and director for the Center of Medicare at the Centers for Medicare and Medicaid Services, where he is responsible for overseeing the regulation and payment of Medicare fee-for service providers, privately-administered Medicare health plans, and the Medicare prescription drug program. The benefits pay for health care for approximately 45 million elderly and disabled Americans, with an annual budget in the hundreds of billions of dollars. Over the course of his career, Jonathan has become expert in the gamut of CMS programs. He served as an advisor to Senate Finance Committee members and its current chairman, Sen. Max Baucus, where he worked on prescription drug and Medicare Advantage policies during the development of the Medicare Modernization Act. He focused on Medicare as a program analyst at the White House Office of Management and Budget. Prior to joining CMS, Jonathan was a Vice President at Avalere Health, overseeing its Medicaid and Long-Term Care Practice. Most recently, Jonathan served as a health policy advisor to the Obama-Biden Transition Team. He holds a Master's degree from the Kennedy School of Government and a BA from the University of Pennsylvania.

**JULIETTE CUBANSKI** is associate director of the Medicare Policy Project at the Henry J. Kaiser Family Foundation in Washington, D.C. As a senior member of the Foundation's Medicare policy team, Dr. Cubanski has been extensively involved in the Foundation's efforts to analyze the Medicare provisions in the Patient Protection and Affordable Care Act of 2010, monitor their implementation, and assess the implications for people on Medicare. In addition, she has helped lead the Foundation's analytic efforts related to the Medicare Part D prescription drug benefit and how the private drug plan marketplace has evolved since its inception in 2006. Dr. Cubanski has coauthored several reports on the Part D program, assessing changes in plan participation, enrollment, benefit design, and formulary coverage. She also conducts research and analysis related to Medicare's long-term financial condition; the financial burden of health spending among Medicare beneficiaries; Medicare beneficiaries with disabilities; and modeling policy options to reform the Medicare program. Dr. Cubanski has authored numerous policy briefs, reports, and peer-reviewed published articles on Medicare, Medicaid, and the uninsured. She was elected to membership in the National Academy of Social Insurance in 2005 and is also a member of AcademyHealth. Dr. Cubanski earned a Ph.D. in health policy at Harvard University, a Masters of Public Policy and a Masters of Public Health from the University of California, Berkeley, and a Bachelor of Arts degree from the University of California at Los Angeles.

**MARK HAYES** is a shareholder in the Health & FDA Business Practice Group in Greenberg Traurig's Washington, D.C. office. Prior to joining Greenberg Traurig, Hayes served as health policy director and chief health counsel for the Senate Finance Committee Republican staff for Senator Grassley, the ranking member of the Committee. In his role, he was responsible for leading the policy development, political strategy and legislative drafting for health care issues and negotiating with the White House, U.S. Department of Health &

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Human Services (HHS), Centers for Medicare & Medicaid Services (CMS), and the House of Representatives. Most recently, on health care reform, he was instrumental in the key coverage, financing, and delivery system reform provisions of the Patient Protection and Affordable Care Act. As chief health counsel, he was the lead Republican staff negotiator for the "Group of Six" health care reform negotiations and prior to that coordinated health care reform efforts for committee Republicans. In 2003, as health policy advisor to the chairman, Hayes was the principal staff person on the majority committee staff for the Medicare prescription drug benefit and Medicare Advantage elements of the Medicare Prescription Drug, Improvement, and Modernization Act, which was signed into law on December 8, 2003. He was also policy director for the development of the Medicare, Medicaid and TANF provisions of the Deficit Reduction Act of 2005 and the Tax Relief and Health Extenders Act of 2006. Prior to joining the committee staff, Hayes served on the staff of U.S. Senator Kit Bond of Missouri for six years as a legislative assistant for health care issues. He also was the senior health policy advisor for Senator Olympia Snowe of Maine, and, in addition, he briefly worked for the Senate Health Education Labor and Pensions Committee for Senator Jim Jeffords. In addition to his experience on the Hill, Hayes has also held the position of assistant director for federal government affairs for Hoffman-La Roche. He also worked for former U.S. Senator Jack Danforth as vice president of St. Louis 2004, a non-profit organization dedicated to reviving the St. Louis region. Hayes is a pharmacist and a lawyer having earned his pharmacy degree at the University of Missouri in Kansas City and his J.D. from the Washington College of Law at American University. Mr. Hayes has registered as a lobbyist for several health care-related clients. For more information, write to [info@allhealth.org](mailto:info@allhealth.org).

**WILLIAM SCANLON** is a consultant to the National Health Policy Forum. He is also currently a member of the National Committee on Vital and Health Statistics and the American Board of Surgery. Dr. Scanlon has served on the Medicare Payment Advisory Commission, the Visiting Nurse Service of New York Board of Trustees, the National Commission for Quality Long-Term Care, the 2005 White House Conference on Aging Advisory Committee, and as co-chair of the 2004 DHHS Technical Panel for the Medicare Trustees Report. Until April 2004, he was the managing director of health care issues at the U.S. General Accounting Office (GAO). He has been engaged in health services research since 1975. Before joining GAO in 1993, Dr. Scanlon was the co-director of the Center for Health Policy Studies and an associate professor in the Department of Family Medicine at Georgetown University and had been a principal research associate in Health Policy at the Urban Institute. At GAO, he oversaw congressionally requested studies of Medicare, Medicaid, the private insurance market and health delivery systems, public health, and the military and veterans' health care systems. His research at Georgetown and the Urban Institute focused on the Medicare and Medicaid programs, especially provider payment policies, and the provision and financing of long-term care services. Dr. Scanlon has published extensively and has served as frequent consultant to federal agencies, state Medicaid programs, and private foundations. He has a Ph.D. in Economics from the University of Wisconsin-Madison.

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