THE ALLIANCE SIGNATURE SEMINAR

SEMINAR REPORT:

HEALTH INSURANCE POLICY

allhealthpolicy.org

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ALLIANCE FOR HEALTH POLICY

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I. ACKNOWLEDGMENTS

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II. SIGNATURE SEMINAR: HEALTH INSURANCE POLICY

Health insurance policy sits at the center of the U.S. health system. It determines how care is financed, who has access, and how costs are distributed, making it one of the most complex and consequential areas of health policy. Nearly every American is affected by this system, whether through Medicare, Medicaid, employer-sponsored coverage, or private insurance purchased in the marketplace. In 2024, 92% of Americans had some form of coverage, reflecting a patchwork of programs that require careful coordination and oversight.

The federal government plays a particularly influential role. Of the $4.5 trillion the nation spent on health care in 2022, the federal government financed about one-third, and its rules, especially for Medicare and Medicaid, shape practices across the private sector and state programs. More than 100 million people rely directly on federal coverage through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), TRICARE, and the Veterans Health Administration. Federal policy not only provides coverage but also regulates markets, funds biomedical research, supports health workforce training, and sets standards that ripple throughout the health system in ways that have profound impacts on how health insurance works.

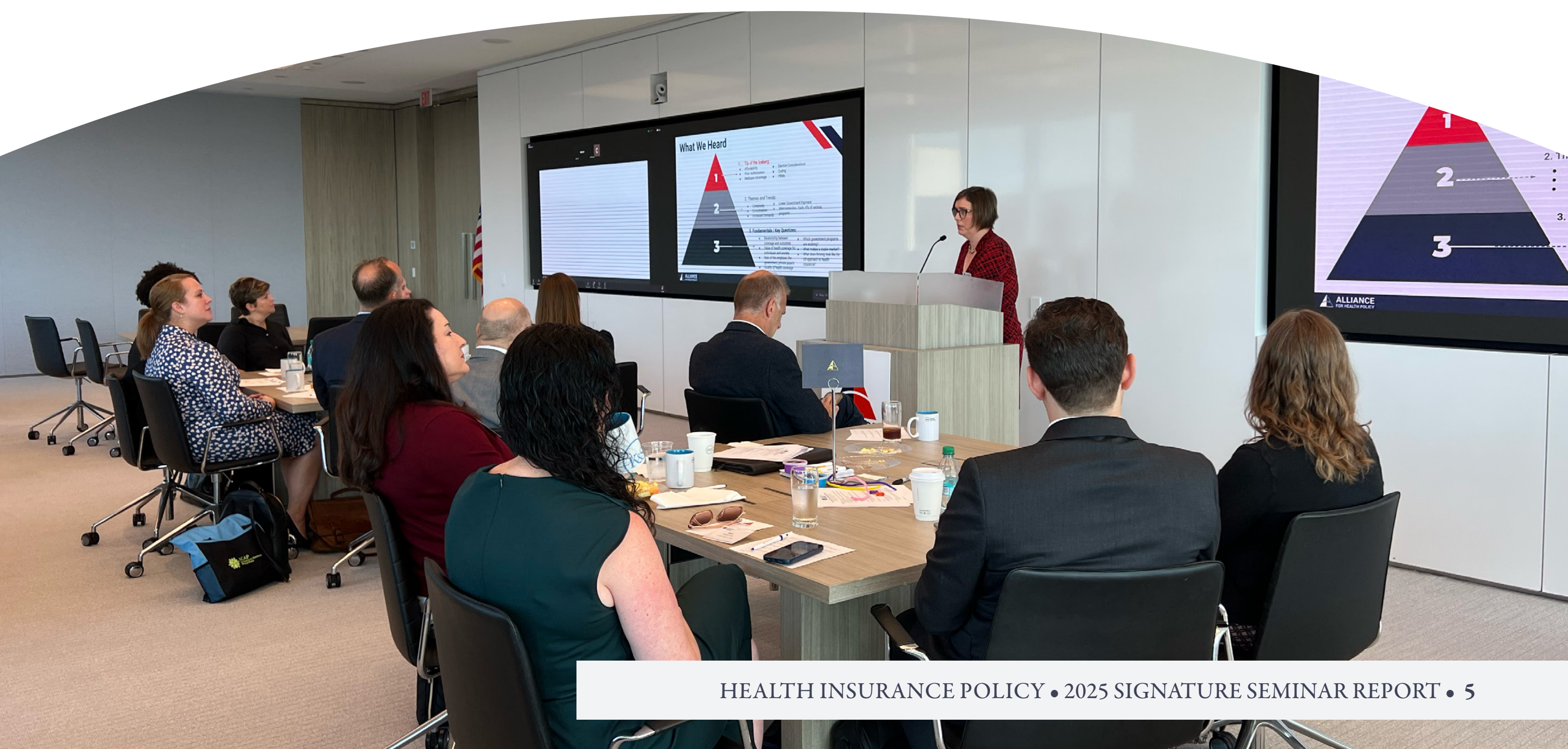
For Congress, understanding health insurance is essential. Members are responsible for lawmaking, oversight, budget decisions, and responding to constituent concerns—all of which require clarity on how coverage works, what tradeoffs policies involve, and how programs interact. Yet the mechanics of insurance—risk pooling, cost sharing, market stability—are often highly technical and difficult to compare across programs.

Federal agencies and the staff who run them establish minimum standards, implement coverage rules, coordinate funding across programs, set payment mechanisms, and oversee market stability for millions of Americans. Federal staff shape how public programs operate and influence employer coverage, marketplace offerings, state initiatives, and private sector practices.

At the same time, the Alliance gets consistent feedback from our policymaker community that health insurance is a confusing, complex, and intimidating area of health policy to learn and understand, and it is evolving every day. There is a widespread and demonstrated need for ongoing education on this topic.

Given the central role of insurance in health policy and the ongoing challenges of understanding the subject, it is fitting that the Alliance for Health Policy Seminar focused on illuminating current top-of-mind issues, trends, structural and foundational questions, along with identifying areas of educational opportunity, to level-set where we are today, and bridge educational gaps in the future. By breaking down the building blocks of coverage, we aim to give policymakers and the greater policy community a shared foundation to interpret challenges, evaluate proposals, and engage in informed debate.

This report summarizes key outcomes and insights from the Alliance for Health Policy's 2025 workshop seminars, which brought together experts, policymakers, and stakeholders to explore the complexities of health insurance. By distilling these discussions, this report highlights shared definitions, emerging trends, and practical lessons, providing Congress and other decision-makers with a clearer understanding to support informed dialogue on one of the most consequential areas of domestic policy.



About the Alliance for Health Policy

The Alliance for Health Policy is a nonpartisan, nonprofit organization dedicated to helping policymakers and the public better understand health policy, the roots of the nation's health care issues, and the trade-offs posed by various proposals for change.

The Alliance's Incubate to Educate Model

The Alliance applies a unique two-part "Incubate to Educate" model to its programming.

1

INCUBATE

We bring together cross-sector experts, stakeholders, and policy thinkers in dialogue-rich environments to explore complex health policy issues. These sessions serve as insights labs that generate new questions, highlight bright spots, educational "must-haves," landmines, and opportunities.

Programs: Signature Seminars, Signature Series (Insights reports and Workshops)

2

EDUCATE

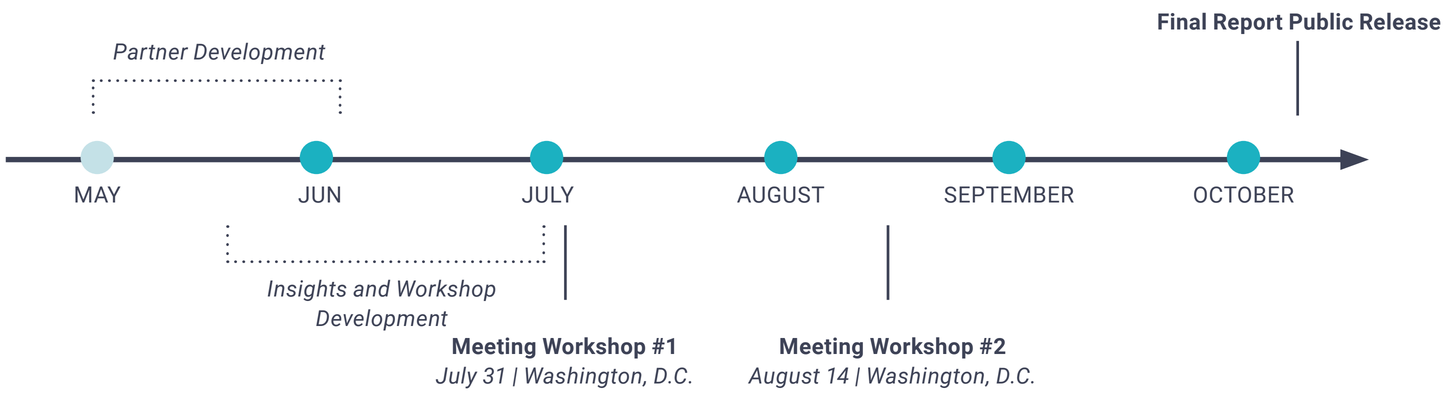
We transform insights from the Incubate phase into accessible, nonpartisan educational programming that equips policymakers with the tools and understanding to make informed decisions. We focus on delivering high-impact learning experiences tailored to different questions most relevant to the policymaking process.

Programs: Bipartisan Learning Communities (BLC) Fellowship, Signature Series (educational components), Health Policy Academy

The Signature Seminars represent the first step of our program lifecycle, "Incubate." This involves gathering insights and bringing together experts to provide direction on key issues on the policy topic. This program gathers voices from across the health care policy community, including those currently serving in government roles, academics, patient voices, health care providers, payors, innovators, and technical experts.

The Signature Seminars program also includes discussions and shared recommendations for areas of focus that we'll apply to our second phase of programming, "Educate." In this phase, the Alliance develops and executes informed educational programming aimed at legislative staffers and the broader health policy community.

About the Signature Seminar on Health Insurance



III. INSIGHTS REPORT

The Signature Seminar on Health Insurance began with a listening tour that consisted of 12 interviews with health policy experts who helped inform the Seminar programming by shedding light on the areas of interest and promise in health insurance policy, as well as identifying relevant potential invitees and topics of discussion for the Seminar workshops.

Interviewees represented multiple points of view, including Alliance Board members, patients, policymakers, providers, and payors, as well as those in other related industries and other nonprofit organizations.

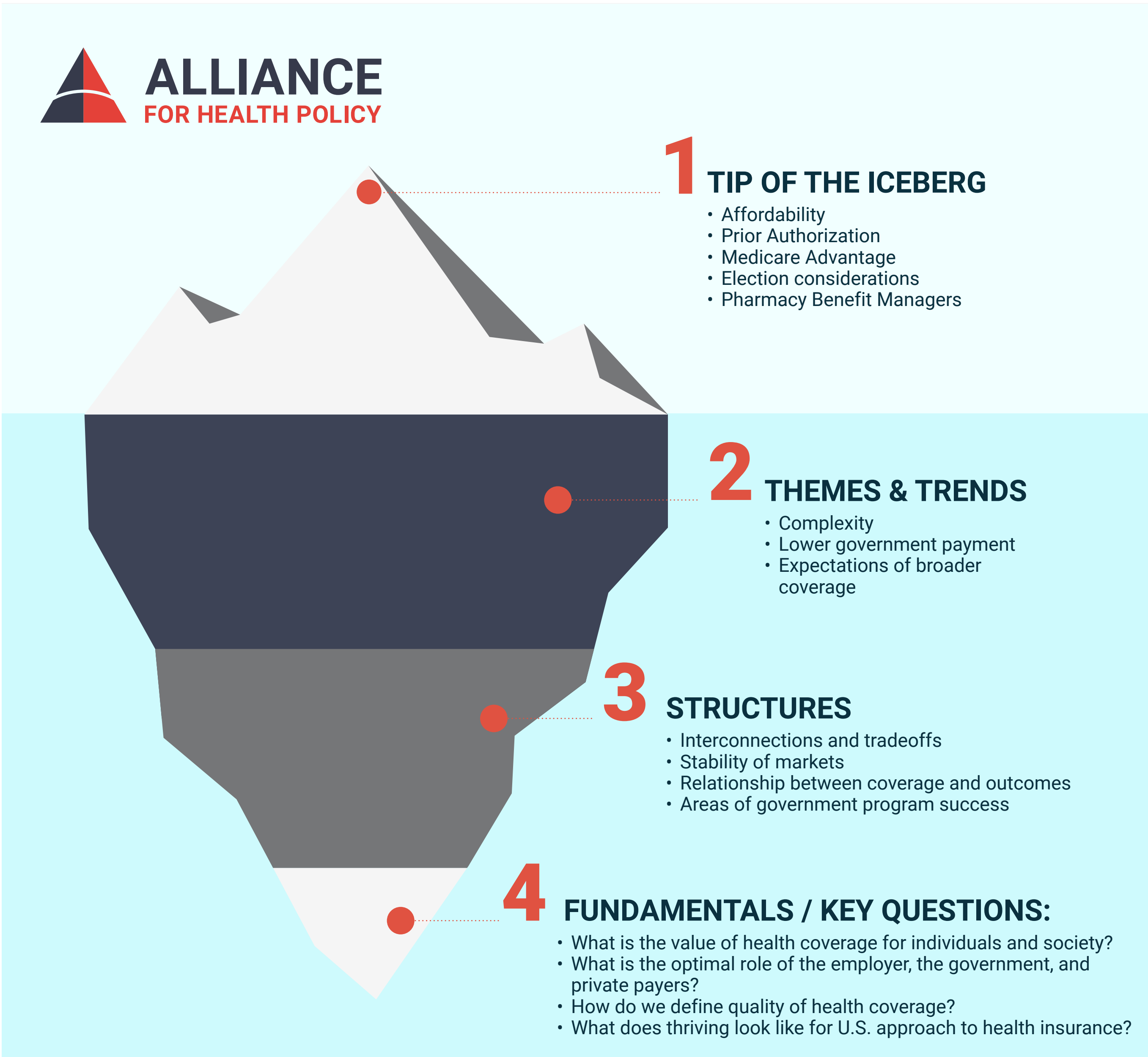
The Alliance published an insights report highlighting the topline themes from the listening tour. The full report, including detailed examples and unattributed quotes, is available on the Alliance website. To view it, visit the site, click here, or scan the QR code.

See Insights Report Here

Scan using your mobile device to read the full report.

Topline Themes from the Insights Report

The Alliance's listening tour with community experts highlighted hot topics, systemic patterns and trends, and opportunities for further education in health insurance policy.



This framework serves as the Alliance's model for organizing expert perspectives on the health insurance policy landscape. This approach is informed by the "iceberg model" in systems thinking, first introduced by anthropologist Edward T. Hall to illustrate how much of culture and communication lies beneath the surface of what is visible. The iceberg model has been widely adopted for use in organizational strategy, business and management, and the public and private sectors. Systems thinking has the advantage of not only identifying areas within a structure but also acknowledging the interactions and influence that one area has on another. In adapting this framework, our findings show that the most discussed issues, such as coverage debates or program costs, represent only the surface level of the conversation. Beneath the surface lie deeper structural dynamics, which often influence policy more than the visible discussions. By applying this model, the Alliance can categorize insights in a way that clarifies both the immediate topics that draw attention and the less visible but foundational forces that shape the health insurance system.

IV. SEMINAR WORKSHOPS

The Alliance held two Seminar workshops in summer 2025 with professional support from Collective Next, a human-centered design consultancy. The workshops brought together more than 40 health policy and insurance experts and stakeholders, representing a diverse range of perspectives, for single-session discussions about critical issues and knowledge gaps in health insurance.

Collective Next applied best-in-class design principles to support the development of each workshop to ensure that those coming from various points of view had some language in common and that every participant's perspective was heard.

WORKSHOP #1

Thursday, July 31
9:30 – 11:30 am ET

- Introductions and level-set
- Co-Create a Congressional Curriculum

Answer the question, *'what does good look like?'*

WORKSHOP #2

Thursday, August 14
9:30 – 12:00 pm ET

- Identify key concepts and definitions
- Co-Create a resource guide for staffers

Answer the question, *'how might we?'*

WORKSHOP #1

1. **What does a good congressional curriculum on health insurance policy look like?** This strategic question consistently shapes Alliance programming and is central to our Signature Seminar model. The group generated learning goals and learning outcomes, potential ordering, and key priorities for congressional education related to health insurance policy.

WORKSHOP #2

2. **What are the most misunderstood terms or concepts in health insurance policy?** The Jargon Breakdown exercise highlighted how technical language and specialized terms can create confusion and slow effective decision-making. By identifying and redefining commonly misunderstood concepts in plain language, participants reduced barriers to comprehension and created clearer foundations for staff education.
3. **How can congressional staff apply this knowledge in practice?** The Scenarios exercise, envisioned as a direct response to a question raised by a staffer participating in the first workshop, placed participants in realistic assignments, such as preparing a comprehensive briefing memo for a member of Congress or drafting a high-stakes speech on Medicare Advantage. These exercises surfaced high-value advice from experts on the resources, perspectives, and communication strategies that staffers need to navigate complex policy environments and deliver informed, impactful work.

Workshop 1: Co-Creating a Congressional Curriculum

The Alliance hosted the first Seminar workshop on July 31, 2025. Working groups addressed key aspects of health insurance education needed for policymakers and their staff.

The workshop began with an overview of adult learning principles. The presentation highlighted four core elements of successful adult education (with particular emphasis on the first two):

A. Clear learning outcomes and objectives

B. Incorporation of adult learning principles

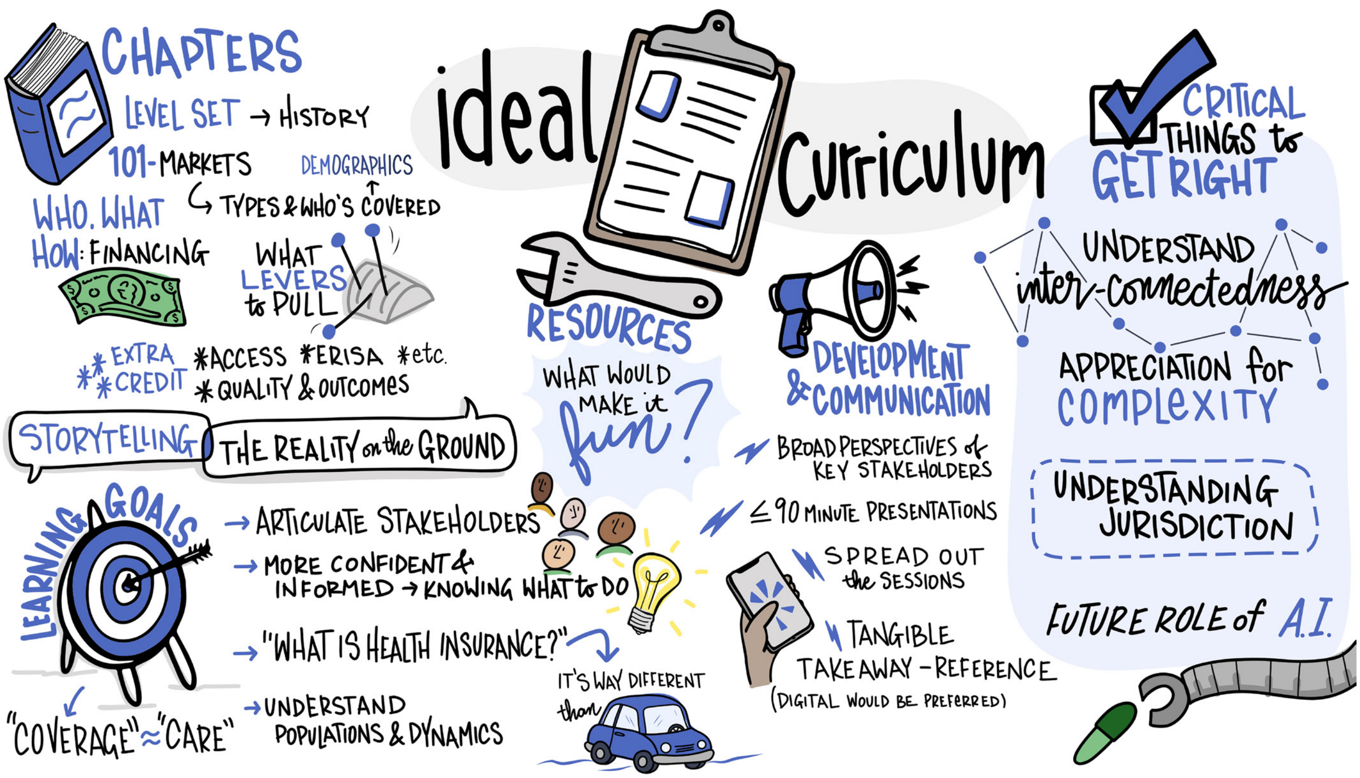
C. Evaluation

D. Iterative design

This foundation helped ensure attendees shared a common understanding of language and concepts as they worked to identify essential elements of a congressional curriculum on health insurance policy.

Group Discussion: The Worst and the Best Curriculum

Following the presentation on learning goals, participants then examined the attributes of an ideal curriculum by first identifying the characteristics of a theoretical, poor educational program, both in terms of content and delivery. This exercise created a contrast that set the stage for a "hero brainstorm," in which participants reimagined the framework and outlined features of an ideal congressional curriculum on health insurance policy.



Working Group 1

Working Group 1 focused on establishing foundational knowledge of health insurance, emphasizing how it differs from other forms of insurance, such as auto or property coverage. The group highlighted the connection between insurance coverage and access to care, noting that while the two are not identical, they are deeply intertwined. Participants identified a need to understand the fundamentals of risk management, the distinctions between public and private coverage, and the respective roles of federal and state regulators. They recommended that a strong curriculum incorporate tools, such as stakeholder maps, economic frameworks, and data interpretation guides, to clarify how policy decisions affect market forces and individual outcomes. To enhance learning, they suggested using interactive tools, such as case studies, visual aids, and scenario-based exercises, with an emphasis on highlighting diverse perspectives and the evolving value individuals place on insurance across different life stages.

Working Group 2

Working Group 2 focused on building a practical understanding of health insurance by exploring its purpose, the interaction between public and private programs, and the relationship between financial investment and health outcomes. They emphasized the importance of understanding how individuals engage with insurance systems and how different types of coverage align with various stages of life and health needs. The group advocated for a curriculum that helps policymakers articulate the roles of stakeholders, ask informed questions, and develop confidence in navigating complex systems. Suggested curriculum components from this group included key chapters on Medicare, Medicaid, and private exchanges, as well as frameworks for understanding coverage decisions and cost-sharing mechanisms. The group recommended incorporating tools, such as stakeholder mapping, policy journey scenarios, and exercises, in navigating judicial implications and budget neutrality. They stressed the value of interactivity, including case-based decision-making and persona-driven journeys, to reinforce systemic understanding and support more informed legislative oversight.

Working Group 3

Working Group 3 focused on demystifying the mechanics of health insurance and building a systems-level understanding of its complexity. They emphasized defining core concepts, such as risk pooling, coverage tradeoffs, and market segmentation, while identifying the incentives that drive behavior across different types of payers, providers, and regulators. The group stressed the importance of understanding how insurance coverage influences access to care, how costs are distributed across stakeholders, and how evolving services and technologies shape benefit design. To support deeper learning, they proposed a curriculum structure grounded in historical context, insurance financing, and system-wide outcomes. They also encouraged the use of applied learning strategies, including case studies and group activities. Visual tools, such as market reference guides and spending distribution maps, were recommended to help learners connect abstract concepts to real-world policy debates and demographic impacts.

Working Group 4

Working Group 4 explored how to structure a curriculum that makes health insurance more accessible by addressing its interconnected components, including types of coverage, financing, government roles, and the life-stage needs of individuals. They emphasized the importance of grounding participants in both the "who and what" of insurance, such as regulatory structures and historical context, and the "how and why," including cost tradeoffs, ERISA, and voter or consumer perspectives. The group highlighted the need for clear framing that balances ideological context with real-world delivery challenges. To support different learning styles, they proposed using visuals, podcasts, and short video segments, along with accessible language and trusted messengers. They also underscored the risk of siloed understanding and called for a curriculum that makes systemic interconnections explicit, particularly demographic shifts, delivery constraints, and long-term sustainability concerns. Engaging and innovative content delivery was seen as essential to holding staffer attention and improving comprehension.

Working Group 5

Working Group 5 focused on establishing a clear foundation for understanding the structure, purpose, and significance of health insurance. They emphasized the importance of covering core terminology, market dynamics, the role of federal and state programs, and the interaction between legislation and regulation. The group framed health insurance as a tool that affects individual and population-level outcomes and stressed the need to explain why it matters in the context of policymaking. They recommended including content that helps staff distinguish bias, navigate complex sources, and communicate clearly about difficult topics. Real-world application was a priority, with an emphasis on preparing staff to ask meaningful questions, identify credible resources, and support informed policy decisions. The group also suggested that learning environments should be welcoming and accessible, with opportunities to reinforce key takeaways through well-organized materials, recorded events, and insights from both industry and policy community stakeholders.

Working Group Responses

The table below represents the responses captured from each group. Some groups interrogated some questions more than others; some chose to focus their efforts on a few questions and leave others blank.

	1	2	3	4	5
Learning Goals	• Health insurance is different than other types of insurance (ex. car insurance) • Connection between coverage and care (not the same, but interconnected) • Fundamentals of insurance and managing risk • Understand different types of insurance by key characteristics • Role of state and federal regulation • Public vs private • Jurisdiction, who regulates	• Understand the nature and purpose of insurance • Understand the relationship between investment and return • How people interact with insurance • Why we have public and private programs	• Demystifying health insurance • Identifying the players and their differences • Defining the markets • Role of insurance types • Understanding risks and risk-based insurance • How does coverage impact access • Build a foundational understanding of the mechanics of insurance • Tradeoffs and costs • How insurance is financed • Evolving sets of drugs and services being paid for • Understanding incentives	• Types of marketplaces • Inter-connectedness • Financing • Role of government • Landscape • Understand life stage + insurance • Know where to catch up	• Knowing basic nuts and bolts • Terms, concepts, market, government programs, and the interaction between them • Existing problems + level setting • Federal vs. state role • Legislation vs. regulation • Why understanding health insurance matters

Learning Outcomes	• Understand ripple effects and impact on players • Understand the market and market forces • Personalized/ relevant to state, region, district • More informed discussions with policymakers • After interacting with the program, the policymaker makes more informed decisions • A framework for critical thinking	• Articulate the role of stakeholders in the system • Develop more informed policy • Ask the right questions • Confidently interact with stakeholders and other government officials	• Appreciation for the complexity • Willingness and desire to learn more • Connect the dots and remove silos for more systemic thinking • Hone in on situations and tradeoffs with an understanding of biases • Understanding different markets • Analyzing how incentives drive behavior • Understand jurisdiction	• Utilize appropriate resources • Ability to build upon base knowledge • Know when and who to call for a second opinion	• Being able to support informed policymaking • Discerning bias in information • Knowing how to navigate resources • Helping Hill staff message complex issues • Knowing how and when to ask questions and seek resources • Learning to make real-world connections
Curriculum Chapter Headings		• Landscape and types of health care - Medicare, Medicaid, and private exchanges • Stages of life journey • Specific elements and portfolio alignment	• History of health care in the U.S. • Health Insurance 101 Basics • Health Care Financing • Systemic impact on coverage, quality, and outcomes	• How do I get care? • Who pays: No free lunch, health care is a business • How long can we sustain this? • Planning for the future	• History of landscape • The state and structure of insurance today • How insurance works • Patient/ consumer perspective

101	• What is insurance? • Different types of insurance • Who governs (legal/regulatory)	• Basic concepts in insurance • Risks • Public vs. private • History of coverage and how we got here • What's covered and what's not • Deductible / cost sharing • Journeys using circumstances • Payer-provider role	• History • Health Insurance 101	• "Who/What": Types + who is covered • Who regulates • Historical context of why the U.S. system is set up as it is • State of the union of U.S. health • What is insurance?	
201/301	• Stakeholder landscape map • How care is delivered • Market forces and policy levers • Economics basics (share of economy, economic fundamentals, cost control mechanisms) • Understand what incentives different stakeholders care about • Data interpretation (read charts, datasets, surveys, and polling data) • How individuals value insurance changes over stages of life and health • Risk pooling	• Judicial implication • Value-based care • Drivers of cost • Future role of AI • Network equity • Cost containment models • Capitalization • Budget neutrality • How to read literature (reports, letters, briefings, etc.)		• "How": Structure of coverage types, legislation in place, ideological perspectives • "Impact:" ERISA, Tradeoffs, reality on the ground, voter/consumer perspective	

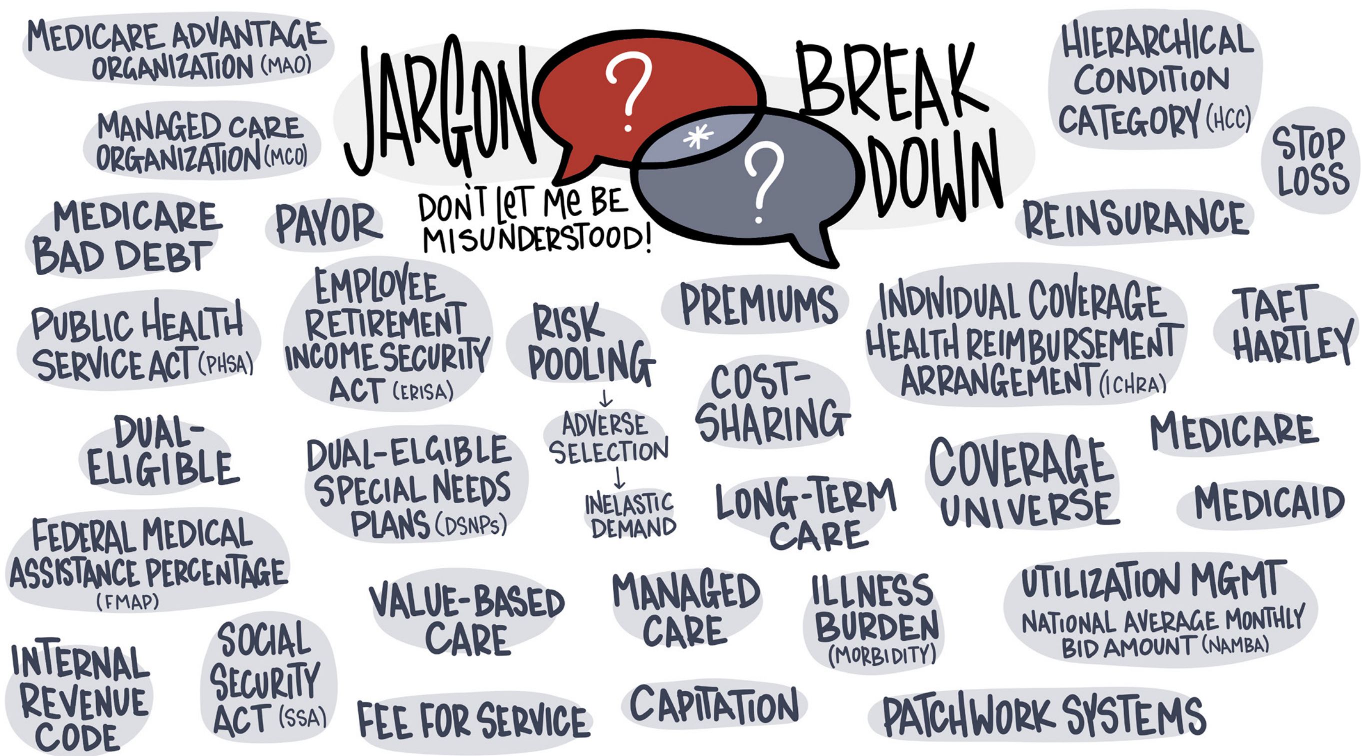
Resources	• MACPAC, MedPAC • Explanation briefs • YouTube	• CBO baseline projections • MedPAC, MACPAC • Medical Trustee Reports • KFF • BPC • NASHP • Alliance Reports • Proposed Rules • Health Affairs	• Network of players beyond academics (lawyers, physicians, patients, etc.) - in-person contact where possible • Timeline • Market Quick Reference Guide - Who served in those markets, what is the underlying cost structure, where's the highest spending, demographic resources • Distribution of spending (how spending is allocated by sector)	• Quick look (slide / one-pager) of key dates • Visuals + audible (different learning types) • Video series "Quick Bites"	• Industry and policy community stakeholders • Food and easy location
Curriculum Development and Communication		• Multi-stakeholder • Incorporate journeys, interactivity • Scenarios - how do you decide the bill? • Walking through the decision - write down their thinking	• Players - actuary, health economist, plain language expert, quality measurement, reimbursement, regulators, etc. • Series by chapter - modules beginning with syllabus, in-person trainings, case studies, group activities, applied learning programs, and visual aids	• Variety of perspectives & seniority • Podcast • Checking for accessible language • Trusted spokespeople	• Organized by current & former committee staff • Recorded Events • Key Takeaways Document

Workshop 2: Co-Creating a Terminology Resource Guide

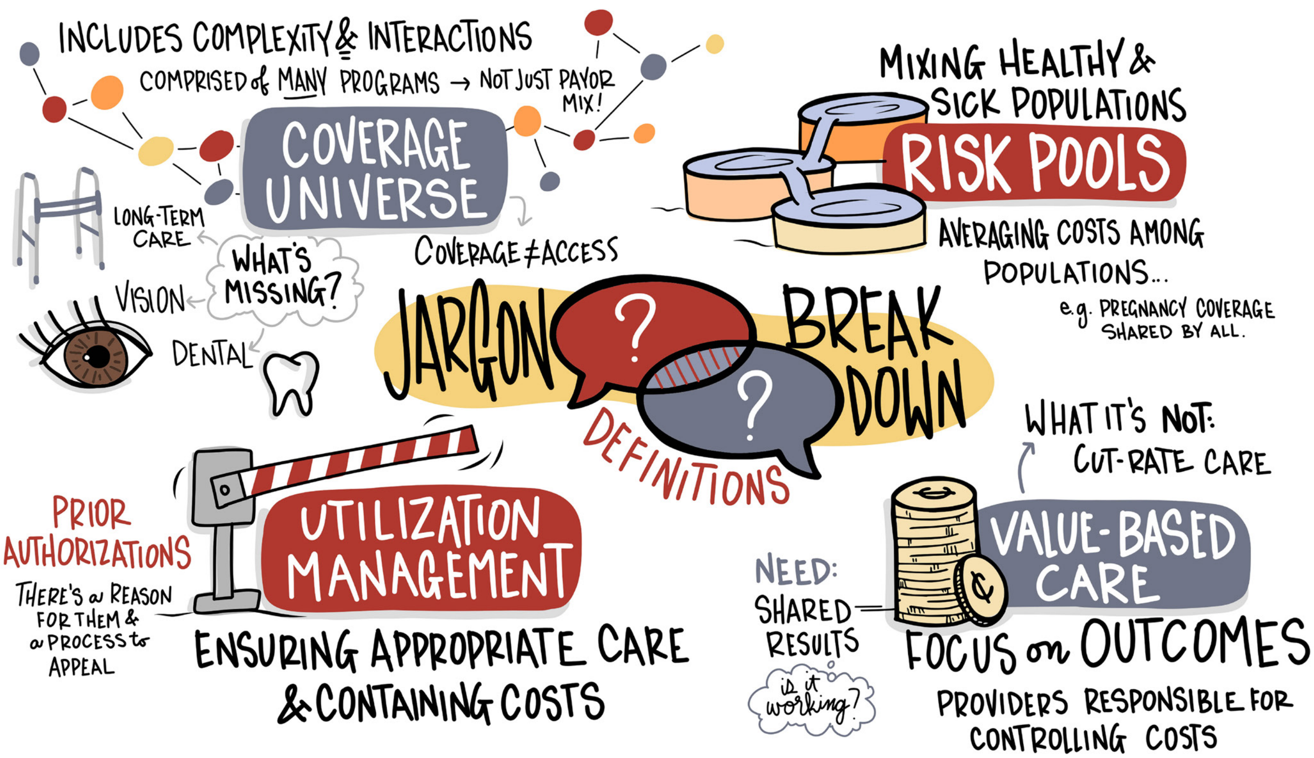
The Alliance hosted the second Seminar workshop on August 14, 2025. Feedback from the first session underscored that terminology and concepts in health insurance are often confusing and create barriers to understanding for all audiences, including congressional staff. To address these challenges, the second workshop focused on two priorities.

1. **Jargon Breakdown Exercise:** First, participants began by identifying and clarifying frequently misunderstood health insurance terms.
2. **Scenario Exercise:** Then, the session shifted to a hands-on exercise in which participants developed resource guides to help staffers navigate two common policy scenarios.

Don't Let Me Be Misunderstood: Jargon Breakdown Exercise



The workshop opened with an exercise to identify and clarify commonly misunderstood health insurance concepts. Participants identified a range of confusing terms, voted on those that are most frequently misunderstood, and then broke into groups to examine each term in depth. Each group outlined what is commonly misunderstood about each term and drafted key takeaways to improve comprehension. This activity emphasized the importance of demystifying technical language and removing barriers to understanding.



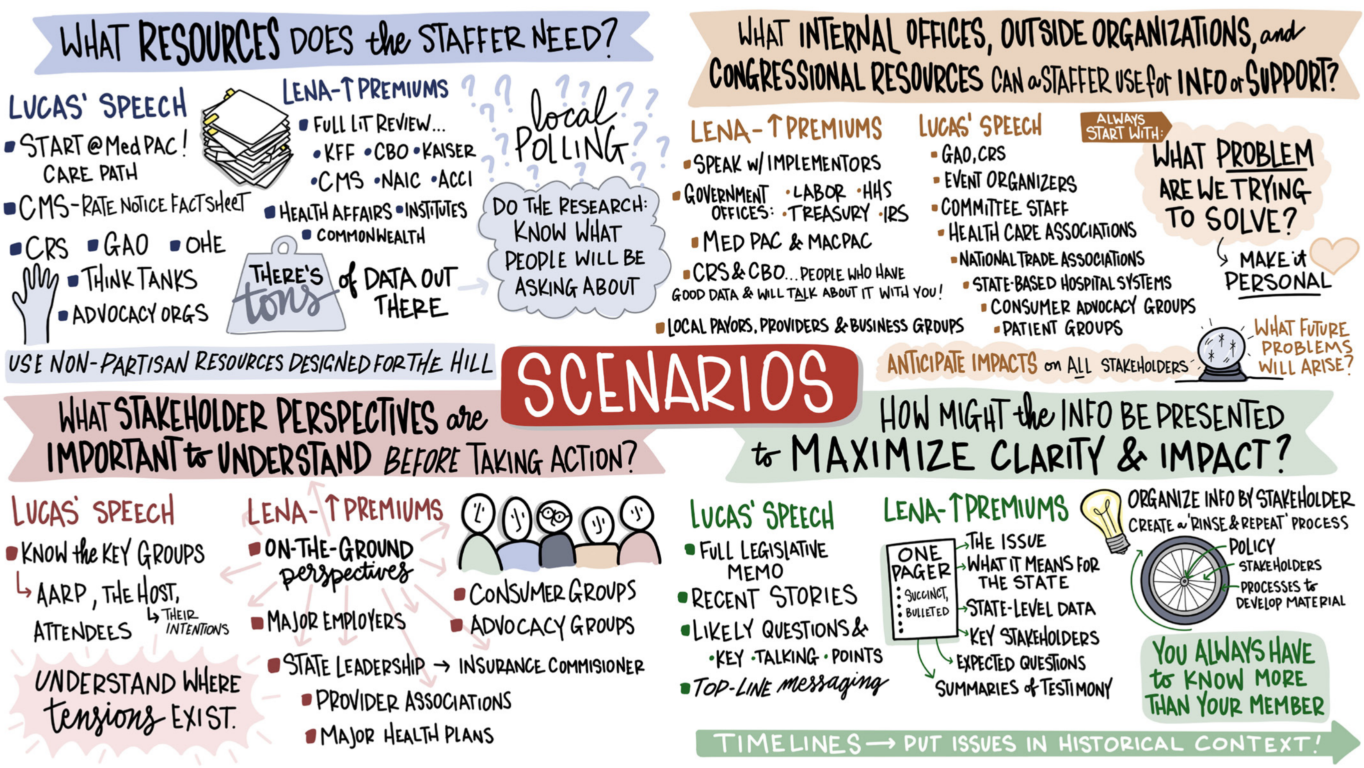
Misunderstood Terms Responses

The table below represents the frequently misunderstood or misused words and terms identified by the group and potential ways to improve comprehension among policymakers.

	What Do People Think It Means?	What People Need to Understand
Dual Eligible	• Old people and nursing homes • They don't know what it means - which program covers which thing?	• Not a uniform group; people with complexity; heterogeneous population; they all have in common that they are eligible for Medicare / Medicaid • Can be under the age of 65 • Costly to Medicare and Medicaid • Access to care is poor; care coordination is poor within and between Medicare and Medicaid
Cost-Sharing	• Purely copay - what I pay for at the doctor • Limited understanding; not thinking about prescription, deductibles, etc.	• It's a policy tool and important because it drives behavior, compliance, adherence -- good & bad. • It can cause debt • Very complex with different types of cost sharing: Copay, premiums, deductibles, co-insurance, prescription drugs • When used correctly can drive forward value-based care; price increases can be a downside

Coverage Universe	• Oversimplify term; siloed thinking • About systems, lack of choice program-wise, covered vs. uninsured	• Define individual programs in plain language: Who isn't part of the universe, coverage may not be comprehensive • They are siloed, they interact with each other; coverage does not equal access • What's missing in the coverage universe?: Long-term care, dental / vision, behavioral health
Payors	• Not acknowledged and understood • No understanding role • Government or insurance company, not employer or self-funded • Standalone insurers • Car insurance is just like health insurance (it's not)	• Government (Public) + Market Payors & Consumers (Private) • Who pays the bill? • Different models
Patchwork System	• Don't know what exists – only if they individually have coverage • Think of a ranked hierarchy of types of coverage, not the spectrum, gaps, or interactions	• 5 types, with the vast majority having coverage: • Types include: Employer, Medicaid, Medicare + Advantage, Military, Marketplace • Consumer experience defined by types of coverage + interactions • Payment system falls into types
Value-Based Care	• Bargain, cut rate • It is used as a marketing term for many types of services • Convenience • Incorporates all different ideas of value	• Paying for outcomes • Target to reduce waste, ineffective care • Provider is responsible for the quality cost • Compare to fee-for-service • Results-focused payment
Managed Care	• It is a pendulum that swings over time • "Blank Slate" - there isn't a misunderstanding, people simply don't know what it means	• Relationship between insurance plans and providers to organize access to care • State Medicaid plans contract with managed care orgs to deliver benefits -> dominating national method • In Medicare, one can opt into managed care, with over 50% in Medicare Advantage having done so
Reinsurance/ Stop Loss	• One big question mark • Not much misunderstanding, as there is no baseline understanding	• Insurance for insurance payors • What are catastrophic costs? • Relevance: Expensive patience, expensive changes • All about spreading risks

Utilization Management	• The mechanisms for payors to say no • Delays to Care • Negative Perspectives	• Goal is to contain costs and ensure "appropriate" care • Prior authorization is a key mechanism • Not an end-all-be-all, appeals mechanism • Step in a larger process with providers and payors
Employee Retirement Income Security Act (ERISA)	• Isn't the primary layer for insurance coverage • Not as many people covered as Medicare or Medicaid • Doesn't include self-insured and self-funded	• Preemption • Incentives to drop off employer plans -> Individual Coverage Health Reimbursement Arrangement (ICHRA) • Consumer rights + remedies • Risk-pooling incentives: Incentives that employers have impact risk pool
Risk Pooling	• Put sick people together and healthy people together • Likelihood of how sick over the long-term, lifetime • Fiscal Requirements and utilization management	• How fractured risk pools can be accessible to stakeholders and the implications • How narrow or broad the spread of risk is • How risk pooling can help protect against pre-existing conditions • Insurance brings together different levels of risk -> Risk pool becoming unalterable
Premium	• What you have to pay out of pocket vs. the contribution to the cost • Insurance end-user	• Risk sets premiums • Medicaid doesn't have/has low premiums • How premiums relate and what impacts a premium • Premiums are what spread the cost across the risk pool • What happens when you don't pay a premium



Scenario Exercise: Stepping Into A Staffer's Shoes

The workshop then shifted to two applied policy scenarios that mirrored real-world staff assignments, an exercise drawn from a staffer's suggestion in Workshop 1. This exercise invited participants to share insights into how staffers approach tasks common in their day-to-day work.

Scenario 1: In the first scenario, Lena, a fictional House staffer, was tasked with preparing a briefing memo for her member of Congress. Participants noted that staffers in this situation could begin with a literature review and consult nonpartisan resources such as KFF, the Centers for Medicare & Medicaid Services (CMS), the Congressional Budget Office (CBO), the National Association of Insurance Commissioners (NAIC), and Health Affairs. They emphasized the importance of understanding what constituents are likely to ask, often informed by local polling and on-the-ground perspectives. Lena could reach out to agencies with information such as the Department of Health and Human Services (HHS), the Department of the Treasury, the Internal Revenue Service (IRS), and the Department of Labor, and seek insights from the Medicare Payment Advisory Commission (MedPAC), Medicaid and CHIP Payment and Access Commission (MACPAC), and local providers, payors, and business groups. Participants also highlighted the value of organizing information by stakeholder, clearly stating what the issue means for the state, and creating one-pagers with bullet points and anticipated questions to ensure clarity and usability.

Scenario 2: In the second scenario, Lucas, a fictional staffer, was responsible for drafting a high-stakes speech for a Senator attending a conference on aging policy and discussing Medicare Advantage. Participants stressed that a staffer in this role should begin by identifying the problem the Member is trying to solve: in this case, seeking information about attendees, and making the message personal and relevant to the audience. Staffers would draw on legislative resources such as MedPAC, the Congressional Research Service (CRS), the Government Accountability Office (GAO), and CMS, as well as recent stories and input from advocacy organizations, patient groups, and national trade associations. Participants underscored the importance of knowing the intentions of key stakeholder groups, including the event host and attendees, and understanding where potential tensions might arise. They recommended preparing a full legislative memo, developing topline messaging, and outlining key talking points and likely questions to help the principal deliver an effective and informed speech.

The insights gathered during these exercises revealed how staffers rely on judgment, structure, and communication strategies to navigate policy assignments. Through these exercises, participants were divided into four working groups to identify resources staffers need, the internal and external actors they rely on, and the communication strategies that ensure clarity and impact. The outputs from these scenarios can serve as a resource for anyone, including staff, navigating similar assignments, with guidance on the four key areas, and will inform future Alliance educational programming.

Working Group Responses

	1 (Lucas)	3 (Lucas)	2 (Lena)	4 (Lena)
What resources are available?	• MedPAC • KFF Explainers • Committee for Responsible Federal Budget • Notice Fact Sheet • Medicare Advantage Part D Final Rule Fact Sheet • General News / Hearings • GAO / CRS Reports • Industry-Funded Research • HHS / Office of the Inspector General (OIG) • Think Tanks • Actively pursuing academic perspectives	• KFF / BMA for penetration data ("What do my constituents think about Medicare Advantage?") • Demographic Data: Who is in the district and how are they covered? • News sources: Current pulse (KFF Tracker, Inside Health Policy) • Principal's past speeches/statements on the topic	• Full Lit Review • KFF Employer Insurance Surveys • CBO Baseline Numbers • Families USA Reports, National Health Law Projects • NAIC • Health Affairs Annual • CMS • Urban Institute • RWFJ District Level Data • Schaffer Institute • Milliman Medical Index • AAF Microsimulation	• Actual premiums/ premium increases • What factors are driving premium increases • Mixing district data with insurance data • Understand how their state compares to national data • Legislative context • RWJF Congressional District Data Dashboard
What people or organizations should the staffer talk to?	• GAO/CRS/MedPAC (Congressional Resources) • AARP, AHIP, ACAP, BCBSA, Special Needs Plans (SNP) Alliance (Payors) • Medicare, Center for Medicare Rights, Center for Medicaid, Advocacy Consumers, Justice in Aging • Providers: AHA, AMA • State-based hospital groups & systems	• Committee staff to understand the talking points and any potential upcoming bills • Event organizers need to understand intent, logistics, and audience • Senate and House staffers from other offices • Check with the Legislative Director if sensitive	• Labor Economic Policy Institute (ACME, SEIU) • CMS Office of Legislation • Draw from Lit Review • MedPAC + MADPAC • Local Employers • Local Providers • Congressional Research Service • Department of Labor • Internal Revenue Service • Treasury	• KFF • Congressional Research Services • Congressional Budget Office • Medicaid Directors • Consumer Reports • State Insurance Commissioner • State Marketplace • Committee Staff • Patient Centric Policy Shops

What stakeholder perspectives are important for the staffer to understand?	• Members of Congress (MOCs) • Constituents • Audience	• Balance: Understand tensions within the system • Payor, provider, patient consumers • AARP • Get educated on the event host's agenda • Member's "Why"	• Consumer/ Patient / Constituent • Employer • Patient • Implementation • Trade Associations / Payers • Providers / Hospitals / Primary Care • Witnesses • State Regulations • Office of Personnel Management (OPM) / State Players	• Consumer groups in the state (assistance and advocacy groups) • State health planning • Community Health • State leadership • State Insurance Commissioner • Major employers
How can the information be effectively presented?	• Personal story (Member/constituent / relative) • Why MA fits or doesn't fit the priorities of Member of Congress • Next steps, major issues, what's being done / what's not being done • Factual briefing: penetration, enrollment, Medicare vs Medicare Advantage	• Bullet points in the context of office procedures • "You may be asked" pager • Stories/anecdotes from the district • Full legislative memo on the topic	• Smart Brevity • Creating a Roadmap: Notations / System to track, connect, and evaluate strengths • Color code different perspectives • Ensure holistic representation, not just agreeing perspectives • Analyze the impact on multistakeholders • Organize by stakeholder • Don't ignore, go to expertise • Dig into opposing views	• Succinct and brief • Issue, what this means, what the state thinks, a testimonial, assessed Q's, Summary of stakeholder perspectives • Charts for visuals

IV. CONCLUSION

The Signature Seminar on Health Insurance created a critical space for dialogue, collaboration, and shared learning across the health policy community.

Through listening sessions, workshops, and interactive exercises, the Seminar surfaced urgent “tip of the iceberg” issues such as affordability, prior authorization, Medicare Advantage, and PBM transparency; highlighted systemic trends driving complexity, consolidation, and market pressures; and identified fundamental questions and concepts that underpin every policy, including the relationship between coverage and outcomes, the value and intent of insurance, the adequacy of coverage, and the factors that drive market stability.

Health insurance remains central to national debates on access, cost, and quality. The insights and education strategies generated during this series will guide the Alliance’s next phase of nonpartisan, stakeholder-neutral educational programming. By bridging perspectives from policymakers, payers, providers, and consumers, the Alliance for Health Policy will continue to support informed decision-making and provide education that draws from the collective wisdom of the Alliance community.

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