



June 24, 2014

Honorable Chester A. McPherson  
Acting Commissioner  
Department of Insurance, Securities, and Banking  
Government of the District of Columbia  
810 First Street, N.E., Suite 710  
Washington, DC 20002

Acting Commissioner McPherson:

Whitman-Walker Health is pleased to submit this letter of support for CareFirst BlueCross BlueShield. Established in 1978, Whitman-Walker Health offers primary medical and dental care as well as HIV subspecialty care, testing, and education at our two health centers in Washington, DC. Our mission is to provide quality, culturally competent care for individuals who face barriers to accessing care, with a special expertise in LGBT and HIV care. In 2013, our health center team cared for 14,000 individuals across all health services with 6,000 using Whitman-Walker as their primary medical home.

CareFirst BlueCross BlueShield is an important partner in helping Whitman-Walker Health advance our long term goal of improving the health of our community. Since 2004, Whitman-Walker has received nearly \$1 million in grant funding including:

- Gay Men's Health & Wellness/STD Clinic Testing and Treatment Program (2011-2015): \$300,000 awarded to provide continued STD/HIV testing, counseling and referral services at no cost to our clients. This grant is projected to provide 23,000 individual STD/HIV tests;
- Mobile Testing Units (2004, 2009): \$125,000 over two grants to purchase and provide mobile testing services; and
- Food Bank (2005): \$175,000 to support this volunteer-led food and nutrition services offering to persons living with HIV/AIDS.

In addition, Whitman-Walker Health is the health care home for almost 1,000 CareFirst members and is working closely with the insurer as we collectively navigate the first year of the DC Health Link, our local health insurance exchange.

We offer the following thoughts for your deliberations on a final ruling. The community dialogue around CareFirst's surplus is well-sown policy ground and requires timely resolution so that the entire community can focus on health disparities negatively impacting individuals and families. Our view is that such a policy resolution is, in fact, past due. Given this perspective, we recommend that DISB establish a financial assessment process that incorporates public

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stakeholder input as well as produces a formal ruling on reserve levels. Such a process would be completed every three years so that DISB, CareFirst and community partners can then invest more time and, if found available, excess reserves on most pressing public health matters.

Under this process, if DISB finds that CareFirst's reserves are in excess of established actuarial thresholds, then DISB would require CareFirst to make all excess reserves available for community investment over a 3-year period. We believe that a multi-year period solves two critical policy issues. First, the longstanding dispute over CareFirst's surplus would be resolved once and for all. Second, a multi-year process offers the community greater opportunity to actually improve specific health outcomes, with any investments from excess reserves to be measured for efficacy over time.

We offer this concept without prejudice or bias towards CareFirst or advocacy groups' views on the matter. In fact, Whitman-Walker Health sees merits to both CareFirst and advocacy groups' differing views on levels of reserves. Like Whitman-Walker Health, CareFirst is living through a period of great uncertainty in the health care marketplace as a result of the Affordable Care Act. It is quite reasonable and prudent to expect that CareFirst—or any other health care organization for that matter—to hold higher levels of reserves in such times. Moreover, as a community, we deeply value having financially strong and stable nonprofits like CareFirst that in turn provide affordable coverage for individuals and families to gain timely access to care.

Yet, like Whitman-Walker Health, the advocacy groups know firsthand through service to individuals and families what is unjust, inequitable, and unfair in our imperfect health care system. Such groups can and should pursue progressive policy solutions that offer more resources from public and private sources to address such ills. Closer to home, Whitman-Walker Health can attest to the important public health value that CareFirst's grant funding has made to our patients.

In closing, Whitman-Walker wants to acknowledge that CareFirst's community giving has made a significant, positive impact on our patients. We look forward to a continued and productive partnership with Care First as we all navigate the known changes and inherent uncertainty that is the Affordable Care Act.

Please call or email me should you wish to discuss our views or proposed concept.

Sincerely,



Don Blanchon  
Executive Director

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