Tribute to Andy Hyman

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We miss our friend and colleague Andy Hyman enormously. He leaves an enduring legacy as a leader in the fight for comprehensive, affordable health insurance coverage, and we welcome this opportunity today to honor his achievements and recommit to this work.

Andy had a tremendous passion for expanding access to health insurance coverage—certainly not the safest area of health policy—from a political and funder perspective. But Andy was committed to the idea that if we all just worked a little bit harder, we could make so many more people healthier and life a bit fairer. In fact, Andy embraced the risk inherent in the work—we talked often about how, if it were easy, it would have already been done, or everyone in this space would be doing it.

Quite simply, he wasn't afraid to fail. While generations had fought for universal coverage and stumbled, Andy never gave up, relentlessly plotting strategy and rallying the troops when things looked dark. That optimism was infectious, and no one could fill a room with Washington, DC, policy wonks like Andy when he called a meeting.

Of course, Andy also recognized that passage of ACA was just the beginning. He knew the work of getting people covered was going to move outside the beltway, and he wanted to be there in the trenches, working with states on complex implementation challenges, so that the ACA's promise would be achieved. That's why he created the State Health Reform Assistance Network, to provide technical assistance to states implementing the ACA's coverage provisions.

We struggled with what to call our ultimate goal—entrenchment of the ACA? Institutionalization of its reforms? Eventually, we settled on a more unorthodox term: *permanantizing* the new coverage paradigm.

Andy had a strategic vision of a three-legged stool to support the successful implementation of the ACA: direct operational support for states through the State Network, consumer advocacy through Consumer Voices for Coverage, and rigorous research and monitoring of implementation, including tracking reports, the Health Reform Monitoring Survey, and programs like today's conference.

Each of these efforts reinforced the other. For instance, Andy recognized that states were at the forefront of implementation and, given their budget and capacity constraints, needed technical assistance and help learning from each other. At the same time, he believed in consumer advocacy and strategically decided to fund consumer advocates in those same states where we provided technical assistance, to push those states and to ensure transparency and accountability. Finally, he wanted to document the process to ensure that we could use our states as examples for the rest of the country and to show how implementation can be done—the good, the bad, and the ugly. And ironically, this nuanced approach was developed by a guy who was a fed at heart! He'd worked at HHS on intergovernmental affairs, tussling with states on waivers.

The JHPPL partnership that brings us together today is a terrific example of how Andy sought to bridge the gap between research and policy. He wanted policy makers to help shape the research agenda, and he wanted researchers to see the value in short, timely analysis that would inform and strengthen policy making. He was so proud of the work of many of you in this room, and proud of this effort and others to bring researchers and practitioners together.

Andy made the people he worked with better. Any idea that you had was probed and prodded, not because he didn't trust you or your idea, but because he knew that you could always be just a little better. And Andy could play three-dimensional chess—calculating several moves ahead, taking into account not just policy nuance but political challenges and operational realities.

Today, he would be proud that we have achieved the biggest expansion in health coverage since the 1960s. But he would want us to continue to push and probe, to ask tough and even uncomfortable questions, in order to strengthen the work we are doing and to ensure it is as relevant as possible to the coming debates and challenges.

Heather Howard is a lecturer at Princeton University's Woodrow Wilson School of Public and International Affairs and director of two Robert Wood Johnson Foundation-funded programs that help states implement health reforms. She served as New Jersey's Commissioner of Health and Senior Services from 2008 to 2010. She also has significant federal experience, having worked as Senator Jon Corzine's Chief of Staff, as Associate Director of the White House Domestic Policy Council and Senior Policy Advisor for First Lady Hillary Clinton, as an Honors Attorney in the US Department of Justice's Antitrust Division Health Care Task Force, and for the House of Representatives. She received her B.A. from Duke University and her J.D. from NYU School of Law.