

National Health Policy Forum

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Needless to say, health reform affects significant federal and state interests

Approaches being talked about are federal, with states having significant roles in implementation but not in financing

Considerations

- Financial contribution
- Expertise
- Uniformity / local variation
- Traditional roles
- Accountability
- Interest groups

Factors supporting federal role

- Create a national program for all citizens
 - Benefits
 - Minimum standards for availability
 - Some actors cross state lines/ interaction with employee benefits
 - States have differing levels of resources, experience and competence
- Costs are large and almost all federal
 - Accountability for how money spent
 - States cannot raise types of sums needed to subsidize the lower income uninsured
 - Are subsidies provided through the tax code?
- Infrastructure investments are costly, related to Medicare efforts
 - National approaches to quality and payment reform, addressing regional differences
 - Scale

Factors supporting state role

- Health markets (individual and small group) are local
 - Exchanges need to reflect local circumstances
 - Local institutions are more accessible
- Insurance regulation largely state role
 - Experience with federal fallback
- Interaction between eligibility for Medicaid and subsidized private insurance
 - Federal agencies can have local presence, but need to coordinate with state eligibility agencies
- New ideas that may benefit from some variation in approach
 - Federal funding, so need to circumscribe state flexibility