



# BROOKINGS

## PROJECT DESCRIPTION

### THE ACA IMPLEMENTATION RESEARCH NETWORK

#### *A State-Level Implementation Study of the Affordable Care Act*

**T**his study focuses on the role of states in the implementation of the Affordable Care Act (ACA). Three areas are emphasized: (1) who governs (agencies, offices, program leaders); (2) the interagency and federal-state relationships that develop under the Affordable Care Act; and (3) state-level operations of the principal coverage-expanding policies adopted in the law. The research is being conducted by a network of indigenous state experts on health policy and public management in 40 states based at the Nelson A. Rockefeller Institute of Government of the State University of New York. The project is jointly sponsored by the Brookings Institution, The Fels Institute of Government at the University of Pennsylvania, and the Rockefeller Institute.

The Affordable Care Act opens up a host of profound questions for American governance and American federalism. Two things happened that show why a state-level field study is needed.

In the final days of the debate on the new law, the House version assigned to the federal government administrative responsibility for establishing and operating health insurance exchanges to extend coverage to upwards of 25 million low- and moderate-income citizens. However, political exigencies resulted in using the Senate version of the Act as the base for the new law, which assigned this role to state governments unless they default in doing so. Twenty-one months later, the U.S. Supreme Court added another critical state-level decision when it made optional the extension of the Medicaid program up to 138 percent of the Federal Poverty Line (FPL).

As in past studies of the implementation of new federal programs in which researchers for this study have participated, it relies on research in the field and analytical findings of the field researchers. Under the Affordable Care Act, states were required to be ready to operate on October 1, 2013, and to be fully operational for enrolling consumers in Qualified Health Plans (QHPs) three months later on January 1, 2014. Results from the individual state-level field studies are published on the Rockefeller Institute website.

It will take a long time to know what happens to the law. This research process is longitudinal. Field research analysts and health experts at Brookings, Fels, and Rockefeller are working collaboratively on initial crosscutting/multistate research analyses that include:

- In-depth analyses of why health insurance exchanges work in some states; the problems that arose and were dealt with in setting them up; why they didn't work or don't work in other states; and how this critical and central technology capacity under the Affordable Care Act operates nationally, now that a majority of states have health-insurance exchanges ([health.gov](http://health.gov)) that are administered by the federal government.
- The politics of implementation, including barriers, problems, and issues in states classified as oppositional; the strategies and tactics they have adopted that could impede ACA implementation; and their effects on consumers, health-care system, insurers, and providers of care.
- The operation of the expansion of Medicaid in states that adopt the ACA Medicaid-expansion and the way some states have arranged with the federal government, or are in the process of doing so, for waivers to expand Medicaid in ways that reflect particular state policy preferences and operational systems.
- Conditions, politics, and operations in states that have not expanded Medicaid, including the "woodwork" effect of stimulating the enrollment of already-eligible new Medicaid participants.
- The level and character of competition among the Qualified Health Plans offered on exchanges – and the ways this changes over time.
- The auspices, numbers, types, capability, and effects of the roles played by navigators and facilitators in assisting eligible citizens to obtain coverage, including the roles of both the federal and state governments and government agencies and the multitude of nonprofit organizations providing this assistance.
- The shifting economic effects of the ACA on governments (federal and state policies); on the health-insurance industry (with its changed role under the ACA law); and on marketplaces for care, including analyses of the roles and influence of different types of public agencies and entities as well as the community, nonprofit, and stakeholder organizations in the institutional landscape for the provision of care.

We are well positioned to take a hard, careful, neutral look at the inevitable challenges and problems that arise and the effects of policy and administrative changes made to deal with them over time.

Outputs from network research available for public use online will include: (1) state-level analyses for the sample states (both individually and collectively), with the individual state-level based on identical reporting formats that have clearly defined topic areas; (2) crosscutting/multistate analytical reports; and (3) reliable, verifiable qualitative rating scales on key aspects and issues of ACA implementation to facilitate comparative analysis.

Currently, the sample of 40 states includes the following states and Field Research Analysts listed below with information about decisions to date on program structure and policy choices.

Key – F = Federal (Federally Facilitated Exchange); P = Partnership (federal-state exchange); S = State Exchange; NM = Not Expanding Medicaid; YM = Yes, Expanding; MU= Medicaid Uncertain

- **Alabama** – F/NM (Michael Morrissey and Leonard J. Nelson III – University of Alabama at Birmingham)
- **Alaska** – F/YM (William Hogan and David Driscoll, University of Alaska Anchorage)
- **Arizona** – F/YM (John Hall and Cathy Eden – Arizona State University)
- **Arkansas** – P/YM (Joseph Thompson – University at Arkansas Medical School and Suzanne McCarthy – Arkansas Center for Health Improvement)
- **California** – S/YM (Micah Weinberg – Bay Area Council)
- **Colorado** – S/YM (Sara Schmitt, Jeff Bontrager and Kevin Butcher – Colorado Health Institute)
- **Connecticut** – S/YM (Mark Hall – Wake Forest University School of Law)
- **Florida** – F/NM (Carol Weissert, Robert Crew and William Weissert – Florida State University)
- **Georgia** – F/NM (Michael Rich and Kathleen Adams – Emory University)
- **Idaho** – S/NM (David K. Jones – University of Michigan)
- **Illinois** – P/YM (Colleen Grogan and Harold Pollack – University of Chicago)
- **Indiana** – F/MU (Kosali Simon and Jill Nicholson-Crotty – Indiana University)
- **Iowa** – P/YM (Brad Wright, Peter Damiano, and Dan Shane, University of Iowa)
- **Kansas** – F/NM (Robert St. Peter, LeAnn Bell and Lise White – Kansas Health Institute)
- **Kentucky**– S/YM (Glen Mays and Julia Costich – University of Kentucky)
- **Louisiana** – F/NM (David Hood – consultant, former state health commissioner)
- **Maine** – F/NM (Andy Coburn and Erika Ziller, University of Southern Maine)

- **Maryland** – S/YM (Jocelyn Johnston – American University)
- **Massachusetts** – S/YM (Amy Lischko – Tufts University School of Medicine and Robert Seifert – The University of Massachusetts Medical School)
- **Michigan** – F/YM (David K. Jones, Marianne Udow-Phillips and Josh Fangmeier)
- **Minnesota** – S/YM (Donna Spencer – University of Minnesota)
- **Missouri** – F/MU (Timothy McBride and William Peck – Washington University in St. Louis)
- **Nevada** – S/YM (Leif Haase – New American Foundation)
- **New Hampshire** – P/MU (Robert Hackey and Todd Olszweski – Providence College)
- **New Jersey** – F/YM (Richard Roper – Joseph C. Cornwell Center, Rutgers)
- **New Mexico** – S/YM (Robert Otto Valdez and Gabriel Sanchez – University of New Mexico)
- **New York** – S/YM (Lawrence Brown and Michael Sparer – Columbia University and Sarah Liebschutz – SUNY Brockport)
- **North Carolina** – F/NM (Mark Hall, Wake Forest University School of Law)
- **Ohio** – F/YM (Amy Rohling McGee – Health Policy Institute of Ohio)
- **Oregon** – S/YM (Billie Sandberg and Jill Rissi – Portland State University)
- **Pennsylvania** – F/YM (John J. DiIulio, Jr. and Joseph P. Tierney – Fels Institute of Government, University of Pennsylvania)
- **Rhode Island** – S/YM (David Rochefort – Northeastern University)
- **South Carolina** – F/NM (Christina Andrews – University of South Carolina)
- **Tennessee** – F/NM (John A. Graves – Vanderbilt University)
- **Texas** – F/NM (David Warner and Samuel Richardson – University of Texas at Austin and Murray Cote – Texas A&M)
- **Utah** – F/MU (Sven Wilson – Brigham Young University)
- **Virginia** – F/MU (Kirk Jonas – University of Richmond and Massey Whorley – The Commonwealth Institute)
- **Washington** – S/YM (Aaron Katz and Patricia Lichiello – University of Washington)
- **West Virginia** – P/YM (Christopher Plein – West Virginia University)
- **Wisconsin** – F/NM (Donna Friedsam and Thomas Kaplan – University Wisconsin at Madison)

- **Project Co-coordinators** – Richard Nathan (Rockefeller Institute of Government) and Alice Rivlin (the Brookings Institution)

Reports now available on the Rockefeller Institute website for states in the Western region ([http://www.rockinst.org/aca/western\\_states.aspx](http://www.rockinst.org/aca/western_states.aspx)) include in-depth richly descriptive analytical reports on ACA implementation in Arizona, California, Colorado, Idaho, Oregon, New Mexico, Nevada and Washington along with an overview analysis. Reports for the Southern states were released at the National Press Club on August 25, 2014 ([http://www.rockinst.org/aca/southern\\_states.aspx](http://www.rockinst.org/aca/southern_states.aspx)).

A planning conference was held in May 2014 at the Fels Institute, University of Pennsylvania. A follow-up public event was held in August 2014 at the National Press Club in Washington on sample states in the Southern region with an overview report and individual-state reports on Alabama, Florida, Kentucky, South Carolina, Texas, and West Virginia. A research conference for the full sample was held in October 2014 in Washington at the Brookings Institution.

It is our intention to be scrupulously evenhanded in carrying out and reporting on this research. There are many goals and theories of change embedded in the law and in the views of both its supporters and detractors. We will do everything we can to walk a fine line of neutrality.

For the years since the ACA was passed, federal and state officials have been working on ACA implementation. Where do things stand; what will happen over time? Central to answering these questions is the fundamental federalism fact that states are different. They are reacting differently to the new law. It is important to understand how they differ. The sample includes states that are themselves operating exchanges, states doing so in “partnership” with the federal government and states by default where the administration of exchanges is administered by the federal government. In the case of the adoption of the expansion of Medicaid to 138 percent of the FPL, the sample includes state governments that have decided to expand and those that have not chosen to do this.

No matter what happens in November, with close to 18 million people aided under the ACA, it is not going to go away in one fell swoop. Even if there are polar changes in politics, taking away benefits is a lot harder than providing them. Some alternative plans have been discussed generally, but even these plans require the same kinds of decisions and actions as those involved now in working out what to do under the existing law. This is a critical time to take a hard look, to look on-the-ground at what is happening under the ACA law because the kinds of implementation challenges it entails are not going to go away in a hurry.

*February 3, 2016*