

State Structures for Implementing Health Reform – Updated October 13, 2010

State	Name of Initiative and Link to Resource	Duties	Members of Initiative
California	<p>Health Care Reform Task Force</p> <p>Link to Press Release</p> <p>Link to Press Release on Legislation</p>	<p>To implement key reform provisions, including health benefit exchange, and other legislation signed to enact portions of health reform in 2010 and the long term.</p> <p>www.Healthcare.ca.gov contains priorities for implementation, timelines for major changes, and updates on Task Force actions</p> <p>With support of Task Force, Governor signed legislation on 10/1/10 making California the first state to enact legislation creating a health benefit exchange</p>	<p>Task Force is chaired by Health and Human Services Secretary Kim Belche.</p> <p>The Task Force includes members from the:</p> <ol style="list-style-type: none"> 1) Governor’s Office; 2) Department of Finance; 3) Department of Health Care Services; 4) Department of Public Health; 5) Department of Managed Health Care; 6) Office of Statewide Health Planning and Development; 7) Managed Risk Medical Insurance Board; 8) Office of Systems Integration.
Colorado	<p>The Director of Health Reform Implementation</p> <p>Interagency Health Reform Implementing Board</p> <p>Link to Executive Order</p>	<p>Director of Health Reform Implementation: Responsible for the coordination of and facilitation between agencies in order to implement health care reform.</p> <p>Interagency Health Reform Implementing Board The Board is to report quarterly to the Governor on the status of implementation. Its duties include:</p> <ul style="list-style-type: none"> • Developing a strategic plan for implementation; • Coordinating agency efforts to implement and monitor health reform; • Providing leadership and being accountable for implementation of state and federal health reform; • Engaging stakeholders to advise and assist in implementation; • Collaborating with appropriate federal agencies, state agencies, and stakeholders when necessary regarding the establishment of new rules, regulations, or mechanisms for implementation; • Providing transparent access to information; • Launching and regularly updating a new website that will provide residents with information about health reform, the phases of implementation, and how changes may benefit them; • Identifying opportunities for collaboration within the State, as well as regionally and nationally; • Analyzing the impact of health reform on state departments and agencies; • Recommending executive action or legislation to effectively implement health reform; and • Pursuing federal and state grants to assist in implementing health reform. 	<p>Voting Members of Board</p> <ol style="list-style-type: none"> 1) Executive Director of the Department of Health Care Policy and Financing; 2) Director of Health Reform Implementation; 3) State’s Chief Medical Officer. If there is no Chief Medical Officer, the Executive Director of the Department of Public Health and Environment; 4) Executive Director of the Department of Human Services; 5) Director of the Division of Human Resources in the Department of Personnel and Administration; 6) Commissioner of Insurance in the Department of Regulatory Agencies; 7) Executive Director of the Department of Revenue; 8) Budget Director of the Governor’s Office of State Planning and Budgeting; 9) Director of the Office of Information Technology; 10) Chief Legal Counsel to the Governor; and 11) A representative of the Governor’s Policy Office. <p>Chair: Executive Director of the Department of Health Care Policy and Financing</p>

<p>Connecticut (July 8, 2009)</p>	<p>Connecticut Health Care Reform Advisory Board</p> <p>Link to Executive Order</p>	<p>The Connecticut Health Care Reform Advisory Board shall prepare a set of proposed health care policies in response to federal health care reforms.</p> <p>The board must make interim recommendations on or before February 1, 2010 and final recommendations to the Governor and to the General Assembly on or before January 1, 2011.</p>	<ol style="list-style-type: none"> 1) The Comptroller, or her designee; 2) The Secretary of the Office of Policy and Management, or his designee; 3) A member appointed by the Governor, who shall be a representative of the nursing or allied health professions; 4) A member appointed by the Governor, who shall be a representative of the health insurance industry; 5) A member appointed by the Governor, who shall be a representative of the business community; 6) A member appointed by the Governor, who shall be a representative of the hospital industry; 7) A member appointed by the President Pro Tempore of the Senate, who shall be a primary care physician; 8) A member appointed by the Speaker of the House of Representatives, who shall be a representative of organized labor; 9) A member appointed by the Majority Leader of the Senate, who shall have expertise in the provision of employee health benefit plans for small businesses; 10) A member appointed by the Majority Leader of the House of Representatives, who shall have expertise in health care economics or health care policy; 11) A member appointed by the Minority Leader of the Senate, who shall have expertise in health information technology; 12) A member appointed by the Minority Leader of the House of Representatives, who shall have expertise in the actuarial sciences or insurance underwriting; and 13) The Commissioners of the Departments of Social Services and Public Health and the Office of Health Care Access, or their designees. <p>Chair: Governor shall appoint the chair</p>
<p>Connecticut (April 14, 2010)</p>	<p>Health Care Reform Cabinet</p> <p>Link to Executive Order</p>	<p>The Health Care Reform Cabinet is tasked with:</p> <ul style="list-style-type: none"> • Providing transparent access to information; • Assessing insurance market reforms needed to prepare Connecticut for final implementation of national health reform in 2014; • Developing a plan to pursue federal funds for a temporary high-risk health insurance pool; • Creating a health insurance purchasing exchange that will: create a website where small business owners and individuals can find a comparison of insurance policies including costs incurred and benefits provided; provide a point of access for all eligible residents and businesses to choose 	<p>The Cabinet is comprised of the commissioners or their designees from the following agencies:</p> <ol style="list-style-type: none"> 1) The Office of Policy and Management; 2) The Department of Insurance; 3) The Department of Social Services; 4) The Department of Public Health; 5) The Department of Mental Health and Addiction Services; 6) The Department of Developmental Disability Services; 7) The Department of Children and Families; 8) The Department of Revenue Services; 9) The Department of Economic and Community Development; 10) The Department of Information Technology; and 11) The Connecticut Health and Educational

		<p>their insurance; and be structured to promote the highest quality and most cost-effective health care providers and insurers.</p> <ul style="list-style-type: none"> • Pursue federal funding and/or foundation funding opportunities to assist in developing the exchange and implementing any other aspects of health care reform. <p>Also, the Department of Public Health, on behalf of the Cabinet, shall launch and regularly update a website that will provide Connecticut residents with information about national health care reform, the phases of implementation and how changes may benefit them.</p>	<p>Facilities Authority.</p> <p>Chair: Deputy Commissioner of the Department of Public Health</p>
Delaware	State Health Care Reform Steering Committee	<p>Will analyze the effects of and plan for the implementation of health care reform legislation, engage in a planning process to support informed decision-making about the most appropriate Exchange option for Delaware, and make recommendations regarding legislation versus regulatory action to address issues pertaining to PPACA.</p>	<p>Chaired by Secretary of Department of Health & Social Services. Includes representation from:</p> <ol style="list-style-type: none"> 1) Department of Insurance 2) Delaware Health Care Commission 3) Office of Management and Budget 4) Department of Technology and Information
Illinois	<p>Illinois Health Reform Implementation Council</p> <p>Link to Executive Order</p>	<p>The Council shall make recommendation on, but not limited to, opportunities and responsibilities in the Affordable Care Act to:</p> <ul style="list-style-type: none"> • Establish a health insurance exchange and related consumer protection reforms; • Reform Medicaid services structures and enrollment systems; • Develop an adequate workforce; • Incentivize delivery systems to assure high quality health care and achieve desired outcomes; • Identify federal grants, pilot programs, and other non-state funding sources to assist with implementation of the Affordable Care Act; and • Foster the widespread adoption of electronic medical records and participation in the Illinois Health Information Exchange. 	<p>Members of the Council shall be appointed by the Governor and include the following individuals or their designees:</p> <ol style="list-style-type: none"> 1) A designee of the Office of the Governor; 2) Director of the Department of Healthcare and Family Services; 3) Director of the Department of Insurance; 4) Director of the Department of Public Health; 5) Director of the Department of Aging; 6) Secretary of the Department of Human Services; 7) Director of the Office of Health Information Technology; 8) Director of Central Management Services; 9) Director of the Governor's Office of Management and Budget; 10) Director of the Department of Labor; 11) Secretary of the Department of Financial and Professional Regulation. <p>Chair: The designee of the Office of the Governor Vice-Chairs: Directors of the Department of Insurance and the Department of Healthcare and Family Services</p>

<p>Maine</p>	<p>Health Reform Implementation Steering Committee</p> <p>Link to press release and Executive Order</p>	<p>In Conjunction with the Governor’s Office of Health Policy and Finance, the Health Reform Implementation Steering Committee shall report to the Governor monthly. They shall immediately:</p> <ul style="list-style-type: none"> • Conduct an in-depth analysis of the new federal legislation; • Identify the steps necessary to produce an implementation plan; • Develop a plan to pursue funds pursuant to the national temporary high risk pool; • Plan for the creation of the State Health Exchange; and • Plan for the implementation of all other components of National Health Reform, including specific action steps, timelines, and assignment of lead responsibility. <p>They shall also:</p> <ul style="list-style-type: none"> • Advise the Governor and provide coordination and leadership for implementation across all departments and agencies of the executive branch; • Assure information sharing and coordination of efforts with the Legislative Joint Select Committee on Health Care Reform Opportunities and Implementation; • Assure stakeholder engagement by consulting the Advisory Council on Health Systems Development to ensure open dialogue; and • Ensure the State Health Plan is consistent with implementation efforts, which must include a chapter outlining issues and options for National Health Reform implementation. 	<ol style="list-style-type: none"> 1) The Director of the Governor’s Office of Health Policy & Finance; 2) Commissioner of the Department of Health and Human Services; 3) Commissioner of the Department of Professional and Financial Regulation; 4) Superintendent of Insurance; and 5) Executive Director of the Dirigo Health Agency. <p>Other members may be invited on an as needed basis</p> <p>Chair: The Director of the Governor’s Office of Health Policy and Finance</p>
<p>Maryland</p>	<p>Maryland Health Care Reform Coordinating Council</p> <p>Link to Executive Order</p>	<p>By July 15, 2010, the Council must submit to the Governor a comprehensive evaluation of the federal health reform legislation and identify critical decision points that must be considered by the State.</p> <p>By January 1, 2011, the Council must submit to the Governor a comprehensive document with policy recommendations and implementation strategies.</p>	<ol style="list-style-type: none"> 1) The Governor or Governor’s designee 2) The Lieutenant Governor; 3) Secretary of the Department of Health and Mental Hygiene; 4) Secretary of the Department of Budget and Management; 5) The Insurance Commissioner; 6) The Attorney General or the Attorney General’s Designee; 7) The Chair of the Health Services Cost Review Commission or the Chair’s designee; 8) The Chair of the Maryland Health Care Commission or the Chair’s designee; 9) Two members of the Maryland Senate (appointed by the President of the Senate); and 10) Two Members of the Maryland House of Delegates (appointed by the Speaker of the House). <p>Co-Chairs: The Secretary of the Department of Health and Mental Hygiene and the Lieutenant Governor</p>
<p>Michigan</p>	<p>The Health Insurance Reform Coordinating</p>	<p>The Council was not given a specific deadline to report recommendations. The Council is tasked with:</p>	<ol style="list-style-type: none"> 1) The Director of the Department of Community Health; 2) The Director of the Department of Human

	<p>Council</p> <p>Link to Executive Order</p>	<ul style="list-style-type: none"> • Conducting a comprehensive evaluation health reform laws to identify decision points or state action items necessary to comply with the law or to further enhance access to health care, reduce costs, and improve quality; • Identifying and recommending mechanisms to assure a coordinated and efficient state implementation; • Engaging stakeholders to develop implementation recommendations; • Facilitating collaboration with federal agencies regarding the establishment of new rules, regulations, or mechanisms for implementation; • Developing recommendations for implementation of a health insurance exchange; • Analyzing the impact of health reform on state departments and agencies, including budgetary impacts; • Identifying federal grants, pilot programs, and other non-state funding sources to assist with implementation; • Recommending executive action or legislation to effectively and efficiently implement health reform; • Submitting to the Director of the Department and to the Governor a strategic plan for the effective and efficient implementation of health reform; • Performing other functions related to implementation as requested by the Director of the Department or the Governor. 	<p>Services, or his or her designee from within the Department of Human Services;</p> <p>3) The Director of the Department of Technology, Management, and Budget, or his or her designee from within the Department of Technology, Management, and Budget;</p> <p>4) The State Budget Director, or his or her designee from within the State Budget Office;</p> <p>5) The State Personnel Director, or his or her designee from within the Civil Service Commission;</p> <p>6) The Director of the Office of the State Employer, or his or her designee from within the Office of the State Employer;</p> <p>7) The Commissioner of Financial and Insurance Regulation, or his or her designee from within the Office of Financial and Insurance Regulation; and</p> <p>8) The Director of the Medical Services Administration within the Department of Community Health.</p> <p>Chair: Director of the Department of Community Health</p>
Minnesota	<p>Health Care Reform Task Force</p> <p>Link to Signed Legislation (Article 22, Section 4)</p>	<p>The Task Force shall develop and present to the governor and legislature a preliminary report and recommendations on state implementation of federal health care reform legislation by December 15, 2010.</p> <p>The report must include recommendations for state law and program changes to comply with federal health care reform, recommendations for implementing optional provisions for states, considerations to maximize federal funding to the state, and a timeline for future reports on state implementation.</p>	<p>The governor will appoint 13 voting members to the Task Force, and the legislature will appoint 4 members. Appointments by the governor will include:</p> <ol style="list-style-type: none"> 1) Two persons representing the governor and state agencies; 2) Three persons with demonstrated leadership in health care organizations, health plan companies, or health care trade or professional associations; 3) Three persons with demonstrated leadership in employer and group purchaser activities (1 from the business community and 2 from labor organizations); and 4) Five persons with demonstrated expertise in areas of health care financing, access, and quality.
Mississippi	<p>Health Insurance Exchange Study Committee</p> <p>Link to Signed Legislation</p>	<p>The Committee will conduct an extensive study of health insurance exchanges as proposed at the federal level. The study will include, but is not limited to, the following issues:</p> <ul style="list-style-type: none"> • The participation of insurance carriers in the exchange, the benefits offered by carriers, the rules and standards for the insurance products and the rating standards that the state will establish for the products; • The pool of eligible individuals to mitigate any selection effects on the small group 	<ol style="list-style-type: none"> 1) Two members who represent insurance companies, appointed by the Governor, one of which shall be a domestic insurer, and one of which shall be the insurer for the Mississippi Children's Health Insurance Program (CHIP); 2) Two health insurance underwriters named by the Mississippi Health Underwriters Association; 3) A business owner named by the Mississippi Manufacturer Association; 4) A licensed independent insurance agent named by the Independent Insurance Agents of Mississippi; 5) A business owner named by the National

		<p>market;</p> <ul style="list-style-type: none"> • The review of all applicable ERISA, HIPAA and COBRA laws to ensure plans meet the requirements for rating, guarantee issue, imposition of preexisting condition exclusions and continuation of coverage, and potential liability of carriers if the exchange is negligent in applying the laws; • The role of insurance agents in the exchange, the compensation of the agents, and to ensure that all applicable state and federal laws are followed; • The necessity of duplicate costs from dual regulations of health insurance plans in the State of Mississippi; • Thorough review of other states' results and implementation of similar plans; • The ability to reduce the number of uninsured; • The effect of adverse selection; • The funding requirements and fiscal notes; • The projected fees paid by employees and employers; • The methodology used to establish the cost of the projected fees; • Study of other states' successes and failures; • Analysis and documentation of the uninsured population in this state; and • Analysis of the individuals outlined above to determine emergency room utilization and costs. 	<p>Federation of Independent Business;</p> <ol style="list-style-type: none"> 6) Two members of the House of Representatives appointed by the Speaker of the House, one of which shall be the Chairman of the House Insurance Committee; 7) Two members of the Senate appointed by the Lieutenant Governor, one of which shall be the Chairman of the Senate Insurance Committee; 8) A member named by the Division of Medicaid; and 9) The Commissioner of Insurance or his designee.
<p>New Mexico</p>	<p>New Mexico Health Care Reform Leadership Team</p> <p>Link to Executive Order</p>	<p>The Leadership Team is responsible for developing a strategic plan, coordinating across state agencies, being accountable for recommendations, and overseeing planning, development, and implementation.</p> <p>The strategic plan is to be presented to the Governor no later than July1, 2010 and shall include:</p> <ul style="list-style-type: none"> • Measures to implement health reform, including proposals for statutory and regulatory changes, resource allocation, budgeting, and personnel management; • An analysis of how health reform will impact the state budget; • Identification of funding sources, including federal grants and existing state resources, as well as potential gaps in funding; • An analysis of data necessary for implementation; • An analysis of existing state agency capacities and consideration of any necessary structural changes within state government; • A timeline for implementation; • A communication plan for stakeholders, the public, and state agencies. 	<ol style="list-style-type: none"> 1) The Secretary of the Human Services Department; 2) The Secretary of the Department of Health; 3) The Secretary of the Department of Workforce Solutions; 4) The Secretary of Taxation and Revenue Departments; 5) The Secretary of the Department of Information Technology; 6) The Superintendent of the PRC Division of Insurance; 7) The Secretary of the Children, Youth, and Families Department; 8) The Secretary of the Aging and Long Term Services Department; 9) The Secretary of the Indian Affairs Department; 10) The Behavioral Health Collaborative CEO; and 11) A representative of the Governor's Office. <p>Chair: The Secretary of the Human Services Department</p>

<p>New York</p>	<p>Governor's Health Care Reform Cabinet</p> <p>Link to Press Release</p>	<p>The Health Care Reform Cabinet is charged with the following tasks:</p> <ul style="list-style-type: none"> • Identifying deadlines for the completion of interim or final steps necessary or desired to comply with the provisions of federal health care reform; • Identifying those provisions of federal health care reform with which the State must comply and those that are optional, and evaluating whether participation in optional programs is appropriate; • Assessing the State's capacity to carry out those provisions of federal health care reform that affect or potentially affect the State; • Identifying any changes needed to State statute, regulation, policy or procedure in order to implement such provisions and facilitating the achievement of such changes as necessary; • Communicating with the federal government, local governments, other states, health care providers, and other stakeholders as advisable or necessary; and • Providing for outreach to the public to educate them on the implementation of reforms as necessary. 	<p>The Health Care Reform Cabinet will have representatives from the following state agencies and offices:</p> <ol style="list-style-type: none"> 1) Department of Health 2) Department of Insurance 3) Division of the Budget 4) Department of Civil Service 5) Department of Taxation and Finance 6) Department of Labor 7) Office for Technology 8) Office of Temporary and Disability Assistance 9) Office of Mental Health 10) Office of Mental Retardation and Developmental Disabilities 11) Office of Alcoholism and Substance Abuse Services 12) Office for Aging 13) Office of the Medicaid Inspector General Office of Children and Family Service 14) Deputy Secretary for Human Services, Technology and Operations 15) Deputy Secretary for Intergovernmental Affairs 16) Counsel to the Governor <p>Chair: Director of State Operations Vice-Chairs: Deputy Secretary for Health, Medicaid and Oversight; Deputy Secretary for Labor and Financial Regulation</p> <p>The Governor will also name an external advisory group representing health care providers, consumers, businesses, organized labor, local governments, health insurers, and health policy experts to assist and advise the Cabinet and ensure stakeholder and public engagement.</p>
<p>Nevada</p>	<p>Nevada Health Care Reform Teams</p> <p>Link to Website</p>	<p>Founded by the Director of the Nevada Department of Health & Human Services under the direction of the Governor, the Health Care Reform Policy Planning Group and the Health Care Reform Implementation Working Group are the two teams that will provide information and advice on matters of health care reform.</p> <p>The priorities of the Policy Planning Group are to monitor issues related to health care reform and inform the Governor's office of decisions and that must be made and provide advice as to those decisions. The Implementation Working Group and its subcommittees will develop white papers on key issues of healthcare reform, particularly what the state must do to prepare for full implementation. Both teams will work in an ongoing basis as long as necessary, without a specific deadline.</p>	<p>The Health Care Reform Policy Planning Group will have one or more representatives from the following offices and agencies:</p> <ol style="list-style-type: none"> 1) Director of Nevada's Department of Health and Human Services 2) Nevada Insurance Commissioner 3) Administrator of Nevada's Division of Health Care Financing & Policy 4) Nevada State Insurance Division 5) Office of the Attorney General 6) Nevada Risk Management 7) Nevada Public Employees Benefits Program 8) Director of Governor's Office of Consumer Health Assistance 9) Administrator of Nevada Division of Welfare & Supportive Services <p>Chair: Director of Nevada's Department of Health and Human Services</p> <p>The Health Care Reform Implementation Working Group will have administrators and staff representatives from the following offices and agencies:</p>

			<ol style="list-style-type: none"> 1) Division of Health Care Financing & Policy 2) Aging and Disability Services Division 3) Division of Mental Health & Developmental Services 4) Division of Welfare & Supportive Services 5) Division of Child & Family Services 6) Nevada State Health Division 7) DHHS Director's Office <p>Chair: Administrator of Nevada's Division of Health Care Financing & Policy</p>
Ohio	<p>Ohio Health Care Reform Stakeholder Forum</p> <p>Link to Executive Order</p>	<p>Interagency group with regular public meetings to monitor and work towards implementation PPACA provisions.</p>	<p>This group includes representation from:</p> <ol style="list-style-type: none"> 1) The Governor's Office 2) Department of Insurance 3) Health Care Coverage and Quality Council 4) Department of Health 5) Department of Mental Health 6) Department of Aging 7) Department of Alcohol and Drug Addiction Services 8) Department of Job & Family Services 9) Department of Administrative Services 10) Department of Developmental Disabilities 11) Board of Regents
Pennsylvania	<p>Commonwealth Health Care Reform Implementation Committee</p> <p>Link to Executive Order</p>	<p>The Commonwealth Health Care Reform Implementation Committee shall:</p> <ol style="list-style-type: none"> 1) Design the optimal programmatic model for the commonwealth's High Risk Pool. 2) Design the optimal organizational model to support a customer-friendly and efficient health benefit exchange. 3) Identify all technology, organization and process improvements necessary to support the implementation of all state obligation under the Act. 4) Prepare a strategic plan for the implementation of the Act. 5) Identify legislative action necessary to enable full implementation of the Act and draft legislation for discussion with appropriate members of the legislature. 6) Create, as needed, inter-agency teams comprised of key staff to assist the Health Care Reform Implementation Committee's decision making process. 7) Engage members of the Commonwealth's Health Care Reform Implementation Advisory Committee and seek public input as necessary to accomplish its charge. 	<p>The members of the Commonwealth Health Care Reform Implementation Committee shall be appointed by the Governor and shall include the following individuals or their designees:</p> <ol style="list-style-type: none"> 1) Governor's Chief of Staff 2) Secretary of Administration 3) Secretary of Aging 4) Secretary of the Budget 5) Director of the Governor's Budget Office 6) Secretary of Health 7) Executive Director of the Office of Health Care Reform 8) Insurance Commissioner 9) Secretary of Legislative Affairs 10) Secretary of Planning and Policy 11) Secretary of Public Welfare 12) Deputy Secretary of Public Welfare for Medical Assistance <p>Chair: The Governor shall designate the Chair of the Health Care Reform Implementation Committee</p> <p>The Governor shall also appoint members to the Health Care Reform Implementation Advisory Committee which will provide feedback, inform best practices, and advise the Commonwealth Health Care Reform Implementation Committee.</p>

<p>Vermont</p>	<p>Governor's Health Care Cabinet</p> <p>Link to Executive Order</p>	<p>The Cabinet was not given a specific deadline to report findings. Rather, the Cabinet reports to the Governor periodically on how to better integrate health care delivery, improve communication, and provide strategic responses to federal health care reform.</p>	<p>The Health Care Cabinet shall consist of ex-officio representatives from State agencies and departments to include:</p> <ol style="list-style-type: none"> 1) Secretary of Civil and Military Affairs; 2) The Secretary of the Agency of Human Services; 3) Commissioner and Deputy Commissioners of the Department of Health; 4) Commissioners of the Departments of Mental Health, Children and Families, Disabilities, Aging & Independent Living, Labor and Human Resources; 5) Commissioner of the Department of Banking, Insurance, Securities and Health Care Administration and the Deputy Commissioner of Health Care Administration; 6) Director of the Office of Vermont Health Access; 7) Director and Deputy Director of Health Care Reform; and 8) Director of the Vermont Blueprint for Health. <p>Chair: The Governor shall appoint Co-Chairs</p>
<p>Virgin Islands</p>	<p>Health Care Reform Implementation Task Force</p> <p>Link to Executive Order</p>	<p>The Health Care Reform Implementation Task Force shall:</p> <ul style="list-style-type: none"> • Review and research all aspects of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 and their impact on the Territory; • Provide guidance and specific recommendations with respect to implementation of health initiatives, and involve key stakeholders and groups; • Provide short and long range detailed plans including actions and timelines; • Identify funding sources with which the Territory could utilize in implementing health care reform initiatives; • Recommend legislation or executive action to improve access to health care for residents; • Perform such other functions as may be directed by the Governor. • Submit to the Governor quarterly written reports and complete a Master Implementation Plan no later than 180 days after the first meeting of the Task Force. 	<ol style="list-style-type: none"> 1) Governor or his designee; 2) Lieutenant Governor; 3) Commissioner of Health; 4) Director of Personnel; 5) Director of the Office of Management and Budget; 6) Attorney General; 7) CEO of the Schneider Regional Medical Center; 8) CEO of the Governor Juan F. Luis Hospital; 9) Executive Director of the St. Thomas East End Medical Center Corp.; 10) CEO of Frederiksted Health Care, inc.; 11) Director of VI Equicare; 12) Chair of the GESG/Health Insurance Board of Trustees; and 13) Chairman of the Legislature's Committee on Health. <p>Chair: Lieutenant Governor</p>

<p>Virginia</p>	<p>Health Care Reform Initiative</p> <p>Link to Press Release</p>	<p>The Health Care Reform Initiative will examine best practices for Medicaid programs, pursue reforms to improve safety and quality, and examine the impact of the requirements of the Patient Protection and Affordable Care Act including Medicaid, insurance, and delivery system reforms.</p> <p>The Initiative will submit findings that impact the development of the Executive Budget by September 30, 2010. Reports of the Initiative’s activities, findings, and recommendations will be submitted to the Governor on January 10, 2011 and every following year until 2014.</p>	<p>The Health Care Reform Initiative will be staffed and supported with existing resources from the following offices and agencies:</p> <ol style="list-style-type: none"> 1) Office of the Secretary of Health and Human Resources; 2) Department of Planning and Budget; and 3) Department of Medical Assistance Services. <p>The Secretary of Health and Human Resources will establish an advisory group of stakeholders and interested parties to provide input and advice.</p>
<p>Washington</p>	<p>Health Care Cabinet</p> <p>Link to Executive Order</p>	<p>By August 1, 2010, the Health Care Cabinet will submit to the Governor a plan identifying:</p> <ul style="list-style-type: none"> • Short and long range opportunities, issues, and gaps created by the enactment of national health reform; • Structures and processes needed by state agencies to orchestrate reform implementation including those to appropriately assist the private health care sector in its implementation efforts; • Work force capacity and training needs in the public and private sectors; and • Specific action steps, timelines, and assignment of lead responsibility. <p>The work plan must contain recommendations from the Administrator of the Health Care Authority and Secretary of the Department of Social and Health Services, in coordination with the Office of Financial Management and Executive Policy Office, identifying specific actions and timelines to implement uniform policies and to consolidate duties, functions and powers related to state agencies’ health care purchasing under the Health Care Authority.</p>	<p>Permanent Members</p> <ol style="list-style-type: none"> 1) Administrator of the Health Care Authority; 2) Secretary of the Department of Health; 3) Secretary of the Department of Social and Health Services; 4) Director of the Executive Policy Office; and 5) Director of the Office of Financial Management. <p>Invited on a “As Needed” Basis</p> <ol style="list-style-type: none"> 1) Secretary of Corrections; 2) Director of the Department of Retirement Systems; 3) Director of the Department of Veterans Affairs; 4) Director of the Department of Labor and Industries; and 5) Office of the Insurance Commissioner. <p>Chair: Director of the Executive Policy Office</p>
<p>Wisconsin</p>	<p>Office of Health Care Reform</p> <p>Link to Executive Order</p>	<p>Although no specific date is given by which the new office should complete these tasks, the executive order puts forth goals for the Office of Health Care including:</p> <ul style="list-style-type: none"> • Developing a plan that uses national health care reform to build on Wisconsin’s existing programs; • Providing transparent access to information; • Assessing insurance market reforms needed to prepare Wisconsin for final implementation of national health reform in 2014; • Developing a plan to pursue federal funds for a temporary high risk health insurance pool; • Creating a health insurance purchasing exchange. Exchange must create a website to 	<p>The new Office of Health Care Reform is to be led by the Secretary of the Department of Health Services and the Commissioner of Insurance.</p>

		<p>aid price/quality transparency, provide a single point of access for all eligible residents and businesses to choose their insurance, promote consumer choice by providing easy comparability of health plans, lower health care premium costs by creating a large pool of employees to increase consumer purchasing and bargaining power, and reward the highest quality/cost-effective health care providers and insurers;</p> <ul style="list-style-type: none"> • Pursuing federal grants to assist in developing the exchange and implementing any other aspects of health care reform; and • Directing the Department of Health Services, on behalf of the Office of health care reform, to launch and regularly update a new website – www.healthcarereform.wisconsin.gov – that will provide Wisconsin residents with information about national health care reform, the phases of implementation, and how changes may benefit them. 	
Wyoming	<p>State Agency Leadership Team</p> <p>Link to Press Release</p>	<p>The team will determine how national health care reform will affect state programs and the people they serve. The team will draft a short-term work plan that will set out necessary considerations and actions through January 1, 2011.</p>	<p>The State Agency Leadership Team will consist of representative from the following agencies and departments:</p> <ol style="list-style-type: none"> 1) Director of the Department of Health 2) Director of the Department of Insurance 3) Director of the Department of Family Services 4) Director of the Department of Education 5) Director of the Department of Workforce Services 6) Administration and Information's Group Health Insurance Program 7) Office of the State's Chief Information Officer 8) Attorney General's Office <p>Other state agencies will be added to the team as necessary for analysis and implementation.</p>