

Staying on Top of Health Reform: An Early Look at Workforce Challenges in Five States

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Study Methods

- 5 States:
 - Connecticut, Massachusetts, Michigan, North Carolina, and Washington
 - Political and geographic diversity; some states face political transitions
- Interviews conducted July 12 - September 1, 2010
- Interviews with public and community health agency heads, insurance commissioners, Medicaid administrators, finance directors, leaders of health reform cabinets, & health policy experts

Study Findings

- States moved quickly to set up planning structures to implement ACA
 - Structures designed to promote coordination across agencies and to engage key stakeholders
 - Medicaid Directors and Insurance Commissioners key roles
- Pending elections and political transitions affect state strategies -- and the pace -- of health reform
- Not enough staff capacity to implement ACA
 - Aging workforce
 - State salary structures / civil service processes
 - Recession driven cutbacks in state workforce (hiring freezes, furloughs, layoffs, early retirement incentives)

Study Findings Continued

- States seek timely guidance, financial support, and a “true partnership” with the federal government
- Key staffing challenges include:
 - Designing insurance exchanges
 - Handling expanded enrollment for Medicaid and state exchanges
 - Updating eligibility systems.
- States plan to hire contractors to handle some of this work (could be competition for expertise)

Opportunities

- Health care reform offers a chance to restructure Medicaid eligibility determinations and improve program operations
- Now is the time to plan for future workforce needs
 - 1/3 of state workers eligible to retire in the next five years
 - Many ACA provisions go into effect in 2014, but planning needs to occur now to meet timeframes