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FEDERAL GOVERNMENT NEEDS TO BE COMMITTED PARTNER
WITH STATES ON HEALTH REFORM EFFORTS: JAMA ANALYSIS

Without Federal Partnership, States Are Doomed To Fail, Warn Authors

(Washington D.C.) A growing number of states are staking out ways to address their own health coverage, cost and quality gaps in the absence of a national effort but an article in today’s issue of the Journal of the American Medical Association says the federal government cannot sit passively in the process. Federal inaction permits an opportunity for states to step into the vacuum and move the country forward. However, “the federal government can and should facilitate state initiatives” if these laboratories are to flourish and serve as national models, say co-authors Arthur Garson, Jr., MD, University of Virginia’s Dean of the School of Medicine and David Blumenthal, MD, Director of the Institute for Health Policy at Massachusetts General Hospital. Their article is one of a series in this week’s thematic issue of JAMA, which focuses on access to care.

President Bush has promised to help states create their own solutions to the health care problem. The authors don’t endorse the specifics of that plan but they applaud the Bush Administration for recognizing that states can’t solve the nation’s health problems without significant federal help, both in terms of funding and guidance.

Garson and Blumenthal describe a range of state-based efforts to expand access to care such as those in Massachusetts and California and highlight legislation now pending in Congress that would support these initiatives. While state innovation will clearly be a valuable part of any current solution to the nation’s health care problems, states face many hurdles that the federal government can help overcome. For example, one of the biggest hindrances to state health reform has been the lack of funding. Unlike Congress, states have to balance their budgets. Garson and Blumenthal say this places greater limits on their ability to experiment with potentially risky initiatives such as expanded coverage programs. In addition, if a state imposes individual or employer mandates, they risk losing tax-paying businesses. States also may not have the infrastructure or the financial support to mount new initiatives so the federal government would need to step in as a committed partner to help these experiments move forward.

The authors tout a bipartisan bill now pending in Congress by Sens. Jeff Bingaman (D-NM) and George Voinovich (R-OH) and Reps. Tammy Baldwin (D-WI), Tom Price (R-GA), and John Tierney (D-MA) that would go a long way to facilitate state-federal partnerships. The Health Partnership Act would give grants to states and groups of states to carry out a broad range of private and public strategies to increase coverage, improve quality, and use information technology. Garson and Blumenthal say this bill is a good example of how the government can set constructive guidelines for what should be allowable state experiments based on a set of agreed on conditions such as requiring states to set and reach measurable multi-year goals for shrinking their uninsured pools, basing funding levels on a state’s ability to demonstrate broad-based efforts at reform, and requiring states to evaluate and report back on their progress so national leaders will know what works and doesn’t work.
For copies of the article by Garson and Blumenthal, “State-Federal Partnerships for Access to Care: An End and a Means,” contact [Sara please fill in here ..web address, etc]

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