

Scott Walker Says No to State Role in Health Care Reform

Posted on Nov 19, Posted by [Bob Kiefert, Green Bay Progressive](#) Category [Our View](#)



MADISON - Wisconsin won't create a health insurance exchange, Gov. Scott Walker (R) announced Friday, joining several other Republican governors to reject a key component of President Barack Obama's health care reform law.

Wisconsin was one of the [few remaining holdouts](#) until Friday, the original deadline for states to declare whether they would run a health insurance exchange, before the Federal government gave stalling States an extension to Dec. 14. The exchanges are [online marketplaces where uninsured people and small business will shop for coverage](#) and find out if they qualify for financial assistance or Medicaid benefits beginning in 2014.

Many other states have declared they would leave the operation of the exchanges to the federal government, or partner with federal authorities rather than take charge themselves, as the law intended.

Walker decided to turn the health insurance exchange in Wisconsin over to the federal government rather than do the job himself, citing in a letter to Health and Human Services Secretary Kathleen Sebelius his opposition to Obamacare and his belief that states like Wisconsin still [wouldn't have enough say](#) over their health care markets even if they manage their own exchanges under federal guidelines.

"No matter which option is chosen, Wisconsin taxpayers will not have meaningful control over the health care policies and services sold to Wisconsin residents," Walker wrote. "If the state option is chosen, however, Wisconsinites face risk from a federal mandate lacking long-term guaranteed funding."

Walker had previously rejected a \$38 million dollar Federal government grant to establish the

exchange, and joining the effort at this late date would have been time consuming and expensive. States also have the option of taking over the exchanges after the feds do the heavy lifting, further reducing the incentive for Walker to get involved. From his own political point of view, Walker has little to gain and much to lose from the successful implementation of an exchange in Wisconsin.

Local control of the exchange establishment would have allowed Wisconsin officials to tailor the program to the particular needs of its citizens and given smaller local health care vendors greater access to the bidding process. By dealing only with the larger vendors on a national basis, the Federal government may have less leverage in negotiating the best prices for Wisconsin citizens.

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