

On March 23, 2010, President Obama signed into law a comprehensive Health Care Reform bill which includes numerous reforms aimed at improving the U.S. health care delivery system, controlling health care costs and expanding health coverage.

One of the largest logistical challenges facing the federal and State governments in 2013 is setting up public Health Insurance Marketplaces. These are websites and call centers which individuals may use to shop and apply for their own health insurance. Public Marketplaces and potential subsidies are not intended for individuals with access to employer-sponsored coverage meeting government-defined standards for "minimum value" and "affordability."

Enrollment in the public Marketplaces is expected to begin on Oct. 1, 2013 for coverage to begin in 2014. The federal Department of Health and Human Services (HHS) expects 20 million individuals to purchase their medical insurance through the public Marketplaces in the next few years.

States have three options with respect to their public Marketplaces. A State may:

1. Establish its own state-based public Marketplace for its residents (16 States and D.C.)
2. Partner with HHS so that some Marketplace functions can be performed by the State and some by HHS for its residents (7 States); or
3. Have HHS operate a federally-facilitated public Marketplace (FFM) for its residents (27 States).

The map below shows each State's structure as of June 2013.

