an agreed upon bill would force New York to default to a federally run exchange. Shortly after the failure to pass, many studies were ordered to research topics such as essential health benefits, possible insurer regulations, whether large groups should participate, and whether the type should be active purchaser, clearinghouse, or other, to name a few (Benjamin, 2011). A year later, Governor Cuomo signed an executive order, which included: needs for the exchange, assignment to the Department of Health, descriptions of eligibility, creation of regional committees, and a goal to be financially sustainable by 2015 (Benjamin, 2012).

State-Federal Partnership Exchange: Michigan

Michigan is one of seven states that have opted for an exchange partnership with the Federal Government. This gives Michigan partial control of its exchange, but many of the decisions are federally controlled (Martin, 2013). Essentially, this option for partnership allows for states to retain the authority of crafting their own exchange program, but includes the option of the Federal Government to step-in, suggest, and create policy when the state cannot come to a decision (Kaiser Family Foundation, 2012). For example, Michigan may be able to come to an agreement on details of Medicaid, but cannot make decisions about the eligibility for Children's Health Policy Institute (CHIP). Michigan could implement its Medicaid program revisions on its own, and then turn to the Federal Government for assistance in CHIP. This is true for all aspects of health insurance; Michigan can create any policy it wants, and then turn to the Federal Government for any policy it cannot decide on or agree on. Additionally, even if the Federal Government steps in, Michigan still has the authority to accept or reject the federal proposed program. Thus far, Michigan's main decision has been to use the Priority Health HMO as its basic model for defining the regulations and essentials of any plan sold through the exchanges (Anderson, 2012).

Michigan is ideal for the partnership option because of its political actors. Governor Rick Snyder is a Republican, yet he supported the establishment of state exchange programs

(Kaiser Family Foundation, 2013). Overall, Michigan is normally associated as a Democratic state, which could potentially be part of the reason Governor Snyder complied to some degree with the exchange policy. It is quite likely that certain aspects of the exchange program will be agreed upon, while many others may need the assistance of the Federal Government. This means the Federal Government, or more specifically the Health and Human Services Department, is another important part of Michigan's program creation and implementation.

In regard to the timeline process, Michigan ran into similar problems as New York, because the Senate and House could not come to an agreement. In November 2011, the Senate agreed to a state-run exchange, whereas the House declined. During the following year, Governor Snyder tried to work with legislators and interest groups, but the November 2012 deadline to submit a blue-print quickly crept up. In order to avoid a complete federally-run program, Governor Snyder made the decision to declare the intention of a state-federal partnership in August 2012 (Anderson, 2012).

Federally-Facilitated Exchange: Texas

The state of Texas joins the majority—twenty-six states to be exact—that have refused to develop a plan and have therefore defaulted to a complete federal-run exchange program. The responsibility of setting up these exchanges now falls into the hands of the Health and Human Services Department (HHS). This noncompliance ironically morphs the exchange system much closer to the original idea, which was one national exchange system (Kliff, 2013). This is because HHS certainly does not have the time to develop an individualized exchange program for all twenty-six of these states, and so HHS will more than likely develop a general program and apply it to all of these states. It is expected that HHS will implement an exchange that includes a clearinghouse structure. New York, as mentioned above, is planning to adopt an active purchaser structure option, which means there is direct and strict supervision. In contrast,