



Where the Rubber Meets the Road:

*Strategies for Successful State
Implementation of the Affordable Care Act*

State and National Health Advocacy Organizations:
Strengths, Capacities and Needs

JANUARY 2011



The Center on Budget and Policy Priorities is one of the nation's premier policy organizations working at the federal and state levels on fiscal policy and public programs that affect low- and moderate-income families and individuals. The Center conducts research and analysis to help shape public debates over proposed budget and tax policies and to help ensure that policymakers consider the needs of low-income families and individuals in these debates. We also develop policy options to alleviate poverty. www.cbpp.org



Community Catalyst is a national non-profit advocacy organization dedicated to making quality, affordable health care accessible to everyone. Since 1997, Community Catalyst has worked to build consumer and community leadership to transform the American health system. With the belief that this transformation will happen when consumers are fully engaged and have an organized voice, Community Catalyst works in partnership with national, state and local consumer organizations, policy-makers, and foundations, providing leadership and support to change the health care system so it serves everyone – especially vulnerable members of society. www.communitycatalyst.org



Families USA is the national organization for health care consumers. Started in 1982, its mission is to secure high-quality, affordable health coverage and care for all Americans. Families USA manages a broad grassroots advocates network of organizations, including more than 70,000 individual health policy activists working for the consumer perspective in national and state health policy debates. Families USA's reports and analyses are cited frequently in congressional, state legislative, and administrative forums, and using sophisticated print and electronic media techniques, aided by a huge Story Bank it conducts broad public information campaigns about the need for health reform. www.familiesusa.org



Georgetown University Center for Children and Families is an independent, nonpartisan policy and research center whose mission is to expand and improve health coverage for America's children and families. <http://ccf.georgetown.edu>



Health Care for America Now (HCAN) is a national coalition of more than 1,000 groups in 46 states representing 30 million people that led the grassroots effort to pass the Affordable Care Act in 2010. We run comprehensive issue campaigns that mobilize people at the grassroots and define the public debate. HCAN and our 501(c)(3) partner, Health Care for America Education Fund, are now working to implement and improve the new health care law through national and state-based legislative and regulatory campaigns that rely on grassroots action, public education, aggressive communications, ground-breaking research, and policy analysis. www.healthcareforamericanow.org



Trust for America's Health is a non-profit, non-partisan organization dedicated to saving lives by protecting the health of every community and working to make disease prevention a national priority. <http://healthyamericans.org>

Table of Contents



Introduction	page 1
Methodology.....	page 1
State Advocacy Organizations Survey Findings	page 2
Survey Results.....	page 3
National Advocacy Organizations Survey Findings	page 7
Limitations and Considerations on National and State Surveys	page 12
Endnotes	page 12
Appendix A: State Organization Survey	page 13
Appendix B: National Organization Survey	page 29
Appendix C: Planning Group Survey	page 30
Appendix D: State Organization Respondents.....	page 32
Appendix E: National Organization Respondents	page 35
Appendix F: National Advocacy Organizations' Profiles	page 36

Introduction

This supplement to *Where the Rubber Meets the Road: Strategies for Successful State Implementation of the Affordable Care Act* is designed to complement the information conveyed in the report narrative and to further detail the strengths, capacities, and needs in specific states across the country. This document conveys the research methodology and key data and findings from the state and national respondents.

Methodology

The information included in this report was obtained directly from 127 consumer advocacy organizations in 46 states and the District of Columbia, as well as 35 national organizations.

State Organization Surveys

The state advocates represent organizations with an exclusive focus on health advocacy, as well as advocates for whom health advocacy is one aspect of their organizational issue agendas. Participating advocates include Community Catalyst's state-based consumer health advocacy partners, the state-based partners of Families USA (FUSA), participants in the State Fiscal Analysis Initiative (SFAI) which is coordinated and supported by the Center on Budget and Policy Priorities (CBPP), state child advocacy organization partners of the Georgetown University Center for Children and Families (CCF), and state partner organizations of the Health Care For America Now (HCAN) campaign¹.

The survey was administered online to the Community Catalyst, FUSA, SFAI, and CCF advocacy partners, though not all partners responded. We developed a survey instrument by adapting some questions developed by Mathematica Policy Research, Inc. for evaluating the Consumer Voices for Coverage program² as well as questions from different surveys conducted by Community Catalyst over the past five years. The questions asked participants to: 1) assess their own organization's strength in relation to six important capacities (policy and legal analysis, grassroots organizing, communications, coalition-building, campaign development, and fundraising) and 2) assess the strength of the state's consumer health advocacy community with respect to each of the six capacities. (A copy of the survey instrument is attached as Appendix A.) While the survey asked some open-ended questions (e.g. "what other organizations does your organization collaborate with on a regular basis?"), it primarily asked respondents to select a response – along a spectrum from "weak" to "very strong" – that most closely characterized their evaluation of a particular organizational or health advocacy community capacity.³ HCAN had recently administered a similar telephone and online survey to their state partners, so only the sections of this survey that pertained to the aggregate picture of the skills and capacities of their state's advocacy community were administered to HCAN members.

National Organization Surveys

In addition to the state survey, it was important to get a sense of the work national organizations will be devoting to implementation efforts in the states as well. The 35 national organizations surveyed were identified by members of the Planning Group⁴ as organizations that are likely to have a key role in implementing the Affordable Care Act (ACA) in the states. These groups received a survey via email requesting insights on key issues, capacities, and activities needed for successful implementation in the states, as well as their organizations' planned roles in those activities (see Appendix B for survey). They were asked to keep their responses to five pages. Because the focus of this report is primarily on state groups, the national surveys were intended to be brief and less in-depth than the state surveys. See Appendix E for a full list of national organizations who responded to the survey.

The information we received from these national organizations was synthesized in two ways. We pulled out each respondent's report the states in which they work, the issues they work on, and the capacities they prioritize. This information, found later in this volume, provides a broad look at the vision and plans of those national organizations that will be key to implementation work in the states. In addition, each organization's response is summarized into a profile, which can be found in Appendix F. Each respondent received the profile prior to publication for vetting and approval.

State Advocacy Organization Survey Findings

Small staff size

The self-reported data in the surveys showed that most advocacy organizations are relatively small and have only one or two staff dedicated to working on health care issues.

Focus of advocacy

Virtually all of the organizations (95 percent) engage in policy advocacy and three-quarters (74 percent) also undertake public education. Just over half (54 percent) do community organizing and mobilizing. Only a few (9 percent) deliver direct services. The current advocacy focus of the organizations is reflected in their assessments of their own and system's capacities, which are outlined below.

Strong policy analysis, lobbying and advocacy capacity

Almost all the organizations (93 percent) report strong capacity in policy analysis, lobbying, and advocacy efforts. This is particularly true in issue areas that have been the traditional focus of advocacy efforts, such as Medicaid, CHIP, expansion of insurance coverage, and budget and revenue concerns. However, in areas in which advocacy groups have not traditionally focused, such as private insurance reform and cost and quality improvements, they report less involvement and lower levels of expertise.

Strong coalition building capacity

Coalition building is another area that most of the organizations (92 percent) report strength in the advocacy community; most groups report strong relationships with stakeholders and other advocacy organizations. With respect to stakeholder groups, relationships with labor unions and primary care organizations appear to be particularly well-established and positive. Groups report a high prevalence of relationships with other advocacy groups including faith-based, senior, and disability groups, and with

national organizations. Two-thirds (62 percent) have a relationship with national groups representing people of color, which is lower than the other types of advocacy groups.

Capable communications capacity

The capacities of state advocacy systems in communications and messaging are reported to be satisfactory or strong by 81 percent of the groups, which is somewhat lower than the capacities in policy analysis, lobbying and coalition building.

Varied grassroots organizing capacity

Sixty percent of the groups rate their grassroots organizing as satisfactory or strong, while 40 percent list this as a weakness.

Relatively weak fundraising capacity

Almost half (44 percent) of the organizations cite difficulty raising sufficient funding to continue and expand their work. Groups also identified fundraising as the area in which they would most like to receive additional technical assistance.

Survey Results

Chart 1

Size of Organizations	
Median budget	\$610,000
Median number of staff (FTEs) working on health care issues	2

Chart 2

Organization's Advocacy Focus	Percent
Policy advocacy/lobbying	95%
Public education	74%
Community-based organizing/mobilizing	54%
Direct service (e.g. help lines)	9%

Chart 3

State Advocacy Community's Capacity	A weakness	Satisfactory or a strength
Resource development/fundraising*	44%	50%
Grassroots organizing	40%	60%
Mobilizing supporters	21%	79%
Communications/messaging	19%	81%
Legislative advocacy/lobbying	11%	89%
Coalition building	8%	92%
Policy research/analysis	7%	93%

*Note: 6% Responded N/A

Chart 4

State Advocacy Community's Capacity	Little or none*	Fair or average*	Strong or very strong*
Work together on health advocacy	6%	17%	77%
Share decision-making on issues and strategy	13%	25%	62%
Gain buy-in around common policy principles	13%	30%	57%
Share work and resources	15%	33%	52%
Engage core constituencies	16%	29%	55%
Develop relationships with nontraditional allies	23%	43%	34%

*Answers about level of capacity were on a scale of 1 (lowest) to 5 (highest). In the table, little or none represents a score of 1 or 2; fair or average represents a score of 3; strong or very strong represents a score of 4 or 5.

Chart 5

Organization's Relationships with Stakeholders		
Type of group	Existing relationship	Positive relationship*
Labor unions	95%	88%
Primary Care Associations and Community Health Centers	95%	87%
Hospital associations	76%	37%
Medical society	74%	32%
Small businesses	70%	38%
Business groups	70%	16%
Hospital leaders	65%	32%
Insurers	58%	9%

*Among groups reporting any relationship. Other options were neutral, sometimes positive/sometimes negative, and adversarial.

Chart 6

Organization's Relationships with Other Advocacy Groups		
Type of group	Existing relationship	Positive relationship*
Senior group	99%	97%
Disability group	97%	91%
National organization (other than of color)	97%	98%
Faith-based organization	95%	98%
Local organization of color	87%	89%
Voluntary health group	82%	75%
National organization of color	62%	64%

*Among groups reporting any relationship. Other options were neutral, sometimes positive/sometimes negative, and adversarial.

Chart 7

Organization's Resource and Fundraising Capacity	Little or none*	Fair or average*	Strong or very strong*
Dedicate staff for fundraising and development	16%	58%	26%
Raise funds from different types of sources	9%	58%	34%
Gain visibility with potential funders	4%	41%	56%
Market successes to potential funders	4%	49%	48%

*Answers about level of capacity were on a scale of 1 (lowest) to 5 (highest). In the table, little or none represents a score of 1 or 2; fair or average represents a score of 3; strong or very strong represents a score of 4 or 5.

Chart 8

Organization's Sources of Funding	Number of organizations	Percentage of organizations
Half or more from national foundations	30	28%
Half or more from state and/or local foundations	25	25%
Half or more from organizational, campaign, coalition partners	8	9%
Half or more from any other source (e.g. government contracts, dues)	4	Less than 3%

Chart 9

Organization's Issue Priorities	One of top three priorities
Coverage expansion	62%
Medicaid	61%
Budget and revenue	52%
CHIP/children's issues	34%
Health equity	26%
Private insurance	23%
Cost and quality	21%
Hospital accountability	6%
Medicare	3%
Prescription drugs	2%

Chart 10

State Advocacy Community's Issue Area Expertise	Strong expertise
CHIP/children's issues	83%
Medicaid	76%
Coverage expansion	65%
Budget and revenue	59%
Medicare	39%
Private insurance	34%
Health equity	30%
Cost and quality	28%
Prescription drugs	28%
Hospital accountability	27%

Chart 11

Organization's Use of and Need for Technical Assistance		
Type of technical assistance	Would like to receive more	Currently receive
Fundraising	67%	48%
Organizational development	46%	52%
Strategy development and assistance	39%	70%
State policy and strategy support	38%	74%
Coalition building	32%	56%
Legal analysis	28%	55%
Policy information	24%	93%
Federal updates	20%	94%

National Advocacy Organization Survey Findings

Issue Priorities

Organizational respondents were asked to identify the policy issues pertaining to state implementation of the ACA that were most important to their work. They were given a list of issues to choose from and asked to limit their response to 2 – 5 priorities (note that individual responses included between 1 to 17 issue areas). It should be noted that some groups may have other priority areas not reflected in this list. Chart 12 provides summary data for this question.

The issues most frequently identified by the 35 groups surveyed were:

1. Insurance and Exchanges (29 groups)
2. Public Programs – Medicare, Medicaid and CHIP (26 groups)
3. Affordability (22 groups)

Private insurance and Exchanges is the most frequently identified category. Within this category, 16 organizations prioritized Exchange design as a key issue; 15 organizations prioritized private market reforms and regulations; 14 prioritized coordination between the Exchange, Medicaid and CHIP; and 13 prioritized benefits package design.

In addition, public programs and affordability provisions were often identified as priorities by the respondents (26 and 22, respectively). Given that close to 50 percent of the newly eligible enrollees will receive coverage through Medicaid, this area will be critically important for the overall success of the new law. The affordability provisions in the ACA caused significant concern for many advocates during the legislative debate over the bill and the survey findings suggest that these concerns still exist.

While the top three issues were identified by a wide margin, there are other key issues that the survey respondents plan to work on during implementation. The next four issues (health equity, cost and quality, workforce issues, and supporting state administration) were identified by groups as priorities for their efforts going forward.

Three issues least often identified by survey respondents were public health infrastructure (2 responses), Community Transformation Grants (1 response), and employer and individual mandates (1 response). This may simply reflect our sample; other national organizations may be working on these issues.

Chart 12

National Groups Priority Issues Related to State Implementation*	
Issue	Total
Insurance and Exchanges	29**
Exchange Design	16
Private Market Reforms and Regulations	15
Coordination with Medicaid and CHIP	14
Benefits Packages	13
High-risk Pools	7
Transparency	6
Consumer Protection	4
Adverse Selection	4
Wellness Incentives	3
Public Programs - Medicare, Medicaid and CHIP	26**
State Work (defense, expansions and waivers)	12
Delivery System Reform	7
Medicaid and CHIP	5
Access and Enrollment	14
Benefits Packages	10
Eligibility	7
Medicare	5
Affordability	22**
Premiums and Cost-sharing	9
Subsidies	7
State Public Options	5
Basic Health Plan	4
Health Equity	10
Cost & Quality	8
Workforce Issues	6
State Administration	6
Primary Care	5
Safety Net, Charity Care, and Community Benefits	5
Consumer Assistance	4
Public Health Infrastructure	2
Employer Mandate	1
Community Transformation Grants	1

**Note: Groups listed 2 – 5 issues, therefore this does not include all of their priorities.*

***Totals in the broad categories include the total number of respondents who listed the general category, as well as those that were more specific (those counted in the sub-categories). Note that a single organization may have been counted in multiple sub-categories, but only once in the broad category.*

Priority Activities and Strategies Related to Key Issue Areas

Knowing the issues upon which organizations plan to focus is critical to understand the work going forward, yet it is only half of the picture. We then asked the national organizations to identify which strategies and activities most need to be employed in order to successfully achieve the policy outcomes outlined in the first question. The strategies below were most often cited in the 35 responses:

1. **Building public support:** The most frequently listed priority strategy, this includes various activities such as public education; running public advocacy campaigns; communications with the public and key constituencies; and grassroots and grassroots organizing.
2. **Enhance state advocacy capacity:** More than half of the national groups surveyed suggested that there is a need to enhance the advocacy capacity at the state and local level. This includes work in policy advocacy, campaign development, outreach to the public, and network- and coalition-building.
3. **Developing coordination mechanisms at the national and state levels:** Many of the groups surveyed focused on the importance of developing and enhancing national and state coordination. This included coordination among national groups as well as coordination between national and state organizations.
4. **Enhancing communications and a partnership between those responsible for implementing the law and advocates:** Survey respondents emphasized the importance of advocates developing working relationships with state decision makers responsible for implementing the ACA in order to ensure their active involvement in the process.

Major Activities of National Groups in Support of State Implementation

After better understanding what policy issues the national respondents saw as most important and which strategies need to be employed, we wanted to know if those activities were going to be undertaken and by whom. We asked each of the groups to identify the major activities that they will undertake to support ACA implementation (see Chart 13).

It is important to note the survey limited groups' responses to a defined number of issues and pages. As a result, this list is not exhaustive since many groups may be undertaking additional activities related to priorities beyond the scope of this survey.

We organized the responses into four categories of support: policy; communications and public education; state campaign and infrastructure; and grassroots organizing. The four capacities that the national groups will most frequently provide are:

1. education and training state advocates (31 groups)
2. policymaker advocacy in support of policies that promote the best state reforms (27 groups)
3. policy analysis (25 groups)
4. inter-state networking among similar groups of state advocates (25 groups)

The national groups are focused on helping state partners learn about and analyze policies, foster discussions among peer networks, and advocate for these policies at the state and national level. This is consistent with the findings of the state surveys, as state respondents report confidence and expertise in this area.

While building public support was identified by a large number of survey respondents as a key strategy for implementation, fewer national groups reported doing this work. Some activities that could be used to build public support include generating media coverage, constituency outreach, and grassroots organizing; about half of the groups listed these activities as priorities. Five additional activities to help build public support – message development, opposition response, campaign development, and grassroots and on-line organizing – are priorities for less than one-third of the groups.

Chart 13

Major Activities Identified by National Groups to Support State Implementation	
Capacity	Number of groups (out of 35)
Policy	32*
Education and Training	31
Advocacy Outreach to Policymakers	27
Policy Analysis	25
Research	8
Litigation Support	7
Campaign and Infrastructure	26*
Inter-state Networking	25
Coalition Building	12
Campaign Development	10
Organizational Development	8
Communications and Public Education	20*
Media	20
Constituency Outreach	19
Opposition Response	8
Message Development	5
Organizing	13*
Grasstops	13
Grassroots	7
Online Organizing	6

**Totals in the broad categories include the total number of respondents who listed the general category, as well as those that were more specific (those counted in the sub-categories). Note that a single organization may have been counted in multiple sub-categories, but only once in the broad category.*

State Partners or Affiliates

Finally, we asked the national groups to identify states where they have a partner or affiliate with whom they work on implementation (see Charts 14 and 15). This gives us a better sense of where networks are concentrated and the amount of national support for individual states.

Several groups work with networks in all 50 states. Some groups listed specific states in which they have partners, ranging from as few as seven to as many as 45. The nature of the relationship between the national group and the state partner varies tremendously. In some instances, the state partners receive policy information and guidance from the national group. In some cases, the relationship is more extensive, with the state group receiving considerable organizational support and resources. In other instances the state group may be a legal affiliate of the national organization.

Chart 14

States with the Most National Partners	Number of national groups reporting partners or affiliates
California	28
Illinois	26
New York	26
Washington	24
Ohio	23
Minnesota	23
New Mexico	23
Oregon	23
Wisconsin	23

Chart 15

States with the Fewest National Partners	Number of national groups reporting partners or affiliates
Wyoming	8
Alaska	11
Hawaii	11
Idaho	11
Arizona	12
Delaware	12
Oklahoma	12
South Dakota	12

Limitations and Considerations on National and State Surveys

The purpose of this document is to supplement the information conveyed in the report narrative and to further detail the strengths, capacities and needs in specific states across the country. However, there are several important limitations to bear in mind:

1. It's important to note that the national and state surveys, while parallel, were not identical in their format and questions. As a result, we cannot reach direct conclusions by comparing the two surveys.
2. All information is derived from self-reported data. It is important to note that no additional analysis verified the survey data.
3. The survey focused only on the state partners of Community Catalyst, the Center on Budget and Policy Priorities, Families USA, the Georgetown University Center for Children and Families, and Health Care for American Now. In some states, there are other active health advocacy organizations which are not represented in the data.
4. The passage of the ACA will inevitably bring new issues and challenges in implementation. Therefore we cannot conclude that a self-reported strength in a particular policy area or capacity indicates that capacity is adequate to the implementation task ahead. Similarly, one should not conclude from a lack of expressed desire for additional assistance (e.g. federal updates) that state organizations do not want and need the support they are currently getting. Indeed there is reason to believe that the self-reported strength in certain areas (e.g. Medicaid policy) is directly related to the investment in technical assistance made by national organizations in this area which will need to be continued and expanded during implementation. At same time, the surveys identified areas where state groups are not as strong, such as fundraising and grassroots organizing. The findings of this survey do not show an “either/or” need, but demonstrate that continued existing support needs to be complemented by new areas of support.

Endnotes

¹ In some cases, there was overlap among the four organizations' advocacy partners.

² CVC is a national program of the Robert Wood Johnson Foundation to build the advocacy capacity of state organizations.

³ Respondents also were able to indicate if a question was “not applicable” to their organization.

⁴ Community Catalyst, Center on Budget and Policy Priorities, Georgetown University Center for Children and Families, Families USA, Trust for America's Health

Appendix A: State Organization Survey

Thank you for filling out the following information.

We have provided comment boxes for many of the survey questions. Please feel free to express concerns, ask questions, or elaborate about a response in the space provided.

Contact Information

1. Your state:

Answer:

2. Please provide your name, title and organizational contact information.

Name:
 Organization:
 Title:
 Address:
 Phone Number:
 E-mail:

Organizational Infrastructure and Demographics

3. What best describes YOUR ORGANIZATION'S approach to health advocacy? You may select more than one if appropriate.

- Community Based Organizing/Mobilizing
- Direct Service (e.g. helpline)
- Policy Advocacy/Lobbying
- Public Education

4. Approximately how much is YOUR ORGANIZATION'S annual budget?

5. How many of your paid staff in full-time equivalents (FTE) focus on your health work?

6. How would you rate YOUR ORGANIZATION'S external effectiveness in the following areas?

	A weakness	Satisfactory	A strength	N/A
Grassroots organizing				
Mobilizing our supporters				
Coalition building				
Communications/messaging				
Policy Research/Analysis				
Legislative advocacy and lobbying				
Resource Development/fundraising				

7. How would you rate the STATE HEALTH ADVOCACY COMMUNITY’S external effectiveness in the following areas?

	A weakness	Satisfactory	A strength	N/A
Local grassroots organizing				
Mobilizing our supporters				
Coalition building				
Communications/messaging				
Policy Research/Analysis				
Legislative advocacy and lobbying				
Resource Development/fundraising				

8. What needs to be strengthened internally to make YOUR ORGANIZATION more effective? Check all that apply.

- Resource development and fundraising
- Communications capacity and infrastructure
- Membership/leadership development
- Organizational infrastructure and systems (financial management, program evaluation, personnel system, staff training and development)

Health Care Priorities

9. Please identify the organization’s TOP THREE health care priorities.

- Medicaid
- Medicare
- CHIP/children’s issues
- Prescription Drugs
- Coverage Expansion
- Private Insurance Issues
- Hospital Accountability (including free care and community benefits)
- Racial and Ethnic Disparities in Health Care
- Budget and Revenue Issues
- Cost and Quality
- Other comments:

Policy Capacity

10. How would you describe YOUR ORGANIZATION's expertise and ability to influence the state's policy agenda on the following policy issues related to health care coverage, quality and cost containment? Indicate your answer choice(s) by selecting from the drop-down menu. (Choices are: Not an issue we focus on; Little or no expertise; Some expertise; and Strong expertise)

	Your expertise	Your ability to influence state policy agenda
Medicaid		
Medicare		
CHIP/Children's Issues		
Prescription Drugs		
Coverage Expansion		
Private Insurance Issues		
Hospital Accountability (including free care and community benefits)		
Racial and Ethnic Disparities in Health Care		
Budget and Revenue Issues		
Cost and Quality		
Other (please specify)		

11. How would you describe the STATE HEALTH ADVOCACY ORGANIZATION'S expertise and ability to influence the state's policy agenda on the following policy issues related to health care coverage, quality and cost containment? Indicate your answer choice(s) by selecting from the drop-down menu. (Choices are: Not an issue we focus on; Little or no expertise; Some expertise; and Strong expertise)

	Your expertise	Your ability to influence state policy agenda
Medicaid		
Medicare		
CHIP/Children's Issues		
Prescription Drugs		
Coverage Expansion		
Private Insurance Issues		
Hospital Accountability (including free care and community benefits)		
Racial and Ethnic Disparities in Health Care		
Budget and Revenue Issues		
Cost and Quality		
Other (please specify)		

Implementing Health Advocacy

12. How would you describe the capacity of YOUR ORGANIZATION in each of the specific areas below?

	Little Or No Capacity Very Strong Capacity				
a. Ability to plan advocacy campaign to achieve coalition goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Ability to implement the advocacy campaign	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Ability to respond nimbly to opportunities or threats affecting policy goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Ability to build and maintain relationships with policymakers across parties and viewpoints	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Ability to build and maintain relationships with opinion leaders in the state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Ability to monitor emerging legislative, administrative, and legal actions and quickly assess their potential impacts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Ability to gain visibility and credibility with key policymakers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

13. How would you describe the capacity of the STATE HEALTH POLICY COMMUNITY in each of the specific areas below?

	Little Or No Capacity Very Strong Capacity				
a. Ability to plan advocacy campaign to achieve coalition goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Ability to implement the advocacy campaign	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Ability to respond nimbly to opportunities or threats affecting policy goals.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Ability to build and maintain relationships with policymakers across parties and viewpoints	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Ability to build and maintain relationships with opinion leaders in the state.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Ability to monitor emerging legislative, administrative, and legal actions and quickly assess their potential impacts.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Ability to gain visibility and credibility with key policymakers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Coalition Building, Maintenance and Strategic Allies

14. Is your organization involved in relationships with the following groups?

	Relationship type <ul style="list-style-type: none"> ▪ Formal Alliance ▪ Informal Alliance ▪ Ad Hoc ▪ None 	How would you characterize the relationship <ul style="list-style-type: none"> ▪ Positive ▪ Neutral ▪ Adversarial ▪ Sometimes positive/sometimes adversarial ▪ Not applicable
Hospital Association (local, regional, state)		
Individual Hospital Leaders		
Medical Society		
Primary Care Association/ Community Health Centers		
Labor Unions		
Business Groups		
Small Businesses		
Insurers		
Other Comments		

15. What issues does YOUR ORGANIZATION work on with the following stakeholder groups? Check all that apply.

	Medicaid	State revenue	Insurance reform	Outreach/enrollment issues	Delivery system reform	Implementing health reform	Other
Hospital Association (local, regional, state)							
Individual Hospital Leaders							
Medical Society							
Primary Care Association/ Community Health Centers							
Labor Unions							
Business Groups							
Small Businesses							
Insurers							

16. Is YOUR ORGANIZATION involved in relationships with the following advocacy groups? Indicate your relationship type and relationship characterization by selection from the drop-down menus.

	Relationship type	Relationship Characterization
	<ul style="list-style-type: none"> ▪ Formal Alliance ▪ Informal Alliance ▪ Ad Hoc ▪ None 	<ul style="list-style-type: none"> ▪ Positive ▪ Neutral ▪ Adversarial ▪ Sometimes positive/sometimes adversarial ▪ Not applicable
Faith-based organizations		
National organizations of color (NAACP, LULAC, La Raza)		
Other national organizations		
Voluntary Health Groups (e.g. Cancer Society, Heart Association)		
Disability Groups		
Senior Groups		
Other Comments		

17. What issues does YOUR ORGANIZATION work on with the following advocacy groups? Check all that apply.

	Medicaid	State revenue	Insurance reform	Outreach/enrollment issues	Delivery system reform	Implementing health reform	Other
Faith-based organizations							
National organizations of color (NAACP, LULAC, La Raza)							
Other national organizations							
Voluntary Health Groups (e.g. Cancer Society, Heart Association)							
Disability Groups							
Senior Groups							
Other Comments							

18. In terms of coalition building and maintenance, how would you best describe the capacity of the STATE HEALTH ADVOCACY COMMUNITY in each of the specific areas below?

	Little Or No Capacity				Very Strong Capacity
a. Ability to work together on health advocacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Ability to engage core constituencies in the efforts of various coalitions.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Ability to achieve alignment and buy-in around common policy principles.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Ability to share decision-making and reach working consensus on issues and strategy..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Ability to share work and resources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Ability to develop working relationships with nontraditional allies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Other Comments:

19. Please tell us the names of the organizations in the state health advocacy community that you most frequently work with. Write the names of the organizations (up to 5) in the text boxes below.

- 1.
- 2.
- 3.
- 4.
- 5.

Community Mobilizing and Organizing

20. How would you describe the capacity of YOUR ORGANIZATION in each of the specific areas below?

	Little Or No Capacity				Very Strong Capacity
a. Ability to organize and mobilize grassroots constituencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Ability to engage grassroots constituencies reflecting the ethnic and demographic diversity of the state	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Ability to engage grassroots constituencies representing numerous areas of the state ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Ability to obtain and use input from grassroots constituencies in developing policy alternatives.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Ability to gain visibility and credibility in key communities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Other comments:

21. How would you describe the capacity of the STATE HEALTH ADVOCACY COMMUNITY in each of the specific areas below?

	Little Or No Capacity Very Strong Capacity				
a. Ability to organize and mobilize grassroots constituencies	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Ability to engage grassroots constituencies reflecting the ethnic and demographic diversity of the state	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Ability to engage grassroots constituencies representing numerous areas of the state ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Ability to obtain and use input from grassroots constituencies in developing policy alternatives.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Ability to gain visibility and credibility in key communities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Other comments:

22. What methods does YOUR ORGANIZATION use to identify community members and involve them in the work of the organization? Check all that apply.

- We do not organize or mobilize community members
- Door-knocking
- Leafleting
- Working through churches and community organizations
- Public meetings and convenings
- Newspaper ads
- Helplines
- Storybanking
- Email alerts
- Other (please specify):

Resource Development Capacity and Strengths

23. Which of the following capacities/infrastructure does YOUR ORGANIZATION have in place to support and follow through on your fund development priorities? Please check all that apply.

- Development director
- Contract fundraising or grant writing specialist
- Development support/admin staff
- Program staff with fundraising responsibilities
- Database or system used to communicate with members and track contacts (or other tool for reaching potential donors)

Other Comments:

24. Many organizations benefit from outlining a fund development plan to help identify or expand strategies to aid in longer-term financial planning. Does YOUR ORGANIZATION have such a plan, either annually or multi-year?

- Yes
- No

25. In the last year, which of the following sources did YOUR ORGANIZATION receive funding from? Please indicate the appropriate percentage of funding that was provided by each for your health care work.

	Medicaid	State revenue	Insurance reform	Outreach/enrollment issues	Delivery system reform	Implementing health reform	Other
National foundations							
State/local foundations							
Health sector stakeholders (hospitals, insurers, etc.)							
Businesses or other non-health sector groups (unions, etc.)							
Organizations/campaign/coalition partners							
Government or other contracts							
Individual contributions (through online, direct mail, canvassing solicitations, etc.)							
Special events							
Organizations dues (from membership)							
Other (please specify)							

26. Please answer the following questions regarding YOUR ORGANIZATION and 501(c)4 affiliations.

	Yes	No	N/A
Does your organization have an affiliate 501(c)4?			
If yes, does the 501(c)4 raise money?			

27. What percentage, if any, of the money raised by the 501(c)4 supports activities of the 501(c)3?

28. How would you describe the capacity of YOUR ORGANIZATION in each of the specific areas below?

	Little Or No Capacity				Very Strong Capacity
a. Ability to raise funds from different types of sources (such as memberships, private contributions, foundations, or other sources)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Ability to gain visibility and credibility with potential funding sources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Ability to market successes to potential contributors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Ability to dedicate staff for fundraising and development.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Other comments:

Communications and Marketing

29. Who is responsible for YOUR ORGANIZATION'S communications work?

- Full-time communications staff
- Part-time communications staff
- Executive Director
- Policy Director
- Other staff as delegated
- Other (please specify)
- None

Other comments:

30. What is the goal of YOUR ORGANIZATION'S communications work? Check all that apply.

- Fundraising
- Communications with members/activists
- Communication with general public
- Media relations
- Communication with policymakers
- Online visibility
- Other (please specify):

31. How would you describe YOUR ORGANIZATION'S relationship with the press?

- No relationship
- Weak relationship
- OK relationship
- Strong relationship

32. How often are you called upon by the local media as an expert?

- Weekly
- Monthly
- Quarterly
- Annually
- Rarely or Never

33. Do you have an annual communications plan?

- Yes
- No

34. How would you describe the overall capacity of your STATE HEALTH ADVOCACY COMMUNITY for designing and implementing media and communications strategies?

- Little or no capacity
- 2
- 3
- 4
- Very strong capacity

Other comments:

35. How would you describe the capacity of the YOUR ORGANIZATION in each of the specific areas below?

	Little Or No Capacity Very Strong Capacity				
a. Ability to develop talking points and messages for each target audience	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Ability to train messengers and media spokespersons	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Ability to develop relationships with key media personnel.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Ability to use appropriate media (print, broadcast, internet, or other) in an effective way	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Ability to monitor media coverage and identify advocacy opportunities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Ability to develop materials such as newsletters, briefings and reports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Ability to convey timely information to grassroots organizations, advocacy organizations, and other supporters	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Other comments:

36. Does YOUR ORGANIZATION use state-specific polling or national polling to help shape and develop YOUR ORGANIZATION’S messages? Check all that apply.

- State
- National
- None of these

37. Please identify the ways the STATE HEALTH ADVOCACY COMMUNITY develops common messaging. Check all that apply.

- We have a communications steering committee.
- The system adopts the messaging OUR ORGANIZATION provides.
- We rely on national messaging.
- We work with consultants who help develop state-specific messaging.
- We do not develop common messages.

If one or two organizations are the lead in message development, please identify them below:

38. In the past year, how often has YOUR ORGANIZATION participated in the following activities?

	Weekly	Monthly	Every 3 months	Every 6 months	Annually	Rarely or never
Media alerts						
Press releases						
Feature pitches						
By-line op-eds						
Hold news conference						
Submit LTEs						
Meet with the editorial boards						
Have meetings with reporters						
Invite the media to events						
Hold briefings for media						

39. How do you coordinate communications efforts with YOUR ORGANIZATION’S partners? Check all that apply.

- Regular meetings
- Conference calls
- E-mail
- No coordination
- Other (please specify):

40. Do you have a database with key organizational contacts?

- Yes
- No

41. How many organizational contacts do you have in your database?

- We do not have a database with organizational contacts.
- Less than 25
- 25 to less than 50
- 50 to less than 100
- 100 to less than 250
- 250 or more

42. How many individual contacts does YOUR ORGANIZATION have in its database?

- We do not have a database with individual contacts.
- Less than 25
- 25 to less than 50
- 50 to less than 100
- 100 to less than 250
- 250 or more

Other comments:

43. How would you describe the capacity of YOUR ORGANIZATION to generate lists from your data base for the following areas?

	Little Or No Capacity				Very Strong Capacity
a. Legislative outreach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Event invitations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. E-newsletters	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Fundraising	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Media outreach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Other comments:

44. Are you able to segment your contacts into different populations, such as grassroots advocates, media, strategic allies, etc.?

- Yes
- No

Other comments:

45. Please answer the following questions about YOUR ORGANIZATION’S participation in a data sharing coalition.

	Yes	No
Do you participate in a coalition that gathers to share voter file data for advocacy purposes, such as Catalist or “state table”?		
Do you find it useful?		
Other comments		

46. If yes, how has the participation in this relationship benefited your work?

- Fundraising
- Legislative targeting
- Mailings
- Event turnout
- We do not participate in an information sharing coalition
- Other (please specify):

47. Does YOUR ORGANIZATION use a database of voters to help with campaign targeting?

- Yes
- No

48. If you answered yes to the question above, please describe the information you use to help with campaign targeting.

49. How often is your website updated?

- Every day
- Weekly
- Monthly
- Annually
- Rarely or never

50. How many people visit your website and the other websites (online tools, etc) on a regular basis?

51. How do you communicate with your organization’s contacts, donors, and legislative allies?

	Not at all	Very little	Somewhat	A lot	Don't know
Mail alerts/ updates					
Door-to-door					
Phone bank					
Annual reports					
E-mail alerts					
Newsletters					
E-advocacy tools (e.g. Constant Contact, Democracy in Action)					
Other (please specify)					

52. Please indicate how frequently you use social media tools and sites.

	Every day	Weekly	Monthly	Annually	Rarely or never
Blog					
Facebook					
Twitter					
YouTube					
Digg					
Delicious					
Other (please specify)					

53. How many friends or followers to you have on the following social media sites?

	N/A	1 - 100	100 - 500	500 - 1000	1001 - 2500	2501 - 5000	5001 - 10,000	Over 10,000
Blog								
Facebook								
Twitter								
YouTube								
Digg								
Delicious								
Other (please specify)								

54. How would you characterize your friends or followers on your social media pages? Check all that apply.

- Other advocates
- The media
- Policymakers
- Community members
- Your organization's members
- Your organization's partners
- Donors
- We do not utilize social media pages
- Other (please specify):

Implementing Health Reform

55. What specific types of technical assistance do you receive and want to receive from state or national organizations? Check all that apply.

	Receive	Do not receive	Would like to receive more	Not needed
Policy information				
Federal updates				
Strategy development assistance				
Legal analysis				
Fundraising assistance and support				
Coalition building support				
Organizational development				
State policy and strategy support				
Other comments				

56. Does the STATE HEALTH ADVOCACY COMMUNITY in your state have an explicit plan to educate the public about the ACA and to respond to attacks?

- Yes
- No
- Other comments:

57. Are you engaged in outreach to the following groups? Check all that apply.

- Seniors
- Young adults and their parents
- Children with special needs
- Adults with chronic conditions
- Small businesses
- None
- Other (please specify):

58. How would you judge the stance of the state administration most likely to be in office in 2011 toward implementing the ACA?

- Adversarial, doing what it can to oppose implementation
- Unenthusiastic and not opposing, but doing no more than required by law
- Actively engaged and working hard to make health care reform a success in your state
- Other comments:

Appendix B: National Organization Survey

State Implementation of Federal Health Reform Survey

Several national groups¹, at the request of five foundations², are participating in a process to develop recommendations for a plan on **state implementation** of federal health care reform. We would like to include your organization's views in developing the plan. We ask that you take a few moments to answer the questions included in this survey. Your input is valuable, and we very much appreciate your participation. If you have any questions, please email Michael Miller and Richard Kirsch at the addresses below. Thank you.

Please email your responses to this survey by COB on July 9th:

Organization: _____

Organizational contact:

Name: _____

Phone: _____

Email: _____

Please keep your answers to less than 5 pages without any attachments.

1. What are the most important policy issues to your organization regarding state implementation of federal health reform? (We suggest limiting this to 2-5 issues). Please tell us why this issue is of particular importance to your organization.

Please think of these as major bundles of issues, with key illustrative points. You do not need to be exhaustive.

To take an example, under the heading of Health Insurance Exchange and Market key sub points might be: benefit design; pooling issues including small group and individual market and regulation inside and outside of exchange; risk selection; implementation of market reforms.

2. Please tell us what you believe are the most important activities and/or key strategies that should be undertaken to realize the policy goals.
3. Please describe the major activities that your organization is or hopes to play regarding these activities.
4. Please indicate the states in which your partners or affiliates are working actively on implementation of health reform (or, if it is easier, indicate the states in which your network is NOT active)
5. Is there anything else you would like to share with us?

¹ Center for Budget and Policy Priorities; Community Catalyst; Families USA; Georgetown Center for Families and Children; Health Care for America Now; Trust for America's Health

² Atlantic Philanthropies; The California Endowment; David and Lucille Packard Foundation; Natban Cummings Foundation; The Robert Wood Johnson Foundation

Appendix C: Planning Group Survey

Implementation Survey

Please email your responses to this survey by COB on June 17th:

Organization: _____

Lead organization contact:

Name: _____

Phone: _____

Email: _____

Comments: Please share any comments or raise any questions that you want to bring to our attention.

Issue Information

Issue: _____

Organizational contact for this issue:

Name: _____

Phone: _____

Email: _____

PLEASE ONLY FILL THIS OUT FOR AN ISSUE THAT YOUR ORGANIZATION WANTS TO WORK ON.

Key Policy Issues:

- In your view what are the most important policy issues that need to be addressed in health reform implementation?
- For each policy issue you identified:
 - o What are the roles of the federal and state government in this area? Who are the agencies or bodies responsible for taking action? What are the important timelines that need to be paid attention to?
 - o Is there strong opposition in this policy area? If so, by whom, why and what do they want?
 - o What should we be advocating for and who are the key targets for advocacy?
- What do you believe the primary advocacy strategies should be to assure the best implementation of the law, including defending attacks and working for improvements?
- How should the advocacy community organize itself to most effectively carry out these strategies?
- What role does your organization want to play in these policy areas?
- What are your existing collaborative relationships?

- Please identify other groups that you think have strengths in this issue area that should be drawn on.
- Please identify gaps that need to be filled or resources needed to work on this issue.

Capacity Information

Issue: _____

Organizational contact for this capacity:

Name: _____

Phone: _____

Email: _____

PLEASE ONLY FILL THIS OUT FOR A CAPACITY THAT YOUR ORGANIZATION WANTS TO WORK ON OR HELP FULFILL.

Key Capacities:

- What are the key required advocacy capacities for successful implementation?
- What role will this capacity play in assuring that implementation is successful, that the good aspects of the ACA are defended and that the law is improved where possible?
- Discuss the role that your organization would like to play in fulfilling this capacity.
- Please identify other groups that you think have strengths in fulfilling this capacity that should be drawn on.
- Discuss any particular expertise that your organization has including existing collaborative relationships.
- Please identify gaps that need to be filled or resources needed to fulfill this capacity.

Appendix D: State Organization Respondents

Alabama

- Alabama Appleseed Center for Law and Justice, Inc.
- Arise Citizens' Policy Project

Arizona

- Children's Action Alliance

Arkansas

- Arkansas Advocates for Children and Families
- Arkansas Community Organizations

California

- California Budget Project
- California Pan-Ethnic Health Network
- Children Now
- Health Access California

Colorado

- All Kids Covered
- Colorado Center on Law and Policy
- Colorado Consumer Health Initiative

Connecticut

- Connecticut Citizen Action and Research Groups
- Connecticut Voices for Children

District of Columbia

- District of Columbia Fiscal Policy Institute

Florida

- Covering Kids and Families Florida
- Florida Consumer Action Network
- Florida Community Health Action Information Network
- University of South Florida

Georgia

- Georgia Budget and Policy Institute
- Georgia Rural Urban Summit
- Georgians for a Healthy Future
- Voices for Georgia's Children

Idaho

- Idaho Community Action Network

Illinois

- Campaign for Better Health Care
- Citizen Action of Illinois
- Sargent Shriver National Center on Poverty Law
- Voices for Illinois Children

Indiana

- Citizen Action Coalition Education Fund

Iowa

- Child and Family Policy Center
- Iowa Citizen Action Network
- Iowa Policy Project

Kansas

- Kansas Action for Children
- Kansas Health Consumer Coalition

Kentucky

- Advocacy Action Network
- Equal Justice Network
- Kentucky Voices for Health
- Kentucky Youth Advocates
- Mountain Association for Community Economic Development

Louisiana

- Louisiana Association of Nonprofit Organizations
- Louisiana Budget Project
- Louisiana Consumer Healthcare Coalition

Maine

- Consumers for Affordable Health Care
 - Maine Center for Economic Policy
 - Maine Equal Justice Partners
 - Maine People’s Alliance / Maine People’s Resource Center
-

Maryland

- Maryland Budget and Tax Policy Institute
 - Maryland Citizens’ Health Initiative
 - Progressive Maryland
-

Massachusetts

- Health Care for All
 - Massachusetts Budget and Policy Center
-

Michigan

- Center for Civil Justice
 - Michigan Citizen Action
 - Michigan League for Human Services
 - Michigan Unitarian Universalist Social Justice Network
 - Michigan Universal Health Care Access Network
-

Minnesota

- Minnesota Council of Nonprofits
 - TakeAction Minnesota
-

Mississippi

- Mississippi Economic Policy Center
 - Mississippi Health Advocacy Program
-

Missouri

- Grass Roots Organizing
 - Missouri Budget Project
 - Missouri Health Advocacy Alliance
 - Missouri Jobs with Justice
 - Missouri Progressive Vote Coalition
-

Montana

- Montana Budget and Policy Institute
 - Montana Organizing Project
-

Nebraska

- Center for Rural Affairs
 - Nebraska Appleseed Center for Law in the Public Interest
-

Nevada

- Progressive Leadership Alliance of Nevada Washoe Legal Services
-

New Hampshire

- Granite State Organizing Project
 - New Hampshire Citizens Alliance for Action
 - New Hampshire Fiscal Policy Institute
 - New Hampshire Voices for Health
-

New Jersey

- Association for Children of New Jersey
 - New Jersey Citizen Action / New Jersey Citizen Action Education Fund
 - New Jersey Policy Analyst
 - New Jersey Policy Perspective
-

New Mexico

- Health Action New Mexico
 - New Mexico Voices for Children
 - Organization for Language Educators
-

New York

- Citizen Action of New York
 - Community Service Society
-

North Carolina

- Action North Carolina
 - North Carolina Fair Share
 - North Carolina Justice Center
-

North Dakota

- North Dakota Center for the Public Good / NDPeople.org

Ohio

- The Center for Community Solutions
- Ohio Faith and Democracy Collaborative / Ohio Organizing Collaborative
- Progress Ohio
- Universal Health Care Action Network – Ohio

Oklahoma

- Oklahoma Policy Institute

Oregon

- Northwest Federation of Community Organizations
- Oregon Center for Public Policy
- Oregon Health Action Campaign
- Oregon State Public Interest Research Group

Pennsylvania

- Action United
- Penn Action
- Pennsylvania Budget and Policy Center
- Pennsylvania Partnerships for Children
- Philadelphia Unemployment Project

Rhode Island

- Ocean State Action
- The Poverty Institute
- Rhode Island KIDS COUNT

South Carolina

- South Carolina Appleseed Legal Justice Center
- South Carolina Fair Share

South Dakota

- South Dakota Voices for Children

Tennessee

- Tennessee Health Care Campaign
- Tennessee Justice Center

Texas

- Center for Public Policy Priorities
- Texas Organizing Project

Utah

- Utah Health Policy Project
- Voices for Utah Children

Vermont

- Public Assets Institute
- Vermont Campaign for Health Care Security Education Fund
- Voices for Vermont's Children

Virginia

- The Commonwealth Institute for Fiscal Analysis
- Virginia Interfaith Center for Public Policy
- Virginia Organizing

Washington

- Washington Community Action Network
- Washington State Budget and Policy Center

West Virginia

- West Virginia Citizen Action Group
- West Virginia Center on Budget and Policy
- West Virginians for Affordable Health Care

Wisconsin

- Citizen Action of Wisconsin
- Wisconsin Council on Children and Families

Appendix E: National Organization Respondents

American Federation of State, County and Municipal Employees
American Public Health Association
Center for American Progress
Center for Rural Affairs
Center on Budget and Policy Priorities*
Children's Defense Fund
Community Catalyst*
Faithful Reform in Health Care
Families USA*
Family Voices
Georgetown University Center for Children and Families*
Georgetown University Health Policy Institute
Health Care for America Now*
Health Law and Policy Clinic of Harvard Law School
Herndon Alliance
Main Street Alliance
Medicare Rights Center
National Association of Community Health Centers
National Center for Law and Economic Justice
National Coalition on Health Care
National Health Law Program
National Immigration Law Center
National Partnership for Women and Families
National Women's Law Center
Northwest Federation of Community Organizations
PICO National Network
Progressive States Network
Raising Women's Voices
Sargent Shriver National Center on Poverty Law
Small Business Majority
Trust for America's Health*
Universal Health Care Action Network
U.S. Public Interest Research Group
USAction
Voices for America's Children

**Note: Organizations were part of the Planning Group*

Appendix F: National Advocacy Organizations' Profiles

American Federation of State, County and Municipal Employees (AFSCME)

AFSCME is active in 44 states, with less active membership in Alabama, Mississippi, Idaho, North Carolina, South Carolina and Wyoming.

AFSCME has established the following priorities regarding state implementation of the ACA:

- **Ensuring the effectiveness of health benefit Exchanges.**
- **Preserving and strengthening Medicaid as it undergoes required expansion.**
- **Guaranteeing that new insurance reforms protect consumers and help control costs.**

The necessary underpinnings for meeting these objectives will include public and member education campaigns to raise people's level of understanding about the significance of these issues, and mobilizing members to participate in grassroots lobbying. AFSCME anticipates using public events, media work and targeted lobbying campaigns to raise awareness and promote its members' increased participation.

AFSCME and its affiliates will utilize the following strategies to pursue to priorities listed above:

- **Regarding Exchanges:**
 - o Becoming involved in the planning process to ensure that states correctly assess their ability to run an Exchange and make prudent choices about whether to create and maintain the Exchange themselves or allow the federal government to do so.
 - o Advocating that state Medicaid agencies conduct eligibility determinations to ensure the seamless transfer of participant benefits between Medicaid and the Exchange.
 - o Advocating for Exchange policies that support and strengthen employer-sponsored health coverage.
- **Regarding Medicaid:**
 - o Conducting budget analysis and state and national advocacy to ensure that state Medicaid agencies have the capacity to expand as required by the new law.
 - o Pressing for an increase in Federal Medical Assistance Percentages to avoid state budget cuts to Medicaid at a time when states are being required to expand other areas within the program.
- **Regarding insurance reforms:**
 - o Pushing state insurance commissioners, governors and state legislatures for reforms that protect consumers and control costs, particularly those involving premium rate review and medical loss ratios.
- **Additional issues addressed on a targeted basis:**
 - o Issues such as the development of employment infrastructure to ensure adequate training, wages, credentialing, and working conditions for home and community-based service providers and ultimately lead to a high quality, stable workforce.

American Public Health Association (APHA)

APHA's affiliated public health practitioners are active in all 50 states and Washington, D.C., either individually or as part of a larger local coalition. APHA has significant meeting planning and facilitating capacity, list-serve capacity of over 80,000 and an active social networking program that can be leveraged to support a range of national and local ACA education and implementation activities.

APHA has identified the following policy issues as most important regarding state implementation of the ACA:

- **Protecting the local safety net while expanding insurance coverage:** Expansion of both coverage and providers will take time and we will continue to need a strong safety-net system to protect patients in the meantime, especially since these systems are the backbone of primary care in underserved communities. Patient and funding mismatches during health care coverage transitions will create fiscal challenges for providers caring for patients in underserved communities. The 23 million people remaining uninsured even after ACA implementation will continue to need safety nets.
- **Implementing the new public health provisions of the legislation in an environment of local fiscal austerity:** The public health system will be severely challenged to take on new responsibilities of community assessment, policy development and public health assurance amidst a sea of budget cuts. Local public health programs will need support for distance learning, engaging policymakers and accessing new resources while avoiding supplanting of existing programs with the new Prevention and Public Health Fund. In addition, new programs funded under the ACA are designed to address the social determinates that lead to wellness or disease. These new efforts will need sustained support in order to make a difference.
- **Reinforcing, adjusting, remodeling core public health programs:** Existing programs like Ryan White, Breast and Cervical Cancer, and Vaccines for Children provide clinical services, wrap-around supports and referrals to other clinical programs, and are critical to vulnerable populations' continued health. In an environment of near-universal health coverage the entire portfolio of programs will need to be evaluated and adjusted, and attention should be paid to ensure that patients are not dropped prematurely.

APHA believes the most critical activities will include: Ensuring that local health policy leaders, senior public health practitioners and key community members have a comprehensive knowledge of public health provisions' value; providing access to best practices and technical assistance during the transition period; and expanding the national advocacy network to the local level to support implementation, foster change and build community support for the public health infrastructure.

APHA's major activities in this regard will include:

- **Education and awareness activities:** APHA held a preconference "Health Reform Summit" at its annual meeting in November 2010 to ensure that the public health community is aware of the new public health provisions in the law, understands how administration officials intend to implement these provisions and learns about methods that early adopters have been using.
- **Engagement at the national level for local impact:** APHA will facilitate a national meeting in June 2011 to inform the public health and safety net community about progress to date, disseminate best practices and promote policy development and regulatory process. APHA will also continue its national advocacy and work at the local level through its affiliates to support local implementation, support public health infrastructure development and combat local efforts to undermine implementation.

Center for American Progress (American Progress)

American Progress does not have official affiliates in the states. It is engaged in various levels of conversations with advocates in California, Georgia, Illinois, Massachusetts, Minnesota, North Carolina, Oregon, Rhode Island, Texas and Wisconsin.

American Progress has identified the following as the most important policy issues connected to state implementation of the ACA:

- **Enrollment processes** that enable new and current Medicaid enrollees (individuals and families) to obtain and maintain coverage with minimal burden. This will touch on policy, nuts-and-bolts issues and state funding. Enrollment processes will also highlight the need for on-the-ground coordination across different coverage platforms (e.g. Medicaid, Exchange and subsidies, employer coverage).
- **Medicaid payment demonstrations:** Key questions include: How will CMS evaluate the various Medicaid demos (medical homes, dual eligibles integration, and those not required by statute but enabled by the Innovation Center)? How will beneficiaries be involved at the state level during the design phase? What will be the data standards, beneficiary protections, thresholds for state capacity to implement and manage, etc.?
- **Coordination of state and federal advocacy with each other and with policymakers and the research community** to identify analytic and advocacy oriented needs, ensure effective dissemination of products, and strengthen each phase of implementation roll-out.

American Progress believes that key strategies for addressing these issues will include:

- Regulatory advocacy at the state level
- Technical and other forms of assistance to state program managers and state-level advocates
- Federal-level advocacy across a range of issues — enhanced administrative match, congruence between subsidy and Medicaid eligibility and enrollment, standards for Exchanges, etc.
- Analytic work on payment reform issues related to Medicaid
- State-level advocacy
- Partnership-building (toward implementation of strong demonstrations) between delivery systems, state Medicaid programs and state advocates
- Establishing ongoing dialogue among policymakers, advocates and researchers that anticipates future decision points, the policy-making process, and roll-out of key milestones

American Progress has funding to support work on “government that works” types of activities as well as coordination across researchers, advocates and implementers. It is also working with CMS, economists and other experts on payment and delivery system reform designs for Medicare. It plans to continue playing a major role in reform implementation through:

- **Analytic work** on Medicaid payment reform demonstrations
- **Dialogue with CMS** and other experts on key implementation questions
- **Partnership-building** with delivery systems and states
- **Information sharing and coordination** among policymakers, advocates and researchers

Center for Rural Affairs (CFRA)

CFRA is taking an active role in Nebraska and Montana, and a lesser role in North Dakota and Iowa. It has a strong grassroots network throughout the Midwest and Great Plains states and is doing outreach and education to its national network in all 50 states. Its newsletter is distributed to 30,000 people each month.

The most important policy issues to CFRA regarding state implementation of the ACA are:

- **Implementation of health insurance Exchanges.** Rural areas have high rates of self-employment and employment in very small businesses so this part of the ACA is especially important to CFRA's constituency. Sub-points include governance structure, administration, accessibility, outreach, navigation, coordination with Medicaid and CHIP, and structure and control within the private insurance market.
- **Improving rural health care access.** Rural health infrastructure is currently comprised of a web of small hospitals and clinics that often experience financial stress. To enhance access and support the health care workforce this infrastructure will need increased awareness of funding opportunities for state and sub-state entities. Also critical will be collaboration among rural providers and state government.
- **Implementation of the decision-making structure.** Experience shows institutional stakeholders (insurance companies, providers, etc.) will be well organized to influence this process, while consumers and advocates will confront myriad challenges in influencing the debate.
- **Medicaid expansion.** Rural people have a higher rate of reliance on Medicaid than the general population. A plan is needed for those with incomes between 133–201 percent of the federal poverty level and technological infrastructure to link Medicaid, CHIP, Exchange tax credits and subsidies for a seamless system.

CFRA believes that these are the most important activities and strategies in support of these issues: building alliances with state legislators and state regulators; creating a road map for implementation in each state; and continuing with education, outreach and media campaigns aimed at consumers, business groups and the media regarding what changes mean for people and how the new legislation will impact all segments of the population.

CFRA believes that if the ACA is seen to be successful in vast, rural, small-government states like Montana, it will be perceived by citizens, policymakers and the media as a success. The Great Plains region, however, is suffering from a long-term under-investment in consumer health advocacy capacity. CFRA will respond to this by focusing its work in three areas:

- **Using coalition building, consumer engagement, analysis and media to influence decision makers** in Montana and Nebraska and effect ACA implementation in these two states. Including developing detailed plans in both states in partnership with allies to guide implementation efforts.
- **Issuing a series of policy reports** for use in outreach, education and in the media on how the ACA will affect rural constituencies and how it can be strengthened through implementation, appropriation and future legislative efforts.
- **Undertaking outreach and education efforts** in Midwest and Great Plains states and **working with advocates** in key states.
- If funds are available, **building consumer health coalitions for sustained health advocacy** in two or more Great Plains states and **providing strategic communications and policy analysis** for rural health advocacy across the country.

PLANNING GROUP

Center on Budget and Policy Priorities (CBPP)

CBPP sees the most important policy issues relating to state implementation of the ACA as being:

- **Effective implementation of coverage expansions**, including Medicaid's evolving definitions of income and household size; reaching and enrolling newly eligible populations, many of whom are currently excluded from such benefits and may be difficult to reach; designing Medicaid benefits packages to provide the level of care that newly enrolled populations truly need; making the subsidies for near-poor and moderate-income working households operate effectively, which will be a serious challenge since the subsidies will be provided as tax credits with eligibility determined based on prior-year tax returns and with some people who receive subsidies potentially required to pay some or all of the subsidies back after the end of the year; and ensuring that the subsidies are coordinated effectively with Medicaid and CHIP.
- **Designing effective Exchange rules and enforcing insurance reforms** with a focus on preventing insurers from cherry-picking healthier individuals and leaving sicker individuals to the exchanges.
- **Ensuring that states devote sufficient financing and staffing for ACA implementation**. Medicaid expansion will require substantial changes to eligibility systems, as well as increased costs for processing claims; the federal government will reimburse only half of these administrative costs, as under current law. While the federal government should pay all or most of the costs that states incur in setting up their Exchanges, states are expected to self-finance the operation of the Exchanges.

CBPP believes the most important activities and strategies include:

- **Coverage expansions:** Ensuring that the federal rules encourage maximum coverage expansion, then working with states to smooth the implementation process; persuading CMS to allow states to auto-enroll food stamp recipients in Medicaid and then persuading states to do so; assisting state advocates in showing state policymakers that the newly eligible population needs the full Medicaid benefits package; and working intensively with the IRS, HHS and the Treasury to make the tax-credit subsidies work, including making it possible to have the subsidies reflect changes in people's circumstances since the prior tax year.
- **Exchange rules and market reforms:** Advocating for states to apply the same rules to insurers and plans inside and outside the Exchange, require insurers that offer plans outside the Exchange to offer the same plans in the Exchange, and ultimately consolidate state Exchanges for individuals and small firms.
- **Financing and staffing:** Making the case persuasively for states to fund and staff implementation adequately, as well as promoting viable ways to pay for this (which will be necessary due to state balanced budget requirements). States will need to be prodded to scrutinize their budgets, identify programs and expenditures that are not performing well, and pursue tax reforms.

With these strategies in mind CBPP will focus on:

- **Working closely with state officials and state advocates on implementation of federal Medicaid expansion rules.**
- **Working to implement auto-enrollment policies and processes:** Advocating to CMS and the states, working with the Enroll America Campaign and state advocates, and once the first few states have successfully adopted the option, developing materials on best practices to share with officials from other states, as well as national and state groups.
- **Conducting outreach and developing materials and training on effective tax-credit utilization.**
- **Conducting research and developing recommendations on minimum standards for benefits packages.**
- **Working with national groups and leading a working subgroup on Exchange issues related to adverse selection** and providing significant technical assistance to state groups on this issue.
- **Supporting national and state advocates' partnership with state fiscal organizations** to ensure adequate funding for implementation.

Children's Defense Fund (CDF)

CDF has state and regional offices that cover Alabama, Arkansas, California, Florida, Georgia, Louisiana, Minnesota, Mississippi, Montana, New York, North Dakota, Ohio, South Carolina, South Dakota and Texas – where the majority of poor children and children of color live. It intends to develop coalitions of key stakeholders in these states, including faith leaders, health care providers, school administrators, representatives of community based organizations and business groups, and other advocates. It also has commitments in Michigan and New Mexico to launch its *100% Campaign*, a school-based child health outreach campaign.

CDF's major priorities with regard to state implementation of the ACA include:

- **Ensuring that national and state policies promote enrollment of all eligible children in Medicaid and CHIP** and eliminate barriers that now prevent children from getting coverage and keeping it.
- **Keeping children's needs front and center during implementation**, e.g., ensuring that as many youths up to age 26 as possible are covered through their parents' insurance plans, children with special needs are not denied coverage because of pre-existing conditions, and children being raised by grandparents and other relative caregivers benefit from the new law.
- **Ensuring that benefits and cost sharing in the Exchanges are at least comparable with those in CHIP and Medicaid** and that no children are moved to the Exchanges until those protections are in place.
- **Maximizing the impact of the ACA on vulnerable children and youth in foster care and those exiting the juvenile justice system.** Relevant new policies include the provision to extend Medicaid to age 26 for youths who exit foster care at 18 or older, the new grant program for the Maternal, Infant and Early Childhood Home Visiting Program, and others.

CDF believes the most important activities and strategies in this regard are:

- **Tracking, sharing and supporting successful approaches** to connecting families to health coverage.
- **Enforcing the Medicaid and CHIP maintenance of effort provisions** to prevent backsliding in coverage.
- **Promoting development of an essential benefits package** for the Exchanges that includes comprehensive pediatric benefits comparable to Medicaid and CHIP.
- **Promoting a culture change** whereby those working in education, child nutrition, child welfare and kinship care see healthy children as vital to their missions and become allies in helping children benefit from the ACA.

CDF's major activities relating to state implementation of the ACA will include:

- **Taking to scale the *100% Campaign***, which will work with school nurses and other key staff to identify and connect uninsured students with health care coverage.
- **A children's health coverage enrollment drive** through CDF Freedom Schools in 29 states and churches and other faith-based organizations.
- **Promoting, analyzing, commenting on and monitoring ACA implementation** at the federal and state levels in collaboration with other organizations.
- **Promoting the culture change mentioned above** by building new relationships with other professionals who are focused on the health, education and well being of children and youths.
- **Preventing reductions in health coverage for Medicaid and CHIP children and fighting state and federal budget cuts and administrative barriers.**

PLANNING GROUP

Community Catalyst

Community Catalyst has worked with local and state advocates across the country on state and federal health care reform. The organization focuses on building the capacity of advocacy organizations and systems of advocacy to ensure consumers have a voice in policy change. Community Catalyst identified eight key issues relating to state implementation of the ACA:

- **Defending and improving the Medicaid program:** Issues will include improving quality and care coordination for people with chronic illnesses and disabilities, improving the cost-effective use of prescription drugs, and ensuring patient access to providers.
- **Delivery system and payment reform:** While much of the framework will be developed at the federal level, states will be the focal point of these reforms. Significant legal and organizing resources will be needed in this area.
- **Consumer assistance:** Experience with previous state and federal reforms shows that failure to invest adequately in this function can result in major confusion for consumers.
- **Strengthening the hospital safety net for vulnerable populations:** Under the ACA, non-profit hospitals will have greater obligations to provide charity care and community benefits. Furthermore, many low-income people will remain uninsured even after 2014, making these safety-net provisions particularly important for those who cannot afford premiums and for undocumented immigrants excluded from subsidies.
- **Affordability, benchmark and Basic Health Plan:** If low-income people remain uninsured and subject to penalty, we will have made a bad situation worse, not better; the benchmark benefit package for new Medicaid enrollees could leave many very low-income people still without coverage.
- **Insurance/Exchange issues:** Key issues include the structure, governance and transparency of Exchanges, the rules that apply to carriers in and outside the Exchange, the share of the market that runs through the Exchange, and the intersection of subsidized Exchange coverage and Medicaid.
- **Children's issues:** Key issues include maintaining Medicaid and CHIP during implementation, simplifying enrollment, expanding prevention efforts, addressing the maintenance of effort requirement, integrating children into Exchanges, and dental provider availability.
- **Health equity:** The new law will cut funding for the uninsured at hospitals, boost some elements of the safety net and retain many limits on coverage for legal and undocumented immigrants. Capitalizing on these positive provisions and addressing the bill's weaknesses will require capacity building to strengthen minority-led community-based organizations.

Based on its groundbreaking 2006 study of the factors that impact consumer organizations' influence on state-level policy outcomes, Community Catalyst's strategies will focus on:

- **Analyzing and articulating solutions** on complex legal and policy issues.
- **Using media and other communications strategies** to build timely public and political support for the ACA.
- **Building strong coalitions and a grassroots base of support.**
- **Developing and maintaining strategic alliances** with other stakeholders.
- **Developing funding support from diverse sources.**
- **Understanding how to influence the political and economic environment.**

The four major areas of focus for Community Catalyst in implementing the ACA in states will be:

- **Providing support and hands-on assistance to state organizations.**
- **Working at the national level to ensure the voices and needs of state advocates are heard.**
- **Developing and running campaigns and other issue-focused work** that either capitalizes on new opportunities in the law or proposes important enhancements and improvements.
- **Provide policy and legal support to state advocates addressing targeted issues,** including delivery system reform (e.g., development of Accountable Care Organizations), non-profit to for-profit conversions, and health system mergers and consolidations.

Faithful Reform in Health Care (Faithful Reform)

Faithful Reform is the largest interfaith coalition of national, state and local faith organizations working on health care. It is currently working in 30 states: Arkansas, Arizona, California, Colorado, Connecticut, Delaware, Georgia, Illinois, Indiana, Kentucky, Maryland, Maine, Michigan, Minnesota, Missouri, Montana, North Carolina, New Jersey, New Mexico, New York, Ohio, Oregon, Pennsylvania, Rhode Island, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin and West Virginia, and can identify congregations affiliated with its national members in all 50 states. With enough time and resources it could work directly in more states.

Faithful Reform's vision statement "A Faith-Inspired Vision of Health Care" will continue to shape how the coalition and its individual members develop their policy priorities. The coalition seeks a system of health care that is inclusive, affordable, accessible, and accountable as viewed through shared values found in scriptural texts, including community, common good, concern for those who are most vulnerable, and faithful stewardship of resources. Its policy concerns parallel those of many justice-based organizations:

- **Maximizing access to and affordability of health care.**
- **Making health care as inclusive as possible for the broadest populations intended by the new law.**
- **Ensuring the accountability of all sectors of the health care system.**

Along with its work on implementation, Faithful Reform will remain concerned about those who are marginalized or left out of the ACA. This includes those fully or partially covered by the ACA's provisions but unaware of or unable to access the benefits because of race, language, ethnicity, immigration status, isolation, etc., as well as those not covered by the ACA because of income, cost, immigration status, choice, etc. Faithful Reform's leaders are working to identify and mitigate ways in which people might fall through the many cracks in the system. It is focused on four specific activities and strategies: community education, dialogue around shared faith values; effective and strategic engagement in the regulatory process; and advocacy to support implementation, improvement and expansions and to resist opposition.

Based on current staff and financial capabilities, Faithful Reform anticipates engagement in the following activities, with an exponential increase in activity if more resources are made available:

- **"The Heart In Health Care Reform"** which is addressing the provision of the ACA that affirms broadly shared faith values, areas where continued work is needed, and how people of faith can stay engaged in transforming U.S. health care. The project trains a core of 50 – 100 faith spokespersons in each participating state who agree to speak to or provide resources for two or three congregations or local organizations.
- **Education, dialogue and advocacy by state-based groups.** Activities include sponsoring roundtables and forums, presenting at houses of worship, training faith community health care providers (nurses, physicians, health ministers, health advisers, etc.), creating and distributing fact sheets produced by other groups, holding meetings with state legislators and governors, participating in sign-on letters, etc.
- **Education, dialogue and advocacy by national faith-based organizations.** Activities include: developing resources that reflect how the ACA does and does not match their social principals and public policy resolutions; distributing these to their state and local social justice networks; sending emails to state leaders regarding ACA provisions; collaborating with their national pension and health benefit boards to provide data on positive ACA impacts on congregations; and meeting with members of Congress.
- **Education, dialogue and advocacy in collaboration with faith-based hospital systems.** This work includes hospitals educating their workers about the ACA, and partnering with local and state groups to provide values-based education about what the ACA means for the health care future.

PLANNING GROUP

Families USA

The need for strong, state-based consumer health advocacy infrastructures cannot be overemphasized. While there is still work to be done at the federal level, the lion's share of implementation work falls to the states. As such, Families USA partners with state-based advocates across almost all 50 states. In June 2010, for instance, Families USA staff worked with 153 organizations across 48 states.

Families USA sees the most important policy issues relating to state implementation of the ACA as being:

- Private market reforms and regulations
- Insurance Exchanges
- Benefit packages in both Medicaid and the private market
- Private market cost-sharing and premium subsidies for insurance purchased through the Exchanges
- Medicaid programs between now and 2014
- 2014 Medicaid state expansions
- Long-term supports and services options in both Medicaid and the private market
- Consumer-friendly screening, eligibility determination, enrollment, and retention systems that bridge Medicaid, CHIP, and the private market subsidies
- Consumer Health Assistance Programs (CHAPs)/ombudsman programs
- Health disparities
- Medicare improvements
- Systems improvements and payment reforms that drive enhanced quality (and may reduce spending)

Families USA works in collaboration with our partners in the states and other national organizations to: protect existing programs in light of the struggling economy; educate the public about the merits of the new law; ensure a strong consumer voice in state and federal policy and regulatory processes; develop infrastructures to enroll millions of new Americans; and counter efforts to weaken or repeal the new law.

Families USA works with state groups through multiple activities:

- **At the state level,** Families USA strengthens the capacities of state advocates by providing direct technical assistance and strategy advice, sharing best practices across states, referring state groups to other national organizations, and providing a clearinghouse of written resources – both that we develop or highlighting the work of colleague organizations. We build effective relationships by traveling to states, convening state advocates by conference calls, hosting or co-hosting conferences and educational forums, co-releasing state reports to the media, and communicating through regular phone and email contact, among other ways. Families USA staff work with state-based advocates to identify areas where their goals and priorities intersect with ours. Once these commonalities are identified, we then talk about how our organizations can work together to further these shared goals. State advocates also often approach Families with their own strategies. In these instances, Families works with state groups to determine how to best support their efforts and strengthen their work.
- **At the federal level,** Families USA is helping to foster open channels of communication between state-based and national groups so there is a coordinated approach to influencing federal regulations. Families and our national partners are sharing deadlines for opportunities to influence federal decisions with state groups and are creating mechanisms for garnering input from state advocates to help frame responses that reflect a broad, diverse range of consumer interests.

Family Voices, Inc.

Family Voices' four regional networks cover all 50 states, the District of Columbia, Puerto Rico, the Virgin Islands and Guam.

The most important policy issues for Family Voices regarding state implementation of the ACA are:

- Ensuring that there is a voice that can speak to the unique needs and challenges of children with special health care needs, and that this voice is heard by all federal commissions and committees during dialogues involved in ACA implementation.
- Ensuring that as reform regulations are released, they have taken into account the issues specific to children with special health care needs. Of particular concern are high risk pools: if children with special health care needs would be better off accessing these pools instead of staying on their parents' insurance, what are the definitions of denial within the pool regulations and can they be expanded so more children can access these programs?
- Tracking implementation so Family Voices can monitor the day-to-day application of the new law from the perspective of children with special health care needs.

The most important activities and strategies for Family Voices will be: 1) Training its state and network members on how to monitor implementation and advocate for various needs (state options, commenting on regulations, etc.). Network members need to understand that much of the implementation will take place at the state level and be prepared and willing to be involved; 2) Boosting Family Voices' capacity at the federal level to ensure that the regulations and future legislative "fixes" have adequately addressed and will be effective for children with special health care needs. Family Voices is the only organization that represents the entire field of children with special health care needs and their families (it is not disease- or syndrome-specific) and will need to absorb and respond to an enormous amount of information.

Family Voices will play a major role by:

- Providing ongoing educational opportunities for its network members via emails and alerts.
- Preparing its Family to Family Health Information Centers for the increased demand for information and answers. Family Voices is preparing one-pagers, talking points, links to websites, etc., that reflect cultural and linguistic competence.
- Participating in a variety of coalitions in D.C. for the purposes of sharing information and expertise regarding implementation, regulation, etc., including families of diversity. It hopes that becoming involved in more unified mechanisms will increase its capacity and create a stronger voice for children, especially for families and children who fall into the despaired populations.
- Positioning Family Voices with Congress and the Administration as THE organization to turn to for issues relating to children with special health care needs and their families. This will facilitate Family Voices' creation of a dialogue with the government about this population's unique needs, and if and how the ACA is addressing them.

PLANNING GROUP

Georgetown University Center for Children and Families (CCF)

The major policy issues that CCF wants to work on regarding state implementation of the ACA are:

- **Sustaining forward movement on children's health coverage** under Medicaid and CHIP for already eligible children in order to help families cope with the ongoing toll of the recession and create an "early win" for families who otherwise may have to wait until 2014 for benefits from the ACA.
- **Monitoring and building support for early insurance reforms aimed at children and young adults** as part of creating early gains from the ACA; monitoring the on-the-ground experiences of children and families to ensure that early reforms are working as intended.
- **Building stable and efficient Exchanges** that provide children and families with easy access to high-quality coverage.
- **Strengthening Medicaid and CHIP** so they can continue to provide coverage to families most in need.
- **Engaging and mobilizing children's groups to engage in a broad array of issues**, including those relating to private insurance reforms (which are traditionally less of a strength for many children's organizations).

In approaching these issues, CCF believes the most important strategies and activities include:

- **Securing support for state-based organizations to enable them to advocate for strong implementation of the ACA.**
- **Promoting the enrollment of already-eligible children in Medicaid and CHIP** as work continues on implementation of the ACA more broadly.
- **Making the most of "early wins for kids"** to provide help to some of the families facing the most challenging circumstances (e.g., children with special needs) and to combat skepticism about the ACA.
- **Establishing strong Exchanges with robust connections to Medicaid and CHIP**, and ensuring that they are well-designed to meet the unique needs of families with children.
- **Ensuring that state Medicaid and CHIP programs are strong**, well financed and able to meet the needs of new enrollees in 2014.

CCF's work in these areas will focus on:

- **Providing state-based children's advocates with in-depth policy and strategic assistance, and fostering a strong network** of state-based children's advocacy groups for implementation and enrolling more already eligible children.
- **Providing state-based advocates with strategic messaging and communications support**, including messaging that portrays continued enrollment of kids in Medicaid and CHIP as a bright spot on the way to broader ACA implementation.
- **Working with state-based children's groups on building oversight mechanisms and maintaining feedback loops with federal officials** (in conjunction with Voices for America's Children) on ACA implementation, including on how "early wins for kids" are being implemented.
- **Helping advocacy groups push to strengthen their state Medicaid and CHIP programs** by applying new ACA requirements (such as the switch to the new MAGI income standard and creating electronic links to the Exchanges); simplifying their state programs so that they are better aligned with the Exchanges; building effective bridges between child and family coverage; and promoting new access initiatives.
- **Supporting state-based children's groups in developing deeper expertise on private insurance and Exchange issues**, including on strategies for coordinating enrollment between Medicaid/CHIP and the Exchanges, implementing a strong pediatric benefit package and addressing the unique subsidy issues affecting families with children.

Georgetown University Health Policy Institute (HPI)

HPI is a multidisciplinary group of faculty and staff dedicated to conducting research on key issues related to health policy and health services. HPI extensively studies private health insurance underwriting, market practices and product design, as well as federal and state approaches to overseeing and limiting private insurance products and practices.

The most important policy issues for HPI regarding state implementation of the ACA are:

- **Affordability and availability of coverage:** addressing premium increases in the private insurance market and the erosion of private coverage leading up to 2014, as well as adverse selection in the design and implementation of state Exchanges
- **Adequacy of coverage:** oversight and enforcement of consumer protections (annual and lifetime limits, external review, coverage of preventive care, adult dependents up to age 26, etc.) and ensuring state flexibility in benefit design, including the ability to address inadequacies in the essential benefit package
- **Administrative simplicity:** transparency, consumer-friendly information, and clear and effective regulatory authority

In addressing each of these issues, HPI will use the following strategies:

- **Affordability and availability of coverage:** ensuring state regulators have sufficient authority, tools and motivation to monitor and keep in check premium rate increases; that regulators and advocates can address premium increases without discouraging individual and small group plans from exiting the market; that consumers have reasonable alternatives if their plans do exit; and that states use best practices when designing their Exchanges to minimize adverse selection and support the long-term viability of the Exchange risk pool
- **Adequacy of coverage:** ensuring state and federal regulators have the tools, resources and authority needed to proactively monitor health plan and employer implementation of reform's market protections and enforce consumers' new rights; that essential benefit package design acknowledges the needs of patients in states with existing benefit mandates that exceed federal minimums (and that will probably be rolled back); and that state Exchanges can require greater standardization of benefit design than is federally mandated
- **Administrative simplicity:** ensuring states are meeting or exceeding the ACA's requirements for transparency, disclosure of health plan information, and use of user-friendly, culturally and linguistically appropriate formats; and states are establishing administrative and regulatory structures for the insurance market, in and out of the Exchanges, that can support a sustainable, consumer-focused insurance marketplace

HPI's activities in this regard include:

- **Developing training materials** for health insurance advocates on federal and state laws, regulations, and programs, including resource manuals, issue briefs, question and answer fact sheets, state guides, model state laws **and other materials** to help consumer and patient advocates understand private insurance issues and the changes resulting from new laws and regulations.
- If funding permits, **conducting independent research and analysis** to determine how states are implementing health insurance reforms, as well as how these reforms are impacting individuals, businesses and families over time.

PLANNING GROUP

Health Care for America Now! (HCAN)

HCAN currently is active in 29 states, with connections in an additional 8 states. HCAN's state partners continue to participate in weekly field calls, to communicate regularly with the national HCAN national campaign staff and to participate in coordinated activities including rapid response, earned media, and lobbying of Members of Congress and state officials on implementation issues. HCAN affiliates have expertise in engaging the public, the media and policymakers in pivotal ACA implementation issues. As implementation of the new law accelerates, state partners continue to look to HCAN for guidance on strategy, messaging, policy education and coordination of activity.

Key State Policy Issues in Implementation:

- **Health insurance reform:** Implementation and enforcement of federal insurance reforms will vary by state according to existing state law, concentration of insurers, size of the insured market, relative power of the executive versus the legislature and political climate. In crafting and enforcing regulations, federal and state regulators need the political space to make the right policy decisions in the face of industry threats of withdrawal from markets and higher costs. This will mean bolstering regulators and confronting insurers at each key turn.
- **Exchange design:** Consumers need to become immediately involved in the planning and design of health insurance Exchanges. A poorly designed state Exchange will fail, with costs spiraling up and enrollment down. Regardless of health insurance expertise, advocates will play an important role in advising on how to make the Exchange user-friendly to lessen administrative hassle and increase enrollment. In obstinate states that refuse to create an Exchange, a massive on-the-ground effort will be necessary to create community roots for a federally-run Exchange in the state.
- **Affordability:** Any factor that reduces the number of people purchasing insurance inside the Exchange will increase insurance costs; increased costs threaten the future of reform. State insurance and marketing rules must be carefully scrutinized. State budgets also play a prime role in determining the level of coverage for new Medicaid beneficiaries, who will get less than full Medicaid benefits, and resistance to the required Medicaid expansions.
- **Employer responsibility:** The ease of reclassifying workers as other-than full-time will potentially incentivize employers to dump workers into the Exchange, at additional federal cost. Also, we need to explore which employees will benefit if their employer chooses to pay a penalty rather than offering coverage and which workers will be hurt.

HCAN Strengths:

- **Organizations with roots:** HCAN affiliates are established community and labor groups with longstanding relationships with policymakers and other state advocates. They have the ability to activate well-developed grassroots lists, outreach to local media, and participate in legislative and regulatory processes.
- **Media and message development:** Nationally and locally, HCAN has become a go-to source for media interested in getting the consumer perspective on insurance issues. HCAN devotes significant attention to message development, limiting complexity to clarify stark policy choices, and choosing appropriate communication vehicles (online, talking points, press releases, reports).
- **Research:** HCAN has the capability to develop timely, media-friendly reports (both nationally and with state customization), with particular emphasis on the health insurance industry.
- **Policy development:** Nationally, HCAN is a leading voice in consumer coalitions that offer constructive responses to regulations implementing important elements of the ACA. Locally, HCAN is meeting with insurance commissioners and getting involved in state implementation planning activities.
- **Legislative:** Nationally and locally, HCAN is at the forefront of combating legislative efforts to weaken the law and will launch pro-active campaigns to ensure enforcement and strengthen key provisions of the law.
- **Ballot initiatives:** HCAN will lead against ballot initiatives meant to nullify or express opposition to elements of the law.

Health Law and Policy Clinic of Harvard Law School and Treatment Access Expansion Project (HLS/TAEP)

HLS/TAEP works in partnership with national, state, regional and local organizations on health law and policy projects across the country. Projects include federal and state ACA implementation (particularly Exchanges and private health insurance reform at the state level) and initiatives to expand and reform Medicaid and Medicare for low-income uninsured people living with HIV and other chronic conditions.

Two key efforts are:

- **Co-chairing the HIV Health Care Access Working Group**, a collaboration of more than 100 national and community-based HIV services organizations. HLS/TAEP coordinates effective partnerships and consistent ACA implementation strategies among the partners.
- **Conducting the State Healthcare Access Research Project (SHARP)**, which works to build broad coalitions that advocate for improved access to care and treatment for low-income uninsured individuals with chronic illnesses. SHARP is active in Alabama, Arkansas, Illinois, Los Angeles County, Louisiana, Mississippi, North Carolina and South Carolina, and the project will expand to additional states in 2011.

HLS/TAEP sees the most important policy issues in ACA implementation as:

- **Expansion of public programs:** Defining the benchmark benefit package available through the ACA and ensuring that it meets the needs of those with HIV and other chronic diseases, encouraging states to provide access to Medicaid before 2014, defining state responsibility for funding expanded Medicaid coverage and ensuring this does not come at the expense of existing Medicaid benefits, and securing state support for newly-allowed and potentially more effective uses of Ryan White Program ADAP funds.
- **High risk pools:** Streamlined and affordable access for those with HIV and other chronic illnesses, and available funding to help enrollees meet cost-sharing obligations.
- **Prevention and wellness:** Securing the use of prevention and wellness funds following the goals outlined in the New National HIV/AIDS Strategy and supporting funding for CDC Directly Funded Community Based Organizations and local and state health departments.
- **Workforce development:** Working to increase the number of Graduate Medical Education training positions, loan forgiveness programs, retention grants, etc. in underserved communities.

HLS/TAEP believes the most important activities and strategies to carry this work forward are community education and organizing. Stakeholders (consumers, advocates, health care and social services providers, state and government officials, academics) need to be aware of key reform provisions and states' roles in implementing them, and there must be timely, accurate, accessible mechanisms for sharing information among community-based advocates.

HLS/TAEP is also focused on access to care issues not addressed in health care reform or subject to deferred implementation. These include: lack of a newly defined minimum Medicaid benefits package for traditional Medicaid beneficiaries; failure to address the five-year public benefits ban for legal immigrants; failure to address Medicaid provider reimbursement rates beyond the primary care providers and beyond 2013-14; failure to address state Medicaid funding crises in economic downturns; overall failure to address "a bridge to 2014" when the Medicaid expansion goes into effect; and providing federal emergency supplemental funding for AIDS Drug Assistance Programs in FY10.

The Herndon Alliance (HA)

HA functions as a support group for its 300 partner groups and has contact with all 50 states in multiple capacities, including in-state presence in 26 states. It communicates daily with 1,600 people on Capitol Hill, the Obama administration, national organizations and state groups, and sends weekly messaging information to 700 groups nationally.

HA sees the most important policy issues relating to state implementation of the ACA as:

- **Shaping of public values relating to overall support for the ACA:** how the public thinks of the ACA in the context of their lives, the economy, jobs, control and other current concerns
- **Prevention as a proof point for reform** in response to the public's strong interest in improved preventive care
- **Communicating with providers and others:** doctors, nurses, local hospitals, small businesses and groups like AARP have the potential to become major validators of the ACA. Currently some support the law, others oppose it; many others don't understand and are concerned that the law will negatively affect them.
- **System changes needed to make the ACA successful:** these will be seen as helpful or harmful depending in large part on how they are framed and how they affect patients
- **Other issues as identified**

HA believes the most important activities and strategies include:

- **Maintaining public support through the competent, cost-effective and high-quality implementation of reform** through strong advocacy presence at state and national levels, and showing the public orderly, responsible and effective improvement in the health system
- **Developing a comprehensive, coordinated, timely communications strategy** that includes shared messaging and connects to the values, experience and aspirations of most Americans

With these strategies in mind HA is currently heavily involved in messaging and communications work.

- **Messaging:** HA is currently completing two projects, one that examines the current state of public awareness of reform and opportunities for messaging that resonate with the public and assists in implementation, and another that examines the public's understanding of prevention and ways to make population-based prevention a desired and successful strategy that is seen as benefitting families. HA is seeking funding for two additional projects. One would examine values, interests, barriers and opportunities for gaining provider support for the ACA. The other would identify ways to develop public support for the system changes required under the law.
- **Communications:** HA is looking for funding for three ongoing projects: National meetings of advocates, providers, businesses and organizations focused on system changes; daily media summaries and commentary, including a possible gearing up of this activity to address such issues as messaging — also a daily clipping service for providers and soon one for groups interested in system change; communications training for provider groups.

The Main Street Alliance (Main Street)

Main Street's core states are: Colorado, Idaho, Illinois, Iowa, Maine, Montana, New Jersey, New York, Oregon, Virginia and Washington. Minnesota, North Carolina and Nevada became new partners during 2010. Main Street also carries out some activities in Arkansas and Nebraska.

Main Street has identified the following important policy issues relating to state implementation of the ACA:

- **Health insurance Exchanges.** This would include maximizing bargaining power in the state Exchanges by combining the individual Exchange and SHOP Exchange ideas into one dynamic Exchange that benefits from maximized risk pooling and bargaining power and reduces administrative costs; and opening exchanges to include businesses with over 100 employees.
- **Insurance market reforms,** including strengthened rate review to combat insurers' claims that the ACA is forcing them to raise rates; implementation and enforcement of new minimum MLR requirements; and controls on the amount of grandfathering that insurers are allowed to use to avoid adhering to new regulations.
- **Containing and cutting costs for small businesses and the self-employed,** including implementation of small business tax credits, assessment of cost containment measures, promotion of successful measures and fixing the 1099 issue.

Main Street believes the most important activities and strategies to use in pursuing these issues include organized grassroots public education; mobilization of key constituents (small businesses, seniors, etc.) to engage directly with state officials who will make implementation decisions; and continuing to drive for insurance accountability as the best antidote to opposition attacks.

Main Street plans to play a major role in the following activities:

- **Educating small business owners and groups about the benefits of the ACA** by canvassing and educating within local business districts; distributing information about the small business benefits of the ACA; identifying stories and quotes; organizing presentations for local business groups and involving elected officials when possible; conducting media outreach to local business press; and placing ads in online media that target the small business audience.
- **Informing and engaging elected officials and regulators to highlight the small business benefits of the ACA and priorities for implementation.** This will include organizing private meetings between elected officials, regulators and small business spokespeople; and organizing presentations for groups of state elected officials and their policy and communications staffs.
- **Educating the public with small business messengers and arguments** through public events held in collaboration with supportive regulators; visibility campaigns in which store owners use window signs, postcards, etc. to educate consumers; pro-ACA business presence at local events (country fairs, etc.) and promoting small business spokespeople's activities in the media.
- **Building the "small business vs. big business" narrative** by partnering with Health Care for America NOW on tactics and action steps; conducting media activities that focus on holding insurance companies accountable; stopping discrimination against small businesses and giving small businesses real bargaining power; and exposing and countering cozy relationships between organizations like NFIB or the US Chamber and the insurance industry.

Medicare Rights Center (Medicare Rights)

Medicare Rights is currently pursuing programmatic work in Florida, Iowa, Kansas, Louisiana, Maryland, New York, and Washington, DC. It also has close partnerships with advocates in California, Illinois and Maine, as well as strong relationships with AAAs and SHIPs in many other states. Medicare Rights' national hotlines receive calls from Medicare recipients from across the country: last year, its hotlines helped more than 20,000 consumers, caregivers, and professionals to navigate health insurance coverage.

Medicare Rights' most important policy issues relating to state implementation of the ACA are:

- **Dual-eligibles:** Ensuring that programs are designed around consumer needs and not solely to maximize savings or simplify the financing and administration of care.
- **Medicaid expansion:** Medicaid reform will create new rules, like the MAGI standard, for determining Medicaid eligibility, opening the program to many new recipients. However these new eligibility and enrollment systems and rules, like MAGI, will not apply to people with Medicare. Thus, Medicare Rights fears that people with Medicare may be excluded from the new, more efficient eligibility and enrollment systems created for the MAGI populations in the Exchanges and be relegated to the existing archaic, neglected infrastructure of rules and systems.
- **Health insurance Exchanges:** Since efforts to eliminate the two-year waiting period for Medicare for people with disabilities was not successful, it will be important to advocate for affordable, comprehensive coverage for people with disabilities during the waiting period in the context of the state health insurance Exchange (and, more immediately, in the context of the temporary high-risk pool program). Consumer assistance and navigation through Exchanges is also critical, with the goal of creating seamlessness and parity of assistance among recipients of Medicaid, Medicare, the Exchanges, employer-provided insurance, etc.

Medicare Rights believes that these are the most important strategies and activities needed to address the policy issues described above: Consumer engagement toward crafting consumer-friendly systems; state-based advocate empowerment through existing coalitions and coalition-building activities; systems reforms for increased automation and benefits and eligibility streamlining within MIPPA and the ACA; advocacy for parity among benefits, particularly between MAGI and non-MAGI populations; and outreach and education around ACA-related changes and new or modified benefits.

In the coming year, Medicare Rights' activities will draw on its more than 20 years of experience advocating for older adults and people with disabilities nationwide. Medicare Rights will focus on working with a variety of state and federal stakeholders to develop, evaluate, and implement new eligibility standards and enrollment processes for enrolling dual-eligibles in public coverage, transitioning them to new coverage and benefits, and transmitting lessons learned to other states and federal regulators. Medicare Rights expects to identify and anticipate gaps in enrollment, recertification, and transition processes, pose questions to inform evolving conversations, participate in key meetings, and develop issue briefs and media pieces to explore the intricacies of the ACA's implementation at federal, state, and local levels – all with a goal of increasing the comprehensiveness and seamlessness of coverage for low-income Americans with Medicare.

National Association of Community Health Centers (NACHC)

NACHC has affiliated State Primary Care Associations (SPCAs) (statewide networks of community health centers — CHCs — and, in some cases, other ambulatory care safety-net providers) in all 50 states. It intends to focus on national health reform issues with all of these SPCAs and would welcome opportunities to join SPCA efforts with state affiliates of other national organizations working toward a common purpose.

The most important policy issues for NACHC relating to state implementation of the ACA are:

- **Medicaid eligibility determination and enrollment:** treatment of “traditional” vs. new eligibles regarding benefit coverage, cost-sharing, and care system and network enrollment
- **Rules and certification of qualified health plans:** development of a standard benefit package and development of rules on health plan provider network adequacy
- **Health insurance Exchange development and operation:** eligibility and enrollment for premium and cost-sharing subsidies and requirements for health plan operations
- **Development of the new and expanded Community Health Centers (CHC Fund)**
- **Revitalization of the primary care workforce:** improvements in health professionals training programs, development of new “teaching health centers” programs and expansion of NHSC assignment and placement efforts.
- **Medicare demonstrations designed to improve quality and the cost-effectiveness and value of care:** Primary Care Medical Homes, Community Health Teams and Accountable Care Organizations (ACOs).

NACHC believes the most important activities and strategies to be:

- Coordination of support, assistance to, and advocacy with, CMS regarding Medicaid and CHIP expansions
- Collaboration among advocacy groups at the state level regarding Medicaid and CHIP enrollment, development and operation of Exchanges, and Exchange enrollment and subsidy determination activities
- Collaboration among safety-net providers in assuring Medicaid and CHIP provider network adequacy and access to care for all enrolled as well as for those remaining uninsured.

NACHC plans to play a major role through:

- **Information, education and training, and technical assistance** to SPCAs and local CHCs on issues, concerns, key points, and necessary activities at the state level to ensure the positive implementation of ACA provisions
- **Support for Partnership for Medicaid** (safety net partnership) in working with HHS and CMS (and Congress as needed) on implementation matters
- **Leadership of Partnership for Primary Care Workforce** in working with HHS and HRSA and Congress (as needed) on primary care workforce revitalization activities.

National Center for Law and Economic Justice (NCLEJ)

NCLEJ and its local partners are addressing Medicaid reform in Colorado, Maryland, Missouri, New Hampshire, New York, Tennessee and Texas. NCLEJ works closely with legal advocates in many other states, including Arizona, Kansas and thirteen Southern states. It is also co-counsel with local public interest lawyers in New Mexico on an equal protection lawsuit seeking workers compensation health coverage for farm laborers. NCLEJ has a deep knowledge of Medicaid law and policy and extensive experience with class action litigation.

NCLEJ sees these as the most important policy issues relating to state implementation of the ACA:

- **Full and speedy access to health benefits, particularly Medicaid and CHIP, for low-income people:** States must focus on quick, accurate enrollment and recertification processes; full compliance with all current Medicaid and CHIP legal requirements for prompt processing of applications; and all reform act requirements regarding consumer-friendly, simplified, coordinated, technologically advanced enrollment.
- **Avoidance of intentional or inadvertent state-level barriers to Medicaid and CHIP coverage or premature reductions in aid:** Some states may attempt to reduce staffing or services to save money, or may fail to prepare for computer updating processes, resulting in massive denials or delays in benefits.
- **Attention to the civil rights of low-income people eligible for health care benefits:** No person should fail to receive benefits or suffer hardships in applying or renewing benefits because of disability, linguistic barriers or inappropriate demands for proof of immigration status or the Social Security numbers of family members not applying for benefits.

NCLEJ believes advocates should address these issues through broad coalitions to develop strategies, identify legal and policy issues and remedies, and learn best practices from national entities. In particular advocates should:

- **Ensure low-income people have full and speedy access to benefits by** assuring states comply with their legal obligations under the ACA, such as adopting a streamlined application form and operating a website that allows people to compare programs and apply and renew online. Advocates should also press states to refocus the culture in Medicaid offices away from denial and toward encouraging participation.
- **Ensure states do not create barriers to Medicaid or CHIP by** using all appropriate means to compel states to comply with existing laws and plan appropriately for technology modernization. Advocates should employ class action litigation when necessary. They should also ensure states do not create barriers to other benefits for low-income people, such as SNAP, since these programs will soon be administered separately from health subsidies and may have different income requirements.
- **Protect low-income people's civil rights by** monitoring state policies and operational instructions to ensure all systems within local agencies, contractors and others engaged in health reform fully accommodate people with disabilities and other barriers. One particular concern is the internet, which states will be required to use but which is not always completely accessible to people with disabilities and other barriers.

With these strategies in mind, NCLEJ is involved, or will become involved in these activities:

- **Taking a leadership role and bringing the resources of national law firms to major class action litigation** focused on improving the administration of benefit programs for low-income people.
- **Partnering with the Sargent Shriver National Center on Poverty Law to advance local advocates' capacity** to protect existing medical assistance programs from cuts and procedural restrictions during the ACA implementation phase. NCLEJ and the Shriver Center will provide advocates with advice on advocacy strategies and policy models, tactical training, hands-on support for policy advocacy, collaboration on legal advocacy and impact litigation, and links to additional resources and technical supports.

National Coalition on Health Care (NCHC)

NCHC and its partners have a presence across the country, but as part of NCHC's public education campaign, 20 key states have been identified where moderates' opinions about the ACA have yet to be cemented: Arizona, California, Colorado, Florida, Georgia, Illinois, Indiana, Michigan, Missouri, Nevada, New York, North Carolina, Ohio, Oregon, Pennsylvania, Texas, Virginia, Washington, West Virginia and Wisconsin.

NCHC is focused on two main issues relating to state implementation of the ACA:

- **Building support, civic engagement and understanding of the ACA across boundaries:** The most important policy issue for NCHC is public education to ensure the survival and sustainability of the ACA, with a focus on developing networks of well-informed left-right or multi-sector partnerships able to communicate effectively with policymakers, moderate/centrist swing voters, faith and business leaders, independents and other key constituencies. Using local organization leadership to build multi-stakeholder state policy advocacy coalitions ensures that states interests are considered and local leaders and residents are engaged in the process. This will create a basis at the state level for the kind of consensus that was missing from the Congressional debate.
- **Delivering messages to policymakers and holding them accountable:** NCHC believes that coordinating policy messaging and facilitating their delivery to state policymakers is the second crucial step in ensuring successful ACA implementation. Statehouses across the country will be flooded with expert representatives who can articulate their clients' needs. Providers, small business owners, faith leaders, and vulnerable populations need to relay their own concerns.

To reach its policy goals, NCHC will focus on these activities and key strategies:

- **Building favorable public consensus through public education and policy advocacy** utilizing both grassroots and grassroots approaches.
- **Engaging key local stakeholders** including providers, consumer advocacy groups, employers, small businesses, faith leaders, community activists and organizers, racial and ethnic minority leaders, and representatives of vulnerable and underserved populations.
- **Coordinating tactical support and messaging** by providing a facilitator to create a physical and virtual collaborative space and providing messaging templates that are tailored to specific state audiences.
- **Earned media** outreach including local op-eds, letters to the editor, radio talk show interviews, etc.
- **Internet and social media outreach** through a community-centric strategy that leverages blogs, wikis, discussion groups and issue forums within states.

Activities that NCHC is undertaking or hopes to undertake include:

- **Building favorable public consensus through public education and public advocacy.** NCHC is the project leader for a 20-state public education and policy advocacy campaign designed to inform the public about the benefits of the ACA and build and leverage public support. It focuses on swing states.
- **Developing a state ACA web hub.** NCHC has developed a California web hub that tracks news, policy developments, and provides resources and implementation toolkits targeted at key stakeholders such as small businesses, faith groups, and underserved and vulnerable populations. Web hubs are in progress for 19 additional states with a goal of producing hubs for all 50 states and territories.
- **Coordinating state and national efforts and messages.** NCHC coordinates state and national policy advocacy initiatives by providing educational and technical assistance, materials, and facilitating a physical and virtual collaborative environment.
- **Coordinating among funders.** NCHC and its partners have agreed to coordinate funding to avoid waste and production of duplicative services. NCHC will map the issue areas and regions that serve as its members' focal points.

NHeLP Health Law Program (NHeLP)

NHeLP has partners in almost all 50 states who are working on one or more ACA implementation issue.

NHeLP has identified the following as the most important policy issues connected to state implementation of the ACA:

- **Early and robust implementation of Medicaid Expansion options** through support for state advocacy efforts and development of model eligibility and enrollment processes.
- **Maintenance of comprehensive consumer protections** under the law as part of wide-ranging Medicaid, CHIP and Medicare expansions.
- **Support for state advocates engaged in litigation** to protect health care and for litigation and initiatives to expand individual consumers' and health care programs' access to the courts.
- **Implementation of cross-cutting strategies to address racial, ethnic and language disparities.**
- **Access to quality and comprehensive women's health care**, with a focus on consumer participation.
- **Ensuring that the mainstreaming of coverage for low-income** individuals does not erode existing interventions for those with specialized health needs.
- **Enrollment and services for children** — particularly related to screening, transparency, due process, notice and hearing rights and effective provision of services by managed care plans.

NHeLP believes that key strategies for addressing these issues include focusing resources and efforts on state implementation of MAGI; well-designed connections and clear lines of communication among federal agencies and offices and D.C., federal and state-based advocates; coordination among advocacy organizations to maximize resources; creation of navigable information resources to address literacy, cultural and language issues; and meaningful oversight of private vendor operations by CMS and state agencies.

NHeLP plans to play a major role by:

- **Litigating important cases** and providing national litigation support
- **Conducting national trainings and outreach**
- **Analyzing and providing proactive input** into legislative, regulatory and sub-regulatory proposals
- **Preparing printed and web-based materials**
- **Participating in meetings with other national organizations**
- **Maintaining regular meetings with CMS national and regional offices**
- **Fostering collaborations between advocates** who are serving low-income populations and those addressing women's health and reproductive health issues
- **Attending conferences of state Medicaid authorities**
- **Continuing to participate in the National Quality Forum**
- **Providing technical assistance** on development of the Exchange enrollment processes
- **Monitoring the Exchanges' integration** with the Med-Cal and Healthy Families programs

National Immigration Law Center (NILC)

NILC provides technical assistance to state health and immigrant rights advocates across the nation on ACA implementation issues affecting immigrants. In addition, NILC plans to work closely with state advocates in key immigrant-friendly states (e.g., California, New York, etc.) to develop model policies and practices that can be easily shared with other states with large or new immigrant populations. NILC believes it is critical that advocacy and policy making be over-inclusive of immigrant groups. State-level coalitions should include at least one state policy advocacy group that has some knowledge or capacity for working specifically on immigrant health issues. Advocates and policymakers responsible for ACA implementation should reach out to local or national groups which have an understanding of the intersection of health and immigration laws and the unique barriers faced by immigrants. Because our nation's immigrants represent diverse populations and demographics, one or two organizations cannot represent the full range of immigrant groups and their different needs and priorities. Multiple immigrant-focused organizations in state implementation efforts may be needed to ensure immigrants are included in the benefits of the ACA.

The most important policy issues for NILC relating to state implementation of the ACA are:

- **Equal access to employer and private health insurance through the Exchanges and federal tax credits for eligible immigrants and their family members** via appropriate application and enrollment forms and procedures, outreach, etc.
- **Non-burdensome verification of immigration status** for immigrants seeking individual and group insurance through the Exchanges. Immigrants should be able to access insurance while verification is pending.
- **Elimination of remaining restrictions** on immigrants' ability to obtain affordable health insurance (e.g., removing the five-year waiting period in Medicaid for immigrant adults).
- **Ensuring access to community clinics and safety-net hospitals** remains open to immigrants regardless of status, and improving their ability to provide meaningful, affordable health care to uninsured, undocumented immigrants.

NILC believes the most important activities and strategies include:

- **Coordinated administrative advocacy with national and state advocates** to ensure that federal guidance is clear and helps states cover all eligible immigrants under the ACA.
- **Building the technical expertise and advocacy skills of state advocates and officials** to create model policies and practices that improve access for immigrants under ACA implementation.
- **Peer sharing among state and national advocates of best practices in the Exchanges** for enrollment, application forms, and privacy or confidentiality protections.
- **Strategic communications** to help state policymakers and advocates move inclusive policies that benefit everyone – including immigrants – which can also preempt or help counter anti-immigrant attacks.

With these strategies in mind, NILC expects to be involved in the following activities:

- **Administrative advocacy with federal agencies** regarding policy regulations that affect low-income immigrants (with and without legal status).
- **Providing technical policy and legal assistance to federal as well as state officials and advocates** on questions regarding implementation and best practices for immigrant inclusion in the ACA.
- **Developing affirmative communication strategies** to support inclusive federal and state policies.
- **Training advocates on policies and implementation strategies** that are helpful to immigrant communities.
- **Collaborating with key national and state advocates to develop creative solutions for health coverage for uninsured immigrants.**

NILC also strongly believes that an equal amount of attention and resources should be devoted to policies that will address the needs of those who will remain without access to affordable health coverage as well as to policies affecting the insured or those newly eligible for coverage. It also strongly believes that the ACA should be seen as the first, but not last, major step in reforming the U.S. health system.

National Partnership for Women and Families (NPWF)

Through the Campaign for Better Care (a partnership with Community Catalyst and National Health Law Program), NPWF is active in Maine, Massachusetts, Ohio, Wisconsin, Pennsylvania, and North Carolina. It anticipates reaching beyond these states, particularly on delivery and payment system implementation, through the development of additional stakeholder networks. NPWF is also working in the following areas through the RWJ-sponsored Aligning Forces for Quality: Albuquerque; Boston, Central Indiana; Cincinnati; Cleveland; Detroit; Humboldt County, CA; Kansas City, MO; Maine; Memphis; Minnesota; Puget Sound, WA; South Central Pennsylvania; Western Michigan; Western New York; Willamette Valley, OR; and Wisconsin.

A major goal of the Campaign for Better Care is to ensure that the new health care system provides the comprehensive, coordinated, patient and family-centered care that older adults and persons with multiple health problems need. With this in mind, the Campaign has identified its most critical policy issues as relating to fundamental reforms to the payment and delivery systems:

- **Influencing new models of payment and care delivery** ensuring that new models are patient and family-centered; and include services like geriatric assessment, care planning, comprehensive care coordination, transition management, medication management, and support for patients and family caregivers; provide for evaluation and accountability; include services that will improve quality and care coordination; are culturally and linguistically appropriate, and reduce disparities caused by race, ethnicity, gender and language; and are expanded and implemented broadly once they have been shown to meet the needs of patients and families.
- **Other payment reforms** including adequate support and payment for primary care providers and services; incentives for higher quality, better patient outcomes and experience; greater efficiency; and an adequate number of state-level direct care workers trained in geriatrics and chronic care
- **Quality and accountability** provisions including holding providers accountable; setting priorities for measurement and quality improvement that reflect the needs of older adults and people with multiple health conditions; and linking payment to quality care, reducing disparities, and providing publically reported information for consumers.
- **Health Information Technology (HIT)** including using HIT effectively to provide point-of-care information to providers, patients and caregivers; facilitating coordination of care and better communication; providing real-time decision support for clinicians; ensuring privacy; and allowing for assessment and reporting.

Key strategies in this work will include creating processes for national and state and private sector and public sector coordination. National and state coordination will facilitate integration of state perspectives (both provider and consumer) and best practices for federal policy and in supporting national advocates provide technical support to state and local advocates. Public and private coordination will reflect the fact that the private sector is already working on elements of reform implementation and the federal government is likely to rely on this expertise. Coordination will equalize the influence that private and public expertise has on reform implementation, and help the two sectors to become better aligned, especially regarding HIT infrastructure and data sharing.

NPWF's major activities in this regard include:

- **The Campaign for Better Care** working to facilitate collaboration between federal and state implementation activities, specifically around delivery and payment reform.
- **Insurance Reform Working Group** a collaborative group of consumer organizations working to influence specific insurance market reforms such as the grandfathering provision, dependent coverage, Patients' Bill of Rights, and Exchanges.
- **Consumer Partnership for eHealth** a consumer coalition helping to shape the implementation of ARRA's HITECH provisions at both national and state levels.
- **Aligning Forces for Quality** which is developing the capacity of consumer groups to take on leadership roles in alliances in 17 communities and regions. The Alliances, in turn, will play an important role in the implementation of quality measurement, improvement, and the delivery and payment reform elements of the ACA in these local communities and regions.

National Women's Law Center (NWLC)

Building on prior collaborations, NWLC is in the process of completing an assessment of how the various state groups will be involved in NWLC ACA activities, as well as beginning to work with state-based groups on various implementation efforts. These states include, but are not limited to: Illinois, Maine, Maryland, Minnesota, Montana, New Hampshire, New Mexico, North Dakota, Oregon, Pennsylvania, Washington and Wisconsin.

NWLC sees the most important policy issues relating to state implementation of the ACA as being:

- **Implementation of insurance reforms**, particularly rating reforms.
- **Simplification of enrollment** by having one application for Medicaid and the Exchanges, ensuring that people don't fall through the cracks, etc.
- **Outreach and enrollment to uninsured populations.**
- **Benefits package development and design**, particularly relating to insurance coverage of reproductive and other women's health care services and prevention.

NWLC believes the most important activities and strategies include:

- **Connecting with coalitions**, including provider groups and consumer groups
- **Picking clear goals and specific targets** with local partners
- **Training of advocates**
- **Creating pressure through the media and through coalitions**

NWLC notes that women's voices played an important role in passage of the ACA. Women continue to be an underdeveloped resource that can and should be cultivated and brought into larger coalitions so they can raise issues that are important to their constituency while also promoting coalition members' goals. In this context, NWLC's major activities relating to state implementation of the ACA will include:

- **Polling** on messaging to women
- **Regional trainings** of women's organizations
- **Frequent visits** to targeted states
- **Material preparation**
- **Continuous technical assistance**

Northwest Federation of Community Organizations (NWFCO)

NWFCO's network includes California, Colorado, Idaho, Missouri, Montana, Nebraska, Nevada, New Hampshire, New York, North Carolina, Ohio, Oregon, Tennessee, Virginia and Washington. All are working actively on ACA implementation issues.

NWFCO's most important policy issues relating to ACA implementation:

- **Health insurance Exchanges:** Ensuring transparent governance of the Exchanges, accessibility of the Exchanges, benefit design, state negotiation to control costs, and coordinating enrollment with Medicaid and CHIP.
- **Racial disparities in health:** Health care language services, Native health issues, increasing the presence of health providers in underserved communities, data collection to track and monitor disparities, and addressing coverage for immigrants (e.g. lifting five-year bar in Medicaid).
- **Strengthening Medicaid:** Maximizing expansions under reform, setting up strong coordination with Exchanges, taking advantage of increased federal match for language services, removing the five-year bar on immigrant coverage, and oversight and accountability of Medicaid managed care health insurers to ensure full delivery of services.
- **Oversight of health insurers:** Strengthening state regulation of insurers to complement federal rules, strengthening anti-rescission protections, stepping up state rate review and taking advantage of federal support, monitoring grandfathered plans, strengthening regulation of annual limits.

NWFCO believes that the most important activities and strategies include: turning the transition coalitions created during efforts to pass federal reform into implementation coalitions; promoting public education and base-building to energize the public and counter opposition; mobilizing diverse constituencies (immigrants, low-income people, labor, small businesses, communities of color, faith groups, etc.) to engage in the implementation process and speak with one voice; connecting with state lawmakers, insurance commissioners, and Medicaid agencies in one-on-one meetings, public forums, and other grassroots venues; leading corporate accountability activities that shine a light on bad health insurance industry practices; monitoring premium rates and mobilizing state-level opposition to unnecessary increases; writing and releasing research reports, earned media, op-eds, letters to the editor, and social media; and creating materials that translate key policies into language so grassroots community members can understand and respond to the issues.

In addition to the activities and strategies outlined above, NWFCO will support its network through these activities:

- **Developing model demands and recommendations and training network members.**
- **Consulting with network members on strategy and campaign plans.**
- **Writing and distributing model materials.**
- **Connecting network members to key experts** in conference calls.
- **Policy analysis and research.**
- **Leadership training** of grassroots leaders.

PICO National Network (PICO)

PICO is active in nine states: California, Colorado, Florida, Kansas, Louisiana, Missouri, New Jersey, New York and Vermont.

PICO sees the most important policy issues relating to state implementation of the ACA as being:

- **Medicaid reimbursement rates and policies**
- **Delivery system reform**
- **Outreach and enrollment**
- **Exchange design (active purchasing and its relationship to affordability)**
- **Health disparities**

PICO believes that the local and community level is a vital starting point for successful state-level advocacy, and that building from the local and community level will bring “broad public participation into key state fights.” With this in mind, PICO’s strategies include a vigorous effort to support successful implementation of the ACA at the community level; a focus on improved quality, access and cost-control in community health care markets; the setting of clear state-level enrollment goals in order to focus advocates’ efforts and demonstrate reform’s success; and the use of the ACA as a lever to address health disparities and population health issues in low-income communities and communities of color.

PICO is planning the following activities to promote these strategies:

- **At the local level**, PICO is working with Community Catalyst to support ACA implementation campaigns in six to eight communities across the country.
- **At the state level**, PICO’s eight state organizing networks will be promoting state policies that support PICO’s local implementation efforts. These implementation efforts will be “providing the troops and energy for state policy fights.” The networks will also be working to incorporate a strong consumer voice in ACA decision-making.
- **Nationally**, PICO is bringing strong, low-income consumer, community and faith voices into federal implementation, with a focus on HHS rule-making, Medicaid reimbursement rates and subsidy levels.

Progressive States Network (PSN)

PSN is a multi-issue organization that brings state legislators and advocates together, with health care as an important part of its work since its founding in 2005. It often highlights areas where health care intersects with other key groups and policies, from immigrant health care to telehealth. Having worked with national and local partners to organize more than 1,000 state legislators around support for health reform, PSN has its strongest legislative leaders on health care in 17 states: Arizona, Connecticut, Georgia, Illinois, Iowa, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Mexico, New York, Nebraska, North Carolina, Oregon, Pennsylvania, Texas, Utah, Vermont, Washington and Wisconsin. It has an active working group of legislators in 40 states and has identified supporters and mobilized state legislators in every state.

PSN's key policy issues relating to state implementation of the ACA are:

- **Support for state policy development:** highlighting key progressive resources on health care for a wide range of state legislators and advocates, including many who don't normally work in the ACA implementation arena.
- **State ACA implementation goals:** providing messaging and promoting policy development that encourages states to enact the most progressive versions of implementation possible, while also emphasizing possibilities for moving health care policy even farther forward in the future.
- **Coordination of state legislators, national health care partners and state health care advocacy organizations:** deepening the progressive infrastructure by connecting these partners to each other.
- **Revenue campaigns to support state health programs** so that revenue crises in the states do not lead to large cuts in existing state health care programs.

PSN's strategies for promoting this work focus on building a robust progressive infrastructure that coordinates the work of state legislators with national advocates and state-based groups across a wide range of issues, including health care access and reform. This work includes support for individual state campaigns, including technical support and media work; building multi-state coordination for ACA implementation between state legislators, national advocates and local state-based organizations; and promoting revenue campaigns in the states to support state health care programs.

PSN's leadership activities in support of each of these strategies will include:

- **General state health care policy support:** Being a "First Stop" resource through its *Stateside Dispatch* online publication (8,000 subscribers, including about 1,000 state legislators and more than 1,000 organizations), national conference calls, weekly calls with its health care legislators network, a monthly task force call with national partners, its website and its "rapid response" technical support to state leaders.
- **State implementation of ACA:** Using blogs, news conferences, etc. to promote the ACA, challenging right wing attacks via messaging and amicus briefs, developing model legislation for state implementation, holding a Health Care Implementation Conference on December 18 in Atlanta, and coordinating support for individual state campaigns.
- **Coordinating partners for ACA implementation** through expansion of membership, messaging, peer-to-peer exchanges, monthly conference calls, etc.
- **State revenue campaigns** including making a case for federal recovery funds for the state, mobilizing state voices at the White House and with Senate and House leaders, building a legislator network for state fiscal relief, and supporting state recovery and transparency coalitions.

Raising Women's Voices for Health Care We Need (RWV)

RWV's most active coordinators and advisory board members are in Arkansas, California, Connecticut, D.C., Illinois, Maryland, Massachusetts, Montana, New Mexico, New Jersey, New York, Pennsylvania, Washington, West Virginia and Wisconsin. It has less active coordinators (who could become more active with more resources) in Florida, Georgia, Louisiana, Minnesota and Oregon. It is recruiting new coordinators in Michigan and Ohio. Although focused on women's health, RWV is active on a broad range of ACA implementation issues.

The key ACA policy issues on RWV's agenda are:

- **Affordability**, including state regulation of insurance rate increases, supplementing federal subsidies where possible and ensuring strict compliance with cost sharing exemptions and prohibitions on annual lifetime limits. RWV also has a particular interest in implementation of the Women's Health Amendment.
- **Medicaid expansion**, especially the potential financial and political threats to the planned expansion. Expansion is expected to provide an additional 6.7 million women of reproductive health age with Medicaid coverage, many of them in the Southern states.
- **Consumer assistance to help consumers navigate the new system.** States should be urged to engage a broad array of community-based organizations, including women's health providers and advocates, in both the design and actual provision of consumer assistance.
- **Benefit design in the state insurance Exchanges.** Grassroots women representing the full range of consumer constituencies (including African-American, Asian, Caribbean, and Latino) should be readied to bring practical wisdom to deliberations about which benefits are important for women and their families. RWV is particularly concerned about benefit design relating to contraception and abortion.
- **Addressing health disparities** including cultural and linguistic competency, availability of primary and specialty care providers (esp. ob/gyns and midwives) in historically underserved areas; strengthening the capacity of school-based and community health centers; and ending racial, ethnic, gender, sexual-orientation, etc.-based discrimination in health care provision.

RWV believes the important activities for addressing these policy issues include strengthening the capacity of state-based health advocacy organizations; ensuring statewide health consumer coalitions represent the full range of stakeholder groups, including women, people of color and low-income patients; securing "a seat at the table" for statewide coalitions on ACA implementation advisory councils established by state executive branches or legislative bodies; promoting information and strategy exchange among health consumer coalitions from different states; encouraging exchange of expertise between state and national advocates; and continually educating the public about the progress of the ACA. In addition, RWV believes health reform allies need separate strategies for states that are friendly, moderate and hostile about the ACA. Friendly states can provide best-practice information; moderate states may require increased public education, advocacy and messaging; hostile states may require litigation and filing of complaints with federal agencies.

RWV anticipates that it will be engaging its regional coordinators in these pro-ACA activities:

- **Education** of grassroots women and women's health organizations.
- **Information and technical assistance** so its regional coordinators and their women's health organization partners can engage in ACA implementation at the state level.
- **Helping state women's health advocacy groups integrate** into statewide consumer health coalitions.
- **Mapping** key ACA policy issues and intervention opportunities for women's health advocates.

Sargent Shriver National Center on Poverty Law (Shriver Center)

The Shriver Center has contacts at some level in virtually every state. It is willing to target its activities to avoid overlapping or competing with other national organizations and to coordinate its work to strengthen and complement the work of other organizations.

The Shriver Center sees the most important policy issues relating to state implementation of the ACA as being:

- **Successful implementation of low-income programs, especially Medicaid expansion**, protection against cuts and procedural damage to existing programs during the current time of state fiscal crisis, a full benefits package for the expansion group, protection of CHIP coverage, and attention to the relationship between Medicaid expansion and existing human services programs.
- **Health Exchange and market reforms**, especially concerning low-income populations escaping poverty and low income working populations struggling to stay out of poverty. Good solid family coverage must be made available before there is any erosion of CHIP; affordability and completeness of coverage are key.
- **Procedural and administrative ease, clarity, fairness and accountability**, especially relating to families whose incomes travel back and forth across public and private coverage thresholds. Enrollment and continuity of care concepts should take precedence over eligibility verifications and welfare-style gatekeeping.
- **Access to care and quality of care** including retention of full Early Periodic Screening, Diagnosis and Treatment standards for Medicaid and importation of those standards into CHIP and Exchange programs, expansion of community clinics and provider networks for lower-income beneficiaries, and improvement of access to specialty care.

The Shriver Center believes the most important activities and strategies include:

- **Equipping state advocates with policy options to deal with strained state finances**, especially messaging and political strategies, so they can help state policymakers to get past the “we can’t afford it” mindset.
- **Providing state advocates with the complete toolbox needed to be players in both “inside” policy conversations and “outside” political strategizing.** Tools should include legal assistance, the ability to use litigation as a motivator, expertise in the ACA and associated timelines and decision points, state policy options, state and federal financing mechanisms, research-based arguments for best practices, power analysis, relationships with policymakers and those who influence them, allies among the grassroots and media, and strategic thinking and organizing skills.
- **Coordination among state and national activities** so state advocates can work productively with their Congressional delegations and national advocates can respond to emerging issues in state implementation.

With these strategies in mind the Shriver Center is prepared to be involved in a broad range of activities:

- With the National Center for Law and Economic Justice it will help its legal services allies with litigation, planning, power analysis, strategy development and provide co-counseling.
- It will use its experience with complex litigation to help its allies with litigation and related issues including MIS systems, forms, staffing levels, privatization, paper flow, administrative appeals, etc.
- As a veteran of statewide advocacy campaigns it will help its allies to organize, strategize and collaborate.
- As part of the Georgetown Center for Children and Families’ children’s health care advocate network, it will offer consultation to help coordinate children’s advocacy within the larger implementation framework.
- It will use its relationships with organizations working on non-health issues (child care, workforce development, housing, civil rights, etc.) to enrich understanding of implementation issues and build advocacy coalitions.

Small Business Majority

Small Business Majority is very active in California and New York and has networks of small business owners and organizations who collaborate with it on various activities in 29 additional states: Alaska, Arizona, Arkansas, Colorado, Connecticut, D.C., Illinois, Iowa, Louisiana, Maine, Maryland, Minnesota, Missouri, Montana, Nebraska, New Hampshire, New Mexico, Nevada, North Carolina, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Utah, Virginia, Washington and Wisconsin. It hopes to expand even more.

Small Business Majority sees the most important policy issues relating to state implementation of the ACA as being:

- **Health insurance Exchanges:** A well-designed Exchange will be critical for small businesses and the self-employed. It must create maximum competition, choice and transparency, and remedy the undue administrative burden and lack of economies of scale that currently result in higher costs.
- **Temporary high-risk pools:** These will be key for those who are uninsured and have pre-existing conditions. States will receive federal subsidies to help them create and fund these pools and must start enrolling people as soon as possible.
- **Premium subsidies and Medicaid expansion:** Those working for small businesses and the self-employed are often low-wage earners. These subsidies and expansions will help assure coverage is available and affordable. It is important those who qualify are aware of their options.
- **Cost containment:** The primary reason small employers don't offer coverage to employees is cost. Although insurance reform will help prevent exceptionally high annual rate increases, further work at the state level must be done, including rate review and development of an approval and rejection process, requiring active Exchanges to negotiate on price for entry, and promoting prevention and wellness initiatives and payment and delivery reforms.

Small Business Majority believes it is important to communicate directly with small business organizations, small business owners and the self-employed to explain potential ACA impacts and solicit input; ensure that policymakers understand the small business perspective and the ACA's potential impacts on the nation's entrepreneurs; continue to use research as the foundation of policy development; share information with legislators, regulators, small business organizations and consumer advocates; and continue to partner with consumer advocates to share information, counter disinformation and reinforce the importance of implementation done right.

Small Business Majority believes the next four years will be critical to the success of the ACA. It will base its activities on the same approach that proved successful in passing the law:

- **Research-based policy recommendations** via qualitative and quantitative research; rapid response policy research and micro-simulations conducted as part of its work with the California Advisory Group.
- **Serving as a resource for legislators** by testifying before appropriate committees, sending comment letters to policymakers and regulators, and working in collaboration with a number of national and state-based advocacy groups.
- **Constant communication and education about what the ACA will do for small businesses** through such activities as a California Listening Tour held in conjunction with local chambers of commerce, speaking engagements, and extensive media outreach.

Trust for America's Health (TFAH)

TFAH's top two policy issues relating to state implementation of the ACA are:

- **Defining what the Community Transformation Grants should look like and who should be at the table** as states and localities develop their response and capacity to respond to this new funding stream. Key short-term challenges will be articulating a vision for this program and demonstrating a consensus among key players (state and local health officials, experts, community-based groups); the longer term issues will be sufficient funding and willingness and capacity at the state and local levels.
- **Investment in public health infrastructure** (funded through the Prevention and Public Health Fund in Sec. 4002). There appears to be a broad commitment to building the capacity of state and local public health agencies through some portion of the Prevention Fund. TFAH will want to ensure that these funds are used to establish a minimum capacity in all health departments (state and local), with a particular focus on empowering health departments to be more effective in relating to the changing health care system (and the new vision of public health embraced in initiatives such as the Community Transformation Grants). Thus TFAH would like to see federal policy calling for a level of accountability for specific change in Exchange for these new dollars (perhaps awarded competitively). This would create a call for consensus at the national level around what constitutes appropriate expectations.

TFAH believes that the following strategies will be key to addressing these issues:

- **Community Transformation Grants (CTG):** The key constituencies here should be state and local health departments, community-based organizations doing prevention and related social change work, with targeting on low-income and racial and ethnic minorities (since the CTGs are supposed to focus on disparities, in particular). Federal policymakers will be the key players in providing the vision for these grants. It's not clear what the division of labor will be between state and local health departments — this will vary based on the structure of public health in the state. And there will be instances where government may be bypassed as CDC directly funds community-based groups to do this work.
- **Investment in public health infrastructure:** The immediate constituency would be the public health community writ large — but the direct impact should be better services and outcomes for consumers. In this instance, the federal government will be defining expectations; the hard work will be at the state level — to encourage states to compete for these funds and to reach for this new standard, and then to convince policy makers to leverage the new federal investment by including the breadth of their public health investment (state and local dollars) to support this level of change and accountability. (Note: some of this is reflected in the public health accreditation movement — and depending on the level of funding provided, could well be the catalyst for broad adoption of the accreditation process).

TFAH's major areas of focus in implementing the ACA at the state level will include:

- **Providing non-systematic, ad hoc advice and technical assistance** to organizations seeking support.
- **Engaging with a broad cluster of trade associations and advocacy groups** to get information out to many states.
- **Developing a more formal relationship with the National Network of Public Health Institutes** to develop a more systematic approach to reach policymakers and advocates in states with public health institutes.

Universal Health Care Action Network (UHCAN)

The UHCAN network includes state and local health care justice advocacy groups and coalitions from 45 states. The only states in which UHCAN has no direct connections are Arkansas, Idaho, New Hampshire, Oklahoma and Wyoming. Its many national partner organizations often have state-based affiliates as well.

Concrete priorities are still being developed, but some specific policy approaches that UHCAN is likely to encourage include:

- **Public (as opposed to private industry) operation of the state health insurance Exchanges**, including strong oversight powers.
- **Provision of a public health insurance option** within state health insurance Exchanges.
- **Leveraging of cost control and payment reforms** via state public insurance programs, insurance regulation and Exchanges.
- **Maximizing implementation of the progressive aspects of the ACA** such as increased community health centers, Medicaid expansions, incentivizing primary and community-based care, addressing racial and ethnic disparities, reining in insurance company abuses, etc.
- **Designing and operating Exchanges as functionally-equivalent single-payers** such that people may migrate in and out of public programs, Exchanges, and premium subsidies as their incomes change. Such Exchanges could provide more seamless coverage, maximum choice of providers, and maximize continuity of care and providers.
- **Possible statewide or regional single-payer programs** (starting in 2017).
- **Moving up the date when states can apply for waivers** that will allow innovations based on more comprehensive reform.

UHCAN believes that one key strategy is cross-movement unity and collaboration to maximize politically-progressive implementation of ACA legislation and support states that are ready and willing to try out even more comprehensive reform models and measures. Another key strategy is development of a shared long-term vision as to where to ultimately go with health care in the U.S. This vision is needed to re-energize activists overcome by burnout from the recently-completed national campaign and necessary to counter significant disappointment on various sides about the current limits of the ACA. Disappointment has a particularly chilling effect on the ability to move forward.

Major activities that UHCAN expects to continue include:

- **Monthly national conference calls** that foster connections, information-sharing and collaboration, and provide an overall “big picture” for state and local health care advocacy leaders nationwide who are working around diverse approaches.
- **Mobilize state groups to collaborate with the Progressive States Network** to expand and strengthen their “Working Group for State Legislators for Health Reform” efforts to identify and promote a multi-state agenda for progressive ACA implementation.
- **Help state and local health care justice groups work together better and avoid conflict and competition** through individual consultation and coaching, workshops and networking.
- **Develop joint projects with national partners as opportunities emerge.**

U.S. Public Interest Research Group: the Federation of State PIRGs (U.S. PIRG)

U.S. PIRG is a non-partisan federation of state-based citizen advocacy groups. PIRGs in the following states have dedicated staff capacity in its state offices to do substantial work on the ACA implementation: Arizona, California, Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Maryland, Massachusetts, Michigan, Missouri, Montana, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Pennsylvania, Texas, Washington and Wisconsin. Additionally, U.S. PIRG's student chapters represent the largest student network nationally, with more than 70 campuses in twenty states: Arizona, California, Colorado, Connecticut, Florida, Indiana, Iowa, Maine, Maryland, Massachusetts, Missouri, New Mexico, New Jersey, North Carolina, Ohio, Oregon, Pennsylvania, South Carolina, Washington and Wisconsin.

U.S. PIRG and its state affiliates are focused on the development, adoption and proliferation of model policies in four key areas:

- **Encouraging competition and value in the health insurance Exchanges:** providing consumers with clear product lists and tools so they can easily comparison-shop and enroll; reforms that stop excessive premium hikes, set strong quality standards, open eligibility and allow individuals and businesses to pool their bargaining power on a single Exchange; stopping insurers from driving up Exchange premiums by cherry-picking consumers outside the Exchange; and ensuring that the Exchanges' governance is transparent, accountable and fully responsive to consumers.
- **Delivery and payment reform** that includes prioritized primary care via coordinated care teams (medical homes); promotion of chronic disease management; bundling hospital payments to reward those who provide effective care; and encouraging integrated Accountable Care Organizations and multi-payer approaches to delivery and payment reform.
- **Consumer protections** such as requiring states to get regulatory approval before a patient is dropped from coverage; full review of insurers' efforts to reduce premiums, improve quality, and limit administrative spending; and consumer education and monitoring for high-risk pools.
- **Seeking to improve the ACA** through controls on drug and medical device marketing practices, encouraging research and integration of new knowledge into health IT systems, and empowering payers to negotiate with hospitals en masse.

Key strategies for addressing these issues should include increasing the capacity of state-level coalitions to challenge powerful special interests and politically motivated opposition, and increased advocacy activity paired with public education to ensure public support for strong implementation policy.

U.S. PIRG and its affiliates are taking a leadership role in four areas:

- **Increasing the policy capacity** of state-based advocates.
- **Developing consumer guides** targeted to specific constituencies, along with a media and dissemination campaign.
- **Explaining new provisions for dependent coverage on campus** through partnerships with higher education institutions, state health reform advocates and our own campus chapters.
- **Advocating for specific legislative and administrative action** with leaders in state health care coalitions, the executive branch and the legislative branch to enact laws and promulgate regulations that support the U.S. PIRG policy priorities.

U.S. PIRG is also seeking funding for four additional initiatives: 1) Helping state advocates learn from one another through a series of state and national conferences; 2) Engaging small business owners as community spokespeople to support effective reform implementation; 3) Using health care innovators to tell the costs and quality story in the media; and 4) A door-to-door public education campaign.

USAction

USAction has affiliated organizations and partners in the following 22 states: Arizona, California, Connecticut, Florida, Georgia, Illinois, Iowa, Maine, Maryland, Michigan, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Dakota, Ohio, Rhode Island, Tennessee, Vermont, West Virginia, and Wisconsin.

The most important policy issues to USAction regarding state implementation of the ACA are:

- **Health insurance market reforms and accountability:** Focusing on implementation of private health insurance reforms, enforcement, and transparency; and highlighting the bad practices of the insurance industry.
- **State health insurance Exchange design:** Development and design of Exchanges for maximized competition on the basis of cost and quality; seeking to utilize provisions in the law to establish a state public option where possible; and attention to the comprehensive benefits package and medical loss ratio.
- **Health equity:** Maximizing the value of the ACA for underserved communities in order to close health equity gaps based on ethnic background and income.
- **Overall affordability:** Making sure implementation of state Exchanges and new categorical Medicaid programs creates affordable coverage, especially for those with low to middle incomes; focusing on medical loss ratio and rate reviews.
- **Access and coverage:** High risk pools and educating the public about the benefits and rules of the health care law in order to promote greater access to care.

USAction believes that the following are the most important activities that should be undertaken to realize these policy goals, and it plans to be involved in all of them:

- **Grass-roots organizing and mobilization:** Building a broad base of support, especially amongst impacted constituencies, for USAction issue positions; and mobilizing this base to take action on the issues.
- **Coalition building:** Working together with partners and organizations around common agenda and strategy, maximizing capacity and power (making the whole greater than the sum of the parts).
- **National and state group coordination:** Groups working closely together to develop strategy, share information, monitor developments and trends, provide training and support, and use common communications and messaging.
- **Communications and messaging:** Development of messaging and framing of issues to drive USAction's position in the public debate. This messaging and framing will be accomplished through polling, messaging and opinion research, earned media and paid media, voter education and mobilization, and new media (blogs, Twitter, and social media).
- **Constituency and community-based education and public education.**
- **Campaign style legislative and administrative lobbying and advocacy:** 501 (c)(4) focused with accountability.
- **Anti-insurance industry accountability:** Holding insurance companies and the industry accountable for bad practices that lead to denial of coverage and care, attempts to circumvent regulation, and a focus on putting profits ahead of providing better health care products and services.

Voices for America's Children (Voices)

Voices is a national network of more than 60 member organizations in 45 states, the Virgin Islands and the District of Columbia. There are no Voices members currently in Alaska, Indiana, Minnesota, Mississippi, and Montana. Almost all Voices members will be working on some aspect of ACA implementation.

Voices believes that collaboration between and among children's groups and groups representing the broader population is critical to the overall success of ACA implementation. Success will be affected by the extent to which sufficient resources are provided to support this work. With that in mind, Voices' most critical policy issues are:

- **State-level policy decisions:** identifying opportunities for Voices members to proactively prepare their advocacy plans for the coming year.
- **Development of Exchange and private market changes:** Decisions that will impact the amount, method and type of coverage gained by children and families.
- **Home visiting:** A substantial amount of funding will be going to states to help support evidence-based home visiting programs.
- **Expansion of Medicaid:** Working on outreach and enrollment in a post-health reform world; applying lessons learned from enrolling children in Medicaid/CHIP to the enrollment of families.
- **Coordination of Exchange, Medicaid and CHIP:** Ensuring there is “no wrong door policy” and no families are given the run around as they attempt to gain coverage, whether through the Exchange, Medicaid or CHIP.

Voices' most important activities and strategies relating to its own work are: 1) Providing its state-based groups with resources and capacity-building so they can fight to maintain existing state programs and services for children in these difficult economic times while also ensuring the ACA is implemented in the state according to the intent of the law; 2) Working with the Voices Network to support their work with children's advocates and those representing the broader population on behalf of the ACA; and 3) Supporting its state-based members' work with the insurance commissioners in their states.

Major activities that Voices expects to participate in include:

- **An aggressive, comprehensive communications campaign** to educate families, especially the most vulnerable, about new opportunities under the law and how to access them.
- **Gathering impact information on children and families.** Voices' “feedback loop” will collect real-time data and allow for ongoing communications between families and policymakers through a national coalition of community representatives, Voices' state members and federal advocacy leaders. The “feedback loop” will identify barriers and successes, including whether issues are systemic or localized. The information gained will be shared and disseminated not only within the Voices Network, but with national partners (e.g., the Children's Leadership Council) and appropriate federal agency staff.



Where the Rubber Meets the Road:

Strategies for Successful State Implementation of the Affordable Care Act

State and National Health Advocacy Organizations:
Strengths, Capacities and Needs

JANUARY 2011