



Top Ten: What state advocates can do now to make implementation of the Affordable Care Act a success

1. Build Public Support

Although there are numerous critical policy issues ahead, they all become moot if provisions in the Affordable Care Act (ACA) are undermined or repealed. The law will succeed or fail based on public support that starts at the local level. Therefore the most important activities for advocates are ongoing efforts to educate the public and highlight the positive benefits of the law. It may seem like we say the same thing over and over again, but advocates in every state must have a strategic communications plan to ensure your voices and messages are heard.

Resources

- [Storybanking Guide](#)
- [Template communications plan and outreach materials](#)

2. Defend Medicaid and CHIP against cuts

By 2019, Medicaid and CHIP are projected to cover 16 million new low-income enrollees, serving as the foundation for nearly half of the coverage gains expected from the ACA. But current budget deficits are leading state policymakers to propose cuts in these two programs that could undermine their quality. To ensure that Medicaid and CHIP remain intact to serve millions of new enrollees, advocates must work now to protect these programs from cuts to provider rates, benefits, and eligibility. This involves first persuading state policymakers that Medicaid and CHIP cuts are a harmful and inefficient, and then offering viable alternatives to produce savings or revenue.

Resource

- [Medicaid Defense Kit](#)

3. Guarantee Consumer Representation in State Implementation

There will be many decisions to make and – regardless of what they are or the state bodies that make those decisions – things go better if there is a clear and formal way for consumers to have input and process is transparent. If a state has not done so already, creating a formal planning process with consumer representatives on the planning body or on an advisory board is an important step. If the state administration is not inclined to set up a formal consumer representation process, a series of legislative field hearings is another approach to making sure consumers have input into the implementation process. If this is also not viable, creating a formal consumer implementation watchdog group and sponsoring hearings remains an option.

4. **Protect the Safety Net and Community Benefits**

Changes to the way hospitals do business are already in effect, and are a great organizing opportunity. In addition, the law now requires hospitals to connect with local community groups and public health experts to identify and address the most pressing needs in their neighborhoods. Community benefit programs could be a lynchpin to get all of the right players – especially the community – in the room to find creative solutions. Advocates can help local hospitals determine where to best target their resources. In particular, advocates should stress the need to address the financial plight of people who are currently un- or underinsured, while shoring up the safety-net programs that will still be critical for people who do not reap the benefits of the new law in 2014.

Resources

- [Protecting Consumers, Encouraging Community Dialogue: Reform's New Requirements for Non-Profit Hospitals](#)
- [Community Benefits: The Need for Action, an Opportunity for Healthcare Change](#)
- [Free Care Monitoring Guide and Toolkit](#)
- [MAPP and Non-Profit Hospitals: Leveraging Community Benefit for Community Health Improvement](#)

5. **Support Private Insurance Reforms**

The ACA makes significant changes to private insurance rules that will affect insurance markets in nearly every state. For these laws to be effective, state governments need the authority to enforce these new rules. States will need to pass enabling legislation, either to give their Insurance Commissioners blanket authority to enforce any federal laws, or else to include each new provision in the ACA.

Resource

- [Steps for Consumer Engagement on Private Insurance Reforms](#)

6. **Ensure Consumer Representation in Exchanges**

As many states work to create state-based health insurance Exchanges, new marketplaces where consumers will be able to compare and buy coverage and get federal subsidies, advocates are being pulled into weedy debates about Exchange design. However, many other important issues demand advocates' immediate attention, and Exchanges will not be operational until 2014. Therefore, we urge advocates to first focus on the most critical part of Exchange design – making sure consumers are represented. Once a board is established with consumer representation, one or two advocates can be designated to become experts on the many issues that will arise in creating a state Exchange.

Resources

- [Exchange Checklist](#)
- [Exchange Top Ten Priorities](#)

7. Expand Access to Primary Care Providers

To make the coverage expansions meaningful, more primary care providers are needed. The ACA includes \$11 billion over the next five years to expand services at existing community health centers and to establish new centers. The federal government is expected to allocate up to \$335 million to existing health centers in the spring of 2011, as well as \$250 million for new sites in the summer. Advocates can engage with state primary care associations and local community health centers to urge that funding be targeted to areas most in need.

Resources

- [Expanding Health Centers Under Health Care Reform: Doubling Patient Capacity and Bringing Down Costs \(National Association of Community Health Centers\)](#)
- [Summary of ACA provisions related to HRSA's Health Professions Programs \(Association of American Medical Colleges\)](#)

8. Take Advantage of this Historic Opportunity to Improve Health Equity

Expansion of coverage, initiatives to improve quality and promote health, and funding for expanded primary care services all have the potential to greatly enhance health and health care for people of color. Advocates can help ensure these provisions have the greatest impact by weaving health equity considerations into other work. Some immediate issues include:

- Joining with community partners and state agencies to seek Community Transformation Grants to address social and economic factors that cause health disparities.
- Helping to secure federal funding for the expanded role of community health workers authorized in the ACA
- Defending the Prevention and Public Health Fund

Resources

- [Community Transformation Grants](#)
- [Summary and Progress of Key Prevention and Public Health Provisions \(Trust for America's Health\)](#)
- [PPACA of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations \(Joint Center for Political and Economic Studies\)](#)

9. Provide Information and Assistance to Consumers

Providing consumers with adequate information to navigate the health care system is critical to the success of implementation. The ACA provided \$30 million to states to provide assistance, information, and enrollment support to consumers. Advocates should find out what their states are doing with these funds, and get involved in this program – possibly by forming a consumer advisory or oversight body. Start with this HHS website, then follow up with your state for more information: www.healthcare.gov/news/factsheets/capgrants_states.html

Resources

- [State-based Consumer Assistance Programs: On-the-ground and up-to-the-minute health care information](#)
- [Making Health Reform Work: State Consumer Assistance Programs](#)

10. Eliminate Barriers to Medicaid Enrollment

By 2014, the ACA envisions coordinated and seamless enrollment between Medicaid and subsidies in the Exchange. But many state Medicaid programs' current enrollment procedures conflict with Exchange procedures, and could act as barriers to seamless enrollment. Examples include face-to-face interviews, asset tests and enrollment periods that are shorter than 12 months.

In 2011, advocates can work to enact policy changes that will pave the way for seamless enrollment in 2014, while also serving to encourage enrollment of many people who are currently eligible but not yet enrolled in Medicaid. These changes could include: elimination of the asset test (which the ACA eliminates in 2014, but advocates could push for it sooner), elimination of face-to-face interviews, 12 month enrollment periods, Express Lane eligibility and the ability to process online applications.

Resources

- [Coordinating Coverage and Care in Medicaid and Health Insurance Exchanges](#)
- [Why Express Lane Eligibility Makes Sense for States and Low-Income Families](#)