



Storybanking for Medicaid Defense: Elevating Mental Health and Substance Use Stories To Reduce Barriers to Care

Many states are threatening the health and well-being of Medicaid beneficiaries through state-level Medicaid policy changes, such as 1115 waivers that will create barriers to coverage and to care. [Medicaid work requirements](#) are one such policy. We know from message research and experiences in the field that one of the best ways to protect Medicaid services is to share the stories of people who rely on this essential program.

Storybanking is critically important in keeping a work requirement from being proposed or becoming law, and in documenting the harm caused by requirements so the requirements can be reversed in future administrations. The most effective stories are told by individuals or family members in their own words, for example, fears about a work requirement resulting in health coverage loss, barriers to employment caused by substance use or mental illness, the way that appropriate health care access has improved their ability to work, or concerns about red tape and the “paperwork penalty” of proving eligibility for exemptions (i.e.: the need to get a doctor’s note, or qualify for state disability). It is important to [vet stories appropriately](#) to ensure adequate protections both for the storyteller and the organization sharing the story. Learn more about storybanking, including tips for vetting stories, in Community Catalyst’s storybanking guide: [Our Voices Have Power](#).

Mental Health and Substance Use Disorders Stories

People with substance use disorders and/or mental illness may suffer even [greater](#) harm than other consumers from work requirements that block access to care.

- **Below are some examples of effective earned media pieces that elevate their stories.** [Medicaid Saved My Life](#): This first-person account by a woman in recovery underscores the importance of Medicaid in saving the lives of people with addiction and how Kentucky’s new Medicaid work requirements threaten her well-being.
- [My bipolar son depends on Medicaid; but work requirements unravel his safety net](#): This opinion piece by the mother of a son with mental illness ran in a Philadelphia paper after the state legislature made another attempt at passing Medicaid work requirements (which have previously been vetoed by Governor Wolf.)

What Can Mental Health and Substance Use Disorders Advocates Do?

- 1. National and state organizations can:** Release a statement opposing work requirements and explaining the harm to people with substance use disorders and/or mental illness or place an OP-ED discussing opposition to work requirements. They may also engage affiliate organizations and coalition partners to do the same.
- 2. In states where officials are proposing work requirements:** Encourage your affiliates and coalition partners to gather consumer stories. Organizations can use these stories to help drive constituent calls to targets, including legislators and the governor. Organizations may also want develop OP-EDs and LTEs (the two articles linked above provide a good starting place) discussing work requirements and elevating the personal stories of those who would be harmed.
- 3. In states where work requirements have been approved:** Assist with creating a track record of harms to individuals by collecting stories and voicing opposition to the policy. Organizations should also promote or conduct consumer education about the policy and how consumers can seek exemptions.

States Where Advocates are Fighting Work Requirements

Below are two charts of critical state battles where action is needed, along with a key local contact for others who want to help.

States where officials are proposing Medicaid work requirements

State	Status	Lead Partner
Pennsylvania	Work requirements legislation was passed previously and vetoed by Gov. Wolf, new work requirements bill now being considered	Pennsylvania Health Access Network Patrick Keenan patrick@pahealthaccess.org
Michigan	Legislation passed/waiver not yet submitted	Michigan League for Public Policy Emily Schwarzkopf eschwarzkopf@mlpp.org
Alabama	Legislation passed/waiver not yet submitted	Alabama ARISE Jim Carnes jim@alarise.org
Tennessee	Legislation passed/waiver not yet submitted	Tennessee Justice Center Keila Franks kfranks@tnjustice.org
Ohio	Waiver pending federal review	UHCAN Ohio Steven Wagner swagner@uhcanohio.org
Maine	Waiver pending federal review	Maine Equal Justice Partners Kathy Kilrain del Rio kkilraindelrio@mejp.org
Louisiana	Gov. Bel Edwards interested in work requirements but after advocacy efforts is considering an optional “work referral” program modeled after	Louisiana Budget Project Jeanie Donovan jeanie@labudget.org

	Montana HelpLink, which provides supports rather than requirements	
West Virginia	Legislature and Gov. Justice pushed to pass work requirements but after advocacy efforts governor is now exploring optional “work referral” program modeled after Montana HelpLink	West Virginians for Affordable Health Care Laura Foster foster@wvahc.org

States where the federal Centers for Medicare & Medicaid Services have approved work requirements

State	Status	Lead Partner
Kentucky	Implementation on hold after a recent a federal court order barring implementation. The legal challenge is ongoing	Kentucky Voices for Health Emily Beauregard emily.beauregard@kyvoicesforhealth.org
Indiana	Implementation in 2019	No lead contact identified – stories and advocacy are still needed!
Arkansas	Implementing now	Arkansas Advocates for Children and Families Marquita Little MLittle@aradvocates.org
New Hampshire	Implementation in 2019	New Futures Michele Merritt mmerritt@new-futures.org

Background on the process for imposing work requirement and tactics for opposing them

The process: States administration officials or the state legislature authorize the development of work requirements. State officials then develop a “waiver” of Medicaid rules authorizing the work requirements, seek public comment on the waiver, potentially make changes based on the comments and submit the waiver to the federal government for approval. The federal government posts the waiver for public comment, reviews the waiver and comments, makes a decision and notifies the state. When a waiver is approved, state officials put procedures in place for implementation.

Opposition tactics for each phase of the process

- State Authorization:** During this stage, advocates can use consumer stories to call out the harms of work requirements and the successes of the Medicaid program. Advocates can also lift up alternative solutions that support individuals who are able to work, such as Montana’s HelpLink program that provides work referrals and support rather than a punitive requirement. Targets at this stage include the governor and administration as well as state lawmakers. Advocates can contact officials directly, work through allies and champions, or use the media.

- **Legislation passed/waiver not yet submitted:** Before a state government submits a Medicaid 1115 waiver to the federal government, there may still be time to influence the shape of the policy. Some legislation is more prescriptive about specifics of work requirements; in other states, the executive branch will have more leeway to craft the policy and advocates can push for policies that reduce the harm, including broader exemptions and less required reporting. Targets at this stage include administration officials. Advocates can speak up and use consumer stories during the state public comment period, which also provides organizing and earned media hooks.
- **Waiver pending at CMS:** Because the Trump administration has encouraged work requirements, CMS is likely to approve waiver requirements, and opportunities to influence the policy are more limited at this stage. However, advocates can submit comments to CMS, and release statements to the media. The primary goal is to document the opposition, use consumer stories to elevate the potential harm, and begin to educate consumers on how the work requirement might affect them.
- **Waiver implementation:** At this stage, advocates can step up consumer education about how to submit information to Medicaid to document work or apply for an exemption. Advocates can also collect and publicize stories showing actual harm to consumers.