



A Guide to Policy Compromises: Preparing Your Coalition to Close the Gap

In a coalition that is otherwise united behind the goal of accepting federal funds to close the coverage gap, reaching a consensus on *how* to use the funds to increase coverage has the potential to create tension in a coalition that could ultimately be divisive. The risk for division is especially true in the context of building consensus around the details of a Section 1115 waiver (waiver), which allows a state to close the gap in ways that extend beyond the flexibility of federal Medicaid law with approval from the Centers for Medicare & Medicaid Services (CMS). A waiver might be the most politically feasible road to closing the gap for many states.

This guide is a compilation of conversations with advocates about challenges, lessons learned, and best practices that are meant to assist advocates and their coalitions as they navigate the policy compromises that might occur as a state negotiates how to close the coverage gap.

Preparation through education

It's important to remember that not every member of a coalition shares the same base-level of understanding of the waiver process or the details of a state's Medicaid program. As you start thinking about your campaign, or even if you are in the middle of one, taking time to educate the coalition will provide common ground from which you can more easily build a consensus around coalition principles.

- Provide coalition members with an overview of your state's current eligibility requirements, income rules, and other important program requirements. Who is currently left out of Medicaid? Highlight where the coverage gap exists in your state and the population that would be eligible for coverage if your state expands. (Resource: [Pennsylvania Cover the Commonwealth](#))
- What policy compromises have been made in other states? As CMS considers states' waiver applications and approves and denies certain waiver policies, educating the coalition on the pros and cons of policy compromises that have happened in other states might be helpful to prepare for compromises in your own state. (Resource: [Community Catalyst's A Guide to Policy Compromises in Recent Section 1115 Waivers](#); [Missouri Medicaid Expansion, Consumer Advocate Tool](#); [Road to Medicaid Expansion in Florida](#))
- Educate coalition members on the waiver process with particular attention to the public comment period at both the state and federal level. (Resource: the [Kaiser Family Foundation's fact sheet](#) on the new review and approval process for waivers)

Understand the lines in the sand

Building consensus among coalition members on all aspects of a Medicaid waiver can be challenging. Understanding if members come to the table with certain lines already drawn in the sand will help coalition leaders facilitate conversations as the group works towards a consensus.

- Consider polling your coalition members prior to the start of negotiations on policy compromises to close the coverage gap to see where they stand on key topics such as premium assistance, cost-sharing, benefit changes, healthy behavior programs and work-search requirements.

Create general operating principles

If your state hasn't released a draft waiver or proposed legislation, it might not be worth your coalition's time to split hairs debating hypothetical details, such as covered benefits and cost-sharing. Instead, consider higher-level points of agreement to carry the coalition until you see a draft waiver or legislation. Examples include:

- “Resist ‘personal responsibility requirements’ (premiums, burdensome cost-sharing, work/work-search requirements) that interfere with or jeopardize access to care.” (Resource: [New Hampshire's Medicaid Expansion War Room Principles](#))
- “Preserve traditional Medicaid Benefits” and “Keep Medicaid affordable for low-income Pennsylvanians.” (Resource: [PHAN Medicaid Expansion Must Haves](#))
- “Provide coverage to all Georgians up to 138 percent of the Federal Poverty Level” and “Facilitate meaningful, comprehensive access to health care coverage and services.” (Resource: [Cover Georgia – 1115 Waiver Principles](#))

The devil is in the (waiver) details

Once your state releases a draft waiver or proposed legislation outlining a policy compromise, perhaps one of the toughest decisions your coalition will face is whether to support moving forward with that compromise, work toward improvements or amendments to the proposal, or to continue to fight for full Medicaid expansion. With this decision it is important to keep in mind your state's political climate which will affect the likelihood of advancing a better alternative for closing the gap.

At this point it makes sense to transition from the more general operating principles to more specific principles and recommendations for improving the waiver or legislation that your state proposes.

- Use your coalition's leadership team or, in the absence of a leadership team, highly effective and respected coalition members to reach a consensus first before taking the issue to the coalition at large.

- Rely on the expertise of coalition members such as disability groups or provider groups who might be able to best explain the practical effects of certain waiver topics such as premium assistance or cost-sharing.

Should the coalition choose to respond to a draft waiver, the Affordable Care Act (ACA) requires a state to provide at least a 30-day public notice and comment period as well as two public hearings before the state can submit the waiver to CMS, as well as a website with up to date waiver information.¹ Similarly, once a state submits a waiver to CMS, there is another 30-day public comment period at the federal level.² This is the time to work out the details!

- Consider drafting a summary of your state’s waiver to use internally in your coalition for discussion, as well as for external communications. (Resource: [Arkansas's Draft Private Option](#))
- Create materials such as talking points to use during the public comment and hearing periods. (Resource: [Healthy PA Hearing Talking Points; PHAN Comments to CMS](#))³
- Identify several top consumer priorities that the coalition can agree on in the waiver, and make these priorities the focus of your advocacy. Individual organizations can use their own resources to weigh in on other issues, but focusing on the issues where the coalition has reached a consensus can help to keep the coalition united. Consider drafting template comments that organizations can submit on these priorities.
- Create a coalition plan for inside versus outside messaging. Inside the coalition and with specific decision-makers and policy-makers, individual organizations can focus on detailed comments about particular policies in a waiver. For an outside message, it is helpful to pick one or two easily messaged issues to engage your grassroots base in the waiver process, such as opposition to work requirements.

Ultimately, there remains a possibility that your coalition won’t reach consensus on how to use federal funds to close the coverage gap, but you can still work collaboratively with your coalition and remain united around the overarching goal to close the gap, while individual members of your coalition take different positions and actions around the policies included in the waiver itself.

¹ 42 CFR 431.408.

² 42 CFR 431.416.

³ All Pennsylvania resources were created by Pennsylvania Health Access Network and Community Legal Services.