



## Engaging Hospitals in Campaigns to Close the Gap: Best Practices from the Field

[Hospitals have much at stake](#) in state policymakers' decisions to accept or reject federal dollars to extend Medicaid coverage to more people. In many states, hospitals and hospital associations have played important roles in helping to close the coverage gap by utilizing their connections to conservative lawmakers and, in some cases, supporting consumer advocacy on the issue. This memo presents insights and concrete best practices for advocates to engage these key stakeholders in campaigns to close the coverage gap.

### Getting Hospitals to the Table

In some states, hospitals are already fully engaged in helping to close the coverage gap, while in other states, they have stayed largely on the sidelines. These tips are aimed at advocates who are seeking to spark initial involvement by their state's hospitals, as well as those who want to broaden or strengthen current involvement.

- **Pinpoint provider groups with the most at stake.** In some cases, state hospital associations have been less vocal about the urgent need to close the coverage gap. It can be helpful for advocates to reach out directly to a variety of provider groups (local hospitals, community health centers, hospital systems and provider associations) that represent the wider community and may be more willing to speak out and play an active role in the campaign. Start by prioritizing the hospitals with the most at stake (rural hospitals, hospitals with high uncompensated care rates) and those in key legislative districts that may be the most willing to speak out on this issue.
  - **EXAMPLE:** The chief financial officer of St. Mary's Hospital in Lewiston, Maine said in [a news report](#) that Maine's decision to not close the coverage gap has hurt them financially. In response to the financial stress caused by high volumes of uninsured patients and uncompensated care costs, the hospital had to close down its behavioral intensive care unit and started charging a payment for its outpatient substance use disorders program.
- **Use reports detailing the financial benefit to hospitals** to initiate discussion and build buy-in with hospitals. These include reports coming from [specific states](#) that have closed the coverage gap, or [analyses](#) that compare hospitals in coverage gap states to hospitals in states that closed the gap. Alternatively, you can do your own analysis – or contract with a local university to do one – to show how hospitals in your state stand to benefit from drawing down federal dollars to expand Medicaid.
  - **EXAMPLE:** Advocates in Florida published a [series of reports](#) in key counties describing the scheduled funding cuts to county health care providers, and the new revenue available to providers (that would more than offset the potential cuts) if the Florida Legislature accepts federal funding for extending health care

coverage to low-income residents. These reports helped start conversations with hospitals in these key counties, and also generated significant positive [media attention](#) to the issue.

- **Leverage buy-in with active hospitals.** Active hospitals can be the most effective emissaries to other hospitals – a hospital association can help engage local hospitals to publicly support closing the gap, or vice versa. Also, when one local hospital is willing to speak up on how the coverage gap is a matter with urgent financial implications for both it and its patients, other local hospitals may be more willing to follow suit.
- **Work with supportive locally elected officials** from districts that contain target hospitals and encourage these allies to reach out to hospital leadership. This could include mayors, state representatives or even congressional representatives and governors.

## Coordinating Strategy

Hospitals in some states may already be involved in a campaign with business leaders and other stakeholders to close the coverage gap, yet may not be coordinated with consumer advocacy coalitions. These best practices may improve coordination between hospitals and advocates.

- **Identify concrete areas of collaboration when joining one another’s coalitions is not possible or strategically advantageous.** In some cases, keeping hospital and advocate engagement activities informal may be preferred. Public distance can protect hospitals from the “left-leaning” image of the consumer advocacy coalition. Likewise, it can prevent advocates from being perceived as helping a “large institution” that the public may not always sympathize with. However, it is helpful to identify concrete ways the two coalitions can coordinate and collaborate behind the scenes. This may include:
  - **Aligning messaging and targets.** Through regular phone calls or strategy meetings, the two groups can coordinate around legislative targets and work within a unified messaging frame. In particular, consumers and hospitals should be well-versed in telling the story of [who is in the coverage gap](#), and how closing the gap helps working individuals, veterans, families and [state budgets](#).
  - **Elevating one another’s voices with the media.** In some states, advocates have an understanding with specific hospitals that they can direct media requests to them to share how the coverage gap impacts their ability to keep their doors open to care for patients. And hospitals in turn know who in the advocacy community to direct the press to for stories of people who fall into the coverage gap. Having both sides know who can handle those requests helps ensure that the press gets all compelling angles on this issue.
- **Coordinate in preparation for legislative hearings.** Advocates can and should share their experience and understanding of the ingredients needed to impact legislative hearings in order to help hospitals and other stakeholders make a powerful showing. Advocates can work with hospitals to cover the critical bases leading up to and during the day a close the gap bill is being considered at the state house:
  - Recruit plenty of people representing supportive hospitals to attend the hearing and provide legislative testimony

- Ensure that the legislative testimonies are balanced by mentioning both the economic benefits of closing the gap as well as the people it helps
- Ramp up media activity from hospitals for closing the gap

## Specific Examples of Engagement

These are some concrete examples of how state advocates can foster mutually beneficial relationships with their hospitals.

- **Make clear asks.** Hospitals can contribute in many ways to close the coverage gap campaigns. When it comes time for action, make a clear ask of the hospitals with sound reasoning and descriptions of anticipated outcomes. You can start off with smaller asks, and build to more resource-intensive ones:
  - Submitting [op-eds](#) in support of closing the gap.
  - Media activity to amplify public dialogue – such as speaking to the press about the impact of the coverage gap on hospitals. In Georgia, the Hospital Association spokesman pressed for [Medicaid expansion](#) on the radio, saying, “We need Medicaid expansion in the state. We need some sort of relief that will help address some of the financial challenges that the health care provider community is facing. These issues...[are] not going to go away and we trust leadership that they’re going to work with us on this.”
  - Using connections such as [board members](#) to contribute their community leadership and voice to the dialogue.
  - Elevate the importance of closing the coverage gap at regional hospital convenings, where a large network of hospitals leaders will be present. In Florida, district hospitals spoke about closing the gap in a positive light, even though it wasn’t specifically part of their conference agenda.
  - Making calls to specific legislators with whom they have existing relationships.
  - Engaging their staff and community boards in grassroots activity in support of closing the coverage gap, such as calling their legislators in support of a bill to close the coverage gap or attending and testifying at legislative hearings.
  - Funding for close the gap campaign work, such as supporting economic analyses, targeted media- or ad-buys, or public opinion polls.
- **Build reciprocity by identifying ways to support hospitals, whether in coverage gap or other related issues.** For example, advocates can share consumer stories of people in the coverage gap to aid hospitals in their media efforts. Advocates can provide consumer assistance training to hospital staff, and facilitating partnerships with other groups for enrollment assistance.

## Conclusion

With some close the gap campaigns running multiple years, there is a critical need for stakeholders to come to the table and work together. Advocates and hospitals can coordinate and improve collaboration to ultimately secure health care for low-income consumers.

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