

Special Opportunity Fund report for Robert Wood Johnson Foundation

- 1. Please describe what the project did to meet its outcome measures outlined in your proposal to the ACA Implementation Fund. If the outcome measures have not been met, explain what happened and why. Please group your outcomes into the categories listed below.***

With regards to Policy and Legislative Advocacy, MCH has successfully researched best practices from other states to share with policymakers. Our staff met with Democratic Leadership multiple times to show what other states have done and to suggest how to use this as model going forward. As a result of these meetings, House Minority Leadership has drafted excellent legislation which, when introduced, will be very robust and consumer focused. However, opponents of health reform who control the Leadership in the Michigan House of Representatives have created such a hostile environment that up till this point has hindered the timely introduction of this legislation. As a result, Democratic leadership has held off from introducing this new legislation. Due to our efforts, House Democrats are very well informed and armed with excellent model legislation to introduce.

Unfortunately, Exchange development, one of our primary goals, has remained stalled. All development had been on hold due to the long-awaited Supreme Court decision which was used as a political tool to stall any discussion on implementation on health care reform. Since the court's decision, the Michigan House of Representatives has formally requested joint committee hearings to answer questions that have already been addressed multiple times both in hearings and within the Act itself, as another stall tactic. In the response to these delays and given the limited amount time left to craft legislation, MCH has called on Governor Synder to issue an executive order to establish a federal state partnership to run the exchange.

While MCH was unsuccessful in securing full passage of Exchange legislation by the Michigan Legislature, we have had great success in establishing dialogue with lawmakers on defining an Essential Health Benefits (EHB) plan that serves the needs of Michigan residents. In the grant time period, MCH had 41 face-to-face meetings with state lawmakers discussing the EHB design and Exchange legislation. MCH's Legislative Tracking document, a tool that logs contact with lawmakers, tracks legislative efforts and evaluates outreach efforts, has greatly streamlined the coordination of our statewide advocacy efforts.

Communication and messaging, public education, engaging communities of color were not part of our main goals, *per se*, instead success and challenges in each area are listed below where appropriate.

2. Please identify any internal or external challenges that the project encountered.

How were they addressed? Describe each challenge and the actions you undertook to address it.

On the policy front, some key challenge included a very closed and insufficient Essential Health Benefit development and consumer feedback process. MCH engaged the administration and successfully pushed for more meaningful stakeholder feedback. This resulted in an additional public comment date and a stakeholder conference call to be held in August.

An internal challenge we have experienced is how do we disseminate complex information to our many coalition partners in a timely and actionable way? To address this, whenever possible, we have leveraged national partner resources. For example, we utilize the analysis work of larger organization to provide easier to digest fact sheets,

including summaries and talking points on key topics such as the latest policy issues. Through our work group structure, we are in constant two-way conversation with our partners who are best equipped to share this information and take action.

Many coalition partners are reluctant or completely unwilling to engage with policymakers or participate in any action that could be mistaken for lobbying or partisanship. We addressed these issues by explaining the facts on what lobbying is, and conversely, what it is not. In addition to those efforts, MCH offered two webinars which explained 501(C)3 regulations to all coalition partners. However, this has remained a significant challenge within our Coalition. Going forward MCH must create an informed culture of civic engagement amongst our membership where they know they can discuss policy without the fear of being labeled partisan.

A continuous external challenge is the partisan Republican leadership blocking all attempts for the advancement of healthcare reform in Michigan. MCH has met with Representatives in majority leadership positions to explain the impact of their lack of action will mean to their constituents. To ensure the truth about the ACA does get out to their constituents, MCH has provided a great deal of programming in their districts.

3. When considering the design and implementation of this project, what lessons did you learn?

Regardless of political persuasion, all persons want basic clear and concise information on the ACA. Having a clear message that contains condensed and impactful information is crucial to getting legislators' attention. All meetings with legislators are kept to 30 minutes or less and always centered on providing accurate information. In the same way, Coalition partners must need to be carefully and fully informed with relevant information to maximize their ability to take action.

4. To highlight the impact of your work, tell us some stories of individuals that your organization helped as a result of these funds.

Our work has allowed multiple individuals the opportunity to share how the current health care situation has not addressed their needs and how their lives will change once reform is fully implemented. MCH has striven to amplify the voices of persons with disabilities and communities of color so that their stories reach policy makers.

When MCH brought to Michigan Lois Uttley, a nationally recognized presenter on women's health, the following remarkable story occurred: After the presentation on the ACA was completed an older woman stood up and said, "I identify myself as a super right-wing, Bible toting (holding the bible up in the air as she spoke), middle-age white woman, who thinks that the government is already in too much of our business. But as I listened to you about what's really in the ACA, my Christian response is how can we not support the ACA? How can we as Christians not do everything that we can to make sure that our brothers and sisters receive the health coverage that they need? I think that if you (the sponsors and presenters) got to people like me and explain it as you just did, they will support the ACA also and I would be willing to help you get to them."

5. Please provide us with one example of where you believe your work with these funds has had significant impact. Please site evidence of this impact.

MCH was able to achieve significant alteration of the OFIR's (Office of Finance and Insurance Regulation) participation plan with regards to the Essential Health Benefits package. This effort improved the public comment process by allowing for earlier comment than originally proposed. It also enabled additional public comment to take

place during the development process. This essentially creates two opportunities for comment: one official public comment period, and then another opportunity for consumers to contact the Governor's office once the proposal is released. All meetings with Legislators have stressed the importance of the creation of a comprehensive Essential Health Benefits package which will meet the needs of all consumers.

With regards to legislative efforts, MCH was able to work closely with Democratic leadership, educating them on the three exchange options established by provisions within the ACA. These three options, a state-run exchange, federal/state partnership model and a federally facilitated exchange, all have vastly different compositions. Through these meetings, we were able to express our coalition's concerns as well as endorsements of what would be in the best interest of consumers in Michigan. These relationships also provided us the opportunity to chart out strategies with minority leadership to unify messaging around the ACA as well as block any legislation that would not be in the best interest of consumers.

Our most notable communications and messaging success was our response to the Supreme Court decision. We planned regional press events throughout the state the day of the decision. We pre-wrote press releases and talking points for every potential situation so we could be the first to respond. MCH held four simultaneous press events in all of the major media markets in Michigan. We were the only consumer voice in the state that responded the day of the decision and achieved tremendous press coverage, which included print, television and radio coverage. The press called MCH staff for facts and figures for their stories. As a result of our press conferences, we were directly quoted in all of the major media markets multiple times. We were the consumer voice for the SCOTUS decision throughout Michigan. Our regional model, which places staff on the ground in each of Michigan's key media and population centers, made this success possible.

6. To assist Community Catalyst in our ongoing efforts to evaluate our work and improve our effectiveness, please identify what has worked with our support of your efforts over the past year and what could be improved.

Community Catalyst as been essential in helping us develop policy positions on a number of issues including dual eligibility, EHB and health care exchanges. Community Catalyst support has greatly increased our capacity to educate consumers and motivate coalition partners to action.