

# Issue BRIEF

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## KidsWell: Securing Coverage for Children by Advocating for the ACA

KidsWell's premise is that the Affordable Care Act is the most viable near term policy option to cover all children.

The expansion of Medicaid eligibility to low income adults and subsidies to purchase private insurance are arguably the most significant provisions of the Affordable Care Act (ACA). To the extent these measures reduce rates of uninsured parents, they could also help to close the gap in children's coverage, 7.2 million of whom were uninsured in 2012 (Finegold 2013). States are on the front-line of ACA implementation: their success in enrolling uninsured parents and their children depends on the effectiveness of state policies and systems for operating one-stop shopping portals, conducting outreach to low income families, helping them apply for insurance, and creating consumer-friendly communication about families' coverage options and their costs. This brief examines how children's advocates in New Mexico and New York have tried to shape state decisions on ACA implementation policies and their achievements to date.

### THE KIDSWELL CAMPAIGN

Recognizing the ACA as a crucial opportunity to close the children's coverage gap, the Atlantic Philanthropies launched its "KidsWell" campaign in 2011 to maximize the ACA's potential to ensure health insurance coverage for all children and to build a lasting child advocacy infrastructure for children's health. In choosing where to invest, Atlantic selected states with diverse economic and political conditions with large numbers of uninsured children, and with strong advocacy organizations already in place. The seven KidsWell states—California, Florida, Maryland, Mississippi, New Mexico, New York, and Texas—also span a continuum in their embrace of the ACA: at one end is California, the first state to pass legislation creating a health insurance marketplace after enactment of federal health reform, while at the other end, Florida and Texas actively oppose actions that support

ACA implementation, while the other KidsWell states fall at different points along this continuum. Atlantic also invested nearly \$19 million in 12 national organizations to provide strategic support and advice to the state grantees in such areas as policy and legal expertise, effective communications tactics, and grassroots organizing.

As part of the evaluation of KidsWell, Mathematica staff conducted site visits to New Mexico and New York to understand how they have tried to shape state decisions on ACA implementation policies and their achievements to date (see Table 1 for key grant details). Evaluators conducted interviews with staff from the KidsWell grantees in both states, as well as with other consumer health advocates, health system stakeholders, legislative representatives, and Medicaid, CHIP, and exchange administrators; staff also reviewed key grant-related records and published documents.

**Key Facts About KidsWell Grantees in New Mexico and New York**

	New Mexico	New York
Lead KidsWell grantee (KidsWell three year funding amount)	New Mexico Center on Law and Poverty (CLP) (\$580,000)	Community Service Society of New York (CSS) (\$300,000)
Other funded KidsWell organization(s) (funding amounts)	New Mexico Comunidades en Acción y de Fe (CAFé) (\$220,000)	Schuyler Center for Analysis and Advocacy (Schuyler) (\$180,000); Children’s Defense Fund of New York (CDF-NY) (\$90,000); Make the Road New York (\$90,000); Raising Women’s Voices (\$90,000)
Funding start date	July 2011	April 2011

Note: In New York, Atlantic also granted an additional \$150,000 to the groups to support communications (for example, to buy paid media).

**Table 1**

Economic arguments, augmented by careful analyses, were crucial to policy wins in both states.

**NEW MEXICO: BUILDING THE CASE FOR MEDICAID EXPANSION**

The New Mexico KidsWell advocates reasoned that securing the Medicaid eligibility expansion for low-income adults would benefit a substantial number of children in the state, and decided that the economic benefits of expansion would make the strongest argument. Given the state’s high rate of poverty—one in five New Mexicans live in poverty, the second highest rate in the United States—and that more than a quarter of its population is already enrolled in Medicaid, combined with the state’s slow economic growth, expansion proponents built their case around three key messages: (1) the benefits of Medicaid expansion to the state’s health care system, (2) the savings to the state budget, and (3) the jobs and indirect economic benefits that it would generate. To support these messages, the lead KidsWell grantee, the New Mexico Center on Law and Poverty (CLP), commissioned a study by the University of New Mexico on the economic impacts of Medicaid expansion (Reynis 2012). The paper concluded that expansion “is estimated to result in net gains for the state between \$478 million to \$523 million over fiscal years 2014 to 2020.” Other tactics used to push for the expansion included testimony before the state Legislative Finance Committee, producing a county-by-county breakdown of eligible but not enrolled individuals who would benefit from expansion, grassroots organizing to showcase New Mexican residents’ support for Medicaid

expansion, and communications work with state and local newspapers to editorialize the benefits of Medicaid expansion.

In January 2013, the governor announced that New Mexico would adopt Medicaid expansion, expanding eligibility to approximately 170,000 New Mexicans between the ages of 19 and 64 with incomes below 138 percent of the federal poverty level (FPL) on January 1, 2014. The New Mexico Human Services Department estimated that as many as 130,000 people would become new Medicaid enrollees in 2014, with total Medicaid enrollment at 660,000 by the end of fiscal year 2014 (Earnest 2013).

**NEW YORK: INFLUENCING THE ADOPTION OF A BASIC HEALTH PLAN**

Basic Health Plan (BHP), a policy permitted by ACA Section 1331, permits states to help make insurance premiums affordable for families between 139 and 200 percent of the FPL. With a BHP, a state can cover families ineligible for Medicaid up to 200 percent of the FPL, and states are eligible for substantial federal financial subsidies to cover BHP costs (Benjamin and Slagle 2011). The KidsWell grantees, working through an existing health care coalition, targeted this policy as it aligned with their KidsWell goals: compared to subsidies for exchange coverage, BHP subsidies are more generous so if more uninsured parents can afford coverage, those parents are likely to enroll their uninsured children as well.

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## ABOUT THE AUTHORS

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As in New Mexico, the New York grantees pursued BHP with an economic argument, and they used multiple advocacy strategies in their pursuit of the policy. The chief one was policy analysis: the lead KidsWell grantee published an analysis (supported by funding from the New York State Health Foundation) in June 2011 that highlighted the economic gains BHP could generate for the state—estimated at more than \$900 million—as well as the significant contribution of BHP to low-income New Yorkers, helping an estimated 467,000 people get more affordable coverage than what they could obtain through the exchange (Benjamin and Slagle 2011). Throughout 2011, 2012, and into 2013, the advocates used various tactics to push the BHP agenda, such as conducting a listening tour, producing and disseminating a report summarizing results of the listening tour, hosting a webinar on the issue, and getting earned media opportunities to speak about the issue, among others. On March 31, 2014, the New York legislature passed BHP legislation.

## BUILDING ON SUCCESS AND MAINTAINING MOMENTUM: TAKEAWAYS AND NEXT STEPS

Advocates in both states used policy analysis to influence state decisions regarding adoption of ACA opportunities to expand coverage. Key to these wins was crafting the most effective messages that would resonate with policymakers and backing them up with well-researched studies. Recognizing that policy analysis and targeted messaging by themselves were insufficient to mobilize support for the issues, these advocates used multipronged advocacy strategies, including public engagement and forging coalitions with a broad range of stakeholders, to advance their agendas.

Although the first open enrollment period to sign up for marketplace coverage is over, ACA implementation remains a work-in-progress. Advocates still face a long slate of issues that will determine whether the potential of the ACA to provide universal coverage for children is realized in the states. For example, advocates must monitor how reform is working for low-income families, to ensure that state policymakers understand—and

make efforts to resolve—administrative bottlenecks and procedural barriers. At the same time, federal policy issues loom, especially the decision about whether to re-authorize funding for the Children's Health Insurance Program (CHIP) in 2015, which will require coordinated efforts between national and state advocates. Together, they can raise awareness about CHIP's role in the health care safety net by bringing stories of children and families who rely on CHIP to the national debate. As a result, advocates will require ongoing financial support to maintain the momentum already achieved on children's coverage and to continue to garner the attention of policymakers on the issues.

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