

AMPLIFYING YOUR VOICE: A LOCAL OP-ED STRATEGY

As policymakers gear up for the November elections, now is the perfect time to send a strong message about the critical role of the nation's essential hospitals. We encourage each hospital to take advantage of the election season by pitching to local media an op-ed written by the hospital's CEO or board chair.

Why Now?

Given the political season, policymakers and candidates are particularly attuned to local media stories. Throughout the month of August, policymakers will be home campaigning in their districts, which is why this is the ideal time for leaders of America's Essential Hospitals to try to place an op-ed in local newspapers and educate candidates about the impact essential hospitals have in communities. To maximize the impact, we encourage you to include the following:

- Thank policymakers for their support of their local hospital;
- Urge policymakers and candidates to ensure essential hospitals have the resources they need to provide care to all people.

Key Messages

Attached are template op-eds you should customize with data and stories from your hospital and community. We have provided two versions each for states that have expanded their Medicaid program and states that have rejected Medicaid expansion. The key messages across all the templates are that we're not out of the woods with respect to the nation's health insurance crisis and that we must support essential hospitals because all people—not just the vulnerable—have a stake in keeping these hospitals strong.

Op-Ed Tips

- Make sure your op-ed is timely, playing off something in the headline news.
- Include a local story (and local statistics) to demonstrate the impact your hospital has on your local community.
- Have prominent community leaders sign the op-ed, such as the hospital CEO, board chair, or other VIPs.
- Call on candidates to support essential hospitals and ensure that your hospital has the necessary resources to provide quality care to your state.
- Try to place the op-ed in the paper with the largest circulation.
- Once printed, maximize its impact through a variety of social media platforms.
- Send it to your congressional delegation.
- Share it with America's Essential Hospitals so we can also promote its distribution.

For more information, contact Director of Communications Carl Graziano at 202-585-0102 or cgraziano@essentialhospitals.org.

Sample Op-Eds for States that Have Expanded Medicaid

Version A

Too Early for a Victory Lap in Battle to Expand Health Care Coverage

As we turn toward the 2014 election season and a certain renewal of vigorous debate on the merits of the Affordable Care Act (ACA), we face nearly as many questions as answers about the future of affordable health care—especially for the uninsured and other vulnerable people.

With the initial success of ACA coverage enrollment fading and new challenges to key components of the reform law arising—chief among them, recent court decisions on federal marketplace plan subsidies—the path to insuring all people remains unclear. Even here, in *[state]*, and the more than two dozen other states that have done the right thing by expanding Medicaid, we're far from out of the woods.

Yet, there are those who suggest we can start scaling back our support of the safety net, that the ACA is doing its job, that reform succeeded with its initial enrollment surge, including about 5 million new Medicaid recipients. If this feels like a premature victory lap to you, you're not alone. *[hospital name]* and the nation's other essential hospitals—those that fill a safety net role in their communities—know significant challenges remain to solving the crisis of the uninsured.

Foremost are the millions of people here and across the nation who have yet to benefit from reform. Even with the help of federal subsidies for the private marketplace health plans—subsidies called into question with conflicting opinions last month by two federal appellate courts—health care will remain unaffordable for many families with limited financial means. A 2011 Commonwealth Fund study found that about one-quarter of families living at two to three times the poverty level cannot afford both subsidized premiums and Out-of-pocket costs if significant illness strikes. Many others remain out of the ACA's reach, including the nation's more than 11 million undocumented immigrants and the homeless.

These people will continue to come to *[hospital name]* and other essential hospitals for care, as they always have. And as we always have, we will care for them and other vulnerable patients with the highest-quality care possible, knowing that compensation for these service often will cover little or none of the costs.

This is the commitment *[hospital name]* has made to *[community]*, the commitment all essential hospitals make to the communities they serve. In turn, we must commit to supporting these hubs of community health and well-being, safety, and economic vitality; we all have a stake in ensuring they thrive.

Why? Like all essential hospitals, *[hospital name]* touches all of us with vital services beyond its core commitment to the uninsured, underinsured, and other disadvantaged patients. Essential hospitals often provide a community's only source of specialized, high-acuity care, such as trauma, burn, and neonatal intensive care units. In the nation's 10 largest cities, a handful of essential hospitals house roughly one-third of all trauma, burn, and psychiatric beds. If you're badly injured in a car accident or house fire, an essential hospital likely will help you back to health.

Likewise, essential hospitals prepare for and respond to natural and other disasters—threats that don’t discriminate by income or socioeconomic status. The rapid response and expertise of essential hospitals saved lives and limbs in the Boston Marathon bombings, the crash of Asiana Airlines flight 214 in San Francisco, Superstorm Sandy, and countless other events large and small that have put people and entire communities at risk.

Essential hospitals provide a training ground for the next generation of our nation’s health care professionals, training on average 12 times as many professionals as other teaching hospitals. They ensure all people have access to high-quality health care by filling the ranks of physicians, nurses, and other providers on which we all depend. They also promote community health—and, in turn, productivity and economic vitality—with primary care, extensive ambulatory networks, and care coordination to keep people well and out of the emergency department.

[*hospital name*] and all of the nation’s essential hospitals stand as providers of choice and cornerstones of their communities with these and other services. Your life or that of a loved one might one day depend on the degree to which we support hospitals that fill a safety net role.

So, rather than look for reasons to pull back from the front line in the battle to solve the nation’s health insurance crisis, we should redouble efforts to ensure our essential hospitals and other elements of the nation’s safety net have the resources they need to win this fight. This will require that policymakers at all levels, including our elected representatives in [*state capitol*] and Congress—and those who now seek office—work together and with us to find solutions.

This election season might well define what direction we take as a nation to finish the important work we started with the ACA. We call on all our leaders to remain vigilant against attempts to declare the battle won and work with the same dedication as our nation’s essential hospitals toward meeting the health care needs of all

Version B

Support for Essential Hospitals: As Important Now as Ever Before

As the essential hospital for [*city or region*], [*hospital name*] has led work to promote access to affordable health care under the Affordable Care Act (ACA). Our efforts have made a difference by reducing the ranks of the uninsured in [*city or region*] and surrounding areas.

The state has done its part, too, by expanding Medicaid and making the same commitment to vulnerable people that we make daily as an essential hospital. We applaud our policymakers for doing the right thing for patients.

But many uninsured remain. And while the cost of their care is great—and largely uncompensated—they can continue to rely on essential hospitals to treat their wounds, heal their sickness, deliver their babies.

The question we now face, and that we must consider as we enter the 2014 election season, is this: Can essential hospitals still rely on us to support their mission?

Essential hospitals are vital to [*insert region*]

By leading the way to enroll newly eligible patients in coverage through Medicaid and the ACA

insurance marketplaces, *[hospital name]* has improved the health and productivity of our population. During the ACA's initial enrollment period, *[hospital name]* helped *[hospital-specific enrollment number]* patients access affordable coverage options.

But the work of essential hospitals extends beyond helping the uninsured and other vulnerable people. It touches all of us, regardless of social or economic circumstance.

For many cities and regions, the essential hospital provides the primary source of high-acuity, lifesaving care for the sickest and most badly injured people. Trauma care and burn units, neonatal intensive care, emergency psychiatric treatment—all are among the core services essential hospitals provide to everyone, not just the uninsured.

We also train the next generation of health care professionals—physicians, nurses, and others. Essential hospitals train, on average, more than 12 times as many physicians as other U.S. teaching hospitals and ensure communities have an ample health care workforce at the ready.

Out in the community, essential hospitals deliver primary care and outpatient specialty services, promote public health, and work to coordinate care, all aimed at keeping people well and out of the emergency department—and avoiding costs that might otherwise fall on all of us.

Our hospitals also respond to natural disasters and other widespread emergencies—destructive storms, a terrorist's bomb, earthquakes, air disasters. None of us is immune to these threats and all of us depend on essential hospitals when tragedy strikes.

We do all of this on the narrowest of margins and with community funding support. Coverage expansion might one day supplant much of that funding, but that day remains far off—nationally, as many as 31 million people will remain uninsured in 2024, the Congressional Budget Office projects. Suggestions now that we can begin to scale back our support of essential hospitals are simply premature and possibly damaging.

Even expansion doesn't eliminate uninsured

While we certainly welcome Medicaid expansion, we know it's only one part of the larger answer to our coverage crisis.

Here and in other expansion states, many people simply earn too much to qualify for Medicaid and must turn to the ACA's private insurance marketplaces. But the premiums and copayments required by those plans often prove unaffordable, even with federal subsidies—and the subsidies themselves are in question following conflicting federal appellate court rulings in July.

Others will churn between Medicaid and marketplace eligibility as their incomes fluctuate. But if they can't realistically afford the marketplace, they're really churning between coverage and no coverage, losing access to services in the process. And those that can make the switch still might face financial strains that cause them to forgo needed care and a loss of familiar providers and continuity of care due to restrictive marketplace networks.

We also can't reach undocumented immigrants. The ACA doesn't cover this population, and more than 11 million undocumented immigrants live in the United States *[add regional numbers if these are significant]*. It is estimated that even with other sources of coverage, such as employer-

sponsored plans, more than 60 percent of undocumented immigrants will remain uninsured in 2016.

Then there are the homeless and others who just don't make it into our systems. They will fall through the cracks.

Funding is crucial

So, many challenges remain and combine to create an uncertain future for essential hospitals and for the many life-saving services you or a loved one might one day need. *[hospital name]* is dedicated to caring for our community—it is our mission and our passion. But public support is key to our ability to do this. We must do all we can to invest in the health and economic prosperity of communities and protect and enhance the essential hospitals upon which we all rely.

We look to the future with strength and hope. *[hospital]* will continue to evolve with our health care system and improve the health of every single member of our community. We call on lawmakers and those aspiring to office to do their part to support us and all essential hospitals as a vital part of our American fabric.

Sample Op-Eds for States that Have Not Expanded Medicaid

Version A

We All Have a Stake in Medicaid Expansion

The 2014 election season will help write the next chapter in health care reform—especially here, in *[state]*, and in the 23 other states that have refused to expand Medicaid. It could also set the tone for discussions on the future of the nation’s network of essential hospitals that care for the uninsured and other vulnerable people.

[hospital name] will follow those discussions closely—and you should too. Your life or that of a loved one might depend on the degree to which we support hospitals that fill a safety net role.

While that might sound far-fetched—especially if you’re insured, employed, and living comfortably—consider this: *[hospital name]* and other essential hospitals provide communitywide services that touch all lives and extend well beyond their core commitment to the uninsured, underinsured, and other disadvantaged patients.

Essential hospitals often provide a community’s only source of specialized, high-acuity care, such as trauma, burn, and neonatal intensive care units. In the nation’s 10 largest cities, a handful of essential hospitals house roughly one-third of all trauma, burn, and psychiatric beds. If you’re badly injured in a car accident or house fire, an essential hospital likely will help you back to health.

Likewise, essential hospitals prepare for and respond to natural and other disasters—threats that don’t discriminate by income or socioeconomic status. The rapid response and expertise of essential hospitals saved lives and limbs in the Boston Marathon bombings, the crash of Asiana Airlines flight 214 in San Francisco, Superstorm Sandy, and countless other events large and small that have put people and entire communities at risk.

Essential hospitals provide a training ground for the next generation of our nation’s health care professionals, training on average 12 times as many professionals as other teaching hospitals. They ensure all people have access to high-quality health care by filling the ranks of physicians, nurses, and other providers on which we all depend. They also promote community health—and, in turn, productivity and economic vitality—with primary care, extensive ambulatory networks, and care coordination to keep people well and out of the emergency department.

[hospital name] and all of the nation’s essential hospitals stand as providers of choice and cornerstones of their communities with these and other services. To suggest now, as some already have, that with the rise of the Affordable Care Act we can wind down public support for our nation’s essential hospitals is misguided and potentially a threat to anyone who needs lifesaving services.

We’re not out of the woods—far from it. In fact, in non-expansion states, we might be venturing farther into the darkness. The White House Council of Economic Advisers recently reported that 5.7 million people will be deprived of health insurance coverage in 2016 in *[state]* and the other states that have rejected expansion. Those left uninsured will not gain the law’s crucial benefits and states themselves will pass up billions in federal funding that could help strengthen their

economies. In fact, the council concluded, if every state expanded coverage, there would be 183,800 more jobs next year—boosting demand for goods and services and increasing overall economic activity.

The continuing high numbers of uninsured portend an unsustainable future for essential hospitals, which operate now with the narrowest of margins or, in many cases, at a loss. America's Essential Hospitals, an industry group that represents [hospital name] and more than 220 other essential hospitals, estimates that the shortfall in Medicaid expansion will result in \$53 billion more uncompensated care than hospitals would have experienced under a full national expansion.

If that outlook isn't bleak enough, consider also that a key federal funding source to help essential hospitals cover the cost of uncompensated care is slated for deep cuts—ultimately, about half of current levels—over the next decade. So, millions more uninsured patients and billions of dollars less in funding to care for them.

Rather than look for reasons to pull back from the front line in the battle to solve the nation's health insurance crisis, we should redouble efforts to give all people access to affordable health care coverage. This will require policymakers at all levels—our elected representatives in [hospital name] and in Washington, DC, and those who aspire to office—to work together and with us to find solutions.

Yes, this election season will reveal much about where we're headed in the seemingly endless health care reform debate. Demand that your lawmakers and candidates for office put us on a path toward Medicaid expansion. And call on policymakers to support the essential hospitals that open their doors to all, regardless of social or economic circumstance, and that one day might provide a lifeline for you and your family.

Version B

Support Essential Hospitals, Support Your Health

We stand at a crossroads in the health care reform debate and the upcoming elections likely will influence our path forward. Will we give all people access to affordable health care? Or will we continue down the road to a diminished quality of life and higher costs for us all?

For [hospital name], long at the forefront of work to realize reform's goal of high-quality care for all people, the answer is clear: [state] must expand Medicaid.

Non-expansion costs all of us

The issue of Medicaid expansion is larger than our single state's decision not to do it. While we have seen some pockets of improvement nationally, the big picture remains deeply troubling—especially regarding coverage projections and the prospect of hospitals digging out from under mountains of uncompensated care.

The congressional budget office projects as many as 31 million people will remain uninsured in 2024. And the White House Council of Economic Advisers recently reported that 5.7 million people will be deprived of insurance coverage in 2016 if [state] and the others that have rejected Medicaid expansion stay the course.

But insurance coverage won't be all they lose. Without coverage, they'll also miss out on regular and preventive care, greater financial security and productivity, and improved mental and overall health, the council reported.

So, why should you care? The economic vitality of your community, so closely tied to the health and well-being of all who live here, stands at risk. Also at risk are many lifesaving services you or a loved one might one day need—services provided at *[hospital name]* and hundreds of other essential hospitals across the country.

Essential hospitals are vital to *[city or region]*

Above all, it is our duty as an essential hospital to care for the uninsured, Medicaid recipients, and other vulnerable patients. And we'll continue to do that as long as we can, regardless of *[state's]* position on Medicaid expansion and continued high levels of uncompensated care.

But to understand why all of us, rich or poor, have a stake in the future of essential hospitals, consider the many other services they provide.

For many cities and regions, the essential hospital provides the primary source of high-intensity, lifesaving care for the sickest and most badly injured people. Trauma care and burn units, neonatal intensive care, emergency psychiatric treatment—all are among the core services essential hospitals provide to everyone, not just the uninsured.

We also train the next generation of health care professionals—physicians, nurses, and others. Essential hospitals train, on average, more than 12 times as many physicians as other U.S. teaching hospitals and ensure communities have an ample health care workforce at the ready.

Out in the community, essential hospitals deliver primary care and outpatient specialty services, promote public health, and work to coordinate care, all aimed at keeping people well and out of the emergency department—and avoiding costs that might otherwise fall on all of us.

Our hospitals also respond to natural disasters and other widespread emergencies—destructive storms, a terrorist's bomb, earthquakes, air disasters. None of us is immune to these threats and all of us depend on essential hospitals when tragedy strikes.

Even expansion doesn't eliminate uninsured

So, the benefits of Medicaid expansion are clear: communities made stronger by ensuring even the most vulnerable have access to high-quality health care, and relief for hospitals struggling to stay true to their mission of caring for all.

Expansion will take us far down the path to those goals, but we know it isn't a complete solution. Those who earn too much to qualify for Medicaid will need to purchase coverage through Affordable Care Act (ACA) marketplaces—and for many, plan premiums and co-payments might prove unaffordable, even with federal subsidies. The subsidies themselves are in question following conflicting appellate court rulings in July, which makes Medicaid expansion even more of an imperative for *[state]*.

Undocumented immigrants also fall into the gap. It is estimated that even with other sources of coverage, such as employer-sponsored plans, more than 60 percent of undocumented immigrants will remain uninsured in 2016. Then there are the homeless and others who just don't make it into our systems.

Funding is crucial

The outlook certainly is challenging for vulnerable patients. That's why we must do all that we can now to invest in the health and economic prosperity of communities and protect and enhance the essential hospitals upon which we all rely.

Foremost on the list of things we can do is put ideologies aside and expand our Medicaid Program in *[state]*. Doing anything less with so much is at stake—and the health and economic costs far outweighing the nominal, federally supported price tag of expansion—simply would be irresponsible.

We look to the future with strength and hope. *[hospital]* will continue to evolve with our health care system and improve the health of every single member of our community. We call on lawmakers and those aspiring to office to do their part to support us and all essential hospitals as a vital part of our American fabric.

2014 ELECTION ADVOCACY TOOLKIT

*Making Your Voice Heard for
Essential Hospitals and Patients*



AMERICA'S
ESSENTIAL
HOSPITALS

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