State Policymaker Views on the Role of Consumer Advocacy Groups In Health Coverage Policy Development Summary of Findings

Consumer Voices for Coverage Evaluation

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Nearly 50 million Americans lack health insurance coverage. In response to this situation, many states are considering options to expand health insurance coverage. To promote health care policies that will achieve meaningful increases in coverage at the state or federal level, and enhance the role that consumer advocates play in shaping comprehensive health reform, The Robert Wood Johnson Foundation (RWJF) is funding consumer advocacy organizations and their partners in 12 states. The Consumer Voices for Coverage (CVC) program is designed to strengthen state-based consumer health advocacy networks, elevate the consumer voice in health care reform debates, and advance policies that expand health coverage. RWJF has engaged Mathematica Policy Research, Inc. (MPR) to evaluate the initiative and provide formative feedback. This report provides baseline information from the evaluation.

To be successful in shaping state health coverage expansion proposals and policies, the consumer organizations funded by the Robert Wood Johnson Foundation (RWJF) Consumer Voices for Coverage (CVC) grant program must be recognized by state policymakers as having an important role to play in policy debates.

To assess policymakers' views as CVC began implementation, between July and October 2008 MPR conducted baseline interviews with key policymakers in each of the 12 CVC states.[1] The interviewers asked about consumer advocacy groups' role, involvement, and influence in shaping health coverage policy at the start of the CVC grant program. Another round of interviews with state policymakers will be conducted towards the end of the three-year RWJF grant to assess their opinions about the contributions of consumer groups to health coverage policy during the 2008-2010 grant period.

This report summarizes the views and recommendations of 32 key policymakers in the CVC states. The results are broadly indicative of policymakers' views about the role and influence that consumer advocacy groups have had on state health coverage policies in the past few years, prior to the CVC grants, and how these groups can strengthen their voice in state coverage policy development. The findings are not generalizable to each of the 12 states or all consumer organizations, nor do they represent an evaluation of the past performance of CVC-affiliated groups.[2] They are provided so that CVC and other consumer groups can consider the potential effectiveness of their coalition structure, policy positions, and relationships with leading policymakers, and whether they need to be adjusted to reflect changes in the political and economic environment in each state. Policymakers' opinions can provide useful guidance to consumers seeking to raise their influence in the policymaking process, but consumer advocates must decide whether following such guidance is consistent with their policy principles and organizational missions.

[1] The 12 include: California, Colorado, Illinois, Maine, Maryland, Minnesota, New Jersey, New York, Ohio, Oregon, Pennsylvania, and Washington. In November 2008, CVC partnered with consumer organizations in six additional states, which will focus on advancing efforts to achieve health reform at the national level.

[2] The responses are presented in aggregate for the 12 states because they are not representative at the state level (just two or three policymakers were interviewed per state).

A. Interview Respondents and Topics

We sought to interview policymakers in leadership roles, such as chairs of legislative health or insurance committees or staff members on these committees, legislative sponsors of major health reform proposals, governors' health policy advisors, or executive heads of health agencies or health reform commissions.[3] To identify such individuals, we solicited nominations from CVC grantees and from the RWJF State Coverage Initiatives National Program Office, which works closely with key state policymakers. We aimed to conduct three interviews in each of the 12 CVC states, or 36 in total.

To encourage interviewees to offer candid opinions about consumer advocacy organizations, we guaranteed them confidentiality by promising to not disclose their identities, nor quote them by name in this report. We scheduled and conducted interviews with policymakers between July and October 2008. In total, 32 interviews were conducted, three per state in eight states and two per state in the other four states. In the latter four states, we could not conduct a third interview due to scheduling problems. Table 1 displays the types of policymakers interviewed in all 12 states.

Table I. Policymakers Interviewed in the 12 CVC States

Legislative Leader or Staff	13
Governor's Health Advisor	8
Executive Agency Director	11
Total	32

To conduct the interviews, we designed a semi-structured interview protocol (see Appendix A). It addressed six topics: (1) which consumer advocacy organizations were most involved in health coverage expansion debates; (2) to what extent and how consumer advocacy organizations influenced previous health coverage policies, and their influence relative to other major interest groups; (3) on which issues consumer advocates were most vocal; (4) the ways in which consumer groups contributed to health coverage policy debates; (5) how consumer advocacy groups could play a stronger role in shaping or advancing health coverage policy in the future; and (6) how changes in the state's political or economic environment affect prospects for advancing state health coverage expansion in the future.

The findings from the interviews are summarized in the Section C of this report, with numbered sub-sections corresponding to the six topics. All views and recommendations are those of the policymakers. MPR's conclusions regarding the implications of policymakers' views for consumer groups involved in CVC-funded networks are presented in Section D.

[3] Because we sought to interview policymakers in leadership roles, the final mix of respondents is composed primarily of Democrats and relatively few Republicans, since at the time of the interviews, 10 of the 12 CVC states had Democratic governors, and in 9 of the 12 states Democrats held majorities in both legislative houses.

B. Findings

1. Nearly all policymakers recognized CVC grantees as the most visible, active, or involved consumer advocacy groups in the state in health coverage policy debates. Many organizations on CVC leadership teams are also well recognized by policymakers.

The majority of the policymakers interviewed (28 of 32) identified CVC grantees as the consumer advocacy organizations that are most visible, active, or involved in state health policy debates.[4] Four respondents in two states did not name the CVC grantee as being most involved, and in both of those states the CVC grantees are grass-roots organizations that work on a variety of issues affecting low-income people, including but not limited to health care access, which may make it less obvious to policymakers that they are taking a lead role for the CVC grant on health coverage issues.

Nearly all respondents named several of the other organizations on CVC leadership teams, which serve as the decision-making bodies for the consumer advocacy networks supported by the RWJF grants, as being very involved in state policy debates on health coverage as well. Respondents in one state cited the CVC grantee but few other consumer groups as being involved in health coverage policy debates; in that state the CVC grantee is synonymous with an established coalition of all consumer groups and speaks on behalf of the coalition.

Some respondents mentioned consumer organizations that were not on CVC leadership teams as very or somewhat involved in health coverage policy debates. For example, some respondents mentioned children's health advocacy groups, which are not on the CVC leadership team in some states, as having taken the lead on children's coverage initiatives. Others cited disability advocacy groups, or groups representing those with specific diseases, as very involved in promoting programs or services important to their members.

Respondents often discussed the involvement in state coverage debates of AARP, which many interviewees identified as a very powerful consumer advocacy group. But the roles of state AARP chapters in state coverage policy debates vary across the 12 CVC states, both by the level of involvement and by participation in CVC coalitions. In 8 of the 12 states, respondents identified AARP as very involved and highly visible in state coverage policy debates. Yet, the state AARP chapter is listed on the CVC leadership team in only three of these eight states. In the other five, policymakers were not sure whether the state AARP chapter coordinates coverage policy positions with other leading consumer groups, but believe more coordination of this nature would be helpful. In the four states in which AARP is not involved in health coverage policy debates, policymakers believed that state AARP chapters had priorities other than health coverage.

[4] Our first question asked respondents to identify consumer advocacy organizations most involved in health coverage debates; we did not name the grantee, or other leadership team organizations, until later in the interview. While the invitation to the interviewee contained a link to the CVC website, which respondents could visit before the interview to learn about the CVC grantee and leadership team members, some respondents who did not visit the website did not know which organization received the CVC grant until they were told or reminded.

Labor unions were also commonly mentioned by respondents as politically influential organizations in state health coverage policy debates whose positions and interests often—but not always—aligned with those of consumers. Some policymakers viewed all labor unions as consumer advocates, but others made distinctions among the unions. For example, because the Service Employees International Union (SEIU) primarily represents health care workers, policymakers do not always view it as advocating for consumers. Unions that operate health benefit plans are perceived as having interests more like those of large employers, which focus on cost containment rather than coverage expansion.

Many of the CVC coalitions include labor unions, and in a few, the CVC grantee receives substantial funding from them. In some states, policymakers perceived consumer groups to be so tightly associated with certain unions that their credibility as genuine advocates for consumers is compromised. According to a policymaker in one of these states, there is "no daylight" between the CVC consumer advocacy coalition and one particular labor union; their policy positions are the same and they share resources and lobbying staff.[5] In other states, policymakers said that even though consumer advocacy groups receive funding from unions, consumer advocates may take different positions than the unions do.

2. A majority of policymakers believe consumer groups have had "major" or "some" influence in shaping state health coverage expansion policies in the 2008 legislative session or within the previous two to three years. Relative to other stakeholders, most policymakers said consumer groups have "the same" or "less" influence.

Over half (19) of the 32 policymakers interviewed believed that consumer advocates, including those involved in CVC-supported networks as well as those that are not, have had major or significant influence in shaping recent state health coverage policies. Among the other 13 respondents, nine said consumer advocates' influence in shaping recent health coverage policy was minor, one said consumers have had no influence on policy, and three were noncommittal or said "it depends." However, these results should be viewed cautiously since the responses indicate that the question was interpreted in different ways. Some respondents interpreted influence as the strength of consumer advocates' connections to particular political leaders, some as consumers' contribution to specific policies or legislation, and some as consumers' influence relative to that of other groups.[6]

Policymakers' explanations regarding why consumer groups had more or less impact on policy outcomes illustrate these different interpretations. Some respondents attributed consumer advocacy groups' ability to exert a major influence on policy to: (1) close relationships with the governor or

[5] Recipients of RWJF grants are prohibited by the Foundation from engaging in lobbying efforts to influence legislation. Funds can be used, however, to provide information to legislators and other policymakers on positions taken by their organization and coalitions. Some grantees may conduct lobbying activities using funds from other sources.

[6] In some cases, respondents did not answer the question directly so their views about consumer advocates' degree of influence were imputed from answers to other questions in which they discussed consumers' role in health coverage policy debates.

one of the bill's legislative sponsors, (2) representing large or cohesive coalitions, and (3) serving as highly visible media spokespersons. For example, one respondent said: "The major [consumer] groups really work in coalition, which makes them very strong – they tend to speak with a single voice." However, not all respondents explained what contributed to greater or lesser influence so we do not know if these are the most important factors. Information to be collected from other components of this evaluation may help to address this question, and will be explored in interviews with policymakers in the third year of the CVC grant program.

Thirteen of 32 respondents said that, relative to other major interest groups such as health insurers, state hospital and medical associations, other provider groups, and large and small employer associations, consumer organizations had an equal or greater amount of influence on the policy development process. Some respondents explained that the influence of consumer groups has been greater, in part, because the other major interest groups have not been able to coalesce or develop a unified position among their members.

Half (16) of the respondents indicated that consumer groups have less influence than other major interest groups do. To some policymakers, this reflects the imbalance of resources—a key driver in the political process. According to one respondent: "The legislature spins on providers' and labor's campaign contributions. It's all about getting out the vote and that's really dominated by unions, big business, providers." Another respondent said: "In general, if large businesses, small businesses, hospitals, and insurance companies are behind something, it wouldn't matter if the consumers were on board or not. They can influence policy through well-reasoned arguments, but they can't deliver money or votes to legislators—consumers just don't have that kind of money." In states where the consumer advocacy groups are involved in many issues, they were thought to have less influence than health plans and health care providers, who focus just on health. A few respondents said consumer groups in their state lacked the technical expertise to propose practical and realistic policy solutions.

Several respondents said that consumer groups' influence relative to that of other interest groups depends on the political bent of individual politicians. Consumer groups tend to be more influential with Democratic lawmakers who share their policy preferences than with Republicans who tend to favor market-oriented solutions. But political and fundraising connections matter as well. For example, according to one respondent, the chair of a legislative Insurance Committee in the state receives large campaign contributions from insurance companies and so is not influenced by consumer groups at all. Another policymaker stated: "Consumers have had a significant impact in shaping health expansion debates to date, especially since the Governor realizes he got elected with their support."

3. Policymakers view consumer advocates involved in CVC-supported networks as most vocal on the issues of affordability of health insurance costs to low- and middle-income consumers and market reforms.

Policymakers see the contribution of consumer groups involved in CVC networks to health coverage policy as strongest on the issue of insurance affordability.[7] Respondents cited examples of consumer groups having advocated effectively for policies that (1) expand qualifying income eligibility levels in Medicaid or SCHIP; (2) protect people earning below certain income levels from having to pay a share of premiums in subsidized insurance programs; and (3) establish affordability standards in policies that require consumers to purchase insurance for themselves or their children, so they are not subject to penalties for noncompliance if premium rates are deemed to be unaffordable. One policymaker said: "Consumer groups keep attention on proposals' impact on people living in poverty and the working poor—that's their unique contribution." While some consumer groups have been involved in policy discussions about how to finance coverage expansions, most policymakers said they do not rely on consumer groups for policy advice in this area, preferring to obtain such information from impartial staff or consultant experts.

Several policymakers also cited consumer groups' role in passing or shaping the design of health insurance market reforms. In one state, for example, a policymaker praised the efforts of a major consumer advocacy group that worked with lead legislative sponsors and the Insurance Commissioner to craft a bill that requires modified community rating. The group mobilized a coalition of organizations to support its adoption by the legislature, overcoming opposition by health insurers. In another state, a policymaker cited the role of a consumer organization with technical expertise in insurance market reforms in helping policymakers understand the importance of guaranteed issue to individual mandates. A respondent cited one of the consumer groups in her state as having had a major role in granting the Insurance Commissioner the ability to review and approve or deny insurers' premium rate increases and medical loss ratios.

In some states, policymakers credit consumer organizations with making the goal of universal coverage more widely accepted. For example, in one state, consumer organizations helped "everyone see that keeping health insurance completely voluntary will keep the system dysfunctional." In another state, a legislator said that "when you poll [people in our state], they see healthcare as an entitlement now and [the consumer advocacy group] has done a lot to inform that impression. We've only taken a baby step towards realizing that goal, but we wouldn't have taken that step without them." Some policymakers also credit consumer organizations with helping to pass voter referenda that increase tobacco taxes to finance coverage expansions. Policymakers also value the advice and involvement of advocacy groups that operate consumer hotlines or provide health benefits counseling and outreach, because they find such experience to be useful in the design and implementation of Medicaid and SCHIP eligibility expansions.

[7] Because the interview questions on this topic asked respondents about consumer organizations involved in CVC grant-supported networks, policymakers' views summarized in this section pertain mostly to consumer groups associated with the CVC program. However, some respondents offered views on consumer groups in general, without referring to specific consumer organizations.

In the opinion of most respondents, consumer organizations are less effective as advocates for policies to control health care costs, improve health care quality, or reform the health care delivery system than they are for affordability and insurance market reforms. In one state, consumer advocates have been involved in debates on cost containment, but advocated for proposals that were strongly opposed by hospitals and therefore had little chance of passing. In some states, policymakers said consumer groups are getting more involved in cost and quality issues. According to one policymaker, consumer groups in her state were strongest on issues surrounding affordability, "but they are showing an evolution in their advocacy by pushing for greater value in health insurance," through their support for more transparency in cost and quality information. But another policymaker thought consumers in his state made the right decision: "Consumer groups are right to focus on access first – they are also weighing in on cost and quality issues but access is first priority and I agree that it should be."

4. Policymakers said consumer groups involved in CVC networks have successfully used grass-roots organizing, public education, and direct communication with policymakers to make the need for expanded health coverage a political priority.

The CVC grant program is helping consumer organizations to develop advocacy capacity in six areas: (1) coalition-building, (2) grass-roots support and organizing, (3) analysis of policy alternatives, (4) developing and implementing policy campaigns, (5) communications (media and public education), and (6) resource development (fundraising). We asked policymakers about their awareness of the activities or tactics used by consumer advocacy groups involved in the CVC-supported networks to influence health coverage policy debates, and how well they performed these activities. We then categorized their responses into five of the six CVC advocacy capacity areas (all except resource development because few policymakers were familiar with consumer groups' fundraising activities).

As shown in Table 2, policymakers perceive consumer advocacy groups involved in CVC networks as being most active or most effective in (1) grass-roots organizing, such as town hall meetings, demonstrations in the state Capitol, email alerts, and identifying uninsured consumers willing to speak about their struggles and (2) direct communication with policymakers, through participation in health coverage task forces and commissions, one-on-one meetings with legislators and governors or their staff, and legislative testimony, which is related to the CVC capacity "implementing policy campaigns."

Table II Policymakers' Awareness of Consumer Advocacy Activities

CVC States* (n=12)	Grassroots Supports and Organizing	Direct-Communication with Policymakers (Implementing Policy Campaigns)	Communications (Media and Public Education)	Analysis of Policy Alternatives	Coalition Building and Strategic Alliances
A	2	1	2	1	
B	3	3	3	1	1
C	3	1		3	1
D	3	3	1	3	3
E	3	2		1	2
F		2	2	1	1
G	3	3	3	1	3
H	2	2		2	1
I	2	2		2	1
J	2	2	2	1	1
K	3	1	2		
L	1		2		
Number of Times Cited	**27**	**22**	**17**	**16**	**14**

Many policymakers identified ways in which CVC-affiliated consumer groups were effective or ineffective in carrying out advocacy activities. For example, with regard to grass-roots organizing, several respondents said consumer advocates were successful in bringing the voices of uninsured people, and those unable to afford rising health insurance costs, to the forefront of the health reform debate. By contrast, one policymaker said the failure of consumer groups in her state to bring the voices of uninsured individuals into the debate made it hard for the governor to make the issue salient to lawmakers throughout the state. With regard to direct communication with policymakers, respondents noted the importance of constructive dialogue with key legislators on both sides of the aisle. An aide to a Republican legislator criticized consumer advocates who never asked to meet with him; instead, they prefer to "throw bombs" in their statements to the media. In another state, an aide to a leading Democratic legislator complained about "some [consumer] groups who only critique, they are not interested in discussion and dialogue."

In terms of forming coalitions and alliances, respondents spoke well of consumer groups that presented cohesive messages and unified positions. In one state, respondents said that consumer groups demonstrated their shared positions through joint testimony at legislative hearings. Some policymakers thought consumer advocates in their states had built effective bridges with small businesses, hospitals, and other health providers, whose support is critical to passing legislation. But some policymakers thought consumer advocates were not as active or as effective as they could be in forging coalitions. Said one: "We're desperate for small businesses to become more involved in advocating for [health coverage expansion program], and for other health reforms. It would be really helpful if [consumer groups] could bring them in."

With regard to policy analysis, most policymakers were aware that consumer advocacy groups conduct studies on the likely impact of proposed policies on consumers. But their views about the value of such analyses to policymaking were mixed. One respondent said this was one of the "most vital things the consumer advocate groups do . . .taking a practical look at policies and telling the legislature what would work and what wouldn't and why." Some respondents cited the valuable input they obtained from consumer representatives with recognized expertise on particular issues, such as insurance market reforms and Medicaid eligibility expansions. According to one policymaker, "It helps that legal services works with actual consumers to secure access to services; their work in the trenches gives them more knowledge and credibility." But many policymakers said they would not rely on consumer groups' policy analyses for cost estimates, or projections of the number of people who would gain or lose insurance under various options. Instead, they prefer to get such information from objective experts.

Many policymakers did not distinguish among these different types of advocacy activities, and instead emphasized the stature or credibility of consumers in policy development around health coverage issues. One respondent said that, in her state, consumer advocacy groups leading or participating in CVC networks have become "part of the policy fabric" and elected officials actively solicit their input. In another state, consumer groups were said to be very effective by drafting their own bill and working with legislative sponsors to generate support for it. Respondents indicated that consumer groups' constructive participation in legislative hearings and committee meetings about policy design options were critical in shaping the outcome. Policymakers also cited the effectiveness of consumer groups organized as 501(c)4 organizations (which may lobby) in persuading legislators to vote on bills consistent with their positions. They also appreciate consumers' involvement in counter-balancing the interests of insurers and providers.

The overall effect of advocacy activities was also evident in several policymakers' comments regarding consumer groups' success in raising the health coverage issue on the political agenda. For example, one legislator said, "In order to enact a tax that represents the biggest infusion of financial resources in the state's history, it required a lot of political courage and the consumer groups' work really supported and helped us do that. They provided the backing in legislators' home districts to support the vote [in favor of the bill]."

5. To strengthen the voice and influence of consumer groups participating in the CVC program on state health coverage policy, policymakers recommend the following: make the issue a political priority, forge consensus on policy positions, present unified messages, support incremental steps, and build alliances with non-consumer groups.

We asked policymakers what consumer advocacy groups should do to have a stronger voice in shaping health coverage policies, and how consumer coalitions being supported by CVC grants could be most effective. The most common suggestions and recommendations mentioned by policymakers fell into six categories (Table 3), and are discussed below. The most frequent recommendation, mentioned by 18 respondents and at least one respondent in 11 of the 12 states, was to create political urgency to expand health coverage.

Table III Policymakers' recommendations to Strengthen Consumer Voices in Policy Development

CVC States* (n = 12)	Create Political Urgency to Address Health Coverage	Unify Positions on Coverage Policies	Develop Coordinated Messages	Educate the Public About Health Reform Trade-Offs	Be Willing to Compromise to Make Incremental Progress	Develop Alliances with Nontraditional Partners
A	2	2			1	2
B	2	1	2	2	1	
C	1	3	2	1		
D	1	1			2	
E			1	1	1	1
F	2		1			1
G	2	1	2			2
H	1		2	2	1	2
I	2					
J	1	2		3	3	
K	2	1	2			
L	2	2				1
Total Number of Times Cited	**18**	**13**	**12**	**9**	**9**	**9**

Source: MPR interviews with policymakers in Consumer Voices for Coverage grantee states, 2008.

Note: Numbers correspond to times that any respondent recommended improvements to consumer advocacy groups' capacities or activities.

*State names are withheld to protect respondents' confidentiality and states are randomly ordered in this table.

The next most frequent recommendations were to unify consumer groups' positions on policies and coordinate their policy messages. Three other relatively common suggestions were to: educate the public about the trade-offs in health reform, be willing to compromise in the interests of making progress, and forge alliances with other stakeholders. Additional suggestions, not discussed below, were less common or were very specific to consumer organizations in some states. [8]

- **Generate strong political support and a sense of urgency to take further steps to enact and implement health coverage expansion policies and programs.** The most frequent recommendation by policymakers to consumer advocates was to continue or strengthen their efforts to make expanded coverage a political priority. One policymaker

[8] For example, policymakers in one or two states wanted consumer groups to: (1) do more to bring the voices of uninsured people into the legislative process, (2) change leadership to improve relationships with key policymakers, (3) collaborate more closely with the governor or administration officials, and (4) weaken ties with labor unions to gain credibility as authentic consumer representatives.

stated: "To the extent that interest groups keep this issue visible in the media and high on the [political] radar, it makes it easier for us [in state government]. The more people who are out there talking about coverage, it influences legislators – that helps us." In addition, they said consumer advocates needed to focus these activities in two ways. First, they believed consumer groups needed to engage in the difficult and less exciting work to ensure that laws and programs are fully implemented. Said one policymaker: "There hasn't been as much interest in focusing on the policy issues that we're still working on, and finishing the job in terms of implementation. It may not be as sexy, but it is still as important. They need to stay at the table as well as advocate for the next big step." Second, policymakers said consumer advocates need to do more grass-roots organizing, public education, and direct communication with policymakers in areas of the state where elected officials have not strongly supported coverage expansion, for example in rural communities.

- **Unify consumer groups' positions on policy proposals to a greater degree than they are now and develop coordinated messages.** The second and third most frequent recommendations by policymakers were often linked: policymakers urged consumer advocacy groups to develop unified, coherent positions and to communicate those positions through common messages. Policymakers urged consumer groups to designate one or two representatives to speak for all of the groups in their coalition in venues where policy compromises are negotiated. Some CVC-funded consumer networks already have unified coalitions and messages, while others need to strengthen such capacities. When consumer groups hold positions on policy proposals similar to those of powerful groups that are not formal members of the CVC network, such as AARP or labor unions, policymakers suggested that they coordinate their campaign messages to have a greater impact.

- **Educate the public and new legislative members on health reform trade-offs.** Veteran health policymakers have come to realize that expanded coverage will not be sustainable financially without simultaneous cost controls and improvements in quality. Hence, they urge consumer groups to accept the trade-offs involved in expanding coverage, and educate others about them. For example, one respondent said: "We need consumers to be engaged not only in health coverage expansion debates, but in access and delivery system reform as well. Consumers are paying way more than they should [for health care] while getting less value than they should. They [need to be involved in] doing something to change the health system, so it starts giving them better value." Policymakers also want consumer groups to develop greater expertise on financing alternatives, and to explain to their constituencies "what we can and cannot afford." One respondent said it was difficult for the legislature and governor to be the only ones discussing cost concerns.

- **Be willing to compromise to make incremental progress.** Policymakers said that consumers would have a stronger voice in the policymaking process if they were willing to compromise on issues needed to advance legislation. Even when such compromises do not achieve everything consumer groups want or do not extend coverage to everyone, consumer groups would be more welcome at the negotiating table if they were willing to support the overall bill. To some policymakers, this meant supporting some

cost containment features and quality improvement initiatives as part of an overall reform package. Perhaps for this reason, most policymakers perceived single-payer advocates to have little credibility and influence on the policy process (or worse, perceived them as detrimental to progress) because they considered them unwilling to compromise in the interest of taking incremental steps forward.

- **Engage, or develop alliances with, nontraditional partners such as small businesses.** In many states, policymakers urged consumer organizations to build stronger alliances with other stakeholders, particularly employers. Said one: "They need to reach out to businesses; we hoped [the consumer advocates] would use the RWJF grant to get big and small employers to be part of the coalition. But they have to do a lot of work to build relationships with them." Another agreed: "Whatever they can do to engage the labor movement and whatever elements of the business community who can be brought in, that would be important." One policymaker acknowledged the challenges involved in forging these alliances: "We also have large employers who we need to engage and neutralize. The strategy could be beyond the reach of consumer groups but it is very important to achieve."

6. Budget deficits in many CVC states are likely to dampen prospects for advancing state health coverage policies in the next two years.

Few policymakers said that their state's political or economic environment had significantly hindered or thwarted the desire for or interest in health reform. Respondents in several states said there was significant political will on the part of the governor and legislature in both parties to expand health coverage. And several policymakers believed that the economic situation heightened the need to make health coverage more affordable and to contain costs, so they could not wait for the economy to improve.

However, as the nation's economic situation deteriorated during the four months when we were interviewing policymakers, those interviewed later in 2008 said that the worsening revenue projections would make it much harder to enact major coverage expansions. In a few states, respondents were fairly pessimistic and felt that the political environment in their state, and the unprecedented downturn in the economy, were not conducive to coverage expansions in the near future. By the end of 2008, 22 states had already cut their Fiscal Year 2009 budgets, 5 more were forecasting cuts, and 31 states in total reported budget deficits, including 9 of the 12 CVC states. Filling the gap between revenues and expenditures could mean cuts to the Medicaid program, the second largest component of total state spending.

As all interviews were held before the November 2008 election, some policymakers speculated on how potential changes in political leadership would affect prospects for enactment of health coverage expansions. At the state level, such changes included possible shifts in the majority party in the Senate or House, the leadership of major legislative committees, or turnover that occurs due to term limits. At the national level, most respondents said that they were not waiting for the new administration—led by either of the major presidential candidates—to enact health reform legislation. Most of those we interviewed said experience had taught them that regardless of who won the presidential election, health reform at the federal level would not occur quickly. They

therefore planned to develop health reform proposals for state legislative sessions convening in 2009.

C. Conclusions and Implications

The views of key policymakers about the role, involvement, and influence of consumer organizations in shaping state health coverage policy produced several key lessons for CVC-supported networks working to strengthen the voice of consumers. These lessons can be used by consumer networks to assess their strengths and weaknesses and identify areas in which they may be able to increase their effectiveness in the policy development process.

Although the lessons below are not necessarily applicable in each of the 12 CVC states or to all consumer organizations participating in the CVC networks, they represent the views of most key policymakers interviewed. Thus, they may help consumer groups determine if their coalition structure, policy positions, and campaign strategies are as effective as they could be given their state's current political and economic situation. Policymakers' opinions offer useful guidance to consumers seeking to raise their influence in the policymaking process, but consumer advocates must decide whether following such advice is consistent with their policy principles and organizational missions.

Create network structures that allow consumers to participate effectively in policy development. CVC grant resources will be most effective if they are used to develop unified, coherent positions and messages among consumer groups. Policymakers welcome greater involvement by consumer groups in policy negotiations when they designate one or two representatives to speak for all of the groups in the coalition. Some CVC networks that have a long history of working together and agree on core coverage policy issues may already do this well; other CVC networks that have not been working together as long or have more divergence in policy positions among members may find it more difficult to do this.

Policy leaders value pragmatism, incrementalism, and grass-roots organizing in locations where coverage expansion is not yet a priority. Consumer advocates who can generate strong support for coverage expansion in areas of the state represented by elected officials who have not put a priority on the issue are highly valued by policy leaders. In addition, most policymakers are politicians, or answer to politicians, for whom policy progress depends on the art of compromise. Hence, policymakers cite the most effective consumer advocacy groups as those who "don't let the perfect be the enemy of the good." This may require advocates to support policies that fall short of goals such as universal coverage in the short term in order to make incremental progress towards this goal.

Understand policymakers' perceptions about your partners. Consumer advocates' credibility with policymakers can be affected by which groups they choose to become formal members of their coalition with a role in decision-making, and those with whom they develop informal or ad-hoc alliances. Consumer advocates should consider how the key policymakers they seek to influence perceive their alliances with various interest groups, including provider organizations, business associations, labor unions, and others.

Adapt to changing political and economic winds. As politicians come and go, and state economic or fiscal conditions improve or deteriorate, consumer advocacy groups may need to respond by adapting their policy goals, the composition of their coalitions, and their campaign strategies. For instance, states with political leaders committed to expanding health insurance coverage, and with better fiscal situations, offer consumers the opportunity to advocate for more ambitious goals and possibly be more selective in coalition make-up. States with political leaders not committed to expanded health coverage and with difficult fiscal conditions may require consumer groups to scale back their goals and court employers to join their coalitions.

As part of the CVC evaluation, MPR plans to conduct another round of interviews with key state policymakers towards the end of the program in 2010. The views and opinions of policymakers will further our understanding of consumer advocacy groups' role in shaping state health coverage policy, characteristics of consumer coalitions that account for greater or lesser influence, and the contribution of consumer advocates to policy advances that occur over the next several years.