

Health Care NC (HCNC)

NC LWV Health Care League Action Team

November, 2017

History of “Close the Gap”

- 2015-16: NC LWV “Close the Gap” project to expand Medicaid in NC through advocacy and education.
- Our advocacy was based on the best possible economic modeling, showing a huge benefit to NC from expansion during 2016-2020
 - 43 thousand new NC jobs
 - \$21 billion in federal funds to NC in 2016-2020
 - Expansion more than pays for itself
 - \$862 million in new NC tax revenues
 - Hundreds of millions of \$ saved by reduced costs, especially for mental health

History of “Close the Gap” *(cont)*

- But our 2014-2016 data- and logic-based, advocacy was completely ineffective, and may have provoked even more resistance.
- 2017, January - September: Helping to fight off attempts to repeal and replace the ACA.
- Now that the threat to the ACA appears to have diminished, we’re ready to move ahead with our advocacy to bring health care coverage to as many low income North Carolinians as we can.

What Did We Learn from “Close the Gap”

- An approach based on facts, logic, reason, evidence, or science will not work.
- Many people seem
 - Not to accept these as the most valid way to decide whether something is true or the best thing to do, or
 - To have other agendas that supersede these.
- The term, “Medicaid Expansion,” is a highly toxic and must be avoided.

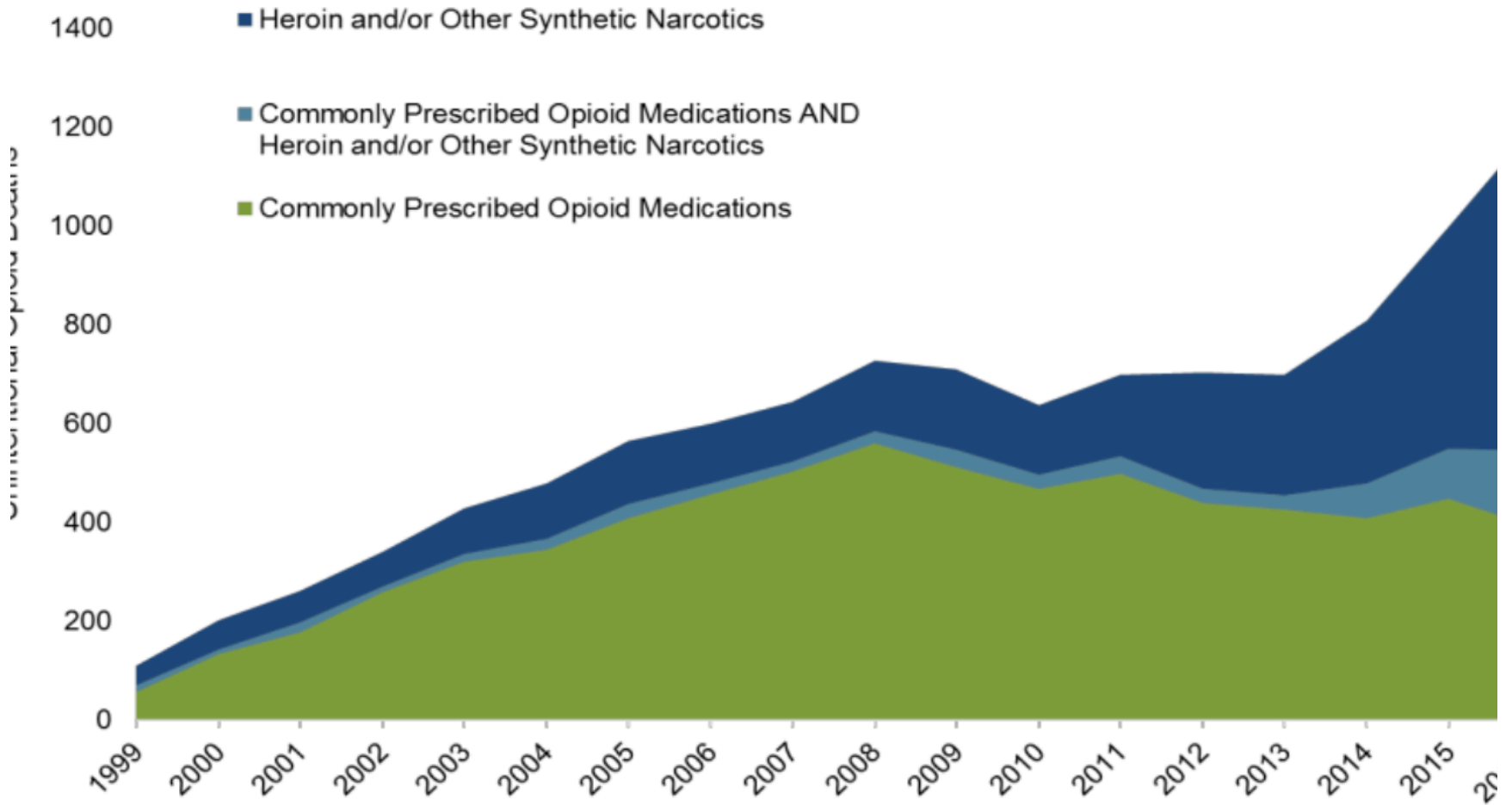
So how do we proceed now? How do we make the difference we need to make, and change hearts and minds?

- We emphasize the urgency of providing low income health care coverage in NC now.
- We do this by basing our advocacy on a new, severe problem that cuts across party, class, ideological, economic, racial and all other lines of division, a problem that personally affects many constituents and probably many legislators
- What is that new problem?

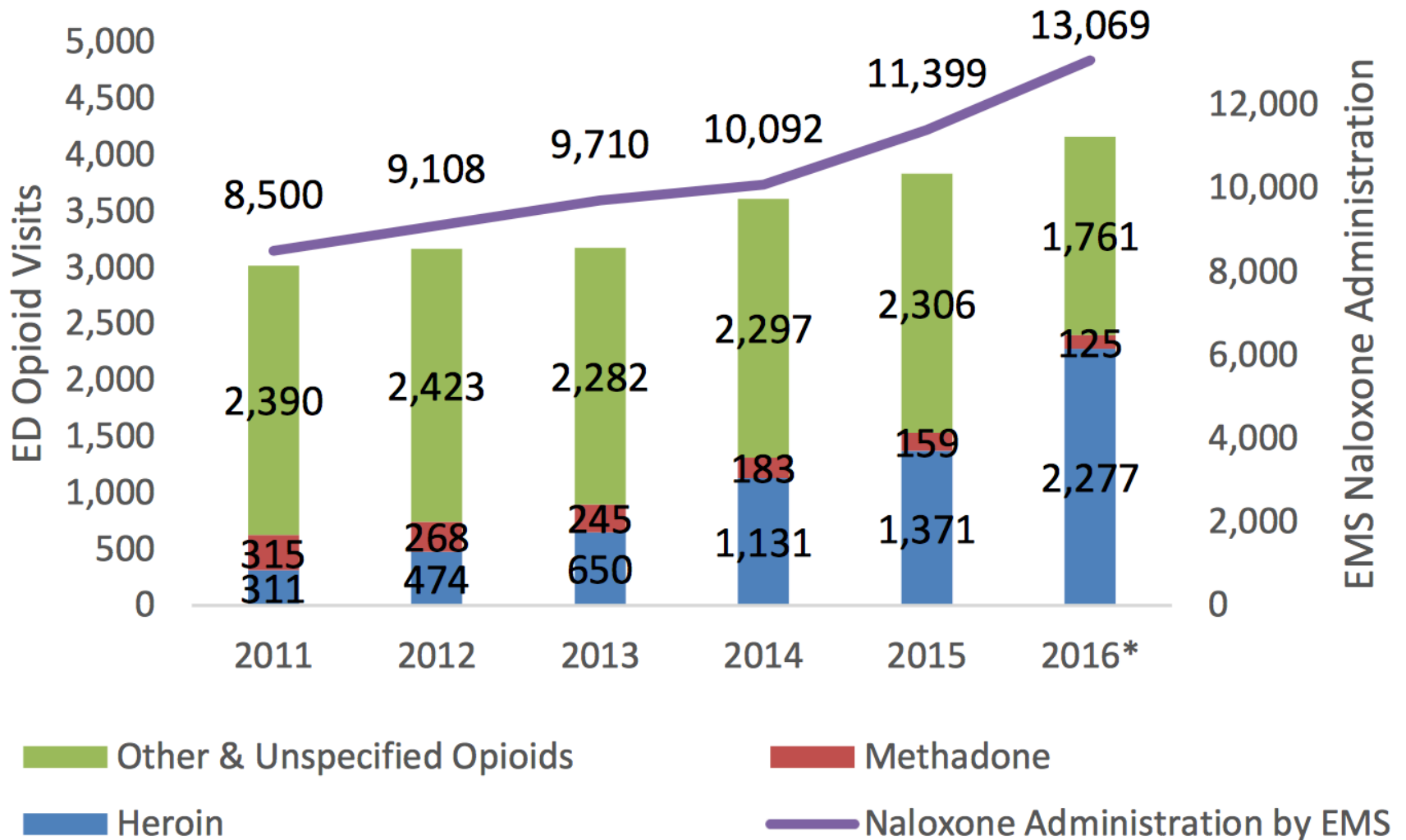
The Opioid/Opiate Crisis

- Opioid-related Deaths in NC:
 - 1999 = 199
 - 2005 = 642
 - 2015 = 1,110
 - Total 1999 – 2015 = 11,072
- According to CDC estimates, the cost of unintentional opioid-related overdose deaths in N.C. totaled \$1.3 billion in 2015.

Unintentional Opioid-related Overdose Deaths by Drug Type, N.C. Residents, 1999-2016



Emergency Department Opioid Visits and EMS Naloxone Administration by Year, 2011-2016



Our Plan

- Our goal, developed with the guidance of the NC DHHS, is to create a groundswell or consensus of opinion that we “just have to” provide health care coverage, so that:
 1. Opioid/opiate-related inpatient hospital care/rehab and subsequent outpatient medication can be paid for.
 2. Associated chronic health conditions can be treated, especially mental health
 3. Hundreds of millions of \$ in state and county funds can be freed up for other urgent needs
- We will meet with with influential officials and leaders in the counties of the most influential legislators.
- Impress them that the opioid/opiate crisis is an emergency situation and that health care coverage is a critical part of the solution, leaving them convinced that “we just have to do something about it,” then ask them to tell their influential legislators to just do it.

How We're Going to Do This

- Create action teams for groups of counties that have influential legislators
 - Group leader
 - Group members
 - County groups will be based on geography to minimize travel
- Meet and engage with sheriffs, police chiefs, fire chiefs/first responders, mayors, town and county commissioners and managers, chambers of commerce, etc
- We ask them to personally urge their legislator to pass legislation to assure that people with and at risk for opioid use disorder have health care coverage.
- Begin these conversations in February, 2018, and continue through the legislative short session that starts May 16.

So far (Nov 20)

- Identified the most influential legislators
- Created 8 county groupings comprising the districts of influential legislators
- Have created County Group Teams and are in process of finding leaders and filling the teams
- Well along in researching the information we'll need about NC health care coverage and our opioid crisis
- Planning to start to develop our messaging and to train ourselves in advocacy and having the conversations with local leaders and officials

County groupings

- **Western:** Henderson, McDowell
- **Southern:** Mecklenberg, Gaston, Cleveland, Union
- **Sandhills:** Moore, Cumberland
- **Triad:** Guilford, Rockingham, Forsythe
- **Western Triangle:** Alamance, Person, Granville, Lee, Randolph
- **Eastern Triangle:** Wake, Harnett, Johnston, Wilson
- **East Central:** Wayne, Pitt
- **Coastal:** Carteret, Jones, Onslow

