

# Spotlight on the Safety Net -

*A Community Collaboration*

---

## NC Get Covered - A Statewide Network of Health Care Change Agents

NC Get Covered—a statewide, non-partisan initiative—was established in 2014 to convene and educate diverse organizations interested in or affected by the implementation of the Affordable Care Act (ACA). Before the initiative was formally established, health care advocates were already meeting voluntarily to discuss former President Obama’s signature health care law and effective outreach and enrollment strategies.

These volunteers, known collectively as The Big Tent, were critical to NC Get Covered’s long-standing success, as the state of North Carolina opted not to create its own state-based health care exchange under the ACA. Instead, consumers were encouraged to use the Federally Facilitated Marketplace (or HealthCare.gov) to enroll in ACA plans. This also meant that health care advocates could not rely on the North Carolina Department of Health and Human Services to provide them with the necessary training, resources, and support to ensure a successful roll-out of the new health care law. They only had each other and their collective will to make sure as many North Carolinians as possible could sign up for health insurance coverage, many of them for the very first time.

The Big Tent became NC Get Covered in 2014 with grant support from the Kate B. Reynolds Charitable Trust (KBR) and full-time staff were hired to facilitate and implement the program. The original list of 40 volunteers grew to nearly 200 organizations across North Carolina that were committed to the cause, including community-based organizations, health insurance companies, governmental agencies, advocacy groups, academic institutions, hospitals, and more. The Care Share Health Alliance—a statewide nonprofit whose mission is “collaborating for health equity”—became NC Get Covered’s administrative home.

In the first few years after ACA implementation, North Carolina saw a dramatic decrease in uninsured rates among nonelderly adults, from

18.5% in 2013 to 12.7% in 2017 [1]. Since that time, however, the percentage of North Carolinians who lack health insurance coverage has hovered around 10.7%—the 10th-highest uninsured rate in the country [2]. There is no question that more needs to be done to make quality, affordable health care a reality for more North Carolinians. By expanding Medicaid, for example, an estimated 500,000 individuals who currently fall into the coverage gap—meaning they make too much money to qualify for Medicaid and too little to qualify for subsidies on the Marketplace—would become Medicaid-eligible.

In spite of these challenges, NC Get Covered and its partners have preserved a rich legacy of collaboration, innovation, and outreach and enrollment proficiency over the years. Before its sunset in 2017, Enroll America and similar organizations took the lead on developing effective ACA consumer messaging and marketing strategies. Insurance agents and brokers, certified application counselors, and health insurance navigators are highly skilled in educating consumers about their health care options and enrolling them into plans. Marketplace carriers provide competitive health plans to meet the wide-ranging needs of their members. Advocacy groups, along with the North Carolina Department of Insurance, continue to hold insurance companies accountable by shining a spotlight on consumer complaints and enrollment challenges. State and local philanthropic organizations have invested generously in North Carolina’s mission to provide equitable health insurance cov-

---

Electronically published November 2, 2020.

Address correspondence to Willona M. Stallings, 4205 Ginger Sprout Drive, Wake Forest, NC 27587 (willonastallings@gmail.com).

**N C Med J. 2020;81(6):403-404.** ©2020 by the North Carolina Institute of Medicine and The Duke Endowment. All rights reserved.  
0029-2559/2020/81616

erage to its residents. Academic institutions collect and analyze enrollment data to help partners identify areas of success and opportunities for growth. Lastly, NC Get Covered provides a space for these stakeholders to come together to strategize, share best practices, and problem solve to enhance ACA outreach and enrollment efforts, increase access to care, and ultimately improve health outcomes.

As a result of this statewide coordination and collaboration, North Carolina continues to enroll much of its population in ACA plans each year. In 2020, for example, more than 500,000 North Carolinians signed up for health insurance coverage on the Marketplace, securing North Carolina's fourth-place ranking behind California, Florida, and Texas [3].

We should be proud of North Carolina's ACA outreach and enrollment success, but we must not grow complacent. Health care advocates—or, better yet, health care change agents—must continue to fight to protect the ACA and the health of individuals who have obtained coverage through the law across the state. As made more evident by the COVID-19 pandemic, having access to life-saving health care services is essential. The ACA has provided a lifeline for North Carolinians who lost their employer-based coverage due to COVID-19, enabling them to qualify for a 60-day special enrollment period.

For more information about NC Get Covered, including upcoming meeting dates and times, please visit <https://www.caresharehealth.org/createnetworks/nc-get-covered/>. **NCMJ**

**Willona M. Stallings, MPH** former director, NC Get Covered, Care Share Health Alliance, Morrisville, North Carolina.

#### **Acknowledgments**

NC Get Covered was generously funded by the Kate B. Reynolds Trust from 2014 to 2019. The coalition is still active and supported by Care Share Health Alliance.

Potential conflicts of interest. W.M.S. reports no relevant conflicts.

#### **References**

1. Holahan J, Elmendorf C, Blumberg L, Skopec L. A Typology for Analyzing Coverage Gains by State: 2013-2017. ACA Implementation - Monitoring and Tracking. Robert Wood Johnson Foundation website. [https://www.rwjf.org/en/library/research/2019/09/a-typology-for-analyzing-coverage-gains-by-state--2013-2017.html?cid=xem\\_other\\_unpd\\_ini:moni%208%20\\_dte:20190913](https://www.rwjf.org/en/library/research/2019/09/a-typology-for-analyzing-coverage-gains-by-state--2013-2017.html?cid=xem_other_unpd_ini:moni%208%20_dte:20190913). Published September 13, 2019. Accessed on August 6, 2020.
2. Berchick ER, Barnett JC, Upton RD. Health Insurance Coverage in the United States: 2018. <https://www.census.gov/library/publications/2019/demo/p60-267.html>. Published November 8, 2019. Accessed on August 6, 2020.
3. Kaiser Family Foundation. State Health Facts: Marketplace Enrollment, 2014-2020. KFF website. <https://www.kff.org/health-reform/state-indicator/marketplace-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed September 9, 2020.