Coalition Building:  
The Pennsylvania Experience  

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This paper presents a case study of the organizational, political and legal strategies used in the successful effort by Pennsylvania drug program directors to suspend new state Medicaid (Medical Assistance) regulations which imposed reimbursement restrictions on service provided to MA patients enrolled in methadone maintenance programs. Because these patients constituted a large percentage of the caseloads of urban methadone programs, the reimbursement restrictions threatened financial strangulation.

THE PENNSYLVANIA CONTEXT

The Pennsylvania Bulletin of December 29, 1979, (Vol. 9 No. 52) contained new Department of Public Welfare (DPW) regulations for medical assistance reimbursement for drug/alcohol outpatient clinic services, to be effective January 1, 1980. Urban methadone programs with a large percentage of MA patients faced huge budget deficits in that they could no longer bill DPW for previously reimbursable services.

A. Medical Implications

The Pennsylvania DPW regulations struck at the heart of diversion prevention, in that they imposed a limitation which allowed payment for only three dispensing visits per week after the first three months of treatment. The new regulations also usurped the physician's ability to use his/her medical judgment for prescribing, in that they included a routine prescription schedule for all patients (three times per week after three months) regardless of progress.

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B. Financial Implications

For a large urban program, with an average of 70%-80% of the clients receiving MA, the financial loss under the new regulations would be approximately $100,000 per year. Programs could not sustain service levels with annual losses of this magnitude. Staff would have to be fired and clients terminated from treatment.

When the financial and clinical implications of these regulations became clear, program directors and staff recognized the need to organize resistance aimed at suspending or revoking these limitations.

COALITION BUILDING

The Philadelphia Forum of Drug and Alcohol Abuse Programs had served for a number of years as vehicle for service providers to discuss mutual interests and concerns. All of the Philadelphia substance abuse program directors were members of the Forum, and those whose programs contained methadone clinics began to meet on a regular basis soon after the promulgation of the new regulations.

A. Identification of Interest Groups

The first effort at coalition building took the form of having the program directors arrive at a consensus in regard to the threat posed by the regulations. Some of the more “radical” program directors cited the possibility that these regulations might represent DPW’s first step against the substance abuse field. The absence of vigorous opposition, it was noted, might tempt DPW to target the substance abuse field for additional cost-saving measures. This proved to be a helpful argument in convincing the more conservative directors of the need for concerted action.

In regard to community coalitions, it is essential for programs to have community and board support prior to the inception of any crisis. Since substance abuse programs work with patients who are “socially undesirable” and sometimes cause problems in the community, it is incumbent upon administrative staff to involve community residents on an ongoing basis. Support is elicited by educating community members in regard to the positive contributions of the programs (i.e. less crime, professional treatment for residents with substance abuse problems, and the like), and also by soliciting input and feedback from residents.

B. Action Strategies

In a letter-writing campaign to legislators undertaken by staff and community