

# Top Legislative Priorities: 2021-22



At Community Catalyst, our overarching goal is not just universal coverage but equitable access to good health rooted in access to high quality health care. All health care coverage programs must work in concert with policies that support factors that affect people's health from food and housing security to environmental justice. Underlying our agenda is the imperative to address structural racism and other inequities including criminalization of poverty and illness.

For the first time in over ten years, Congress has an opportunity to build on the foundation created by the Affordable Care Act (ACA). The Community Catalyst 2021-22 legislative priorities reflect this unique moment. Below are our top five priorities that will guide our work.

## PRIORITY #1: AFFORDABLE COVERAGE.

Thanks to the ACA, millions of people who were previously unable to afford health insurance coverage are now covered. Yet, despite this progress, millions of people in the United States are still unable to afford health insurance coverage and care. The arrival of the COVID-19 crisis has only served to highlight this gap, most glaringly for essential workers the majority of who are Black, Indigenous and other people of color. While the American Rescue Plan Act takes key steps to address affordability, more work remains to secure these changes over the long run.

- **Congress must take action to make health insurance coverage more affordable for those in the lowest income brackets of the ACA premium subsidy scale by making the changes in the American Rescue Plan Act permanent.**

Improvements in premiums made possible through the American Rescue Act are welcome relief but are insufficient. Cost-sharing remains a challenge for consumers across the country, regardless of whether they count on ACA plans or plans from their employer. High cost-sharing keeps people from seeking the care they need and places individuals and families' financial security at risk.

- **Congress should pass legislation to address cost-sharing coupled with financial supports for people below 250 percent of the federal poverty level.**

Ten years after the passage of the ACA there are still too many states that have not expanded Medicaid to low-income adults as originally envisioned. While the American Rescue Plan offers two years of robust financial support to welcome in these states, more must be done to help those excluded from health coverage opportunities.

- **Congress must commit to identifying a legislative pathway that centers equity and helps those who continue to be denied health coverage options.**

Since the passage of the ACA, multiple states invested in its success by building state level marketplaces and expanding Medicaid. These states worked to further goals of affordable coverage, expanded eligibility and delivery system reform, leveraging administrative tools and legislative action. When the work at the federal level stalled, many states continued to pursue innovation and provide an innovation blueprint for federal decision makers.

- **Congress and the new administration should examine existing federal waiver authorities as well as programs created under the ACA, such as the Basic Health Program (BHP) and 1332 waivers that have been critical to state innovation and moving the needle forward on affordable coverage and delivery system reforms that seek to address social determinants of health. All decision makers should prioritize health inequities as a goal for innovation and reform.**

Finally, as the nation recovers from the pandemic, an issue we must confront is the growing problem of medical debt. Medical debt is one of the leading causes of personal bankruptcy and has caused irreparable harm in many communities. [One in six](#) Americans have medical debt that affects their credit report and according to a 2020 report, Black people were significantly more likely than whites to report problems with medical bills or debt. Medical debt is [both a cause and effect](#) of longstanding racial inequities in income and wealth.

- **Congress must protect all people from medical debt, including surprise bills, ensuring that COVID-19 and any future health disaster does not destabilize people's financial security.**

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## PRIORITY #2: BROADER BENEFITS.

While affordable coverage is a priority for consumers, the benefits that are included in their coverage remains insufficient, leaving individuals without access to critical services. Consumers need broader benefits available through public coverage and the essential health benefits package, ensuring access to needed services that address mental health and substance use, dental and home and community-based services.

Rates of mental illness and substance misuse have soared, with [over 40 percent](#) of all adults reporting some mental health and/or substance use challenge; the implications for Black, indigenous and other people of color, low-income people and LGBTQ+ populations –for whom treatment/services are already hard to access—are dire. For children and youth, [rising rates](#) of suicidal ideation and ED use during COVID-19 signal a long-term mental health and substance use crisis, which needs to be addressed in schools and communities. Without specific attention to the needs of people challenged by a health care system that neglects them, trauma and death will continue at high rates. While the investments made in the American Rescue Plan are a helpful start, more investment is needed.

- **Congress must expand access to prevention, harm reduction, treatment and recovery services, especially for substance use disorders as well as building needed infrastructure to deliver integrated care, and parity enforcement.**

Despite the progress we've made expanding health and dental coverage in recent decades, Black, indigenous and other people of color and low-income communities still disproportionately face systemic barriers to good oral health and oral health care. Oral health affects overall health, pregnancy outcomes, social and emotional well-being, and economic mobility.

- **Congress must require comprehensive oral health coverage for adults who rely on Medicaid and Medicare.**

As a significant portion of the population ages, older people need additional supports as they live longer, healthier lives. A commitment to affordable coverage includes sustainable financing of long-term care and permanent investment and support of home and community-based services (HCBS), allowing older adults and people with disabilities to remain in their homes and communities.

- **Congress should make changes to HCBS permanent and develop a blueprint for long-term care financing.**

## PRIORITY #3: BROADER ELIGIBILITY.

There are important changes needed to Medicaid and other programs to reorient the health system toward justice. This means addressing barriers to eligibility for health coverage programs so that all people can access good health. There are clear opportunities to extend eligibility to those who are systematically excluded from the health coverage they need.

- **Congress must reverse the practice of eligibility exclusion and secure health coverage options for immigrants from lifting the 5-year bar to paving the way for undocumented people, specifically DREAMers.**
- **Congress should address the inequity of Medicaid funding to Puerto Rico and the other U.S. territories (American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands) by aligning their Medicaid programs with state programs and practices.**
- **Congress should make Medicaid available to people in the criminal justice system prior to release to assist in healthy re-entry.**
- **Congress must extend Medicaid to one year postpartum permanently with an increased FMAP; the American Rescue Plan falls short of a mandated benefit.**
- **Congress should remove the Hyde Amendment that prevents low-income people from using their Medicaid coverage to obtain abortion care.**

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## PRIORITY #4: EASIER ENROLLMENT & ONGOING SUPPORT.

The ACA established in-person consumer assistance programs and funded navigators to assist people in reviewing their coverage options and enroll in coverage. Over the last four years, consumer assistance was undermined and unsupported, leaving consumers with little if any support to navigate a highly complex process. Enrollment in coverage programs declined as did the number of uninsured children across the country.

Consumer assistance programs, including navigators, alongside Medicare's State Health Insurance Assistance Programs are robust tools that drive equitable health coverage access and create an at-the-ready infrastructure for health-related supports. The programs go beyond enrollment to support individuals through appeals and challenging unfair collections.

- **Congress must fully fund navigators and assisters to ensure that people have access to support during the enrollment process that has specific accountability to communities of color and underserved communities and populations.**
- **Congress must restore funding for the consumer assistance program (CAP), providing year-round support to help consumer navigate using their health coverage.**
- **Congress must re-imagine the role of consumer assistance to include a range of activities including but not limited to health literacy, vaccine education, data collection and care coordination. This issue is particularly important in driving equitable access for people who English is not their primary language, people with disabilities and other excluded people who are sidelined by the health system.**

## PRIORITY #5: BETTER QUALITY.

While the health access and financial security benefits of universal coverage are essential, they are insufficient by themselves to reach the ultimate goal of a truly equitable health system. People of color, people with disabilities, people who are LGBTQ+, people for whom English is not the first language, and many others often have difficulty obtaining health care that meets their needs even if they have insurance.

A key component of this work in building and expanding the non-traditional workforce from home health workers and doulas to dental therapists and peer supports—these providers are trusted people in their communities and positioned to deliver better care and improved health outcomes.

- **Congress must address the barriers to financing and expanding non-traditional providers as a core component of any equity agenda.**

Finally, you cannot address what you cannot measure. It is well-documented that the government lacks high quality race, ethnicity and language (REL) data. This has been particularly acute during the pandemic as Black and brown communities suffer disproportionately from the health and economic crisis. The Biden administration [has committed](#) to collection of disaggregated data but needs appropriated resources to ensure a sustained commitment to monitoring health equity.

- **Congress must pass legislation that requires REL data collection, provides states resources to improve infrastructure for collection, including technical assistance and training on culturally competent collection. Any approach to increasing REL data collection must be coupled with robust privacy protections.**