

PRIORITIES FOR PROGRESS 2021

HEALTHCARE

Durable solutions to the problems we face won't come from small fixes around the edges. We need solutions that build power for everyday people to emerge from this crisis as a more resilient, just nation. The work ahead of the next president and the next Congress to achieve these goals is formidable. And we can't afford for them to fail.

To help ensure that we are ready to meet this extraordinary moment, organizations from across the progressive movement gathered together to develop policy agendas on key progressive priorities, including both legislative and administrative proposals.



CONTRIBUTORS

The following individuals and organizations helped prepare the healthcare memorandum.

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All Means All

These organizations are in solidarity and agree on the absolute urgency of advancing health equity, achieving universal healthcare, and limiting profiteering and inefficiency in healthcare. Not all of the opinions expressed in this memo are fully shared by all the organizations that contributed to its development.

PROGRESSIVE GOVERNANCE PROJECT

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GOALS PRINCIPLES VALUES

The COVID-19 pandemic and economic crash have clearly exposed and exacerbated our nation's healthcare system's fundamental flaws: structural inequities that undermine communities of color; a fractured, multi-payer, privatized health insurance system that fails to meet our needs; and healthcare corporations that reap massive profits off historic levels of suffering and death. Medicare for All would begin to remedy some of these failings and should be the touchstone as Congress and the administration take all action necessary to achieve progress in three areas.

Advancing Equity. Remedying the long history of structural health inequities so that every single person in the United States has the care and support they need to be healthy and thrive demands bold health reform and system transformation. This requires policy change on multiple fronts, including: access to equitable care free from bias and discrimination; improving cultural congruence and language access; diversifying the workforce; investing in community partnerships; building a transparent and representative evidence base that prioritizes the needs of communities of color; and a comprehensive strategy to address the health impacts of adverse social determinants of health. Congress should ensure that all health policy proposals identify and focus interventions to eliminate health inequities.

Achieving Universal Healthcare. Healthcare is a fundamental human right. Everyone living in our country must be guaranteed comprehensive healthcare, without financial barriers, and free from discrimination based on race, ethnicity, language, sex, age, income, citizenship, immigration status, health status, preexisting conditions, sexual orientation, gender identity, disability, employment status, or any other factor. The unprecedented coverage losses resulting from the COVID-19 economic crash underscore the urgent need for structural change that guarantees universal healthcare for all. But if corporate political power prevents enacting Medicare for All in the next two years, progress should still be made by creating or strengthening publicly-administered systems of care that build support for Medicare for All, and promoting its underlying values by providing comprehensive, affordable care to the uninsured and underinsured, especially focused on vulnerable, underserved, and historically disadvantaged communities.

Bringing profit under control and reducing massive fraud, waste, and abuse. The healthcare system should focus on providing people with the healthcare they need, especially for those most affected by systemic inequities, instead of on delivering profit to corporations. Ensuring equitable access to affordable medicines is an urgent priority, and should be pursued by allowing direct government price negotiations, addressing monopoly abuses, and preventing price spikes.

Progressives must continue to champion Medicare for All as clearly the best path towards achieving these goals and the standard by which to judge all other proposals.

LEGISLATIVE PRIORITIES

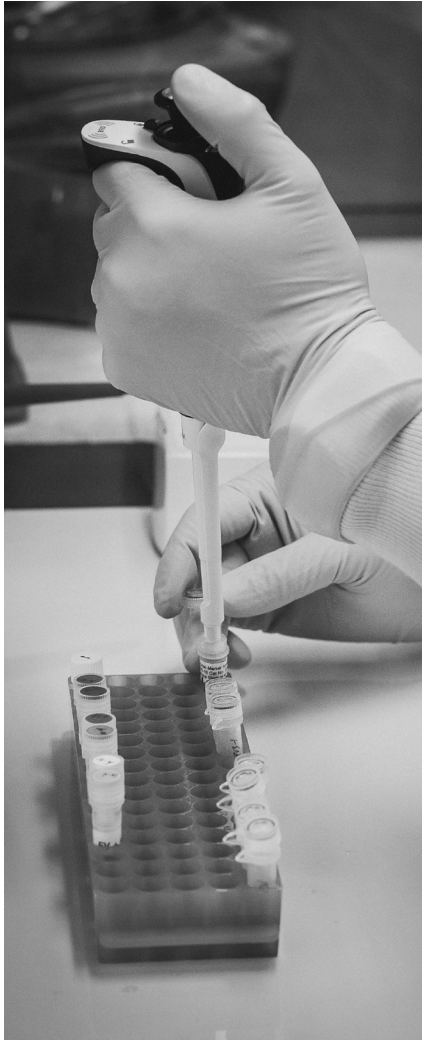
FIRST 100 DAYS

ADVANCE EQUITY

- Assign the Black Maternal Health Omnibus Act an H.R. 1-10 bill number and swiftly schedule hearing and passage.
- Hold hearings on and enact key health equity legislation including: the Health Equity and Accountability Act (HEAA), the BREATHE Act, the HEAL for Immigrant Women & Families Act, the CARE Act, the Disability Integration Act, and the Medicare for All Act.
- Enact legislation that requires all health providers and payers to collect and make publicly available disaggregated data by race/ethnicity/subgroup, sexual orientation and gender identity (SOGI), disability, language, and other important factors.
- Address pervasive discrimination in healthcare, including strengthening Sec. 1557 of the Patient Protection and Affordable Care Act (ACA).
- Eliminate discriminatory financing for federal healthcare programs in the territories.

ACHIEVE UNIVERSAL CARE

- The failure of our private health insurance system to rise to the challenge of the COVID-19 pandemic has underscored the immediate need for Medicare for All. Medicare for All remains the touchstone for any interim reforms, and any such reforms should build the path to Medicare for All while reducing corporate power and profit in healthcare without detracting from the push for broader reform.
- Expand Medicare to serve adults age 50 and older. Also, extend Medicare to children, with a careful transition that combines Medicare payment rates with Medicaid's combination of expert providers and longstanding coverage of the full range of services children need for healthy development.
- Create a new category of state universal coverage waivers, providing federal pass-through payments and administrative simplifications that make it feasible for states to implement single-payer or other universal-coverage approaches.



— Ensure that any “ACA 2.0 legislation” fully addresses the needs of underserved and historically marginalized and disadvantaged populations. This includes but is not limited to: ending discrimination based on immigration status in all federally-funded coverage programs; removing the five-year waiting period for lawfully present immigrants to access Medicaid/Children’s Health Insurance Program (CHIP); lifting the bar for Deferred Action for Childhood Arrivals (DACA) recipients to purchase ACA Marketplace coverage; strengthening Medicaid by guaranteeing 12 months of continuous eligibility for both adults and children; increasing premium tax credits for low-wage working families; guaranteeing zero-cost coverage for people denied insurance because they live in states that still refuse to expand Medicaid; and providing mandatory federal funding for community-based programs that furnish public education and individual consumer assistance, with a special focus on linguistically and culturally competent services.

— Ensure that any public option legislation is structured to minimize abuses, profiteering, and sabotage, with guardrails that shield low-wage workers from cuts to premium tax credits; risk-adjustment that fully protects against cherry-picking by private insurers; and requiring all providers to accept public-option coverage as a condition of participating in any federally-funded health program. In addition, people should be enrolled automatically into the public option when they file federal income tax returns unless they opt out by attesting to other coverage; and the public option should be leveraged to ensure working families can obtain coverage without high deductibles or other forms of underinsurance.

LIMIT PROFITEERING AND INEFFICIENCY

— Require the Department of Health and Human Services (HHS) to negotiate directly with pharmaceutical companies to obtain fair prices or administratively determine fair prices, with the ability to license competition if a company refuses to sell at a fair price.

— End surprise billing, using a benchmark rate to determine payment for providers.

— Pass ACA and Medicare Advantage improvements, including addressing out-of-pocket costs, denials, narrow networks, and misleading advertising.

BEYOND 100 DAYS

ADVANCE EQUITY

— Produce and enact a Congressional budget that reflects progressive priorities. This includes decreasing defense spending and increasing spending in social programs, and investing in communities of color to counteract centuries of systemic racism reflected in infrastructure neglect and underinvestment in education, health, and safety net programs.

— Expand the clinical and non-clinical provider workforce, including increasing workforce diversity so that it is representative of the overall population. Address provider training debt and overall cost, recruitment (pipeline, education/training, and reasonable compensation), and target resources to underserved communities.

ACHIEVE UNIVERSAL CARE

— Strengthen Medicare to better serve existing enrollees and equip the program to serve a broader population. This includes covering dental, vision, and hearing services as well as long-term care; and limiting enrollees' cost-sharing obligations to end catastrophic medical charges in Medicare.

— Expand Medicare to provide comprehensive coverage of long-term care, including home- and community-based services (HCBS) and supports, centering coverage around HCBS and ending the institutional bias within U.S. long-term care. Repeal the two-year waiting period Medicare eligibility for people with disabilities, which would result in, among other things, new Medicare long-term care covering both seniors and people with disabilities. Make receipt of federal funds by long-term care providers contingent upon meeting rigorous federal standards for quality of care, staffing, resident safety, and infection control, with specific reporting, monitoring and enforcement provisions that prevent and circumvent regulatory capture (including with private rights of action and False Claims Act treble-damages liability). Create federal grants and technical assistance infrastructure to help providers make the changes needed to meet updated long-term care standards

— End underinsurance by denying federal tax subsidies to employer coverage and other private plans that use deductibles or other mechanisms to impose out-of-pocket costs that exceed minimum federal standards

— Repeal the public charge doctrine entirely, ending a wealth test for immigration that has been a powerful tool for nativism and racism since the 19th century, harming Irish, Italian, Jewish, East-Asian, Latinx, and other immigrants.



LIMIT PROFITEERING AND INEFFICIENCY

- Pursue alternative ways of funding R&D that do not rely on monopolies and high drug prices, potentially including increasing the role of government in R&D and granting prize funds.
- Stop price spikes by imposing an excise tax on pharma revenues attributable to price increases that outpace inflation.
- Provide relief for the massive medical debt people living in the United States are experiencing, and address barriers to ensure that everyone has access to that relief.
- Increase oversight and transparency of healthcare service, prescription drug, and medical device pricing and R&D spending.
- End the ability of federal funds to continue to be funnelled to for-profit long-term care providers.
- Roll back the march toward the privatization of the Department of Veterans Affairs (VA).
- Improve the national medical supply chain so that it is strategic, comprehensive, and transparent.

ADMINISTRATIVE PRIORITIES

FIRST 100 DAYS

OVERARCHING PRIORITIES

- Rescind, stop, or reverse any and all Trump administration Executive Orders, Guidance, and Regulations that had a negative impact on healthcare coverage, access, or rights.
- Reverse and abandon litigation that does not reflect priorities, including by renewing Department of Justice (DOJ) defense of the ACA.

ADVANCE EQUITY

- The White House should declare racism a public health emergency and issue an executive order that unequivocally states the administration's commitment to addressing the legacy of health inequities in the U.S. and direct all relevant federal agencies to dedicate resources to addressing this crisis.
- Immediately appoint and empower a COVID-19 Health Equity czar.
- Make broadband internet a public utility and prioritize strengthening its infrastructure.
- End discrimination in coverage of telemedicine services against people without broadband access, guaranteeing telephonic access to care, along with translation services that make such access meaningful for people with limited English proficiency.

ACHIEVE UNIVERSAL CARE

— Empower states to move towards universal coverage by: Changing 1332 waivers to promote increased enrollment and state public options, with guardrails to protect premium-tax-credit beneficiaries; and authorizing 1115 waivers that offer federal funds to finance extra financial help for low-wage workers buying coverage on the health insurance exchange.

— Restore a full commitment to public awareness and consumer assistance for enrollment into Medicaid and Marketplace coverage, incorporating and building on all Obama-era mechanisms. This includes maximizing navigator funding, engaging safety-net providers and community based organizations in enrollment efforts, and integrating health insurance enrollment with unemployment insurance. Moreover, ensure that all services are culturally and linguistically centered and fully accessible.

— Expand open enrollment and direct the Centers for Medicare & Medicaid (CMS) to encourage innovative state strategies to improve affordability by increasing draw-down of federal premium tax credits.

LIMIT PROFITEERING AND INEFFICIENCY

— Ensure equitable and robust distribution of all COVID-19 vaccines and treatments that take into account health inequities, and risk factors due to health conditions, living situation, or occupation. COVID-19 vaccine and treatment clinical trials should enroll diverse populations based on gender, race, ethnicity, age, pregnancy status, body mass index (BMI), and other factors.

— Publicly-supported COVID-19 treatment and vaccine technologies must be treated as global public goods, through nonexclusive licensing and sharing with the World Health Organization (WHO) COVID-19 Technology Access Pool, to promote increased manufacturing capacity throughout the world to meet unprecedented demand and to promote innovation through open science and collaboration.

— Address the abusive and pernicious consolidation of the healthcare industry, particularly by private equity, that increase prices and threaten access to care.

— Immediately undertake efforts to improve nursing home transparency and accountability, especially in light of the failures of oversight during the COVID-19 pandemic which led to tens of thousands of unnecessary deaths.

BEYOND 100 DAYS

ADVANCE EQUITY

— The US Department of Human and Health Services (HHS) should redirect resources to amplify, promote, and implement solutions developed by Black, Brown, and Indigenous leaders to address maternal health inequities, including supporting Black, brown, and Indigenous birth workers who serve their communities effectively, such as midwives and doulas.

— HHS's Center for Medicare and Medicaid Innovation (CMMI), should add advancing health equity to its purpose. Payment models and programs must operationalize mechanisms to address health equity, develop guardrails to ensure value-based care does not worsen inequities, and prioritize new models specifically designed to address disparities.

— HHS should reinvigorate and boost resources for language access tools and enforcement.

— CMS should invest in safety-net, community providers and community care team members (e.g. community health workers (CHWs), promotores, peer health workers), and require meaningful partnership with communities/community-based organizations (CBOs).

— HHS should strengthen, expand, and increase transparency and accountability for community benefit requirements to advance health systems' role as anchor institutions in their communities.

— HHS should develop regulations that require all health providers and payers to collect and make publicly available disaggregated data by race/ethnicity/subgroup, sexual orientation and gender identity, disability, and other important factors.



ACHIEVE UNIVERSAL CARE

CMMI should conduct demonstration projects to test promising approaches for public systems of care. This includes: new publicly-administered systems specializing in patients with specified chronic conditions, funded throughout such patients' life by tapping into their changing sources of coverage; and offering Medicare to new groups of people under age 65.

LIMIT PROFITEERING AND INEFFICIENCY

- Authorize generic competition on monopoly products through 'government use.'
- Block healthcare mergers that impede competition.
- Adopt a humanitarian licensing policy, so federally-supported medicines could be made available in lower- and middle-income countries, and humanitarian aid dollars could be more impactful.
- Crack down on pharma, insurer, and provider fraud, waste, and abuse, with an emphasis on Medicare Advantage.
- Push back on the handing off of Medicaid to managed care companies. Also increase transparency and accountability of managed care companies.

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