



2019
**FEDERAL
AGENDA**



Community Catalyst's mission is to organize and sustain a powerful consumer voice to ensure that all individuals and communities can influence the local, state and national decisions that affect their health. We work to build a strong, unified health justice movement that has as its principal goals health care as a basic human right and a health system in which everyone has the opportunity to thrive. This requires addressing structural injustices and disparities and ensuring the health system is centered on people and grounded in the communities it serves. We believe this can be achieved by transforming the systems and institutions that have created historical and contemporary injustices in our society.

The following pages are five priority areas that we see at the core of health justice work. Under each priority, we outline our federal agenda for 2019-2020.



1. Coverage and Affordability

Work toward universal comprehensive coverage for all people. Ensure that health insurance coverage is equitable and affordable, prioritizing those individuals and communities experiencing the greatest adversity.

Community Catalyst supports efforts to strengthen the Affordable Care Act (ACA) by expanding premium assistance and cost-sharing subsidies, stabilizing insurance marketplaces, restoring funding for consumer assistance and promoting Medicaid expansion. We support strengthening Medicaid and the Children's Health Insurance Program (CHIP), and legislative efforts to create sustainable and consumer-centered financing solutions for long-term services and supports. We work to ensure that coverage meets the needs of all who need it including people with disabilities and chronic conditions, children, women (especially pregnant women of color, who face staggering maternal health disparities), LGBTQ people (especially transgender individuals, whose insurance may not cover their needs), and people confronting substance use, mental health and oral health issues. We support robust enforcement of the federal Mental Health Parity and Addiction Equity Act.

We strongly oppose measures that would shrink coverage programs by imposing work reporting requirements or other barriers, including capped funding approaches. We oppose the weakening of anti-discrimination protections that are needed by women and LGBTQ people (especially transgender individuals) and the creation of new public charge criteria that would deter people from accessing the coverage and care for which they are legally eligible. We also oppose efforts to weaken requirements that private insurance coverage and Medicaid expansion coverage include the Essential Health Benefits. Broadly, we oppose cuts to key safety-net programs that provide services and supports to families.



2. Access and Quality

Ensure that all people can participate in an equitable health care system that provides high quality care that meets their individual health needs regardless of where they live or their coverage status. Work to shift health system incentives toward high quality, equitable health outcomes for all.

Community Catalyst supports approaches that ease and expand access to high quality health care across the lifespan that meets patients' needs. We support policies and programs that improve access to the full range of care patients need including preventive care, long-term services and supports, recovery supports and care coordination, and ensure that care is high quality and culturally appropriate, particularly for people most often left out of the health care system. We work to address the specific coverage and care needs of people with complex health and social needs, women, people of color, LGBTQ people (especially transgender and gender non-conforming individuals) linguistic minorities, older adults, people confronting substance use disorders and people with disabilities.

As part of this agenda, we promote innovative provider models such as dental therapists, doulas, community health workers and peer support workers; support initiatives that prevent addiction through early detection of, and early intervention for, substance use among young people, [see here](#); support expansion of patient-centered primary care models and provide detailed policy recommendations [here](#); support efforts to promote and strengthen integrated care models for dually eligible Medicaid and Medicare beneficiaries, and people with mental illness and substance use disorders.

We seek to ensure that financial incentives to providers take into account social needs and the health effects of poverty and discrimination. Additionally, we call for a stronger consumer voice in the development of quality measures based on outcomes that matter to consumers and policies that prioritize those outcomes.

We oppose any efforts to limit access to reproductive health services and broader family planning such as rules that expand religious refusal rights for health providers, undermine the Title X family planning program and impose unnecessary burdens on insurers offering abortion coverage in ACA marketplaces.



3. Social and Economic Drivers of Health

Promote policies and multi-sector partnerships that generate opportunities for better health. Ensure that policies reflect the important role that the health care sector can play in coordinating care and services while also providing interventions when the health and social needs of consumers directly intersect.

Community Catalyst supports efforts to expand how the health care sector addresses the social and economic drivers of health including through the use of innovative payment models, community benefits, and mission-oriented capital investment. We have identified a number of legislative solutions that will help remove barriers and incentivize health systems to address patients' social needs. All of these proposals are predicated on strong social service investment and access to health coverage.

For example, we promote establishing new pilot programs to test how the health system addresses social needs; making changes to the Medicaid Health Home program to improve the ability to address consumer's social needs; and targeting a portion of new substance use disorders (SUD) funding at supports for low-barrier housing and at comprehensive programs addressing the health and social needs of people at risk of arrest related to the use of drugs or alcohol. In addition, we support providing the resources necessary to build out data infrastructure for coordinated multi-sector care.

We are specifically opposed to proposals that threaten access to crucial services Medicaid already provides, such as non-emergency medical transportation. More generally, we oppose proposals that fail to recognize the resources, capacity and funding required to engage in complex cross-sector work. We oppose efforts that inadequately protect consumer data and privacy from exploitation. Finally, we oppose use of dedicated health funding streams as a substitute for adequately funding social service programs.



4. Cost Containment

Contain costs and increase efficiency of our fragmented health care system by addressing high prices of health care services and pharmaceuticals, reducing administrative waste and mitigating the effects of monopoly power among health insurers and provider groups.

We believe that cost containment is vitally important to the sustainability of the health care system but should never compromise consumer access to high quality health care. In order to reduce excessive health care costs without harming access or quality, it is necessary to address the sources of high cost and low value. These include high prices and administrative costs, especially in the private sector, as well as the provision of services that could be avoided through better quality, better primary care access, better care coordination and improved underlying health status.

This agenda includes taking steps to limit the monopoly power of the pharmaceutical industry and other parts of the health care system where concentrated market power is driving up prices. We support expanding financial incentives for Medicare providers to reduce preventable illness. Additionally, we believe Congress should commission a study on sources of administrative waste and potential solutions to address drivers of administrative costs. Congress should take action to cap the rate of growth of these costs by raising the medical loss ratio in the individual and small group insurance markets. Learn more about policy solutions [here](#).

We oppose policy solutions that increase patient cost-sharing and/or shift costs onto families, undermining their financial stability; we believe these policy proposals fail to address the real drivers of health care costs – high prices and administrative waste.



5. Consumer Protection and Engagement

Advocate for powerful and diverse consumer voices in policy discussions and decisions that affect people's health and health care through authentic community engagement. Protect consumers from harm through inclusion of robust patient rights in and the preservation of patient choice.

Community Catalyst works to ensure that any federal-level policy or program includes robust consumer protections, including requirements to engage consumers and accountability to act on consumer feedback. For example, we support building consumer protections into health system transformation efforts that go beyond grievances and appeals by including requirements around adequate payment, measuring what matters to consumers, and ensuring a meaningful role for consumers to shape delivery systems. Finally, we support transparent reporting of health outcomes to further our goal of a more equitable high quality health system.

We work to protect and expand the ACA's consumer protections to ensure individuals and families are shielded from medical debt, are able to seek care when they need it and cannot be denied care due to a pre-existing condition. This includes strengthening hospital financial assistance and billing policies that promote economic security, build racial and gender wealth equity, and preserve access to care. At the federal level, we are working to address surprise out-of-network costs for consumers. We continue to work to elevate state efforts to address balance billing and serve as a model for federal action. Learn more [here](#).

We oppose efforts to dismantle the consumer protections included in the ACA such as coverage of pre-existing conditions, guaranteed issue and out-of-pocket maximums; we oppose any rewriting of non-discrimination protections to eliminate protections for LGBTQ populations or any other population. We also oppose any effort to dismantle consumers' rights to Medicaid coverage and services. We oppose federal efforts to coerce states into repealing Certificate of Need oversight of hospital transactions without any viable replacement system to ensure that consumer concerns are heard. Finally, we strongly oppose legal strategies to undermine these and other protections for consumers.