

PRINCIPLES FOR HEALTH REFORM FOR LOW-INCOME POPULATIONS

The National Health Law Program envisions health reform that ensures universality, equity and accountability and protects everyone's fundamental right to health care. These concepts are critical to guarantee timely and meaningful access to quality healthcare for everyone, but particularly so for low-income and other vulnerable populations.

UNIVERSALITY

- **Preservation of Medicaid.** Medicaid must be preserved and expanded as a necessary vehicle for protecting health and making health care accessible and accountable. Medicaid must continue to serve as the health care foundation for low-income individuals, working families, seniors and people with disabilities.
- **Eligibility.** Medicaid should be expanded to cover everyone up to 200% of the Federal Poverty Level (FPL), without categorical eligibility limits or assets tests. States should have the option to extend Medicaid to individuals above 200% of FPL. If current Medicaid eligible individuals are moved into another plan subsidized by public funds, it must provide at least the same level of benefits, coverage and procedural protections as Medicaid.
- **Comprehensive Benefits and Access.** Benefits must be comprehensive and ensure that people receive access to the health care they need when they need it. Benefits should emphasize primary and preventive care, and include all specialty care, screening, treatments, therapies and prescription drugs, including physical and mental health, dental and vision care, and reproductive health. The scope of benefits should be routinely updated to reflect the current state of practice. Care should be based on a model that empowers individuals to make healthy life choices and should support improvement of public health.
 - Children must be regularly screened for illness and appropriate development, and guaranteed access to all preventive services and treatments needed to correct or ameliorate physical and/or mental conditions, as is now the case under EPSDT.
 - Women must be ensured comprehensive coverage of reproductive health services and pre- and postnatal care.
 - Plans subsidized by public funds should emphasize disease management and reduction of obesity, tobacco use and other public health problems.
 - Individuals who are limited English proficient must have access to free language services to ensure effective communication with their providers.
 - Coverage must be structured and financed to maximize care coordination among doctors and multiple health professionals, emphasize prevention and health education, and remove all barriers to care. Coverage must enable people to have a free choice of

OTHER OFFICES

- providers, rather than insurers, and all insurers must offer the same comprehensive standard benefits package.
- Care and services must be centered on the individual and family and offered in the least restrictive appropriate setting.
- **EPSDT.** Medicaid’s Early and Periodic Screening Diagnostic and Treatment (EPSDT) services must be maintained for children and youth under age 21 and extended to all children participating in any plan subsidized by public funds.
 - **Family Planning Services and Supplies.** The Freedom of Choice provision for family planning services must be maintained in Medicaid, made more uniform, and extended to all participants in any plan subsidized by public funds.
 - **Portable, Continuous Coverage.** Coverage must be fully and automatically portable. Transition between Medicaid and any other plan, whether public or private, must be seamless and automatic.

EQUITY

- **Simplification of Eligibility and Enrollment.** Medicaid eligibility and enrollment should be simplified and modernized, while recognizing that many individuals may require enrollment assistance. Barriers to enrollment such as asset limits, complicated eligibility rules, citizenship documentation, and residency requirements must be eliminated. Whenever possible, eligibility should be established by and from existing government data sources without an applicant having to provide anything beyond identification.
- **Funding Stability.** Funding formulas should be adopted to address counter-cyclical issues to ensure funding does not decrease during economic downturns. The federal government should establish minimum reimbursement levels and require provider participation in public programs to ensure timely access in all parts of the nation.
- **Culturally Competent and Linguistically Appropriate Care.** Everyone must receive culturally competent patient-centered health care appropriate to their needs. Language services must be available to all who need it without charge.
- **Affordability.** Health care and health coverage must always be affordable for everyone, with contributions from individuals not based on care use or need, but solely on ability to pay.
 - All individual contributions to the health care system should be on a sliding scale starting at zero, according to people’s means. Payments at the point of service should be avoided as they constitute a key barrier to accessing needed care.
 - Where coverage is provided by the market, charges by insurers should be publicly regulated to increase affordability for all and maximize insurer’s spending on care as opposed to overhead costs and profits.

- **Eliminating Health Disparities.** The health care system should not tolerate differences in access, quality or outcomes based on income, race, ethnicity, language, immigration status, health status, gender or gender identity, sexual orientation, age, or disability. Health resources must be equitably allocated to avoid disparities based on geography, both within communities and among rural, urban and suburban settings.
- **Increasing Access and Quality of Care.** Individuals should receive care through a medical home. This medical home should include at a minimum: care coordination between primary, specialty, and other health professionals, increased access to their primary care provider or provider team when care is needed, continuity of care with the same provider or team of providers, and health education, provided in a culturally competent and linguistically appropriate manner. Payments for ancillary services (such as language services, transportation and care coordination) must be structured to ensure providers do not experience financial disincentives to providing needed services.
- **Promote Health.** The health care system should promote healthy behavior and not penalize unhealthy behavior. The health care system should provide assistance with nutrition, exercise and environmental factors.

ACCOUNTABILITY

- **Effective Due Process.** Individuals must have effective methods of redress when eligibility and/or services are denied, reduced, terminated or delayed. Medicaid's protections and due process provisions must be maintained and extended to any public plan or coverage program. All plans that provide health care to any low-income individuals should apply the same procedural protections available in Medicaid, and should do so for all members of the plan.
- **Enforceability.** Individuals must be able to enforce their rights to receive high quality, timely care, both administratively and in court. Adequate notice, the opportunity for a hearing before a neutral adjudicator, and the continuation of care during any appeal process are necessary elements of this right.
- **Government Oversight.** Sufficient resources must be provided to government agencies responsible for oversight of the health care system and each of its component parts. Each part of the system must be transparent and have responsibilities **for** public reporting.
- **Performance measures.** Health plans, public and private, should report uniformly and publicly on how well they are meeting performance measures, which should assess health care and health care delivery across regions, age-groups, race and national origin populations and other categories. These measures should also focus on how physicians respond to community, capital, technology and other factors when making treatment decisions.
- **Applicability of Other Federal Laws.** Federal laws applicable to federally funded programs and activities – such as Titles VI and VII of the Civil Rights Act of 1964, the Americans with Disabilities Act, and HIPAA – must be explicitly applied to any new public plan or coverage program.