



Universal Health Care Guideposts and Principles

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For over 50 years, the National Health Law Program (NHeLP) has protected and advanced the health rights of low-income and underserved populations. Our work is guided by the belief that health care is a fundamental right and that every human being should have access to quality health care. As the number of proposals to expand health coverage increases, NHeLP remains committed to the ultimate goal of achieving universal health care coverage in our country. As such, we will evaluate all universal health reform proposals based on whether they advance or impede the following guideposts and principles.

Guideposts for Universal Health Care Proposals

- I. Expanding coverage is essential. Everyone living in any state or territory should have access to health care.
- II. Proposals should be evaluated based on the extent to which: benefits are comprehensive; coverage is affordable; health equity is prioritized; enrollees can navigate the program and enforce their rights; the system promotes high quality health care and is robustly funded.
- III. Universal health care reform must address the unique needs of low-income and underserved individuals and families. Proposals must explicitly guarantee the benefits and protections that currently exist for low-income populations in Medicaid, so that Medicaid enrollees are not harmed by the implementation of universal health care.

Principles for Universal Health Care Proposals

The National Health Law Program envisions universal health care that embraces and promotes the following principles:

1. **Benefits are comprehensive.** Health reform should improve benefit packages that are inadequate and should seek to fill current gaps. Benefit packages must meet all the health care needs of the individuals covered. There should be no annual or lifetime coverage limits, and for those who are currently eligible for Medicaid, a Medicaid benefits package should at least be the floor. Whether the proposal envisions a single health plan for all participants or multiple plans, all plans must include the following benefits:
 - a. **Reproductive and sexual health benefits.** Reproductive and sexual health care is essential to a person's health and well-being. Proposals must include comprehensive reproductive and sexual health benefits and services that adhere to the medical standard of care. Benefit packages must at least include: preventive services as

currently recognized by the Affordable Care Act (including contraception and HIV and STI screenings), abortion care, maternity care, unbiased and medically accurate counseling, viral load suppression to reduce HIV transmission, and gender affirming care.

- b. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services.** Any proposal must include all requirements of the EPSDT benefit for low-income enrollees at least until age 21. This means that the proposal must include periodic screenings as required by the Medicaid Act and must continue to cover all mandatory and optional services when such services are necessary to correct or ameliorate the individual's condition. Children and families must be also informed of these services. Medicaid agencies must assist individuals with obtaining screening and arrange for treatment that is needed.
- c. Prescription drugs.** Health reform proposals must ensure access to outpatient prescription drugs while curbing skyrocketing prices. These goals are not mutually exclusive. For example, Medicaid provides comprehensive coverage of most FDA-approved medications while keeping costs down through required rebates. Medicare Part D includes six protected classes of drugs used in treatment for certain conditions, like HIV, that are not subject to prior authorization or step therapy. Reform should build upon these successes, not undermine existing coverage standards and protections.
- d. Mental health and substance use disorder (SUD) services.** Enrollees must have access to comprehensive community-based mental health and SUD services provided through an integrated system and in coordination with other services. In addition, mental health and SUD services must be provided in parity with medical and surgical services; that is, any financial requirements or treatment limitations imposed on these services must not be more restrictive than limits imposed on medical and surgical benefits.
- e. Vision, hearing, and dental services.** Vision, dental care, and hearing services are essential to the health and well-being of all individuals, and all plans must include these benefits for both adults and children.
- f. Long term supports and services (LTSS).** Long term supports and services must be included in any universal health care proposal. Reform requires a recognition that it is unacceptable that Medicaid is virtually the only program that provides for LTSS. Individuals should not have to sacrifice employment opportunities, economic self-sufficiency, or their entire life savings to access crucial LTSS.

2. Health care is affordable for everyone. Cost-sharing, premiums, and additional financial burdens should be non-existent or nominal for low-income individuals and families, including current Medicaid enrollees. Cost-sharing must also provide protections for people with disabilities, those with chronic conditions, and others who may have heightened health care needs. If cost-sharing and premiums exist, these should be limited to higher income populations and must be reasonable and predictable for both individuals and families.

3. Coverage promotes health equity and reduces disparities. It is not enough for the health care system to produce results “on average;” it must produce results across populations and sub-populations. In addition, it must reduce existing health disparities and chart a course for their elimination. Proposals should be intentional about leveraging resources to address the health impacts of generations of structural and interpersonal racism.

- a. Programs include protections against discrimination.** Health reform proposals must include current anti-discrimination protections such as Section 1557 of the Affordable Care Act. Proposals should: include a private right of action; be privately enforceable against state and federal entities that administer health programs and activities, including plans, providers and other entities that receive state or federal funds; and contain provisions allowing for systemic judicial and administrative challenges to unlawful actions.
- b. Health care systems should address social determinants of health.** Any proposal should have a strategy for identifying broad drivers of sub-optimal health, particularly in underserved communities, and a plan for recommending how resources should be allocated to meet those needs. Increasing social spending to address inequities that degrade health is a prerequisite to controlling health care spending in the long-term.
- c. Health care is provided with a community-first presumption.** People who need long term supports and services should be offered comprehensive services in the community before they are offered institutional services. There must be a recognition that home and community-based services (HCBS), including mental health services and supports, have been traditionally underfunded, and a commitment to incentivize a comprehensive provider network is needed. HCBS must be an entitlement, and institutionalization, family separation, or custody relinquishment should never be required for people to get the health care they need.
- d. Health care must incorporate effective, culturally and linguistically competent, and accessible communication services.** Individuals must have access to free and funded language services to ensure effective communication with their providers. In addition, the system must ensure that all enrollees receive effective, accessible, understandable, and respectful care provided in a manner compatible with their cultural beliefs, practices, preferred language, with any other necessary communication services or auxiliary aids and services. As part of these efforts, proposals must put in place strategies to recruit, retain, and promote a diverse staff representative of the service area and must ensure that providers and other relevant staff receive ongoing training in the delivery of culturally and linguistically appropriate services and accommodations for individuals with disabilities.

- 4. Enrollees have seamless access to care and can enforce their rights.** Enrollees must receive appropriate and timely information that enables them to understand and navigate the system, make informed decisions about their health care, and access services and providers without delay. Enrollees must also have robust due process protections, including the ability to seek meaningful review and redress both administratively and through the courts.
- a. Enrollees can navigate the system.** Any new health care system should be easy to navigate, and enrollees should be able to understand their coverage, their rights, and their options. If multiple health care plans exist, coverage must be fully and automatically portable. Proposals should include resources, funding, and policies to conduct outreach and enrollee education. Individuals should receive timely, quality assistance through the format (e.g., telephonic, in person, etc.) and language of their choice to help them access care without barriers.
 - b. Timely access to care is available from an extensive network of providers.** Enrollees must have timely access to care from an extensive network of providers. Individuals should be able to access primary care providers and specialists of their choice, and the use of waiting lists should be limited. In addition, enrollees should be able to access care when they need it and without having to travel long distances or wait for long periods of time.
 - c. All individuals should receive the care, coverage, information, referrals, and counseling they need to make the best decisions for themselves and their families.** Enrollees, including adolescents, must be offered confidentiality, especially when seeking sensitive services. Proposals must ensure that no one is denied health care, including reproductive or sexual health care, due to an institutional or individual provider's biases or personal beliefs about religion and morality. Enrollees should receive immediate referrals if needed and be informed about whether any of their network providers are religiously affiliated and what services these providers refuse to offer. If the services an enrollee needs are not available in-network due to religious restrictions, the enrollee should be able to access those services out of network at no additional cost. In medical emergencies, the health and well-being of enrollees should override the beliefs of providers.
 - d. Enrollees have court access and robust due process protections.** Enrollees must be able to resolve issues involving denials, delays, or terminations of coverage or benefits through an accessible, fair, and speedy administrative system. Individuals must have effective methods of redress whenever eligibility or services are denied, reduced, terminated or delayed, and must be given adequate written notice of decisions, including the facts and legal basis for the denial or termination. For low-income individuals and families, these methods must include Medicaid's procedural protections, including notice, hearing rights, and continuing aid pending review of a termination, suspension, or reduction of coverage. Enrollees must also be able to enforce their rights

through the courts, and they must be able to bring systemic cases to challenge unlawful actions.

5. The system promotes high quality health care, sustainability, and accountability.

The health care system exists to provide health care to enrollees. Decisions regarding the design of metrics, funding mechanisms, and accountability must prioritize the health care needs and experience of enrollees over other political, economic, or social interests or agendas.

- a. Quality metrics and reporting are required.** Metrics must be person-centered, reflect how well an individual is supported in leading a self-determined life, and include measures of enrollee experience and satisfaction instead of simply relying on medical measures or functional assessments. Metrics are important for gathering information and learning about the efficacy of different models and approaches, but great care should be taken when payment is based on metrics. To improve equity, these metrics must be tracked and reported across populations and sub-populations, while protecting the privacy of individuals.
- b. Funding is robust.** This means the system is well-financed to last for generations to come, with all sectors of industry and society helping to fund the system, according to their means. Funding formulas should be adopted to address counter-cyclical issues to ensure funding does not decrease during economic downturns. Funding should be non-discretionary, and block grants, caps, or other mechanisms that are vulnerable to political or economic pressures must be avoided.
- c. Protecting people's health must override market incentives, profit interests, or any other factor.** Both public agencies and any private companies involved in the provision of health care must make health care decisions based on health needs alone. All financing mechanisms and procedures must be transparent and accountable to the people for whose benefit they exist. People should have the right and ability to participate in the development and oversight of the health system through a transparent and responsive process.

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