

Federal Health Policy Goals for 2021-22

Our Priorities for the Biden-Harris Administration and Congress



The Center for Consumer Engagement in Health Innovation at Community Catalyst is focused on making sure consumers have a strong and organized voice in their health care, and that the health care system is truly listening to, incorporating and addressing everyone's needs. Specifically, we think it's most important that the health care system listens to those most at risk of being left out of and harmed by health care policy decision-making, including older adults, individuals with disabilities and individuals with complex health needs.

The COVID-19 pandemic has had a [devastating and disproportionate impact](#) on these populations, and a particularly disparate impact on Black and brown people, who are more likely to be [chronically ill](#) as a [result of racism](#), and who are therefore more likely to become sick or die from the virus.

To achieve our vision of a person-centered, integrated and equitable health system, we look forward to working with the Biden-Harris administration and Congress to advance federal health care policy in six priority areas: 1) consumer engagement, 2) the social and economic determinants of health, 3) improving care for people dually eligible for Medicare and Medicaid, 4) long-term services and supports, 5) primary care, and 6) medical debt.

Specifically, we would like Congress and the administration to:

- 1. Incorporate robust consumer engagement initiatives into delivery system and payment reform initiatives**
- 2. Encourage the health system to better address the social determinants of health**
- 3. Support person-centered enrollment options for dually eligible individuals**
- 4. Advance a long-term care system that is person-centered, equitable and sustainable**
- 5. Promote a primary care system that is high-quality, culturally competent and robust**
- 6. Suspend medical debt collection practices during COVID-19**

The next pages contain more details on each priority.

1. Incorporate robust consumer engagement into delivery system and payment reform initiatives

The Center believes that consumers are the critical voice needed to ensure that health care is person-centered. As the new administration tests delivery and payment reform initiatives in both Medicare, Medicaid and integrated care models, we recommend they create ongoing mechanisms for listening to and incorporating the experiences and feedback of individuals participating in these models, such as through consumer advisory councils. Including a [strong consumer engagement component in new models](#) will help evaluate whether these models are improving care while striving to also lower health care costs. We also recommend the creation of an Office for Consumer Engagement within the Centers for Medicare & Medicaid Services that could provide funding and technical assistance to these consumer advisory council entities.

2. Encourage the health care system to better address the social determinants of health

Mounting evidence shows that addressing the social and economic factors that impact our health improves the health and well-being of individuals and communities. While the Medicaid and Medicare programs already address social determinants in some ways, we believe the administration can do more to encourage the [health care system to address these determinants](#) as well as address racism, the root cause that underlies the lack of access to these determinants. Therefore, we request the administration issue formal guidance to states on how they can reform their Medicaid programs to better address the social determinants of health. The Trump administration released a "[roadmap](#)" that summarized some of the ways the Medicaid program already addresses these determinants, but we'd like to see new, forward-looking guidance that can get into some of the specifics of how health care providers and care teams can be [encouraged and paid to address the health-related social needs of their patients](#).

3. Support person-centered enrollment options for dually eligible individuals

Integrated care models have the potential to both improve health as well as control health care costs for individuals dually eligible for Medicare and Medicaid. However, only ten percent of dually eligible individuals are enrolled in integrated care. Therefore, we recommend the administration provide increased funding, technical assistance, resources and other support for enrollment assistance and choice counseling organizations who can assist dually eligible individuals with understanding their integrated care options. We also recommend the federal government create a resource hub similar to HealthCare.gov where dually eligible individuals, their caregivers and enrollment assisters can learn about integrated care benefits and options.

4. Advance a long-term care system that is person-centered, equitable and sustainable

Long-term services and supports (LTSS) are a critical health service for older adults and individuals with disabilities, including those dually eligible for Medicare and Medicaid. In addition, the COVID-19 pandemic has laid bare the need to substantially reform our current long-term care delivery system. Therefore, we recommend the administration and Congress take steps to increase access to, as well financially sustain, long-term care by: 1) improving access to Medicaid home and community based services (HCBS) by making HCBS a mandatory Medicaid benefit; 2) reforming the financing of long-term services and supports, including through the creation of new social insurance programs, and 3) supporting and strengthening the long-term care workforce by improving pay, employment benefits and career opportunities.

5. Promote a primary care system that is high-quality, culturally competent and robust in its infrastructure

Since primary care serves as [the gateway to the health system for many](#), it can play a critical role in improving health by addressing both the health and social needs of patients and delivering care that is culturally competent and high quality. We therefore recommend Congress provide funding and advance policies to cultivate a more robust and diverse primary care workforce that better reflects the nation's demographic diversity. We also recommend the administration promulgate alternative payment model performance measures to reflect how well primary care practices address health inequities.

6. Suspend medical debt collection practices during COVID-19

Until the COVID-19 pandemic is over, individuals will continue to lose their health coverage and therefore be at risk of accruing medical debt. Although medical debt affects people across all socioeconomic and demographic backgrounds, [Black Americans incur substantial medical debt compared with whites](#), with nearly [one in three Black Americans](#) ages 18 to 64 having past-due medical bills. Research has revealed that legal debt collection actions and wage garnishments are more frequent within [Black communities](#). Therefore, alleviating medical debt during the pandemic will also help reduce the financial and health disparities that have resulted from the pandemic due to systemic racism.