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Health Care for All Principles

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CLASP

Policy solutions that work for low-income people

Our nation has achieved significant progress toward expanding health insurance since the enactment of the Affordable Care Act (ACA), but gaps in coverage remain—particularly for people with low incomes and people of color. The national discussion about improving access to health care—whether by building upon the ACA or undertaking a more comprehensive redesign of our country’s health care system—must center the needs of those who have been marginalized.

Even for those with insurance, coverage often falls short. Many find that navigating the system is overwhelming, numerous people still struggle to afford the cost of care and medications, and people still experience inequities in health care treatment and outcomes based on their race and ethnicity. The United States spends more on health care than almost any other country and achieves worse outcomes, in part because we systematically neglect and underfund other social supports.

In order to achieve the goals of universal coverage and truly meeting the health needs of all, we must place people who face barriers to care front and center. Policymakers must advance proposals that will meet the unique needs of different subgroups, address structural inequities, and lead to equitable health outcomes.

The Center for Law and Social Policy (CLASP) has identified the following principles for consideration by all stakeholders as the conversation continues to evolve.

Core Principles

- Health care is a fundamental human right. All persons should receive comprehensive, affordable, and equitable health care that addresses their needs.
- Changes to our health care system must explicitly promote equity and address health disparities.
- Funding must be designed and implemented in an economically progressive manner.
- Universal coverage and health equity depend on successful and thoughtful implementation, administration, and policy.
- Addressing health outcomes requires attention to the social determinants of health.

Health care is a fundamental human right. All persons should receive comprehensive, affordable, and equitable health care that addresses their needs.

- ✓ Access to health care should not be determined by age, race/ethnicity, language preference, literacy level, sex, sexual orientation, gender identity, income level, or geographic location.
- ✓ A person's immigration status should not be a determining factor in receiving health care. Both documented and undocumented individuals should have access to care.
- ✓ A person's employment status should not determine receipt of health care. Employed, unemployed, and self-employed individuals should have access to care.
- ✓ No one should face debt or hardship for seeking and receiving care. People should have access to care regardless of their ability to pay, and all persons should receive the same quality of care.
- ✓ All people, across all geographic locations, have the right to a reasonable choice of providers and easy access to language-accessible information about provider options and quality metrics.
- ✓ Health care must cover the full range of services from wellness, prevention, and screening to specialty care, including substance use disorder treatment and comprehensive mental health services; prescription drugs; habilitative services; emergency services; reproductive and women's health services; laboratory tests; long-term, dental, and vision care; and durable medical equipment.
- ✓ Coverage and benefits must address the particular circumstances of each stage of life, including the developmental needs of children and youth/young adults.

Changes to our health care system must explicitly promote equity and address health disparities.

- ✓ Society is better off when everyone has access to health care. Proposals should not pit one group against another.
- ✓ People must not face discrimination of any kind in the health care system due to their race/ethnicity, culture, sexuality, gender identity, disabilities, or pre-existing conditions.
- ✓ Vulnerable groups should not be made worse off or have fewer benefits than they currently do. For example, children enrolled in Medicaid should not lose the program's comprehensive Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits. Rather, all child coverage should be raised to this standard.
- ✓ Policies should explicitly address structural barriers populations face in accessing affordable health care and their unique health care needs.
- ✓ Individuals with disabilities must have a level of access to the health care system equal to that of the general population. This includes access to comprehensive rehabilitation and habilitation supports to allow them to fully participate in society.
- ✓ Proposals must adhere to parity between physical and mental health services; mental health services must be as affordable, accessible, and flexible as physical health services.
- ✓ Health care should include culturally sensitive treatment and modalities. This involves the development of pathways to make credentialing easier for "non-traditional" health care providers, ensuring people have access to a variety of reimbursable and approachable avenues for their health care.
- ✓ Measures of affordability should accurately reflect what people with low incomes are able to contribute toward health care.

Funding must be designed and implemented in an economically progressive manner.

- ✓ Programs should be fully funded, in a progressive manner that does not place a burden on persons with low incomes or other marginalized populations.
- ✓ Federal dollars should be targeted to ensure coverage and access to health care for those with the lowest incomes and other marginalized populations.
- ✓ Federal funding to states should, at a minimum:
 - Ensure that all people with low incomes and people of color have full access to health care no matter where they live.
 - Avoid disadvantaging states that have expanded health care coverage with their own funds.
 - Avoid locking in decisions to limit coverage that states have made in the past.

Universal coverage and health equity depend on successful and thoughtful implementation, administration, and policy.

- ✓ Patients, including those from a diverse range of communities, should be regularly consulted about how policies are working on the ground. This feedback should lead to changes and improvements in policy and practice.
- ✓ Health care services must accommodate an individual's cultural and linguistic preferences through written and spoken materials, as well as through health professionals understanding the patient's needs and approaches to health care.
- ✓ Health care (particularly primary health care) should be accessible outside of traditional business hours (not just in emergency rooms) and in convenient locations.
- ✓ People must be able to advocate for themselves and their health needs. They should always be provided notice of adverse decisions and have access to an appeal process when their applications for coverage or services are denied or not acted upon in a timely manner. The due process protections used in Medicaid should be the minimum standard for any health insurance program.
- ✓ Enrollment and renewal processes should be streamlined and simple to complete. Enrollment and renewal should be available through multiple avenues (telephone, online, paper, in-person) and require no or extremely minimal paperwork documentation.
- ✓ If programs are means-tested, any verification requirements should be designed for all types of employment, including the gig economy. Rules designed for traditional employment scenarios (bi-weekly or monthly consistent income) contribute to greater disparities.
- ✓ Federal resources must be invested in effective administration—whether at the federal, state, or county-local levels.
- ✓ The transition to new systems requires both appropriate preparation (e.g., testing, training) and attention to avoiding gaps or delays in coverage.

Addressing health outcomes requires attention to the social determinants of health.

- ✓ Health encompasses more than health care and requires consistent attention to the social determinants of health such as access to housing and food, education, language and literacy, crime and violence, racism, social connectedness, and one's own environment.
- ✓ In order for people to truly access health care, they must have other supports, such as paid sick days, paid family and medical leave, and affordable child care.
- ✓ All members of the health care workforce should receive a living wage, fair scheduling, paid sick time, and paid family and medical leave.

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