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## LEGISLATIVE PRIORITIES

*Lutheran Services in America and our member network of over 300 health care and human services organizations work each day to help people reach their full potential. This includes helping seniors; children, youth and families; people with disabilities; the homeless; veterans, and others. The COVID-19 pandemic dramatically affects all of the people the Lutheran Services in America national network serves and the services we provide. Our member organizations are on the front lines caring for people while taking extraordinary steps to protect their staff and people served. We are strictly nonpartisan, and work to help ensure that people live with dignity, respect, and independence, efforts made all the more critical during this unprecedented crisis. To this end, our three core legislative priorities to which we are devoting attention and resources during the 116th Congress appear below.*

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### Priority #1

**Ensure equitable access to high-quality, affordable health care – especially essential during the current COVID-19 health crisis. Specifically, maintain coverage helping millions of vulnerable Americans; no cuts or caps for Medicaid and Medicare funding; no counterproductive work requirements for Medicaid; and adequate funding for care.**

### Why This Matters

**Medicaid:** People reach their full potential when they have access to health care, plain and simple. Today, 60% of seniors in nursing homes, nearly 40% of children and 10 million people with disabilities rely on Medicaid coverage. An estimated 62% of those who would lose coverage under Medicaid work requirements would do so due to challenges tied to complex reporting rules. Further, public opinion supports protecting Medicaid: a recent Kaiser Family Foundation survey found that 74% of Americans hold favorable views of Medicaid while just 12% want to decrease spending for this program which helps so many Americans.

**Medicare:** For over half a century, Medicare has been a lifeline for millions of Americans who rely on it to stay healthy, independent and out of the emergency room. Currently, 44 million Americans, including many veterans and people with disabilities, are enrolled in Medicare. This number is expected to reach 65 million people aged 65 and over by 2020 and close to 80 million just 10 years later. Public opinion overwhelmingly supports maintaining this program; in a 2017 Kaiser Family Foundation survey, 85% to 94% of voters indicated that they would support maintaining or increasing Medicare spending.

**Pre-existing conditions:** Americans are keenly aware of the importance of this issue: 75% of people say it is “very important” to prevent insurance companies from being able to deny coverage due to pre-existing conditions. Further, 27% of U.S. adults and an estimated 15% to 25% of children have a condition that would result in denial of health coverage if insurers are allowed to screen for pre-existing conditions. Given that people with pre-existing conditions and compromised immune systems are considered especially susceptible to contracting COVID-19, it is even more important to protect their coverage during and following this time of crisis.

### How We Will Act

- Oppose efforts to cut or cap Medicaid or Medicare funding.
- Support and actively advocate for measures to ensure nonprofit health and human services providers, including Medicaid providers, have access to needed financial relief measures during the pandemic.
- Advocate for full funding for Medicaid and Medicare programs that help improve quality of care and quality of life outcomes, and that fairly reimburse providers.
- Oppose state Medicaid waivers which impose counterproductive work requirements on beneficiaries and present often insurmountable barriers to compliance.
- Protect coverage of pre-existing conditions through legislation that explicitly continues coverage under existing law.
- Advocate for legislation addressing the needs of children and young adults, particularly tied to behavioral health and social determinants of health.

## Priority #2

**Secure sufficient funding and support to grow and train a more sustainable workforce to care for and help empower America's most vulnerable people.**

### Why This Matters

Shortfalls in workforce levels across all service areas are impacting quality of care. For example:

**Seniors:** By 2025, the U.S. will need to hire 2.3 million new health care workers in order to adequately care for its aging population, whether in the home or in skilled nursing facilities, but will face a shortage of 446,300 home health aides, 95,000 nursing assistants and 29,400 nurse practitioners.

**People with Disabilities:** Given an average annual turnover rate of 45% and an average vacancy rate of 9%, there are simply not enough Direct Support Professionals (DSPs) to meet the demand for long-term services and supports.

**Children, Youth and Families:** By 2030, the nation will experience a shortfall of over 195,000 social workers. What's more, as nonprofit health and human services providers continue to serve on the front lines of the pandemic, these already-existing shortfalls have become even more severe workforce shortages necessitating hazard and overtime pay.

### How We Will Act

- Support and actively advocate for measures to provide additional funding for hazard and overtime pay for essential workers in front line nonprofit health and human services organizations.
- Ensure nonprofit health and human services organizations have access to and financial resources to purchase necessary personal protective equipment and testing materials
- Actively support policies to address reimbursement rates, including a fairer reflection of inflation and the amount of work performed.
- Call for additional support for programs that directly address recruiting and training of a well-qualified workforce.
- Maintain workforce levels by refining overly technical requirements for providers and their workforce.
- Support policies and funding for innovative models of care that address workforce shortages.

## Priority #3

**Ensure that the cost-saving role social determinants of health play in keeping people healthy and independent is reflected in equitable federal policies, funding and programs. Social determinants of health include, among other factors, discrimination, stress, economic stability, access to caregiving and prevention services, education, safe housing, behavioral health services and nutritious food.**

### Why This Matters

It is imperative that legislators wisely invest in well-designed programs that reduce health disparities and improve outcomes by focusing on key social determinants, particularly given the marked effect systemic racism and health disparities are having on COVID-19 infection and death rates. Consider these facts:

- Early intervention and preventing the need for more care leads to both cost-savings and better outcomes. For example, a RAND study found that early intervention programs for children under the age of 4 can create economic benefits ranging from \$1.26 to \$17 for every dollar spent on the programs.
- In terms of housing, studies have found that hospital and ER visits are three to four times higher among individuals who are homeless, and that homeless children have a 20% risk of increased hospitalization and a 25% chance of increased developmental delays.
- Individual behavior and social determinants of health account for 60% of the risk of premature deaths.
- While studies have consistently demonstrated that quality nutrition plays a significant role in the prevention and treatment of many chronic illnesses, millions of low-income Americans still struggle with food insecurity.

### How We Will Act

- Work to secure funding for prevention services.
- Support innovative models to improve equitable health outcomes.
- Work to eliminate institutional-care bias so that home and community-based services are fairly reimbursed.
- Oppose legislation that makes cuts to programs that help support social determinants of health (such as SNAP, Supportive Housing, etc.).

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