POLICY PRIORITIES

Our mission is to create opportunities and eliminate barriers to health equity for Coloradans.

2019 LEGISLATIVE AGENDA — PRIORITY INITIATIVES

In 2019, we anticipate the need for our leadership on legislation that relates to:

- **Improving immigrant health** – We will support legislation and budgetary items that increase access to care for immigrants and/or promote immigrant safety. We do this work as part of a diverse coalition of health care and immigrant rights advocates.

- **Addressing the “upstream” factors that affect health outcomes** – We will support legislation that specifically addresses social determinants of health that directly correlate with the greatest health inequities. This year, we will focus on issues related to affordable housing, tenant rights, and non-emergency medical transportation (NEMT).

- **Including “upstream” factors in payment reform mechanisms** – We will support payment reform legislation that moves health care systems to address social determinants of health, with the end goal of improving health equity.

We will assert our leadership by communicating or meeting with individual legislators, sharing collateral materials to educate legislators and partners on the issues, and/or testifying on bills.

2019 SUPPORTIVE AGENDA — OTHER ISSUES

We will consider supporting beneficial legislation (and opposing harmful legislation) on other issues. Wherever possible, we will also elevate the health equity impacts of these policies:

- **Protecting the safety net** – This includes but is not limited to protecting those who are currently eligible for Medicaid/CHP+, as well as financing for public coverage and safety net access points. This also includes the alleviation of state fiscal constraints, as they interfere with our ability to deliver the best services and programs for Coloradans.

- **Increasing access to and integration of behavioral and oral health care** – As behavioral and oral health are critical to good health outcomes, we support policies that improve access to needed services in these areas, as well as policies that promote parity, so that behavioral and oral health care are assigned the same weight as physical health care.

- **Eliminating racial inequities in infant and maternal mortality** – Two of the key indicators of the health of a country are infant and maternal mortality rates. While infant and maternal mortality rates vary by state, black, Hispanic, and Native American mothers in each state have a significantly higher risk of death (or death of their infant) within the first year of giving birth than white mothers. We support policies that address these inequities.

- **Affordable, high-quality access to services** – We will support strategic efforts to increase affordability, as well as price transparency for health care services and health care price transparency, and additional transparency of prescription drug pricing. Similarly, we will support efforts to mitigate the negative, primarily cost-related effects on consumers of free-standing emergency rooms.

**NOTE:** Previous positions taken by Center for Health Progress will apply if the same bill is reintroduced in subsequent sessions unless a staff member specifically requests otherwise.
LEGISLATIVE DECISION-MAKING PROTOCOL

MAKING DECISIONS

LEGISLATIVE AGENDA
Before each legislative session, a legislative agenda is developed and approved by the Center for Health Progress board.

STANDARD ACTION
The legislative agenda guides the activities of the staff, board, Policy Committee, and lobbyists.

MODIFIED ACTION
On controversial issues and those not considered in the agenda, the Policy Committee will recommend to the board or executive committee (whichever meets first) to amend the agenda or take a position.

URGENT ACTION
If immediate action is required, the executive director, Policy Committee chair, and board chair will confer and authorize the lobbyist to act. If needed, the board vice chair can take the place of whoever is unavailable. The board and committee will immediately be informed of the decision.

TAKING A POSITION

ACTIVE SUPPORT
Dedicate all resources to passing. Testify, advocate to individual legislators, work with sponsors, coordinate, send action alerts, etc.

SUPPORT
Sign on in support. Add name to fact sheets, review amendments, share health equity implications, etc. No other lobbying or resources.

MONITOR
Monitor progress. Review or work on amendments, follow through committees, etc. No listing on fact sheets.

NEUTRAL
Take no position. Review bill and amendments. No listing on fact sheets.

OPPOSE
Sign on in opposition. Add name to fact sheets, share health equity implications, review amendments, etc. No other lobbying or resources.

ACTIVE OPPOSE
Dedicate all resources to defeating. Testify, advocate to individual legislators, work with sponsors, coordinate, send action alerts, etc.
HEALTH EQUITY IMPACT ASSESSMENT

The following set of questions was developed by the Health Equity Advocacy Cohort of The Colorado Trust to assist organizations in assessing a potential policy (including organizational policy, local policy, regulations, legislation) for health equity impact. Health equity means that all individuals, regardless of race, gender, sexual orientation, or other personal characteristic, have equal opportunity to be healthy (achieve complete social, emotional, and physical well-being).

This document refers repeatedly to the “social determinants of health.” The social determinants of health are all of the environmental factors that influence a person’s well-being including, but not limited to, housing, food, education, economic opportunities, transportation, public safety, and social support. All users of this tool are urged to consider all impacts on individuals as a potential impact on health.

To the greatest extent possible, affected communities should be engaged in the use of this tool to evaluate a policy. This document is intended as a guide to generate further conversation.

<table>
<thead>
<tr>
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<th>Question</th>
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<tbody>
<tr>
<td>1</td>
<td>What does the policy intend to accomplish? What are the arguments for and against the policy?</td>
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<tr>
<td>2</td>
<td>Does the policy have an intentional impact on health or one or more of the social determinants of health? Consider both long-term and short-term impact.</td>
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<tr>
<td>3</td>
<td>Does the policy have an unintentional impact (adverse or positive) on health or one of the social determinants of health? Consider both long-term and short-term impact.</td>
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<td>4</td>
<td>What populations are impacted by the policy? How big is the population?</td>
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<td>5</td>
<td>How much will the policy impact the social determinant of health in the affected population (large impact, medium impact, small impact)? What data is available? What data would be helpful that isn’t available? What does the data indicate?</td>
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<td>6</td>
<td>Will it have a different impact across races and ethnicities? Does the bill increase or reduce current disparities or support integration of people across racial, ethnic, and socioeconomic communities?</td>
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<td>7</td>
<td>Were affected populations (i.e. communities of color) involved in the policy development? What other stakeholders are impacted and which of these stakeholders are actively engaged in the policy?</td>
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<td>8</td>
<td>Does the policy contain processes to ensure ongoing and meaningful input from affected communities throughout the implementation process?</td>
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<td>9</td>
<td>Does the policy have the right resources (financial and otherwise) to be effective?</td>
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<td>10</td>
<td>Could the policy be revised to better impact the social determinants of health?</td>
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<td>11</td>
<td>How will the implementation of the policy be monitored and evaluated? How will success be measured? Will results be measured by race and ethnicity?</td>
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<td>12</td>
<td>What is the feasibility of changing the policy? How strong is the support for the proposed policy? For example, who are the sponsors?</td>
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<tr>
<td>13</td>
<td>Is this issue relevant to our mission?</td>
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<tr>
<td>14</td>
<td>Is the issue urgent?</td>
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