



Advancing Equitable, Culturally Responsive Care through the Colorado Option

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The Colorado Option ([HB21-1232](#)) was designed to expand affordable, high-quality, dependable, and equitable health care access to all Coloradans. Since being [signed into law](#), Colorado's Division of Insurance (DOI) has [begun working](#) to ensure the plan is implemented successfully and meets its intended goals, including the overarching goal of advancing health equity. Colorado's public option was designed to advance [health equity](#) by reducing cost barriers, increasing access to comprehensive care and "culturally responsive" providers, and addressing specific health disparities.

Across the nation, people have a [common desire](#) for a health system that works when, where, and how they need it. Despite this, health care access is not distributed uniformly. Deep inequities in access, costs, and health outcomes mean that care in the United States fails to work for everyone.

We also know that people want a system in which their health care will be [affordable](#), that their coverage is [dependable](#), that their health care is [personalized](#), and that the system is easy to [understand](#) and navigate. Yet, when we talk to people, we learn that they struggle to get personalized care that meets their needs and treats them as a whole person. Across the country, people face barriers to receiving equitable care based on their race, ethnicity, gender identity, sexual orientation, social need, income, and where they live. Additionally, people have trouble understanding their care and have difficulty navigating the complex health care system, and this burden disproportionately falls on people of color.

This is, in part, why USofCare has been so excited to see the advancement of the Colorado Option. The groundbreaking legislation specifically aims to address health disparities, supports providing more personalized care, and promotes a system that is easier for people to navigate.



Here, we provide an overview of the many different “culturally responsive” components within the Colorado Option that can advance equity and create a better health care system for those who have traditionally been underserved by it.

People continue to face barriers to receiving quality, equitable care in the face of prevalent and perpetuated health disparities. Across the country, here is what we’re hearing from people:

“Her family doctor, he knew her for years. And she had some B12 deficiency, and that doctor did not even notice that she had it. She had the worst case of it... She would drive and fall asleep... But he was very very rude... Part of her feet was getting spots, black spots, and you know what he told her? Well you're black what do you expect...”

- Black female living in a rural community

“They told my friend, you're going to have diabetes just because you're black. And they just started her on things.”

- Black female living in a rural community

People want personalized care that meets their needs.

“My GYN, she’s a black female, and the reason I like her so much is because she deals with the whole person. Although she’s a GYN, she always asks me, What's going on? How do you feel? Are you having a family issue? And I was used to that because in New York, my doctor did. They did the whole person. They never checked your stomach, without asking you about your mental health, or how you feel? Or are there any problems within your household or whatever. And I mean, even your relationship with your husband, she would ask questions. And that's why I like her so much.”

- Black female living in a rural community



Colorado Option Policies Aimed at Advancing Health Equity

Within the text of the law itself, its corresponding regulations, and DOI's implementation, Colorado is striving to advance health equity. Key areas of focus include the development of culturally responsive provider networks, coverage of "high-value" services without cost-sharing, and the input of diverse stakeholders throughout the Colorado Option implementation process.

In focusing on these priorities, Colorado strives to move towards a more sustainable health care system centered in cultural responsiveness — one which better validates, understands, and affirms the different needs of a diverse population and recognizes how the intersection of one's identities can impact experiences within the health care system.

The following are key provisions of the [Colorado Option](#):

- ★ **Availability of Colorado Option Plans:** The plans will be available to Coloradans on both the individual and small group marketplaces. In addition, all issuers that are participating in the small group and/or individual marketplaces will be required to offer the standardized Colorado Option plans.
- ★ **Premium Reduction Targets:** The Colorado Option **aims to reduce costs to people** by:
 - Requiring issuers to reduce premiums by 15% from 2023 to 2025.
 - If issuers are unable to reduce premiums, they will be subject to enhanced rate reviews and a public hearing process. Additionally, DOI has the authority to set provider rates to meet those premium reduction targets. The statute specifies that rates may be no less than 155% of Medicare rates for hospitals and 135% of Medicare rates for other providers.
 - Reducing out-of-pocket costs for individuals by offering pre-deductible coverage for routine primary and behavioral health services.
- ★ **Standardized Benefits Package:** DOI has developed a [standardized health plan](#) to provide high quality health coverage while minimizing and standardizing cost-sharing to better support Coloradans' health needs and care access. These standardized plans are also required to have provider networks that drive equity, as described throughout this piece. The Colorado Option will create more competition in the individual and small group marketplace, which can help drive down costs and increase affordability. The standardized plan has prioritized providing key high-value services — most with no copays — to address health and racial disparities.
- ★ **Leveraging Federal Funding:** The Centers for Medicare & Medicaid Services (CMS) approved Colorado's [1332 State Innovation Waiver](#) in June 2022. This historic waiver [will allow](#) Colorado to capture federal pass-through funding to provide people with further affordability assistance. This funding will go towards the state's [Health Insurance Affordability Enterprise](#) that was recently created to improve health insurance affordability issues for people who are not eligible for subsidies under the ACA, including those who are undocumented.



Developing Culturally Responsive Provider Networks: The Colorado Option sets a national precedent in becoming the first to require culturally responsive provider networks, which are informed by and responsive to the unique needs of the Coloradans those plans serve. Colorado Option plans will require plans develop provider networks that reflect enrollees’ racial, ethnic, gender identity, and sexual orientation in order to [improve access](#) and [outcomes](#). As part of the development of these networks, Colorado established a [number of rules](#) and processes to ensure Colorado Option plans support the advancement of health equity in their design.

Cultural responsiveness is a concept which moves away from the more common medical term “cultural [competence](#),” and prioritizes a system built around empathy and understanding of people’s unique health care needs.

To achieve culturally responsive networks, Colorado Option plans must:

- ★ **Collect demographic data:** Colorado Option plans will be required to collect voluntarily reported demographic data for both in-network providers and plan enrollees. Data elements that issuers will collect include race and ethnicity, sexual orientation and gender identity, and ability status. Demographic data collected will be confidential and de-identified.
 - Stronger data collection is a key step for developing culturally responsive networks and reducing health disparities. Data collection offers the opportunity to build more understanding of provider and enrollee demographics, so that the state can set benchmarks for networks that are [truly representative](#) of the people they serve.

- ★ **Adhere to cultural competency training requirements:**
 - Starting in 2023, customer service employees of issuers must complete an annual training program focused on the health care needs of beneficiaries who experience higher rates of health disparities and health inequities. Issuers will be required to report to DOI on the type, certification, and completion of their employees’ training.
 - Issuers must also create a process for providers and their front office staff to report on their completion of cultural competency or anti-bias training. They will have to report on the completion, certification, and type of training taken by providers. By 2023, at least 50% of providers and their front office staff must have undergone training, increasing to at least 90% of staff by 2024.



- ★ **Include more information in provider directories:** Colorado Option plans must deliver additional information in provider directories designed to facilitate health equity. These directories are required to contain a range of information, including:
 - Office and examination room accessibility for people with disabilities.
 - Languages spoken by providers and front office staff.
 - If the provider offers early, late, or weekend hours.

The directories must also explain how people with disabilities can accessibly obtain the directory information, how to access the information with translation and interpretation services for people with Limited English Proficiency, and how to file a complaint with the DOI or issuer regarding directory inaccuracies or experience.

- ★ **Require language accessibility services:** Issuers of the Colorado Option plan are required to ensure adequate language access services — including American Sign Language and services for people who are deaf or with hearing loss – at no cost to the beneficiary. Issuers must provide language access for both customer service functions and for beneficiary interactions with providers. In addition, issuers must provide written notice of the availability of language access services, and must translate taglines into the 15 most commonly used languages in Colorado.
- ★ **Increase access to essential providers:** Colorado Option plans are required to include at least 50% of the [Essential Community Providers \(ECPs\)](#) in the plan’s service area. This represents a higher threshold than plans outside of the Colorado Option, which are subjected to a 30% threshold. Including more ECPs aims to increase access to care for populations who have been historically underserved by the health care system. ECPs are [uniquely situated](#) to improve health equity, as they are often located in low-income or isolated communities and tend to provide services specifically targeted to the needs of those who experience health disparities. In addition, plans are required to include a [minimum number](#) of certified nurse midwives within the network and are encouraged to include community health workers or [promotoras](#) in their networks.
- ★ **Take accountability for not meeting requirements:** If an issuer fails to meet network adequacy requirements, they must complete an action plan. In it, they must detail why they were unable to meet the requirements, the efforts they made to recruit providers, their attempts to obtain demographic data, and/or beneficiaries’ complaints. Issuers then must explain how and by when they will take corrective action to come into compliance with the network adequacy requirements.



Other Key Features for Advancing Equity in the Colorado Option:

- ★ **Cover high-value services:** Colorado Option plans will be required to cover 'high-value services' without cost-sharing, with a focus on services which can reduce [health care disparities](#). DOI has developed definitions as part of their stakeholder and implementation process. In a September [stakeholder meeting](#), DOI explored six key areas of health disparities — tobacco use, diabetes, cardiovascular disease, asthma, obesity, and maternal and infant mortality. Under the implementing [regulations](#), Colorado Option plans must cover specific services, including mental and behavioral health visits and primary care visits without cost-sharing, on top of preventive services already provided without cost-sharing. In addition, Colorado Option plans will cover pre- and postnatal services with no cost sharing.

 - ★ **Obtain diverse stakeholder input:** DOI engaged in an intensive stakeholder engagement process, including a process to inform the regulations regarding culturally responsive networks. DOI held three [stakeholder meetings](#) focused on developing culturally responsive networks. They found that training on the following lived experiences of enrollees were some of the most important factors in developing responsive networks:
 - Language access
 - Disability access
 - Virtual care access
 - Nontraditional provider hours
 - Diverse providers, including those who deliver affirming care for LGBTQ+ people

 - ★ The Colorado Option is guided by an advisory board that is required to have expertise in health equity and be made up of at least one-third people of color.
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Advancing Health Equity Through Insurance Coverage: A Look Across the Country

Colorado's efforts build upon by other states, including those in California, New York, and Washington, D.C. Washington, D.C., for one, is seeking to eliminate cost barriers to treatments for conditions that disproportionately impact communities of color and is providing medical education scholarships to students of color to increase diversity in its provider workforce.

The focus on equity within the Colorado Option parallels work in other states and at the federal level. As part of a new federal health equity initiative, CMS recently announced it would collect more demographic data — including race, ethnicity, language, sexual orientation, gender identity, disability, income, geography, and more — across all CMS programs, which cover 150 million people. Additionally, in its Notice of Benefit and Payment Parameters for 2023, CMS outlined its considerations for improving health equity, and indicates that it may soon pursue policies like Colorado's. Other states are also working toward equity and reduced health disparities. Massachusetts aims to eliminate cost-sharing for beneficiaries — those earning up to 300% of the Federal Poverty Level — for medications that treat chronic conditions disproportionately affecting communities of color. California is placing a focus on forming equitable provider networks, and is establishing requirements for enhanced data collection from issuers.

It will be important to watch and take lessons from Colorado and other states as they move forward with equity-focused policies. These lessons will help inform the success of other state and federal policies and will be important to consider as programs continue to be built on and expanded.

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