



States have pursued a number of policy changes to drive health equity in the insurance market, including through health insurance exchanges and public health insurance options, as well as in their markets more broadly. Some states have already taken steps to drive equity through insurance coverage, while other states are just beginning this journey; regardless of where states stand, all have room to grow. Listed below is a checklist of policies states should undertake (in no specific order) to address health disparities and improve health equity through insurance coverage, whether through health insurance exchanges, public options, or insurance markets more broadly.

- Engage diverse community stakeholders**, especially community members who have been historically bypassed by the health care system. It's critical to ensure that effective, meaningful policy changes meet people's needs. States should attain engagement from a diverse range of health care stakeholders in policy development, as well as individuals representing different communities with regard to race, ethnicity, and other demographics, to ensure these diverse perspectives are incorporated.
- Make coverage and care more affordable** so that cost is not a barrier and people historically underserved by the health care system have an easier time accessing care. States should enact policies aimed at reducing people's premiums and out-of-pocket costs, such as deductibles and copayments. These current high costs often cause people to postpone care, which can further contribute to inequities and poor health outcomes. Some states have implemented policies to reduce or eliminate cost-sharing for critical services that help people maintain their health or services associated with disparities. These critical services include primary care sick visits, postpartum care, and treatments for conditions like diabetes.
- Connect people to a broader array of providers**, especially non-physician providers, to expand access to care and meet the cultural and other specific needs of diverse enrollees. Non-physician providers, such as doulas, may disproportionately benefit populations that have long suffered from adverse health outcomes, such as maternal mortality among women of color. States should take steps to require non-physician maternal health, mental health, and other providers to be included in networks and also ensure adequate reimbursement to incentivize these providers' participation.
- Ensure access to essential community providers (ECPs)**, including federally qualified health centers, Indian health care providers, and rural health clinics, to protect access to the health care safety net. These providers are experienced in serving diverse and lower-income populations, and may offer better language access and coordination of social services. Many states have expanded upon federal standards requiring plans to contract with a certain percentage of ECPs in their service area to maintain stronger networks and better meet people's diverse and complex needs.

- Train providers to be culturally responsive** as a foundational strategy to ensure providers deliver care to diverse patients in a way that is culturally appropriate and effective, improves care delivery, and increases overall health equity. States should require that health plans work to ensure all network providers and their front office staff are trained annually in cultural competency and that all health plan staff that interact with people also receive this training.
- Ensure accessible communication with providers and health insurance plans** for both people with limited English proficiency (LEP) and those who are deaf, blind, or have speech disorders. People need to be able to communicate with and understand their providers in their language and preferred communication method given that professional interpretation and accessibility services have been shown to improve health outcomes. States should require that in-network providers make professional interpretation services available to people at all points of contact at no cost when interacting with the health plan. Some states require health plans to cover the cost of these services for both providers and plans.
- Collect enrollee data**, including race, ethnicity, gender, language(s) spoken, disability status, sexual orientation, and other characteristics, to better identify disparities between populations based on demographics and/or geography, and drive policy-making decisions that improve health equity and outcomes. States should also include a transparent process to protect and disaggregate personal data to ensure historically marginalized populations aren't put at risk by sharing information.
- Collect provider data** to expand the diversity of provider networks to better reflect the demographics of health plan enrollees. Diverse provider networks can promote health equity, reduce health disparities, and increase patient satisfaction and communication. States should require health plans to collect data on provider race, ethnicity, gender, language(s) spoken, disability status, and other characteristics and make it clear to providers how this information will be used to drive health equity.
- Improve health outcomes for enrollees** by collecting data, such as on Healthcare Effectiveness Data and Information Set (HEDIS) measures for conditions associated with disparities, to measure and monitor enrollee health outcomes over time. States should work with health plans to establish alternative payment models that tie reimbursement to providers based on these equity outcomes. States should enact policies that require data collection on health outcomes associated with disparities and develop incentives, including those tied to financial incentives for health plans and providers to improve health outcomes and reduce disparities in outcomes over time.
- Improve information about in-network providers** so that diverse populations can more easily find information about providers that may be more culturally responsive and able to better meet their needs. States should require that insurance plans include a wide range of characteristics regarding providers in directories, including demographic characteristics about providers and information such as the language(s) providers speak and whether they offer weekend and evening hours. States should require that health plans make sure this information is available as people are shopping for coverage, not only after a plan has been purchased.

- Address bias in clinical algorithms and tools** in order to eliminate inappropriate assumptions found in the tools that providers and health plans use to diagnose and assign treatment to people. States should require health plans to require in-network providers to review clinical algorithms and tools and replace those that consider demographic factors with unbiased tools. States should eliminate biased tools from internal plan use to ensure that clinical decision-making is reliable and improves, not worsens, health equity.
- Require health equity accreditation for health insurance plans** to measure, quantify, and accredit health plans' health equity efforts and demonstrate that a health plan has taken steps to address the diverse needs of enrollees. States should consider requiring health plans to obtain National Committee for Quality Assurance (NCQA) Health Equity Accreditation, which includes infrastructure to help plans address issues such as data collection, language access, and improving health outcomes over time.

Inequities in health outcomes and access to care rob people of the quality of life they deserve and are costly for our health care system and communities. Health insurers cover millions of people across every state, in health insurance exchanges, in burgeoning public options, and more broadly. Insurers have a critical role to play in stemming health and health care disparities. Policymakers and regulators can work with insurers to implement measures that will advance health equity through insurance coverage using this guide as a menu of options. **States can adopt the policies in this paper to address health disparities, adapting the approaches to serve their states' unique needs, populations, and insurance markets.**

The menu of policy solutions laid out in this resource align with what we know people need and want from the health care system. Using these policy solutions to advance equity through health insurance coverage, we can tackle our shared health care challenges — through solutions that people of every demographic tell us will bring them peace of mind and make a positive impact on their lives.

ABOUT UNITED STATES OF CARE

United States of Care (USofCare) is a non-partisan non-profit working to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. By putting the needs of people at the forefront of our research and policy solutions, we can create a health care system that works for people.

After listening to people tell us about their needs for their health care, USofCare recently released a set of twelve concrete and achievable aims, known as our [United Solutions for Care](#), to help us build a better and more equitable health system. These twelve solutions are derived from four goals for the health care system that continuously rose to the top when talking to people around the country about what works and what is lacking in their health care. The menu of policy solutions laid out in this resource align with what we know people need and want from the health care system. Using these policy solutions to advance equity through health insurance coverage, we can tackle our shared health care challenges — through solutions that people of every demographic tell us will bring them peace of mind and make a positive impact on their lives.