



## Advancing Equity through the Colorado Option's Culturally Responsive Provider Network Requirements

Since it was signed into law in 2021, the [Colorado Option \(HB21-1232\)](#) has provided affordable, high-quality, dependable, and equitable health care to [tens of thousands](#) of Coloradans. Colorado policymakers have worked to ensure the overarching goal of health equity is embedded throughout the Colorado Option by reducing cost barriers to comprehensive care, increasing access to “culturally responsive” providers, and addressing specific health disparities.

We know that people want a system in which their health care is [affordable](#), [dependable](#), [personalized](#), and [understandable](#). The Colorado Option, similar to [public options](#) in other states, tackles these issues [head on](#) by improving premium *and* out-of-pocket costs affordability, addressing health disparities, and promoting a system that is easier for people to navigate. In this brief, we provide an overview of the Colorado Option's “culturally responsive” provider network requirements and how they can both advance equity in Colorado and serve as a model for other states to follow.

**People continue to face barriers to receiving quality, equitable care in the face of prevalent and perpetuated health disparities. What we're hearing and listening to from people:**

“It's disheartening how often I have to teach the medical professionals about their own jobs, their own policies about what's medically necessary. I'm looking for a new doctor because I think he's just googling how to treat me because he has no idea.”

- *Bisexual woman, urban Colorado*

“I don't think providers have to be from your background, but I feel like they should listen to what we're talking about. If I'm saying that like, they should actually just listen. But I feel like they don't do that.”

- *Black woman, urban Colorado*

“You don't want to be rushed through and you want to be talked to like they actually have a concern or care for you and your health and your wellbeing versus them just treating me as an X number.”

- *Black man, urban Colorado*

## How the Colorado Option's Culturally Responsive Provider Networks Advance Health Equity

Through the Colorado Option, the state is advancing health equity and moving towards a more sustainable health care system centered on 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. Culturally responsive health care seeks to close gaps and improves access to high-quality care and health outcomes for people with varied cultural origins and identities, regardless of their culture, race, ethnicity, language, geography, or ability. It provides an inclusive atmosphere where patients' cultural beliefs are respected and taken into account when providing care.

Colorado set a national precedent in becoming the first state to require culturally responsive provider networks that reflect enrollees' racial, ethnic, gender identity, and sexual orientation, which can serve as a model for other states looking to address health disparities. **To implement these networks with a focus on health equity, Colorado Option plans are [required](#) to:**

- ★ **Collect demographic data:** Colorado Option plans are required to collect demographic data for both in-network providers and plan enrollees, although it remains voluntary for providers and enrollees to provide this information, which includes race and ethnicity, sexual orientation and gender identity, and ability status. This information is aggregated for inclusion in [network access plans](#) that plans are required to submit to the Department of Insurance (DOI) as part of broader network adequacy requirements.
  - More comprehensive data offers insight into provider and enrollee demographics, allowing DOI to set benchmarks for networks that are representative of the people they serve.

### Key Provisions of the [Colorado Option](#)

- ★ **Availability of Plans:** All issuers with plans on the individual and/or small group market are required to offer Colorado Option plans.
- ★ **Reductions in Premiums and Out-of-Pocket Costs:** Plans that don't meet premium reduction targets may be subject to an enhanced rate review process that allows DOI the authority to set provider rates if needed. These plans are also [required](#) to cover services like primary and behavioral health care without cost-sharing.
- ★ **Standardized Benefits Package:** DOI [developed](#) standardized benefit packages to make it easier for people to compare coverage options.
- ★ **Federal Funding:** Colorado captures federal [Section 1332](#) pass-through funding to [lower](#) health care costs for all Coloradans, including those who are undocumented.
- ★ **Diverse Stakeholder Input:** The Colorado Option's [advisory board](#) is required to have expertise in health equity and be made up of at least one-third people of color.

- ★ **Adhere to cultural competency training requirements:** Colorado Option plans and providers in Colorado Option plan networks are required to adhere to training requirements related to culturally responsive care.
  - Colorado Option plan customer service representatives must complete annual cultural competence, anti-bias, or similar trainings, while plans are required to report the status of their employees' training to DOI.
  - At least 90% of providers and front office staff must also undergo similar training by 2025.
  
- ★ **Expand provider directories:** Colorado Option plans are required to provide additional information in provider directories to improve health equity beyond what is required of non-Colorado Option plans, including:
  - Office and examination room accessibility for people with disabilities.
  - Languages spoken by providers and front office staff.
  - Extended or weekend hours (if available).

The directories must also explain how people with disabilities can obtain 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:** Colorado Option plans are required to ensure enrollees have access to adequate language services – including American Sign Language (ASL) and services for people who are Deaf or with hearing loss – when they interact with the plan. Plans must provide free language access for both customer service functions *and* for beneficiary interactions with providers, as well as provide some translation services for the 15 most common languages in Colorado, as well as ASL.
  
- ★ **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, including a [minimum number](#) of certified nurse midwives within the network. This represents a higher threshold than plans outside of the Colorado Option, which are subjected to a 35% threshold, and reflects the reality that ECPs are [uniquely situated](#) to improve health equity, as they tend to provide services specifically targeted to the needs of those who experience health disparities. In addition, plans are encouraged to include community health workers or *promotoras* in their networks.
  
- ★ **Promote accountability and address plan shortcomings:** Colorado Option plans are required to submit reports that include provider and enrollee demographic information, training summaries, and other information that outlines plans' efforts to create culturally responsive networks. Plans are also required to submit attestations showing that Colorado Plan networks are no more narrow than those of non-Colorado Option plans.

- If a plan fails to meet network adequacy requirements, it must complete an action plan detailing why it was unable to meet the requirements. Plans then must explain how and by when they will take corrective action to come into compliance with the network adequacy requirements. Any action plan deemed incomplete and rejected after notification by DOI may cause the parent plan to incur penalties.

### **Advancing Health Equity Through Insurance Coverage: A Look Across the Country**

The focus on equity within the Colorado Option parallels work to promote health equity at the federal level. For example, in 2022, CMS announced it would [collect more demographic data](#) — including race, ethnicity, language, sexual orientation, gender identity, disability, and income data, — from the 150 million people enrolled in CMS programs. Additionally, in its [Notice of Benefit and Payment Parameters for 2024](#), CMS implemented equity-focused policies that bring plans nationwide in further alignment with innovations found in the Colorado Option, such as requiring plans to contract with a higher percentage of ECPs in a plan’s service area.

[States](#) across the country are also working toward improving health equity and reducing health disparities. Massachusetts [eliminated](#) cost-sharing for beneficiaries with incomes up to 500% of the federal poverty level for medications that treat chronic conditions disproportionately affecting communities of color, such as diabetes or hypertension. California [requires](#) plans to collect data on health conditions commonly associated with health disparities and develop plans to reduce these disparities as a condition for participating on the state’s marketplace. And Washington, D.C., [eliminated](#) cost barriers to treatments for conditions that disproportionately impact communities of color, such as heart disease.

Moving forward, policymakers have much to learn from Colorado and other states as they move forward with equity-focused policies. Many of these can be found in United States of Care’s “[Advancing Equity Through Health Insurance Coverage](#)” report highlighting how states can embed health equity throughout insurance coverage design. 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.

*This piece was originally written in August 2022 by Rachel Bonesteel, Erik Hirschman, and Liz Hagan. It was updated in March 2024 to reflect changes made to the Colorado Option’s culturally responsive network provisions. Thank you to our partners at the [Colorado Consumer Health Initiative](#) and Claire McAndrew at [Waxman Strategies](#) for their thoughtful review of this piece.*