

# Policy Brief

Building Quality Affordable Health Care for ALL New Yorkers



Health Care For All New York

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## HCFANY Agenda to Address Health Disparities

Racial and ethnic minorities, women, people with disabilities, and lesbian, gay, bisexual and transgender people have specific health care needs and often receive poorer care and have worse health outcomes than others.

For example, African American and Hispanic New Yorkers die prematurely at rates nearly twice that of whites. People with mental illness die on average 25 years earlier than the general public. Lesbians have higher rates of breast cancer than heterosexual women, and LGBT people as a group are more prone to be victims of bias-related violence and mental health problems such as depression and anxiety.

The Affordable Care Act (ACA) provides a major opportunity for New York to address health disparities. In April 2012, Governor Cuomo created a Health Benefits Exchange which will offer affordable health coverage to individuals consumers and small businesses seeking to provide coverage for employees. Those whose incomes qualify will receive subsidies in the form of tax credits to use towards their monthly premiums.

The Exchange will begin accepting enrollment applications online and by telephone in October of 2013.

### Targeting outreach and enrollment efforts to underserved communities

Many disparities stem from a lack of insurance and inadequate access to care. New York's goal to enroll at least a million people through the Exchange can only be met if efforts are focused on enrolling people in "hard to reach" communities where people of color, low-income people, LGBT people, immigrants and people with disabilities live and work.

The State should market to ethnic and other targeted media outlets, using "trusted messengers" in ads, door-to-door canvassing, and outreach at community events. Community-based organizations should also be enlisted to reach out to target populations in a culturally and linguistically-competent manner, and to help people select plans and resolve disputes with health insurers.

A successful consumer assistance program, Community Health Advocates (CHA) already exists in New York and has helped over 100,000 people since it began in 2010. This successful program should be expanded with Exchange funding.

Outreach efforts should also focus on making transitions between public and private health plans as smooth as possible.

An effective "no wrong door" policy must be in place so that everyone who comes to the Exchange will be able to enroll in a plan, including public programs like Medicaid. This will help keep more New Yorkers covered.

### Setting standards for plans sold through the Exchange

The Exchange should set standards to ensure that plans take positive, documented steps to address health disparities. For example, it should ensure that provider networks meet the diverse needs of New Yorkers. This includes a sufficient number of health care providers who speak languages other than English or who have examination rooms accessible to patients with disabilities. Standards could also include quality measures, such as whether women of reproductive health age are offered contraception counseling or whether



Provider networks must be prepared to meet the diverse needs of New Yorkers.

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## **Building a strong data collection system**

Building a good data collection system will allow the state's progress in reducing health disparities to be tracked and analyzed. The State Department of Health should require health plans and health care institutions to regularly report data on health care usage and outcomes by race, ethnicity, gender, primary language, sexual orientation, gender identity, income, primary language and disability status. Enrollees would not be mandated to disclose this information.

These sets of data should be compiled so that the public can make informed health decisions about their health care, and policymakers can develop policy solutions and hold plans and providers accountable.

## **Addressing language access and communication based disparities**

Roughly 2.3 million New Yorkers are limited English proficient (LEP), half a million are deaf, and 325,000 are visually impaired. In order to ensure that LEP consumers are able to communicate with the Exchange, multilingual staff, interpreters, and telephonic interpretation services must be made available and important consumer information must be available in alternate formats.

The State should also mandate that consumer assistance programs and navigators have similar policies, and that health plans include providers in

their networks who speak languages other than English.

## **Meeting the cultural needs of diverse communities of New Yorkers**

Experts have found that members of traditionally-excluded groups, such as people of color, the LGBT community and people with disabilities, may not seek care or enroll in health plans due to a number of factors, including past experiences that have created mistrust of the health system.

The Exchange should ensure that its staff, navigators and consumer assistance programs, health plans and participating providers are able to serve the wide array of cultures and disabilities in New York. For example, photos on the Exchange website should depict diverse populations. Health care providers and navigation and consumer assistance programs should be required to have cultural and disability competency training.

## **Combating discrimination**

The ACA prohibits discrimination on the basis of sex (include sex stereotyping or gender identity), race, national origin, disability and age. These provisions apply to any ACA program or activity that receives federal financial assistance, such as through Exchange establishment grants or tax credits applied to insurance policies. It is imperative that the Exchange rigorously enforce this provision. The Exchange must also strongly

enforce other relevant laws like the ADA. Non-discrimination should be a guiding principle of the Exchange, including its consumer outreach, enrollment and eligibility determination processes, the selection of covered benefits, and network adequacy standards.



**The Exchange should require cultural and disability competency training for all staff.**