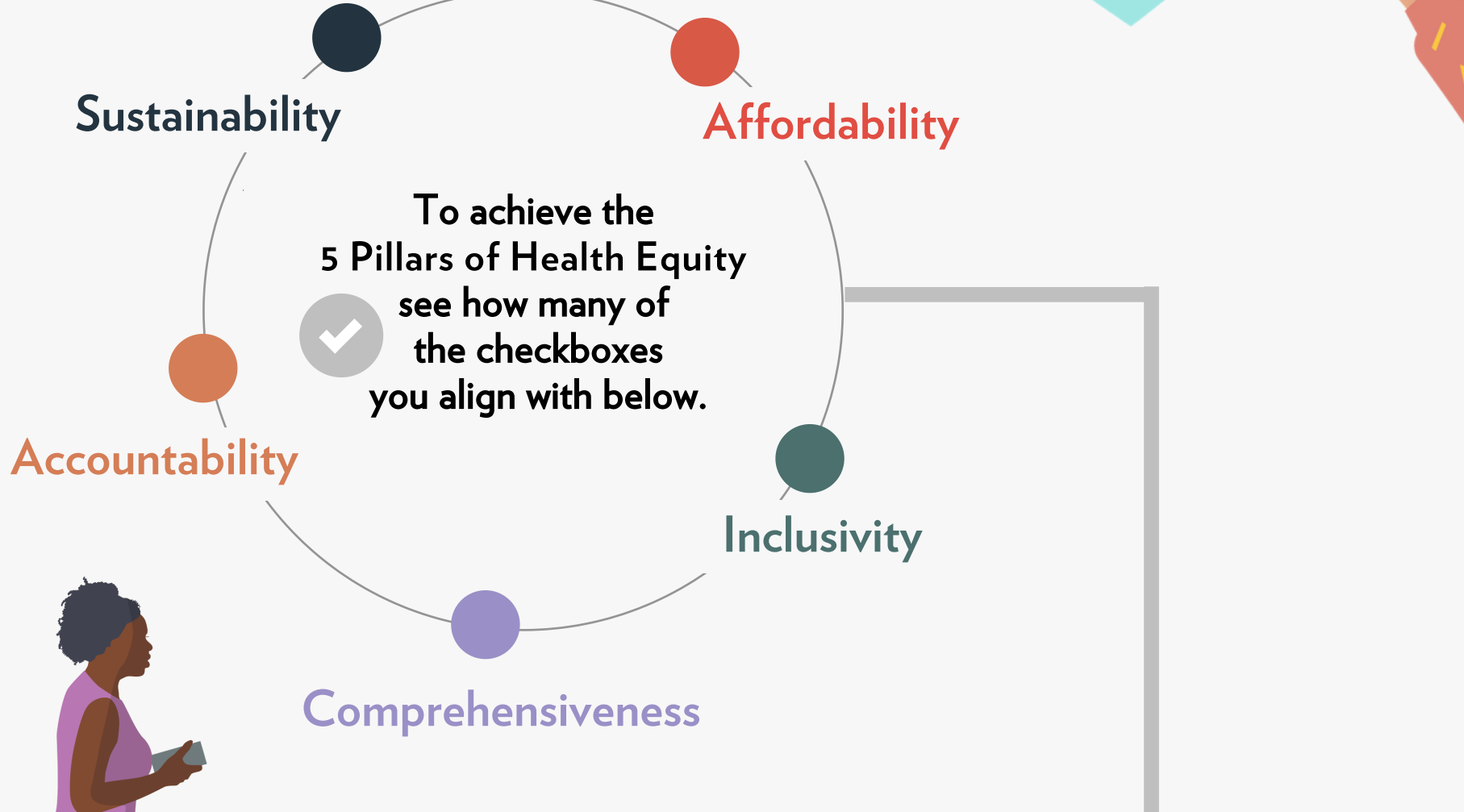


Health Coverage Equity Framework

This Health Coverage Equity Framework is built around five pillars—pillars that we believe interconnect and serve to comprise essential elements for any program or proposal aimed at advancing equity through health care policy.



Affordability

Policy and programmatic solutions aimed at addressing affordability in health insurance must include meaningful pathways for driving down health care costs. Equity-focused solutions are intentional in centering the financial barriers impacting the majority of health care consumers and serve to identify real opportunities for breaking down these barriers, as opposed to elevating and succumbing to the desires of health care industry interests.

DOES YOUR PROPOSAL:

- ✓ Bring down the cost of care?
- ✓ Make premiums more affordable?
- ✓ Reduce out of pocket costs?

Sustainability

Equity-focused solutions must stand the test of time in order to invoke meaningful change in the lives of the most vulnerable among us. And while short-term solutions may be deemed appropriate for a whole set of reasons, they can sometimes cause solutions to be limited in scope. Advancing health equity takes time, particularly when considering that the communities that will be supported by equity-focused solutions have had to bear the brunt of systemic inequality when interacting with the health care system.

DOES YOUR PROPOSAL:

- ✓ Enact solutions through legislative channels to ensure longevity?
- ✓ Stand the test of time?
- ✓ Incorporate solutions throughout the health system?

Accountability

Holding states accountable for advancing health equity is no longer an option; it is an imperative. In order to adequately ensure accountability for advancing health equity through health insurance, legislative and regulatory functions must be in place to do so. Accountability for advancing health equity should be a foundational principle in health policy solutions that serves to regulate the implementation of health insurance coverage.

DOES YOUR PROPOSAL:

- ✓ Include equity is a goal from the outset
- ✓ Center communities struggling to maintain coverage?
- ✓ Address industry pushback?

Comprehensiveness

Consumers must have good options for comprehensive affordable health insurance. This is particularly important for those with high health care needs, such as those experiencing chronic and complex health conditions, pregnant people, those with mental health and substance use needs, and others. States should have mechanisms in place to ensure that, during program implementation, the most comprehensive suite of health care services are offered to those with the greatest need.

DOES YOUR PROPOSAL:

- ✓ Limit cost-sharing for high-value services?
- ✓ Cover services with proven benefit to marginalized communities?
- ✓ Minimize churn, especially during transitions such as the postpartum period?

Inclusivity

Inclusive policies and programs that are successful in advancing health equity bring in communities at the margins to ensure that their health care needs are being met void of inequities and systemic barriers. Research has well documented the impact of discrimination on access to health care services, as well as the uptake of insurance coverage for historically marginalized groups. People representing these populations should be actively engaged in not only in developing health policy solutions aimed at advancing equity, but also in the evaluating on and implementing on of such solutions.

DOES YOUR PROPOSAL:

- ✓ Collect robust demographic data to identify gaps?
- ✓ Include marginalized communities throughout the process, not as an afterthought?
- ✓ Address systemic, nonfinancial barriers to care?

How did you do?

To learn more on how to improve your progress on advancing equity, or how other states tackled these complex pillars, see the examples below and the full report, [“Health Equity in Practice: A Framework to Assess Meaningful Implementation in Health Insurance Reforms”](#) on [tcf.org](#).

Affordability

Maryland

Maryland’s Health Services Cost Review Commission has the power to directly set rates for hospitalists in the states for all payers. This has resulted in a holistic approach to the cost of care, containing growth and helping offset the costs of uncompensated care.

Sustainability

Kentucky

Kentucky’s Medicaid program has significant executive discretion, which has led to whiplash as administrations change. Former Governor Bevin’s threat to end the state’s Medicaid expansion if his work requirement was overturned highlights the need to enact changes to programs in statute.

Accountability

Nevada

Nevada’s public option law intentionally includes equity as a goal, and its regulatory process included a session devoted to determining who the targeting population should be to achieve that goal. Distinguishing between eligible and target populations can ensure that equity is prioritized.

Comprehensiveness

Massachusetts

Massachusetts has prohibited cost-sharing on a variety of services, including medications for diabetes, asthma, coronary artery disease, and hypertension. Plans must cover needed services and ensure that cost-sharing is

Inclusivity

Colorado

Colorado held multiple stakeholder meetings throughout the regulatory process for its public option, including with specific marginalized communities. These meetings influenced the eventual benefit design of the plan, highlighting the importance of including communities.

