RACE & HEALTH CARE: FIGHTING FOR ACCESS & EQUITY

MARYANNE I. TOMAZIC
mtomazic@law.harvard.edu
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HIV Health Care Access Pathway

- *Let’s Fight Back: The Affordable Care Act is Under Attack*
  Saturday, 9 am, Celebration 3 & 4

- **Race & Health Care: Fighting for Access and Equity**
  Saturday, 2 pm, Celebration 3 & 4

- Health Care Rights and Discrimination in the Trump Era
  Saturday, 4:15 pm, Celebration 3 & 4

- Medicaid: Work Requirements, Time Limits, & Lock Outs, Oh My!
  Sunday, 9 am, Celebration 3 & 4
• Federal policy landscape and the impact of these decisions on racial disparities in health care access and coverage
  1. Public Insurance
  2. Private Insurance
  3. Two examples of upcoming regulatory changes

• Community-level analysis of racial disparities and the impact on linkage with essential HIV services

• On-the-ground efforts to fight back and how we can approach advocacy efforts with a racial justice framework
PUBLIC INSURANCE: MEDICAID

• Medicaid provides health care coverage to over 73 million people

• Medicaid is a vital source of coverage for communities of color
  • One in five people of color use Medicaid
  • More than half of all children of color are enrolled in CHIP

• Changes to the structure of Medicaid would have a detrimental impact on already disparate health coverage and outcomes
MEDICAID WORK REQUIREMENTS

• States can apply for Section 1115 Waivers to propose alternative ways to run their Medicaid programs

• Some states want to require beneficiaries to work or volunteer a minimum number of hours in order to keep their Medicaid coverage
  - AR, IN, and NH have approved work requirements
  - AZ, KS, ME, MS, OH, UT, and WI have submitted proposals with work requirements
  - KY’s work requirements were approved, but invalidated by a federal judge
BUILDING UPON EXISTING DISPARITIES

• Communities of color have historically been disproportionately unemployed:

![Chart 5. Unemployment rates by race and Hispanic or Latino ethnicity, 1973–2016 annual averages](chart.png)

Note: People whose ethnicity is identified as Hispanic or Latino may be of any race. Data for Asians are available only since 2000. Source: U.S. Bureau of Labor Statistics, Current Population Survey (CPS).
Examples:
- Mississippi
- Arizona

Exemptions for Native Americans?
- Some states have discussed including exemptions with work requirements that would exempt residents in counties that have a higher than average unemployment rate
  - Michigan and Ohio
The ACA made health care more affordable through state Health Insurance Marketplaces.

Contrary to what the Administration may say, people still rely on Marketplaces for their health care.

Over 80% of people enrolled in plans on Healthcare.gov received financial assistance.

- Average premium w/ tax credit: $89

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### Uninsured Rates

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2013 Uninsured Rate within Demographic Group</th>
<th>2016 Uninsured Rate within Demographic Group</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>9.8%</td>
<td>6.3%</td>
<td>- 3.5%</td>
</tr>
<tr>
<td>Black</td>
<td>15.9%</td>
<td>10.5%</td>
<td>- 5.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>14.5%</td>
<td>7.6%</td>
<td>- 6.9%</td>
</tr>
<tr>
<td>Hispanic (all races)</td>
<td>24.3%</td>
<td>16.0%</td>
<td>- 8.3%</td>
</tr>
</tbody>
</table>

- Communities of color experience a higher uninsured rate than non-Hispanic Whites, but saw larger decreases in uninsured rate from 2013 to 2016.
- This decrease coincides with the start of Health Insurance Marketplaces, financial assistance in buying & using health insurance, and Medicaid Expansion.

**Figure 4**

Percentage Point Reduction in Uninsured Rate among the Nonelderly Population, 2013-2015

- **Below 200% FPL**
  - NH: -18%
  - KY: -17%
  - NV: -17%

- **Hispanics**
  - MS: -28%
  - WY: -21%
  - SC: -19%

- **Blacks**
  - MI: -12%
  - SC: -12%
  - AR: -11%

- **Whites**
  - KY: -8%
  - AR: -8%
  - MT: 7%

**Note:** Includes nonelderly individuals 0-64 years of age. Persons of Hispanic origin may be of any race; Whites and Blacks are non-Hispanic.

UNCERTAINTY IN THE MARKETPLACE: INSURERS

- Cutting reimbursements for Cost Sharing Reductions
- Uncertain administration of the Risk Adjustment program
- Insurer Participation on ACA Marketplaces, 2016 v. 2018
UNCERTAINTY IN THE MARKETPLACE: CONSUMERS

- Confusion about the actual price of Marketplace plans
  - Sticker prices don’t factor in the significant financial assistance consumers can receive
  - In 2016, 28% of people who were uninsured could have received tax credits on the Marketplace
- Gutting funding for navigators and outreach efforts
  - By 2019, Navigator funding will have gone from $62.9 million to $10 million over the course of two years

32% of Marketplace enrollees said they experienced problems during the most recent open enrollment period; half of them received help

Kaiser Family Foundation, March 2018 poll
Off-Marketplace Tactics

- The Administration is expanding off-market options
- These plans do **not** have to follow ACA protections
- For example...
  - Plans can **charge women more** than men for the same exact coverage
  - Plans **don’t have to cover** key essential health benefits
  - Plans can **deny coverage** based on your medical history
CHRONIC ILLNESS EXCLUSIONS

• African American adults are 73% more likely than non-Hispanic white adults to have been diagnosed with diabetes by a physician

• Hispanic/Latino adults are 60% more likely than non-Hispanic white adults to have been diagnosed with diabetes by a physician

• One of every 365 African American babies is born with sickle cell disease

• Asian Americans & Pacific Islanders represent about 5% of the U.S. population, but account for nearly half of Americans living with Hepatitis B

Centers for Disease Control and Prevention, National Health Interview Survey (2016); Centers for Disease Control and Prevention, Data & Statistics on Sickle Cell Disease; Centers for Disease Control and Prevention, Asian Americans and Pacific Islanders and Chronic Hepatitis B;
**HIV Exclusions**

Within the last 5 years, has any applicant received treatment, advice, medication, or surgical consultation for HIV infection from a doctor or other licensed clinical professional, or had a positive test for HIV infection performed by a doctor or other licensed clinical professional? The person(s) named will not be covered under the policy.

- African Americans represented 47% of new HIV diagnoses in 2016
- Hispanic/Latinx represented 25% of new HIV diagnoses in 2016
- 1 in 7 don’t know that they are living with HIV

Centers for Disease Control and Prevention, *HIV and African Americans* (January 2018).
EXAMPLE #1: SECTION 1557 REGULATIONS

• Section 1557 of the Affordable Care Act prohibits federally-funded health programs from discriminating on the basis of race, color, national origin, sex, age, or disability.

• The original regulations explicitly stated that discrimination on the basis of sex included discrimination on the basis of sex stereotyping and gender identity.

• HHS is expected to propose changes to these regulations to eliminate this interpretation.
**Trans People of Color**

- Intersecting and interacting systems of oppression can exacerbate disparities already seen in marginalized communities
- Transgender folks are more likely to identify as African-American/Black or Hispanic/Latino than cisgender folks are

<table>
<thead>
<tr>
<th></th>
<th>Transgender-identified Adults</th>
<th>General Adult Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>African-American or</td>
<td>16%</td>
<td>12%</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>21%</td>
<td>15%</td>
</tr>
<tr>
<td>Other Race or Ethnicity, non-Hispanic</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>55%</td>
<td>66%</td>
</tr>
</tbody>
</table>

• Transgender and gender-nonconforming people of color are more likely to experience discrimination in health care settings

Lambda Legal, *When Health Care isn’t Caring: LGBT People of Color and People of Color Living with HIV* (July 2014).
EXAMPLE #2: TITLE X FUNDING

• Title X funding supports voluntary family planning projects that provide family planning services, breast/cervical cancer screenings, STD/HIV testing, etc.

• Recipients incl. community health centers that administer >1.16M HIV tests

• Proposed regulations restrict the information providers can give patients regarding reproductive health options, particularly information about terminating a pregnancy

HHS Announces Proposed Update to Title X Family Planning Grant Program

The U.S. Department of Health and Human Services (HHS) is issuing a proposal to update the regulations governing the Title X family planning program, which focuses on serving low-income Americans. The proposed update to the regulations ensures compliance with statutory program integrity provisions governing the program and, in particular, the statutory prohibition on funding "programs where abortion is a method of family planning." (42 U.S.C. § 300a-6) The proposed update
Title X Funding: Communities of Color

- Regulations disproportionately affect communities of color
  - Black or African American: 21%
  - Hispanic/Latinx: 32%
- Regulations particularly affect women of color
  - 41% of all Title X patients are **women of color**.
The federal health policy landscape is rife with issues that disproportionately impact communities of color.

- States will play a central role in fighting back.

- Edwin Corbin-Gutierrez (NASTAD) will talk about what this looks like on a community level, and how challenges to accessing insurance impact linkage to essential HIV services.

- Maxx Boykin (Black AIDS Institute) will talk about what communities of color are doing on the ground to fight back, and how we can incorporate a racial justice framework into our advocacy.