



Benefit Design Barriers Race and Disability

Special (EX) Committee on Race & Insurance
Workstream #5
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Benefit Design & Disability



- Benefit design – subtlety of historical exclusions & coverage gaps when it comes to disability
- In 2011, about 26.5% of the U.S. adult population had at least one type of disability
- People with disabilities typically have higher health care costs and out-of-pocket costs than people without disabilities, even in 2016 after the ACA's full implementation
- 14% of working-age Blacks in the US have a disability compared with 11 percent of Non-Hispanic Whites and eight percent of Latinos

What Happens Before Benefit Design?

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- In 2021, a study on people with intellectual and developmental disabilities (I/DD) living in the community, focusing on perceived healthcare barriers in three racial & ethnic groups
 - Lack of knowledge and lack of trust must be addressed as a matter of equity before we ever get to the kinds of changes that we generally think of as benefit design
 - Effective benefit design must include provider training, culturally aware and fully accessible outreach and education, and data-sharing across public and private insurance lines

Persons with I/DD, Race/Ethnicity, & Birth

- Study of 2,110 delivery-associated hospitalizations among women with I/DD, including 1275 non-Hispanic white women, 527 non-Hispanic Black women, 308 Hispanic women: significant disparities in still birth rates & labor/delivery charges
- Culturally sensitive maternal health measures such as coverage of doulas must be part of benefit design and should incorporate disability awareness and training
- Non-discriminatory benefit design includes looking at when for what, and how cost-sharing, caps, and other coverage limitations are imposed, even when the language is neutral

Race & Mobility Disabilities

- Mobility (serious difficulty walking or climbing stairs) is the most common single disability, affecting 1 in 7 adults
- Disability is significantly associated with poor education, poverty, and unemployment
- Physical disability is more prevalent among Black, American Indian/Alaska Native (AIAN), Native Hawaiian and other Pacific Islander (NHPI), and multiracial respondents
- The prevalence of physical disability for Blacks in any given age group is similar to the prevalence for non-Hispanic whites who are 10 years older
- Women are more likely than men to have physical disabilities in each age & race group

What Changes are Needed

- Go beyond discrimination that is apparent on the surface – offering “the same benefit” does not mean a benefit that is equally available
- Ask and expect issuers to explain how they have designed a benefit, especially coverage of durable medical equipment, rehabilitation therapy, and other treatments used by people with disabilities, to ensure availability to diverse racial & ethnic groups
- **GET DATA** on benefit use, stratified by race, ethnicity, disability, LGBTQ+ status, and so forth
- Obtain random samples of EHB benefit denial notices and analyze them for patterns of consistent denial that are substantively unrelated to clinical evidence or actual provider practice in specialty areas

Thank You, Questions & Contact Info



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