



## **Statement for Hearing on**

### **“Examining Our COVID-19 Response: Improving Health Equity and Outcomes by Addressing Health Disparities”**

**Submitted to the Senate Health, Education, Labor, and Pensions Committee**

**March 25, 2021**

Every American deserves affordable, high-quality care and health coverage regardless of health status, race, color, national origin, sex, gender identity, sexual orientation, age, or disability. For years, health insurance providers have been committed to improving health equity and combating social factors, like food insecurity and poverty, that can reduce health in our communities.

Over the last year, the COVID-19 crisis has ravaged the physical and economic health of communities across the country. Communities that are disadvantaged and have higher non-white populations are experiencing higher rates of infection and death from COVID-19. They also are suffering greater economic harm. More than ever, we need to take sustained action to improve health equity.

AHIP<sup>1</sup> greatly appreciates and shares the HELP Committee’s commitment to improving health equity and outcomes. We look forward to working with the Committee to ensure that every American has an equal opportunity to thrive and achieve their best health during and after COVID-19.

#### **COVID-19 Has Shined a Spotlight on Longstanding Health Disparities**

The COVID-19 crisis has unmasked and shined a spotlight on the health inequities that have always existed. Throughout the pandemic, Americans have seen the profound and disproportionate impact of COVID-19 on communities of color.

Although racial and ethnic information is currently available for only about 35% of the total deaths in the U.S., even this limited sample shows that Black Americans and other historically underserved groups are experiencing COVID-19 infection and death rates that are far higher than the proportion of Black Americans in the population. For example, while Black Americans represent only about 13% of the population in the states reporting racial/ethnic information, they

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<sup>1</sup> America’s Health Insurance Plans (AHIP) is the national association whose members provide coverage for health care and related services to millions of Americans every day. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities, and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access, and well-being for consumers.

account for about 34% of total COVID-19 deaths in those states. Asian Americans and Latinx Americans also show elevated impacts in some regions.<sup>2</sup> Moreover, at the national level, Pacific Islander, Latinx, Indigenous and Black Americans all have COVID-19 death rates of double or more that of White and Asian Americans.<sup>3</sup>

### **Health Insurance Providers Are Working to Improve Equity in COVID-19 Response**

Since the beginning of the COVID-19 crisis, health insurance providers have innovated, built new service delivery models, and partnered with service providers and the communities we serve to deliver critical resources to people experiencing greater health and social needs during this challenging time. Recognizing the inequities exposed during the COVID-19 crisis, AHIP has launched several initiatives with our health insurance provider members to address inequities.

To build upon these actions and take the commitment of health insurance providers even further, AHIP and the Blue Cross Blue Shield Association (BCBSA), in collaboration with the Biden Administration, launched the Vaccine Community Connectors pilot initiative. This is a concerted, coordinated effort to vaccinate 2 million seniors age 65+ in communities that are most at-risk, vulnerable, and underserved, such as Black and Hispanic communities. The initiative focuses on expanding vaccinations for those who may have difficulty signing up for appointments or getting to vaccine administration sites, such as those who are home-bound, those with disabilities, and those who lack transportation options.

As vaccine supplies expand and registrations become available, health insurance providers are using our combined expertise, data, and insights and working with their partners to:

- Identify seniors 65+ who are vulnerable to COVID-19 and who live in areas where vaccination rates are most inequitable.
- Work with partners in the community to educate seniors on the safety, efficacy, and value of COVID-19 vaccines.
- Contact those seniors who are eligible to get a vaccine through multiple channels to:
  - Facilitate vaccine registration and appointment scheduling.
  - Answer their questions about vaccines.
  - Help them to understand when, where, and how they can receive vaccines and remind them about any required second doses.
  - Coordinate services to help overcome barriers that may stand between them and getting vaccinated, including transportation.
- Work with federal, state, and local leaders to deliver vaccines to underserved communities and closely collaborate with other vaccination partners, for example pharmacies.

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<sup>2</sup> <https://coronavirus.jhu.edu/data/racial-data-transparency>

<sup>3</sup> <https://www.apmresearchlab.org/covid/deaths-by-race>

- Track progress to ensure that those who need vaccinations most are receiving them.

In addition to our efforts to address health disparities in addition to the Vaccine Community Connectors Pilot Initiative, health insurance providers are committed to combatting COVID-19<sup>4</sup> and resulting health disparities through community efforts, such as:

- When food banks in New Orleans could no longer distribute food from their buildings due to social distancing guidelines, Humana deployed a team of vans to deliver food directly to families in need.<sup>5</sup>
- In Massachusetts, Commonwealth Care Alliance (CCA) has worked with local and state governments to set up and operate six hotels to serve as isolation and recovery sites for homeless and marginally housed individuals who tested positive for COVID-19 but did not require hospital care. CCA provides residents with essential services, such as addiction services, housing assistance, and other community resources to address socioeconomic needs.<sup>6</sup>

### **An Ongoing Commitment to Overcome Social Barriers to Better Health**

Health insurance providers’ commitment to overcome social barriers to improve health expands well beyond COVID-19. We understand that many social barriers in every-day life play a large role in personal health and health outcomes. These factors include limited access to healthy foods, reliable transportation, health care services, and unsafe or unstable housing.

For years, health insurance providers have developed community-specific solutions to address these social barriers — from investments in local neighborhoods to innovative community improvements and direct assistance for individuals and families.<sup>7</sup> Examples of AHIP members providing support to vulnerable individuals and communities through innovative programs include:

- Kaiser Permanente has donated grants totaling \$500,000 as of March 2021 to four nonprofit, community-based organizations in Washington to address systemic racism in the state. The grants will focus on civic engagement and policy, health care, education, and business and cultural development.<sup>8</sup>
- Blue Cross and Blue Shield of North Carolina invests in healthy, safe, and sustainable housing in collaboration with Community Home Trust, an organization that supports permanently affordable housing in communities in Orange County, North Carolina. The project will fund needed renovations such as upgrading and cleaning HVAC units and

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<sup>4</sup> <https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/>

<sup>5</sup> <https://www.ahip.org/wp-content/uploads/Socioeconomic-Needs-Innovation-Brief.pdf>

<sup>6</sup> <https://www.ahip.org/wp-content/uploads/Socioeconomic-Needs-Innovation-Brief.pdf>

<sup>7</sup> <https://www.ahip.org/sdoh-health-insurance-providers-actions/>

<sup>8</sup> <https://about.kaiserpermanente.org/our-story/news/announcements/500k-grant-funding-will-invest-in-racial-equity>

ducts, as well as make improvements to fire safety and lighting that will make the community healthier and safer.<sup>9</sup>

- Centene partnered with Samsung Electronics America to expand access to telehealth for individuals living in rural and underserved communities. The initiative supplied Centene's providers with Samsung Galaxy smartphones to distribute to their patients who would not otherwise be able to access health care virtually. The partnership also supplied Samsung Galaxy tablets to providers to conduct telehealth visits with their patients.<sup>10</sup>

## **Policy Recommendations to Improve Health Equity**

Our experience shows that the commitment and actions of businesses can greatly improve health equity. We also recognize that new policies are essential to meaningfully and sustainably improve health care access for communities most underserved. Those policies include:

### *Strengthening Access to Care for Underserved Populations through Medicare Advantage*

Medicare Advantage serves millions of Americans from communities that are underserved. Medicare Advantage covers more racially diverse populations (32%)<sup>11</sup> than traditional Medicare (21%), providing stable, affordable coverage for millions of low-income and minority enrollees.<sup>12</sup> Furthermore, 40%<sup>13</sup> of Medicare Advantage enrollees make less than \$25,000 per year, and about 9 million have income below 200% of the federal poverty level. Many of these individuals might not be able to afford the out-of-pocket costs of traditional Medicare.

There are opportunities for Congress to build on and strengthen Medicare Advantage for the 26.5 million seniors and individuals with disabilities who rely on the program, especially during the COVID-19 crisis. One way to strengthen access to care is through telehealth.

In the wake of COVID-19, Medicare Advantage plans took decisive action by expanding telehealth services, including providing coverage for telephonic (audio-only) telehealth. Audio-only telehealth helps ensure that patients who have trouble accessing or discomfort using technology or broadband services still have access to necessary care.

Congress can make sure these Americans are not left behind after the COVID-19 crisis. In fact, a bill is now being considered for Medicare Advantage, the *Ensuring Parity in Medicare Advantage for Audio-Only Telehealth Act (S. 150)*.<sup>14</sup> Passage of this bipartisan proposal will reduce health disparities due to unequal access to health technology and video telehealth platforms. This critical legislation will also ensure audio-only telehealth continues to be an

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<sup>9</sup> <https://www.ahip.org/the-foundation-of-good-health-lies-outside-of-the-doctors-office/>

<sup>10</sup> [https://www.ahip.org/wp-content/uploads/202011-AHIP\\_IB-DigitalDivide.pdf](https://www.ahip.org/wp-content/uploads/202011-AHIP_IB-DigitalDivide.pdf)

<sup>11</sup> <https://us.milliman.com/en/insight/comparing-the-demographics-of-enrollees-in-medicare-advantage-and-fee-for-service-medicare>

<sup>12</sup> <https://medicarechoices.org/more-americans-choose-medicare-advantage-year-over-year/>

<sup>13</sup> <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/MCBS-Public-Use-File>

<sup>14</sup> <https://www.congress.gov/bill/117th-congress/senate-bill/150/related-bills?q=%7B%22search%22%3A%5B%22Ensuring+Parity+in+MA+for+Audio-Only+Telehealth+Act+of+2021%22%5D%7D&r=1&s=1>

effective source of health care for Medicare Advantage enrollees and support the doctors and providers who care for them.

### *Medicaid Expansion, HCBS Funding & Extended Postpartum Coverage*

As the federal-state program providing access to essential health care to over 77 million low-income adults, children, pregnant women, elderly adults, and people with disabilities, Medicaid (along with the Children's Health Insurance Program (CHIP)) has a unique opportunity to address the social risk factors that disproportionately impact these vulnerable populations. Of note, more than two thirds of Medicaid beneficiaries, more than 57 million people, receive their Medicaid and CHIP coverage through managed care plans.<sup>15</sup>

We applaud Congress for passing the American Rescue Plan Act of 2021, which provided Americans with additional resources essential to saving lives and speeding recovery of our communities. The law contains several important Medicaid-related provisions designed to increase coverage, expand benefits, and adjust federal financing for state Medicaid programs, including:

- Providing an additional temporary fiscal incentive to encourage states that have not yet adopted the Affordable Care Act (ACA) Medicaid expansion to do so.
- Offering a 10% increase in federal matching funds for Medicaid home and community-based services (HCBS) from April 1, 2021 through March 30, 2022.
- Giving states the option to extend Medicaid postpartum coverage for women from 60 days to 12 months.

Throughout the pandemic, the Medicaid program has provided essential health care services to millions of Americans who otherwise could not afford health coverage. To ensure that Medicaid remains a stable resource, we urge Congress to take legislative action to support permanent funding for Medicaid expansion incentives, HCBS and extended postpartum coverage. This support is necessary not just for the care delivered today, but the care that will be delivered in the future after the pandemic has subsided.

As we work together to improve health outcomes, AHIP also supports policies that:

- Support permanent funding for the Money Follows the Person demonstration program and spousal impoverishment protection;
- Streamline presumptive eligibility during the COVID-19 crisis;
- Allow states flexibility to expand presumptive eligibility to any Medicaid eligibility group and/or allow additional qualified entities to perform determinations;

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<sup>15</sup> <http://data.modernmedicaid.org/>

- Support auto-enrollment of low-income Americans into Medicaid and CHIP when they are identified as eligible by certain institutions (such as public schools) or other programs for low-income populations (such as SNAP); and
- Modernize existing Medicaid policies that permit states to broaden the scope of covered services to include specific nonmedical services and interventions that will help address social determinants of health.

### **Conclusion**

Everyone deserves a fair and just opportunity to be as healthy as possible, especially as the nation grapples with the COVID-19 crisis. We thank the members of the Committee for your dedication to improve health equity. We look forward to working with Congress and the Administration to promote equity and improve health outcomes for all Americans.