









Why Strong Health Care Policies in Reconciliation Are Necessary to Advancing Racial Equity

In the wake of a pandemic that has exposed the many underlying structural failures in America's health care system and a national awakening around racial justice, President Joe Biden and Democratic leaders in Congress have rightfully put equity at the center of their legislative agenda. Key to fulfilling this promise of equity is inclusion of the most robust version of the health care policies as part of the Build Back Better Act.

Health Care Priorities

These priorities, working in concert as an interrelated set of policies, will make the structural changes that begin to remedy longstanding and deep inequities in the health care system. As negotiations continue, Congress must ensure **each of the following priorities are addressed** in the Build Back Better legislation:

-  » Finally stopping prescription drug pricing abuses.
-  » Extending the Medicare benefit to cover oral health care, as well as vision and hearing services.
-  » Providing federal coverage for people in the “coverage gap” who live in states that didn't expand Medicaid under the Affordable Care Act.
-  » Improving the affordability of plans in the health insurance Marketplaces.
-  » Substantially improving coverage and community-based care delivery for pregnant and post-partum women.
-  » Expanding access to home and community-based services for seniors and people with disabilities while paying fair wages to home care workers.



Medicare Drug Pricing Abuses Disproportionately Keep People of Color from Accessing Prescribed Medicine:

Predatory pricing practices by the pharmaceutical industry widen the health equity gap for vulnerable people who simply cannot afford to pay for drugs their doctor prescribes. Black, Latino, and Indigenous communities report much higher rates of unfilled prescriptions and skipping doses for financial reasons. To make matters worse, these are the same communities that experience higher rates of chronic illness and require lifelong access to medications to manage their health.

- » Black Medicare beneficiaries are more than twice as likely as white beneficiaries to not fill prescriptions because they cannot afford them.
- » Latino seniors report cost barriers to accessing prescription drugs at rates several times higher than white seniors.



Medicare's Lack of Dental Coverage is Outrageous and Hurts People of Color

Dental care is so expensive without insurance that it is the number one medical service that people in America skip due to the cost. People of color, and those living in low-income communities, are disproportionately hurt by the fact that Medicare does not cover dental care because they have lower incomes on average and have less access to dental coverage before age 65. Medicare's universality is one of the great racial justice accomplishments of the civil rights era, but excluding oral health is a glaring gap. Right now, with oral health excluded from Medicare, low-income, Black, rural and Latino people suffer from untreated dental disease at far higher rates than other Medicare beneficiaries. That is not acceptable.

- » Among Black older adults, the percent of individuals who lost all their natural teeth is 31% — almost double the national average — with minimal change over the past decade.
- » Seven out of ten Black Medicare beneficiaries and six out of ten Hispanic beneficiaries reported they did not see a dentist in the last year compared to four out of ten white beneficiaries — before the pandemic ever hit.
- » Over one third of Mexican American older adults have untreated tooth decay, compared to just 13% of white older adults.
- » Seventy percent of beneficiaries with incomes less than \$10,000—of whom almost 40% are Black or Latino—did not have a dental visit in the last year compared to twenty-seven percent with incomes greater than \$40,000.

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Adults Who Fall into the Coverage Gap in Medicaid Non-Expansion States Are Mostly Working-Class Black and Latino People

Racial justice is at the heart of the need for a new federal coverage option in Medicaid non-expansion states. Medicaid expansion has gotten stuck in state legislatures in non-expansion states, which are disproportionately states with large African American and Latino populations. Medicaid expansion is closely tied to reduced mortality, reduced poverty, and stronger economic growth, particularly for communities of color.

- » Sixty percent of people who fall into the coverage gap in non-expansion states are people of color.
- » In 2019, almost one in three uninsured people in the coverage gap was an essential/frontline worker, a significant portion of whom are people of color.



Marketplace Plan Cost Reductions are Essential for Working Class People in Communities of Color

One of the many repercussions of systemic racism is that people of color are less likely than white people to have a job that offers good health benefits. As such, they are more likely to benefit from the enhanced premium assistance Congress provided through the American Rescue Plan for buying health care on the marketplace and from extending these improvements in the Build Back Better Act.

- » Prior to the American Rescue Plan, the Marketplace priced out many people of color: 51% of uninsured adults eligible for Marketplace coverage were people of color, including 15% who were Black and 29% who were Latino. But under the American Rescue Plan working-class people in communities of color have seen tremendous gains. About 1.5 million people of color became newly eligible for assistance and one million people of color became newly eligible for zero premium coverage.
- » Nearly three million people have purchased insurance on the marketplace since the American Rescue Plan went into effect and the average consumer saved 50% on their monthly premium costs.

Racial justice is at the heart of the need for a new federal coverage option in Medicaid non-expansion states.



Improved Coverage and Community-Based Care Delivery for Pregnant and Post-Partum Women Would Reduce Appalling U.S. Maternal Mortality Rates, a Particular Crisis for Women of Color:

Racial disparities in maternal mortality are an ongoing national disgrace.

- » Maternal mortality rates for Black and Native Americans are 2-4 times higher than rates for white Americans.
- » As a country we have, by far, the worst mortality and morbidity for birthing mothers of any advanced economy. We have three to six times the level of maternal deaths of every country in Western Europe.
- » We are the only rich country, and one of the only countries at any income level, in which maternal mortality has gone up in the last twenty years.

Secure access to coverage during the critical first year after delivery - combined with significant funding to help states and non-profits intervene to address social drivers of poor maternal health, to grow and diversify the perinatal workforce with more diverse and community-based professionals, and resources specifically for community-based organizations and maternal mental health equity grant program – is essential to start turning the tide on this crisis.



Expanding Access to Home and Community-Based Services for Seniors and People with Disabilities While Paying Fair Wages to Home Care Workers

Improving home and community-based services has racial justice implications both for people who receive long-term supports and services, and for a home care workforce that includes many immigrant, Black and Latino professionals. A significant expansion of home- and community-based services in the Build Back Better package would ensure that many Americans are able to stay in their homes and participate in their communities, and strong state incentives to provide more appropriate and fair pay and benefits to home care workers would bolster this essential workforce.

- » Many people who prefer to receive their long term care at home cannot afford to do so and are forced to live in congregate settings that can put them at risk in other ways. During the pandemic, hundreds of thousands of people in nursing homes died, itself a terrible and unjust outcome for our country. Racial inequities drove this crisis too, as nursing homes with

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the highest proportions of residents of color experienced COVID-19 deaths more than three times higher than facilities with the highest proportions of white residents.

- » Most home care workers are women and people of color who currently face legal barriers to unionization and are at a distinct disadvantage for securing a living wage, which in turn has repercussions for their health and the health of their families.
- » Home care workers are undercompensated in a grossly unequal power dynamic with their employers.

The choice for Congress is clear – making health care more affordable and equitable for all Americans or maintaining the same failed system that is leaving millions of Americans behind.

It's time for Congress to pass comprehensive legislation that addresses racial injustices in health care from birth to old age. This opportunity is not likely to reappear for many years, and millions of lives are at stake if they don't take action. The choice for Congress is clear – making health care more affordable and equitable for all Americans or maintaining the same failed system that is leaving millions of Americans behind. Taken together, these policies provide a meaningful start toward remedying our racial inequities in health. Anything less means that the people who need support the most will once again be left behind.

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