

Statement of Diane C. Lewis

Chair

D.C. Health Benefit Exchange Authority Executive Board

COUNCIL OF THE DISTRICT OF COLUMBIA

COMMITTEE ON HEALTH

COUNCILMEMBER VINCENT GRAY, CHAIRMAN

Fiscal Year 2022 Performance Oversight Hearing

January 24, 2022

Chairman Gray, members of the Committee on Health, my name is Diane Lewis and I am the Chair of the Executive Board of the DC Health Benefit Exchange Authority (HBX). Thank you for the opportunity to appear before you today.

Events over the last several years have forced our county to take a more honest look at ourselves, our values, and our proposed commitment to justice. These events, including COVID-19, evidenced the systems of inequity and racism in which we all live and work, including in healthcare.

I am here to update the Committee on HBX actions and progress in addressing the inequities and disparities within our influence. When I last testified before this Committee, HBX had created the Social Justice and Health Disparities Working Group. I am pleased to report that this Working Group delivered unanimous recommendations to the Executive Board in July 2021, which were adopted in full.

The HBX Executive Board established this Working Group and its focus areas as one of the outcomes of its review and report on “How Health Insurance Companies Offering Coverage through DC Health Link are Taking Steps to Improve Access to Services for District Residents East of the River.” That request originated with you Chairman Gray. The resulting Social Justice and Health Disparities working group was comprised of diverse stakeholders committed to social justice and health equity, including all of the carriers offering coverage on DC Health Link, patient advocates, health equity experts, members from our broker community, providers, including doctors and hospitals. The Working Group focused on areas under HBX control or influence and was mindful to focus on work that would supplement and not supplant other equity efforts already underway in the District. The Working Group was convened in February of 2021 and met bi-monthly until arriving at unanimous recommendations, which were adopted by the Executive Board in July of 2021.

As a reminder, the Working Group was charged with issuing recommendations in the following three focus areas:

- Focus Area 1: Expand access to providers and health systems for communities of color in the District;

- Focus Area 2: Eliminate health outcome disparities for communities of color in the District; and
- Focus Area 3: Ensure equitable treatment for patients of color in health care settings and in the delivery of health care services in the District.

HBX immediately began working with our carrier partners to implement the year 1 recommendations. Under Focus Area 2, the Working Group recommended modifying plan design for the DC Health Link standard plans to eliminate cost-sharing for conditions that disproportionately affect patients of color in the District and prioritized the following conditions for review:

(1) for the adult population-- diabetes, cardiovascular disease, cerebrovascular disease, mental health, and HIV, as well as cancer of the breast, prostate, colorectal and lung/bronchus; and

(2) for pediatric population-- mental and behavioral health services.

HBX convened the Standard Plan Working Group over the summer and early fall and delivered unanimous recommendations which the Executive Board adopted in November 2021. For PY 2023, the Standard Plan Working Group focused on type 2 diabetes. In the District of Columbia 14% of African-Americans adults and 8% of Hispanic adults had diabetes compared to 2% of White adults.<sup>1</sup> Based on the Working Group's recommendations, Standard Plans will cover medical care for diabetes including physician visits, blood tests, vision and foot exams, prescription medications, and supplies with no cost sharing – no deductibles, no copayments, and no co-insurance. Using coverage design is one important way HBX can help address health disparities -- by eliminating cost-sharing we eliminate a financial barrier to medical care for diabetes, a condition that disproportionality impacts communities of color in the District. Also, for the first time, Standard Plans will be available in our Small Business Marketplace for plan year 2023. And already in 2022, our individual market standard plans have zero-cost sharing for insulin and diabetic supplies.

We are the first State-based Marketplace to change our Standard Plan design to help address health disparities. We have shared our experience with other state-based marketplaces and the federal government.

HBX and our carrier partners are also concentrating Focus Area 3, ensuring equitable treatment for patients of color in health care settings and in the delivery of health care services, in this first year of implementation. Recent studies have identified significant racial bias in health care algorithms used to identify patients who would benefit from additional health care services and for medical decision-making. Under some algorithms, people of color are less likely to be eligible for intensive care management or receive timely diagnoses or appropriate care for heart failure, kidney disease, certain cancers and osteoporosis. The race adjustment in estimating glomerular filtration rate (GFR) was identified as one such clinical decision-making tool that

---

<sup>1</sup> District of Columbia data for Non-Hispanic African Americans and Whites from 2020 and Hispanics from 2018. See United Health Foundation, *America's Health Rankings*, available at <https://www.americashealthrankings.org/explore/annual/measure/Diabetes/state/DC>.

produced health disparities. DC Health Link insurers will prohibit the use of race in estimating GFR by their network providers within one year, in alignment with the National Kidney Foundation guidelines.<sup>2</sup>

In addition, our carrier partners will conduct and report to HBX on efforts to assess clinical management algorithms that may introduce bias into clinical decision making and/or influence access to care, quality of care, or health outcomes for racial and ethnic minorities. Within one year, carriers will report the outcomes of such assessments to DCHBX, as well as plans and timeline for correction, as necessary.

Other recommendations from the Social Justice Working Group include expanding access to providers for communities of color in the District. This includes recommendations to provide incentives for both primary care and specialist physicians to practice in underserved areas in DC and support access to diverse medical professionals, for example, by carriers providing scholarships for STEM students and medical school students of color in the District. Additionally, HBX and our carrier partners will review and improve, as necessary, data collection on race, ethnicity, and languages spoken. Carriers are to use the data to support and collaborate with network providers to reduce racial and ethnic inequities. Our carrier partners will also ensure that their network providers receive cultural competency training, to help address unconscious bias impacting patient care.

Our work, to identify and dismantle systems of inequity within our influence, is just beginning and we are committed to this essential work with our partners, including our sister agencies, carrier partners, and other stakeholders. We will continue to share our lessons learned and recognize that a sustained and substantial commitment to these policies will be necessary to achieve the goal of advancing health equity in the District. I look forward to keeping you updated as we work together to end systemic racism and health disparities in medical care.

Thank you Mr. Chairman, for the opportunity to testify today.

---

<sup>2</sup> See NFK and ASK Release New Way to Diagnose Kidney Diseases, National Kidney Foundation, September 23, 2021, available at <https://www.kidney.org/news/nkf-and-asn-release-new-way-to-diagnose-kidney-diseases>