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# **DC Health Benefit Exchange Authority**

**Mila Kofman, J.D., Executive Director**

**HBX Performance Oversight FY22-23**  
**Oversight Hearing**  
**DC Council Committee on Health**  
**Chairperson Councilmember Henderson**  
**Feb 1, 2023**



- ✓ Background
- ✓ Open Enrollment
- ✓ Inflation Reduction Act
- ✓ HealthCare4ChildCare
- ✓ Emergency Premium Arrears Relief COVID
- ✓ Social Justice and Health Equity to address disparities in health outcomes



## DC Health Link: ACA State-Based Online Health Insurance Marketplace

- HBX is responsible for DC Health Link – DC's Affordable Care Act online health insurance marketplace
- Last state to start IT build, **1 of 4 state marketplaces opened for business on time** (& stayed open) Oct 1, 2013
- **NEAR UNIVERSAL COVERAGE:** more than 96% of DC residents covered
  - ✓ Cut uninsured rate by half since DC Health Link opened for business
  - ✓ DC ranks **#2** in U.S. for lowest uninsured
- **Funded** through assessment on health carriers



## **DC Health Link – Successful ACA State-Based Marketplace**

### **Small group & individual market -- DC Health Link:**

- **Cover 100,000 people** (private health insurance); new market for individual dental plans
- **Cover nearly 5,400** District small businesses and non-profits
- **Have 900+** DC Health Link brokers providing free help to customers
- **Responsible for over \$670 million** in annual premiums



✓ Open Enrollment



## Open Enrollment Nov 1, 2022 to January 31, 2023 for District Residents

- ✓ **Window shopping October 17 to October 31:** preview 2023 health plans and rates before Nov 1.
- ✓ **2023:** Have 27 plans from CareFirst BlueCross BlueShield and Kaiser Permanente.
- ✓ **Standard Plans: No deductibles** for primary care, specialists, mental and behavioral health, urgent care and generic Rx. Starting January 1, 2023 standard plans cover:
  - **Type 2 diabetes care** including insulin, lab work, eye and foot exams, and Rx and supplies without co-payments, co-insurance, and deductibles.
- ✓ **More residents qualify for lower monthly premiums** because of Inflation Reduction Act.



## ✓ Inflation Reduction Act





## **Inflation Reduction Act lower premiums through Dec 31, 2025**

- Inflation Reduction Act health insurance benefits to residents:
  - ✓ Approximately \$36 million annually in lower premiums.
  - ✓ Premiums as low as \$11/month for quality health insurance through DC Health Link.
  - ✓ On average \$5,600/year in lower premiums for families.
- HBX worked closely with insurers, brokers, consumer and patient advocates, and others to advocate successfully for Congress to extend lower premiums established under the American Rescue Plan, which were set to expire December 31, 2022. (see impact on DC Residents fact sheet at: <https://www.nashp.org/wp-content/uploads/2022/06/June-2022-DCHBX-ARP-Fact-Sheet.pdf>)





✓ HealthCare4ChildCare



**HealthCare4ChildCare through DC Health Link helps OSSE licensed child development centers and homes provide affordable health insurance for their employees. Free premiums and lower premiums start Jan.1, 2023 & are guaranteed for 2023.**

**Workers of OSSE licensed early child development facilities who live in DC and their Families**

- ✓ Individual & Family Marketplace
- ✓ **Free** premiums for worker and dependents when they choose to enroll in a **Silver Standard plan**:
  - CareFirst BlueCross BlueShield HMO
  - CareFirst BlueCross BlueShield PPO
  - Kaiser Permanente
- Patients are responsible for deductibles, copayments, and coinsurance.



**HealthCare4ChildCare through DC Health Link helps OSSE licensed child development centers and homes provide affordable health insurance for their employees. Free premiums and lower premiums start Jan.1, 2023 & are guaranteed for 2023.**

- ✓ **Free or lower premium health insurance** for **non-District residents** who are employees of OSSE licensed child development centers and homes choosing to participate in HealthCare4ChildCare. Whether premiums are completely free or lower depends on what the employer selects.
- ✓ **All employees qualify** (including employees not eligible for wage supplement, part-time workers, undocumented workers, etc.).
- ✓ **Continuing Coverage** option for employers currently offering coverage – workers who are DC residents and non-residents keep what they have (or most comparable level) and the group gets lower premiums.



## HC4CC ENROLLMENT FOR JAN 1, 2023 HEALTH INSURANCE

### Small Group Enrollment

<b>Employers (94 licensed facilities)</b>	61
<b>Employees</b>	516
<b>Employees and their dependents</b>	594
<b>Monthly HC4CC Discount</b>	\$215,027

### Individual Marketplace Enrollment

<b>Residents (employees of OSSE licensed facilities)</b>	41
<b>Residents and their dependents</b>	62
<b>Monthly HC4CC Paid for 100% of Premium</b>	\$34,028

### Total Enrollment

<b>Covered Lives</b>	656
<b>Monthly HC4CC total paid</b>	\$249,055



## HC4CC GROUP ENROLLMENT FOR JAN 1, 2023 HEALTH INSURANCE (61 EMPLOYERS – 94 LICENSED FACILITIES)

- ✓ 33 of the 61 employers did **not** offer coverage before (54% of employers newly offering group coverage). These 33 employers have 121 employees enrolled (total of 136 covered lives)
  - ✓ 95 employees have free health insurance premiums
  - ✓ 26 employees pay a reduced premium
- ✓ 25 of the 61 employers previously offered coverage through DC Health Link
  - ✓ Because of the HC4CC discount, “take up” or **enrollment increased** by 92 employees (**42% increase**) (94 covered lives).
- ✓ 3 employers previously offered outside of DC Health Link



## **HC4CC GROUP ENROLLMENT FOR JAN 1, 2023 Cont.**

Information from 1 of the 3 employers previously offering coverage outside of DC Health Link and now enrolled in HealthCare4ChildCare:

- ✓ **80%** of their workforce is now insured due solely to HC4CC.
- ✓ Before HC4CC, only a handful were on their plan and it varied monthly.

**“The program is a Godsend to us and our employees. CommuniKids wanted to be competitive and retain good teachers but were unable to contribute more than just 50% of employee rate. The employees were largely uninsured because of high costs. This program is very important to our business and the retention of our teachers.” - Gabriella M.**



# ✓ Emergency Premium Arrears Relief COVID





## Emergency COVID-19 Relief for Employers & Residents with DC Health Link Health Insurance in Arrears

- ✓ Using funds the ARP provided to DC, Mayor Bowser established Emergency COVID Relief through HBX for nearly \$19 million to help District employers and residents stay insured.
- ✓ Council approved FY21 and FY22 funding requests.



## Emergency COVID-19 Relief for Employers & Residents with DC Health Link Health Insurance in Arrears

- ✓ HBX issued \$18.9 million in payments for health insurance premiums in arrears for qualified employers and residents. This helped:
  - 635 employers covering 6,110 people to stay insured during the pandemic.
  - 1,761 residents with individual marketplace coverage to stay insured during the pandemic.
- ✓ Health Plans wrote-off an additional estimated \$1.4 million for DC Health Link customers in arrears who did not qualify for COVID relief arrears program.



## ✓ HBX Executive Board Working Group on Social Justice and Health Disparities



# Social Justice, Health Disparities, Health Equity

- Pandemic data shining the light on race and ethnicity
- George Floyd's murder
- ACTIONS



## Health Disparities

### Compared to White Americans with COVID-19 in the U.S. (2021):

- Black Americans are **hospitalized at 3.3** times the rate and **dying at 1.8 times** the rate
- Latinos are **hospitalized at 3.8** times the rate and **dying at 1.3 times** the rate
- American Indian or Alaska Natives are **hospitalized at 3.7** times the rate and **dying at 1.4 times** the rate

**These pandemic inequities reflect a long history in the U.S. of racism, inferior treatment, discrimination and mistreatment of people of color in the health care system.**

We believe it is critical to be part of the solution to help end systemic discrimination and injustice.



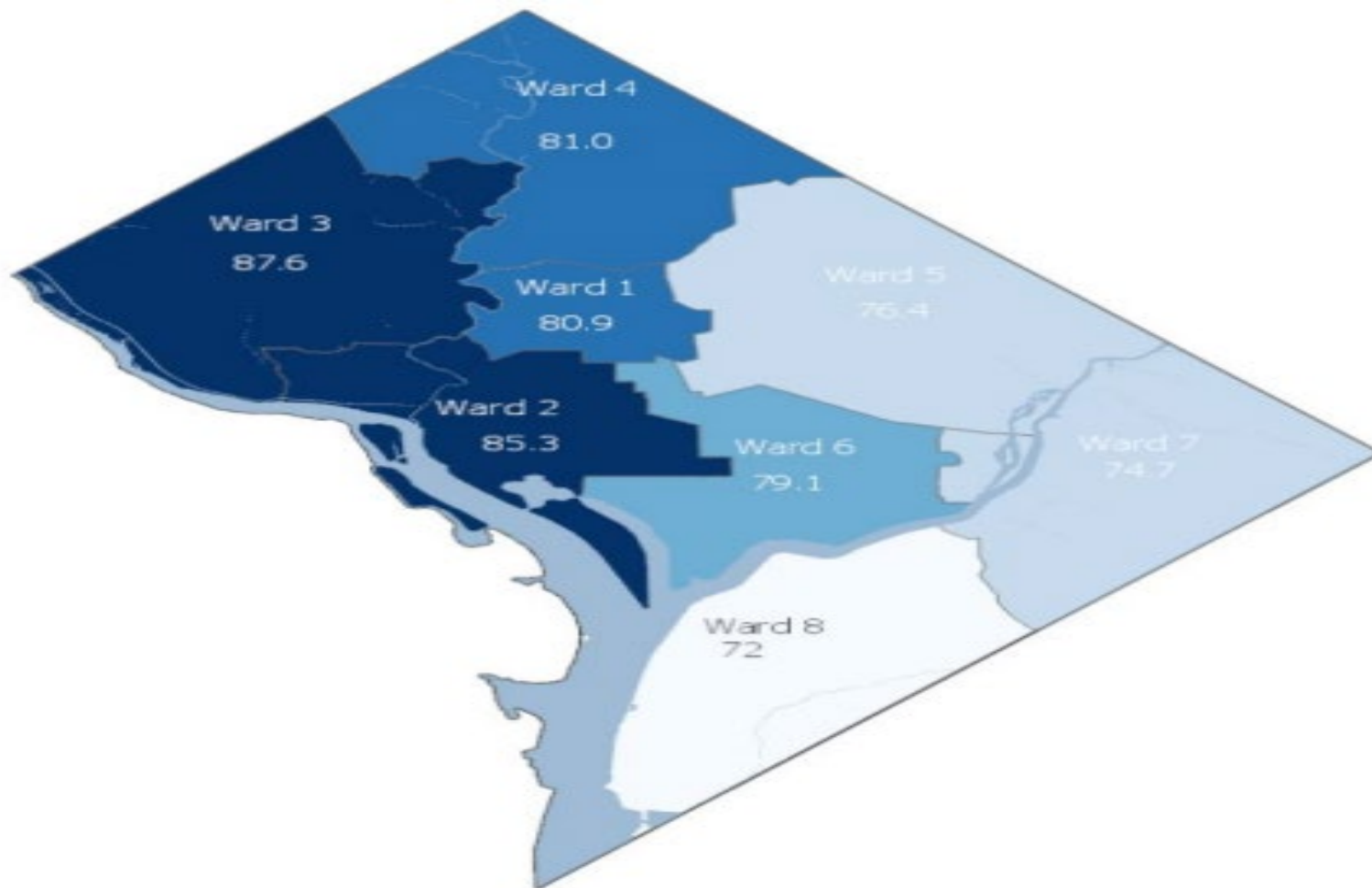
## **A few examples of documented bias & outcomes**

Studies show that 3<sup>rd</sup> year medical students and while in residency believe that black skin is thicker than white skin, that black people have a stronger immune system than white people – NONE of that is true – race bias impacts how you diagnose and treat your patients.

### **An example of bias and treatment outcome:**

- Information from a health plan: a black patient who went to the ER was treated for drug overdose by the ER treating physician who erroneously assumed a drug overdose instead of a severe episode of sickle cell.

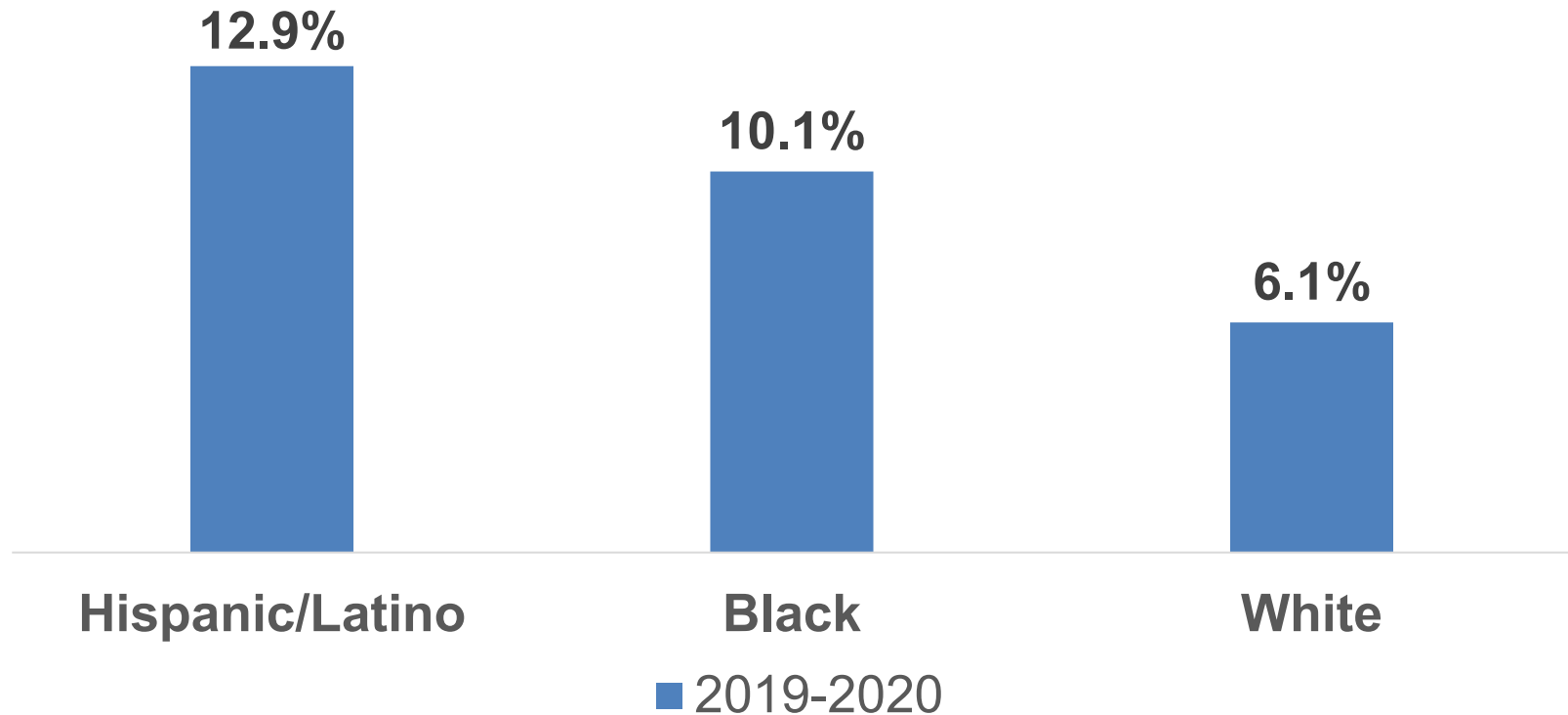
# Life Expectancy by Ward 2011-2015 (nearly 16 years life expectancy difference)



Source: DC Health Equity Report, February 2019



# Many DC Residents Could Not See a Doctor Because of Cost



Source: DC Health, BRFSS Annual Report, 2020.

<https://dchealth.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/DC%20BRFSS%202020%20Annual%20Health%20Report.pdf>



## DC's State-Based Marketplace: Addressing Social Justice and Health Disparities

- ✓ **HBX Executive Board created** a working group on Social Justice and Health Disparities. More needs to be done to help address discrimination, racism, and health disparities. The Board asked the new working group to focus on 3 areas to help identify ways HBX can help.
- ✓ **WG Members:** DCHBX Board Members, all DC Health Link insurers (United Healthcare, Aetna, Kaiser Permanente, and CareFirst BlueCross BlueShield), the DC hospital association, Physician association, Children's hospital, patient/consumer advocates, brokers, and experts. Facilitated and staffed by Dr. Dora Hughes (now Chief Medical Officer at CMMI/CMS). Dr. Hughes' work supported by SHVS/RWJF. Chaired by HBX Board Chair & Vice Chaired by former Director of Office of Minority Health at CMS.
- ✓ **Goal:** Do not displace or replace important work City agencies, community leaders, providers and payors are already doing. Identify specific solutions within HBX authority that HBX can implement with the health plans.
- ✓ **HBX Board adopted unanimous recommendations of the working group** in July 2021.



## Year 1 (July 2021 – July 2022) and Aug. 2022 to Jan. 2023

- ✓ **Plan Design Changes for 2023 plan year:** updated standard plan design to cover Type 2 Diabetes with no cost sharing in individual and small group standard plans. Type 2 diabetes disproportionately impacts communities of color in DC.
  - **No deductibles, no co-insurance, no copays for physician visits, lab work, eye exams and foot exams, supplies and insulin/Rx.**
  - **Updated standard plans for 2024 plan year for pediatric mental and behavioral health services:** reduced cost sharing to \$5 for office visits, certain lab work and medication (e.g. reduced \$45 copay to \$5 copay)
  - **Future equity-based benefit design:** adult population – cardiovascular disease, cerebrovascular disease, mental health, and HIV, as well as cancer of the breast, prostate, colorectal and lung/bronchus.



## Additional (in addition to equity-based design) Year 1 (July 2021 – July 2022) Outcomes

- ✓ **Health plans prohibit race adjusted GFR for network providers.**
  - If you are black, the GFR (measures kidney function) score gets adjusted upward so it looks like your kidneys function better than they actually do. The Adjusted GFR is a racist practice resulting in African American people getting delayed medical intervention for kidney disease and delays (or not qualifying for) kidney transplants.
- ✓ **Health plans** review clinical algorithms and diagnostic tools for biases and inaccuracies and address/update.
  - Internal plan AI and tools; external and internal medical guidelines (e.g. C-sections – maternal mortality); external AI and software



## HBX Awards and Recognition

- ✓ **Won 2019 Sustainability and Equity Award:** Amazon Web Services (AWS) City on a Cloud international competition
- ✓ **Featured in the Fall 2019 AWS City on a Cloud International Announcement For Applications:** <https://aws.amazon.com/stateandlocal/cityonacloud/>
- ✓ **Won 2018 & 2016 Best Practices in Innovation:** Amazon Web Services (AWS) City on a Cloud international competition
- ✓ **Ranked #1 for consumer decision support tools (ranking of State-Based Marketplaces and Federal Exchange 2018 and 2017)**
- ✓ **Five PR News Awards in 2019 and 2018**
- ✓ **2017 AWS IT case study on cloud solutions:** <https://aws.amazon.com/solutions/case-studies/DC-HBX/>
- ✓ **First in the nation SBM partnership:** Selected by the Massachusetts Health Connector to provide IT solution and on-going operations support for the MA SHOP (Feb 2017)



## **IT TAKES A VILLAGE**

- **DC Mayors and Councilmembers**
- **DC Health Link Business Partners**
- **DC Health Link Assisters, Navigators & Certified Application Counselors**
- **DC Health Link Certified Brokers**
- **DC Government Agencies**
- **Faith-based Community**
- **Community Organizations**
- **Business Leaders**





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# Supplemental slides



## 2023 HEALTH INSURANCE OPTIONS THROUGH DC HEALTH LINK

### Plans:

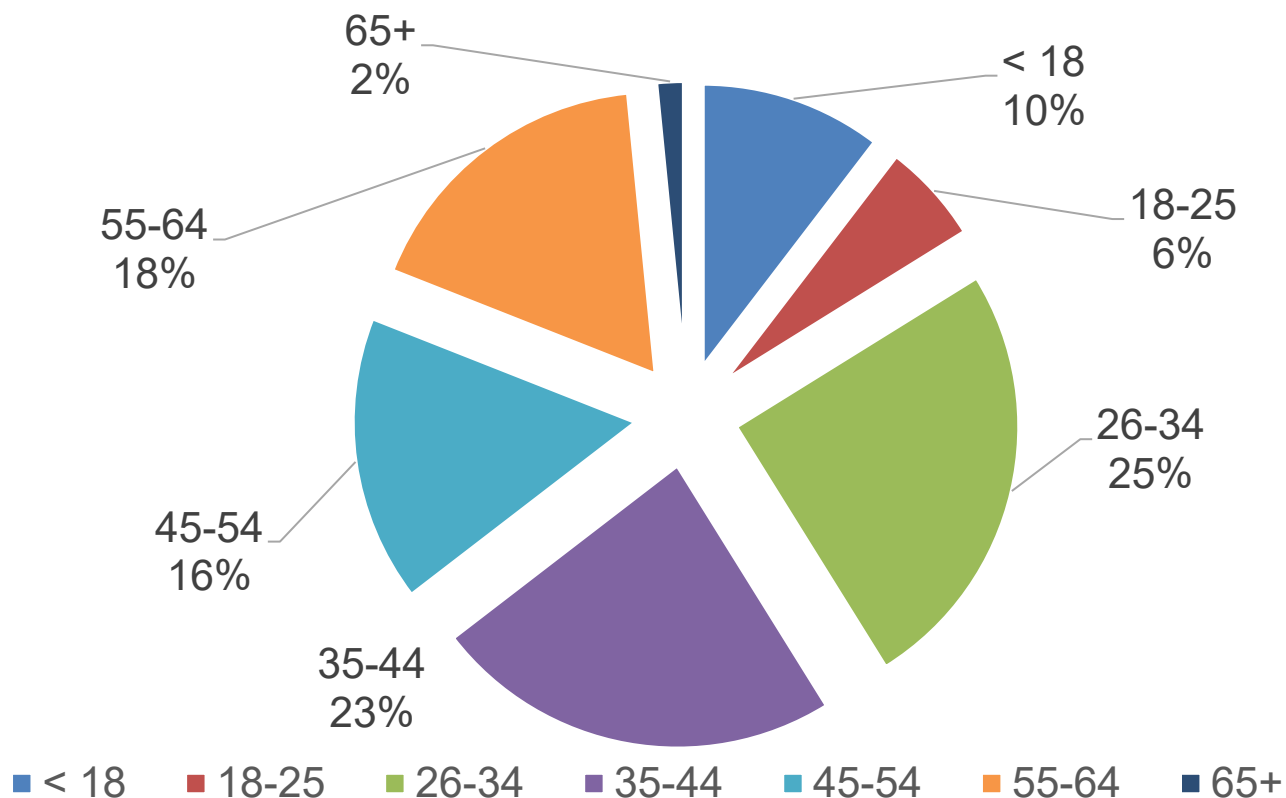
- **211** plans in 2023 (compared to **157** in 2022.) In addition to **54 new plans**, **5** small group plans have **lower premiums** in 2023 compared to 2022.
- 27 Individual Plans (includes 2 catastrophic)

### Insurers:

- 3 UnitedHealthcare Companies (group only);
- 2 Aetna Companies (group only);
- CareFirst BlueCross BlueShield; and
- Kaiser Permanente.

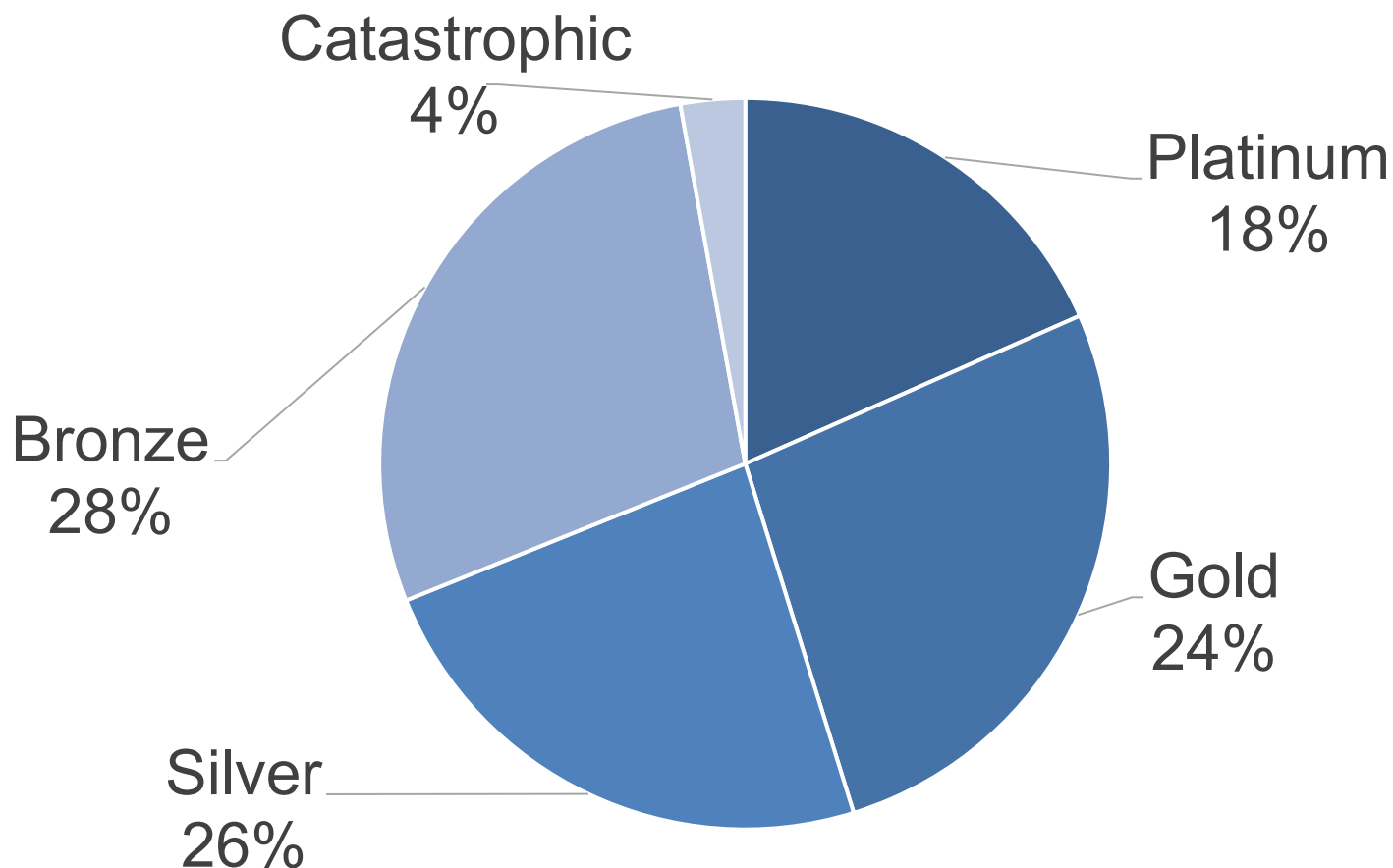


## INDIVIDUAL **PAID** ENROLLMENT BY AGE FOR 2023 COVERAGE





## INDIVIDUAL BY METAL LEVEL 2023 PAID COVERAGE





# Small Group Marketplace Current Enrollment

SHOP ENROLLMENT	GROUPS	COVERED LIVES
Current Enrollment (January 2023)	5,396	86,884
Enrollment 1 Year Ago (January 2022)	5,298	84,005
CHANGE	+98	+2,879

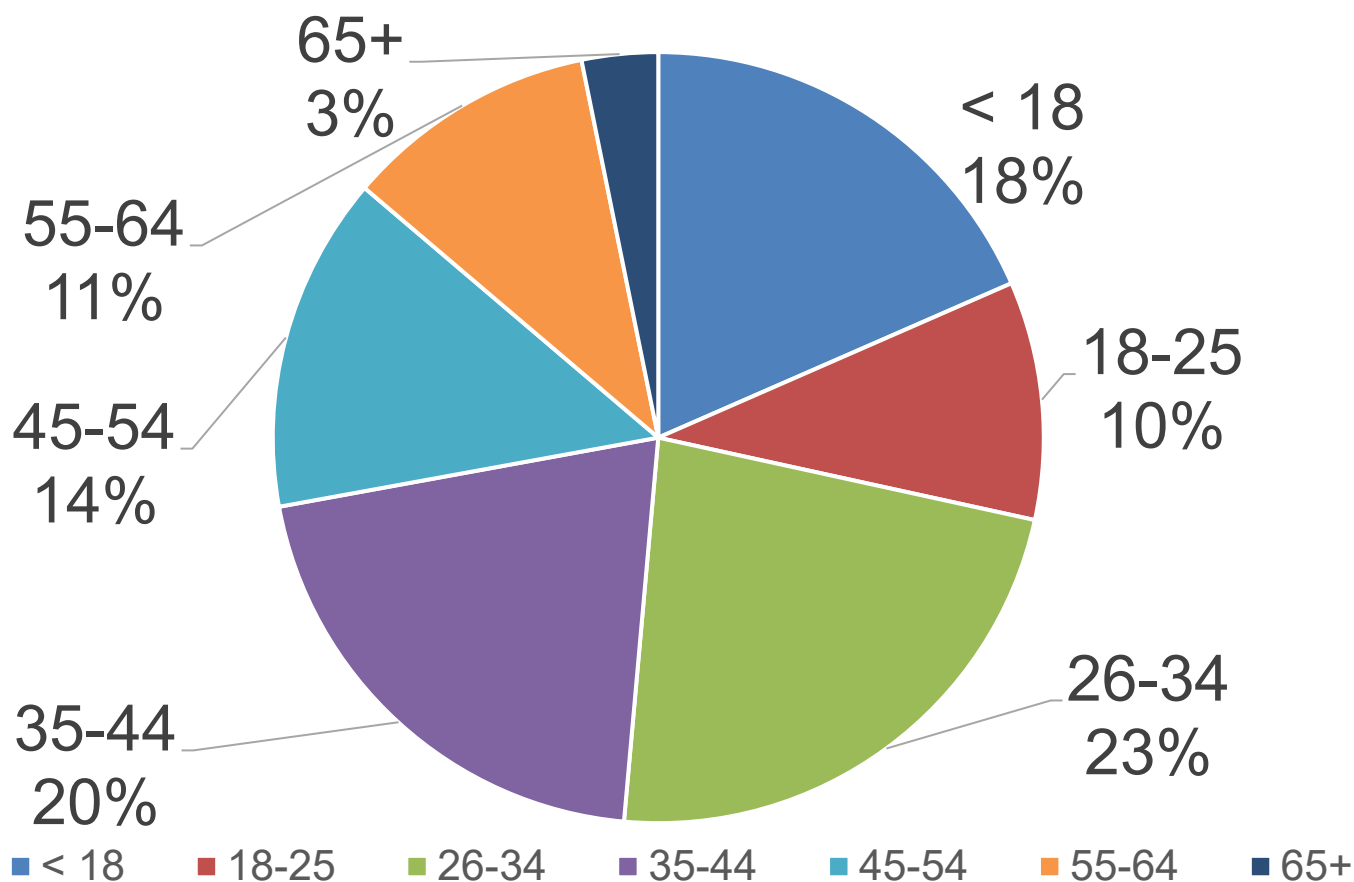


Choice of Plans	Number of employers Jan 2023	Number of employers Jan 2022
1 Plan 1 Carrier	1,579	1,637
All Plans 1 Carrier	3,094	3,012
All Plans (all carriers) 1 Metal Level	723	649
Total Employers	5,396 <b>71%</b> offering choice	5,298 <b>69%</b> offering choice



## SHOP – AGE (Not Including Congress)

Jan 2023

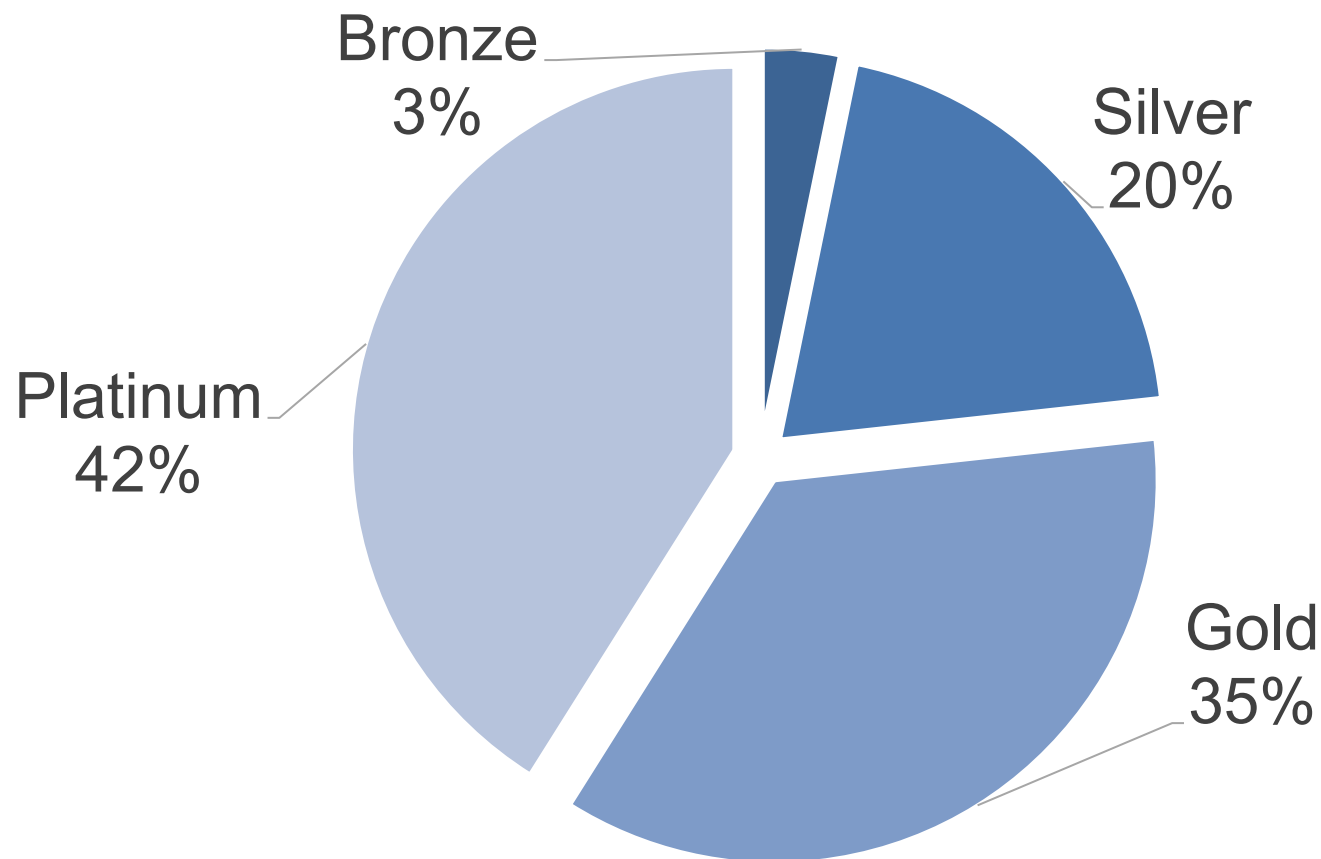






# SMALL BUSINESS ENROLLMENT METAL LEVEL

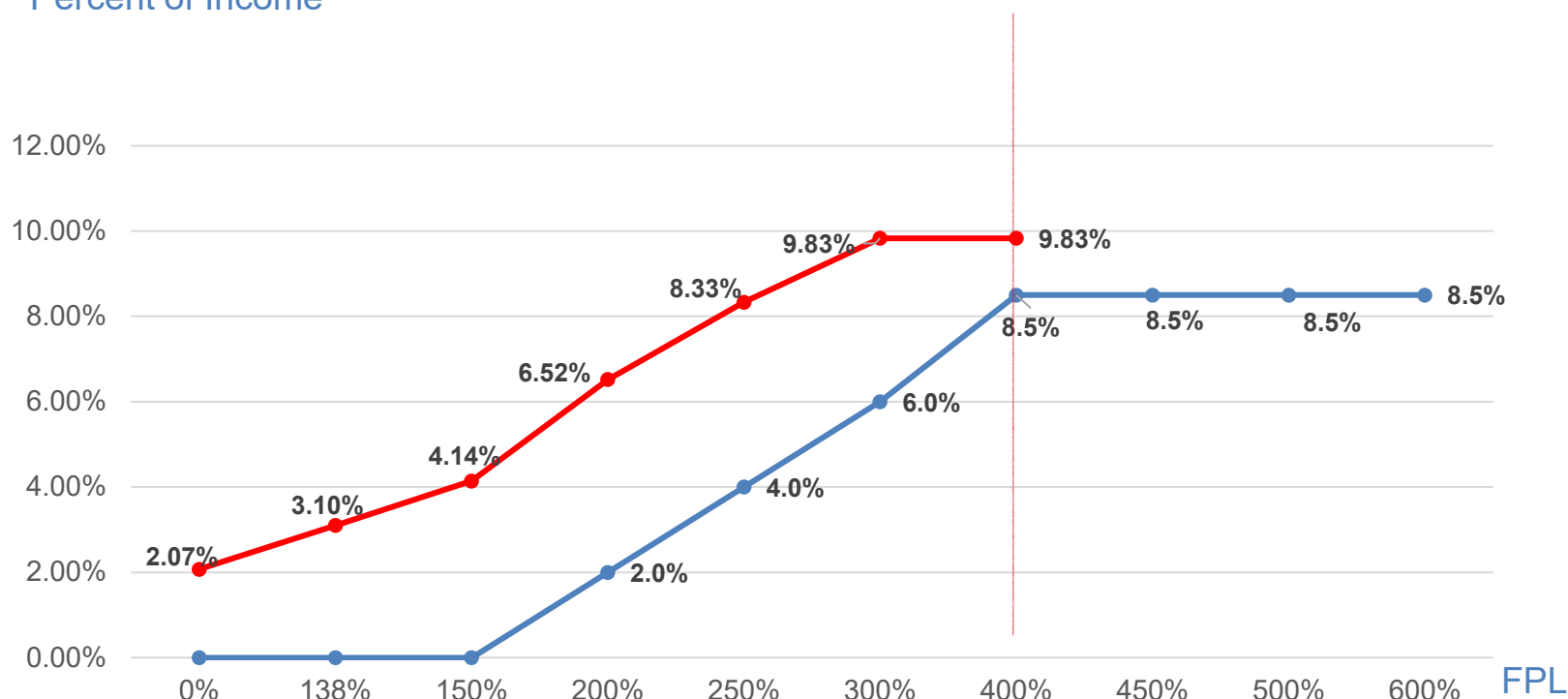
## Jan 2023





## American Rescue Plan/Inflation Reduction Act: Lower Health Insurance Premiums

Percent of Income



ACA (**red line**) caps premiums for people with incomes up to 400% of federal poverty level. The ARP/IRA (**blue line**) caps premiums for people at **all** income levels.



## HBX Comments in FY22 and in FY23 Supporting Biden Administration Actions Strengthening the ACA

- ✓ 1/18/22 Comments to U.S. State Department on revision of Public Charge regulations (**supported** policies which support medical care for immigrants).
- ✓ 1/27/22 Comments to CMS on Proposed Notice of Benefit and Payment Parameters for 2023 (**opposed** plan design requirements that perpetuate systemic racism and biases or prevent state efforts to address health equity, **supported** policies that reduce barriers to getting and staying insured, **supported** policies that reinstate the protections against discrimination on the basis of sexual orientation and gender identity).
- ✓ 1/28/22 Comments to CMS on Draft 2023 Actuarial Value Calculator (**opposed** proposal to the degree they would curtail state health equity initiatives as part of plan design).
- ✓ 4/23/22 Comments to Dept. of Homeland Security on revision of Public Charge regulations. (**supported** policies which support medical care for immigrants).
- ✓ 6/3/22 Comments to CMS on Affordability of Employer Coverage for Family Members of Employees (a.k.a. “Family Glitch” fix) Proposed Rule (**supported** policies expanding access to premium support for families enrolling in exchange coverage).
- ✓ 9/30/22 Comments to HHS Nondiscrimination in Health Programs and Activities Proposed Rule (**supported** policies that reinstate the protections against discrimination on the basis of sexual orientation and gender identity, **supported** policies that apply nondiscrimination principles to the use of clinical algorithms, machine learning, and artificial intelligence when used as part of clinical decision making).
- ✓ 1/9/23 Comments to CMS on Draft 2024 Actuarial Value Calculator (**opposed** proposal to the degree they would curtail state health equity initiatives as part of plan design).

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# HealthCare4ChildCare Through DC Health Link:

Affordable health coverage for early childhood providers and their teams

## HealthCare4ChildCare:

- Provides free health insurance through DC Health Link for District residents (and their families) who are employees of OSSE licensed child development centers and homes.
- Provides free health insurance or lower premiums through DC Health Link for non-District residents who are employees of OSSE licensed child development centers and homes choosing to participate in HealthCare4ChildCare.
- Helps OSSE licensed child development centers and homes provide affordable group health insurance for their employees through DC Health Link's Small Business Market (SHOP).
- Free and lower premiums are guaranteed for all of 2023 once a resident or employer enrolls.



**Example:** With HC4CC discount, a zero deductible PPO from CareFirst BlueCross BlueShield would cost \$0 for a 30-year old employee and \$352.68/month to the employer. The employer **saves** \$119.63/month and the employee **saves** \$157.43/month.

Blue Preferred PPO <b>Platinum</b> Zero Deducible premium for a 30-year-old employee	\$629.74
Employer Contribution 75%	\$472.31
HC4CC Discount	\$277.06
Remainder After Discount	\$352.68
Share of Monthly Premium Employer Pays	\$352.68
Share of Monthly Premium Employee Pays	<b>\$0.00</b>





## **HC4CC Example: DC residents who work for an OSSE licensed early child development home or center - free health insurance premiums**

<b>Age of Enrollee</b>	<b>Kaiser Permanente Monthly Premium</b>	<b>PREMIUM RESIDENT PAYS</b>	<b>CareFirst Monthly Premium</b>		<b>PREMIUM RESIDENT PAYS</b>
			<b>HMO</b>	<b>PPO</b>	
<b>29</b>	\$368.22	\$0	\$397.26	\$422.52	\$0
<b>40</b>	\$472.39	\$0	\$509.64	\$542.05	\$0
<b>50</b>	\$693.32	\$0	\$748.00	\$795.56	\$0



***“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”***

Dr. Martin Luther King, Jr.





## **DCHBX Board charges to the Working Group on Social Justice and Health Disparities**

**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

**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



## **Focus Area 1 Recommendations Adopted by DCHBX Board July 2021**

### **Carriers (workforce issues – where and who):**

- ✓ Provide incentives for both primary care and specialist physicians to practice in underserved areas in DC.
- ✓ Support access to diverse medical professionals. Provide scholarships for STEM students and medical school students of color in the District.
- ✓ Review provider networks to determine the race, ethnicity and primary language of their providers to establish a baseline, and develop 5-year goals to improve the diversity of the networks.

### **DCHBX:**

- ✓ Provide the infrastructure as necessary (related to scholarships).



## **Focus Area 2 Recommendations Adopted by DCHBX Board July 2021**

### **Carriers:**

- ✓ Collect and use comprehensive, member-level racial, ethnic and primary language data to support and collaborate with network providers to reduce racial and ethnic inequities.
- ✓ No later than Plan Year 2023, obtain race, ethnicity, and language data directly from members via mail, email, telephone and electronic portals, and other mechanisms.
- ✓ Share with DCHBX baseline metrics for data collection, annual goals and, beginning in Plan Year 2024, progress in meeting such goals.
- ✓ Provide aggregate data by race, ethnicity, and primary language to DCHBX for select diseases and health conditions, in consultation with DCHBX.

### **DCHBX:**

- ✓ Include race and ethnicity data (if provided by enrollee) in enrollment files (834s) to carriers for individual marketplace enrollees.
- ✓ Explore the feasibility of changing the application for small group employees to collect this information and provide to carriers via 834 files.



## **Focus Area 2 Recommendations Adopted by DCHBX Board July 2021**

### **DCHBX:**

- ✓ Modify insurance design for DC Health Link standard plans to eliminate cost-sharing including deductibles, co-insurance, and co-payment for medical care, Rx, supplies & related services for conditions that disproportionately affect patients of color in the District. This is for 2023 plan year for small group and individual coverage.
  - Consider AV and premium impact
- ✓ The HBX Standard Plans Working Group must prioritize:
  - (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.
- ✓ Because product design changes will require provider education, DCHBX must include in its budget funding for provider education in consultation with the health plans.



## **Focus Area 2 Recommendations Adopted by DCHBX Board July 2021**

### **Carriers:**

- ✓ Health plans are encouraged to evaluate impact of design changes on enrolled population and provide periodic updates on trends to DCHBX.
- ✓ Health plans are encouraged to expand their current health equity support and pilot programs to include patients for whom there will be no cost-sharing for treatment of certain specific conditions.
- ✓ Identify disparities in care by stratifying quality measures by race, ethnicity and primary language.
- ✓ Conduct “Equity Audits” based on race, ethnicity, and primary language data with focus on HEDIS measure performance, patient experience and provider payment. Such audits should align with NCQA requirements as feasible.
- ✓ Update existing contracts with medical management vendors to require assessment of vendor performance with caring for diverse populations, and development of goals and timeline for improvement.



## **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.**

Recent studies 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. This results in people of color being less likely to (1) be eligible for intensive care management; and (2) receive timely diagnoses or appropriate care for heart failure, kidney disease, certain cancers and osteoporosis.





## Focus Area 3 Cont.

### Carriers:

- ✓ Require network providers to complete cultural competency training.
- ✓ Provide and require cultural competency training to support the delivery of culturally and linguistically competent services, in adherence to the Department of Health and Human Services Office of Minority Health's A Physician's Practical Guide to Culturally Competent Care and other resources listed by CDC's National Prevention Information Network.
- ✓ Require cultural competency training annually for all providers in network.
- ✓ Offer incentives to encourage non-network providers to complete training as well.
- ✓ Require cultural competency training in provider contracts, which should be tailored to both primary care physicians and specialists.

### DCHBX:

- ✓ Reach out to DC Health to learn how it has encouraged cultural competency training for providers, including whether provider licensure requirements could be leveraged for this purpose.





## Focus Area 3 Cont.

### Carriers:

- ✓ Obtain the National Committee for Quality Assurance's (NCQA's) Multicultural Health Care distinction. This distinction is awarded to organizations that meet or exceed standards in providing culturally and linguistically appropriate services.
- ✓ Review clinical algorithms and diagnostic tools for biases and inaccuracies and update.
- ✓ Conduct and report to DCHBX 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, report the outcomes of such assessments to DCHBX, as well as plans and timeline for correction, as necessary.
- ✓ Within one year, prohibit use of race in estimating glomerular filtration rate (GFR) by hospitals, laboratories, and other providers in network, in alignment with guidelines promulgated by the National Kidney Foundation.

### DCHBX:

- ✓ Carrier reports on algorithms will be used for informational purposes regarding the types and prevalence of algorithms that are found to potentially bias care for diverse populations. These reports will be considered proprietary and confidential. DCHBX may report aggregate outcomes from these reports.



## 13 clinical diagnostic tools that use race adjustment:

1. American Heart Association Get with the Guidelines- Heart Failure
2. Society of Thoracic Surgeons Short-Term Risk Calculator
3. eGFR **UPDATED to no longer include race adjustment**
4. Kidney Donor Risk Index (KDRI)
5. Vaginal Birth after Cesarean Risk Calculator **UPDATED to no longer include race adjustment**
6. STONE Score
7. UTI Calculator **UPDATED to no longer include race adjustment**
8. Rectal Cancer Survival Calculator
9. National Cancer Institute Breast Cancer Risk Assessment Tool
10. Breast Cancer Surveillance Consortium Risk Calculator
11. Osteoporosis Risk SCORE
12. Fracture Risk Assessment Tool FRAX
13. Pulmonary-function tests



**The Commonwealth Fund Blog on state-based marketplaces coverage design and diabetes (August 22):**

**<https://www.commonwealthfund.org/blog/2022/using-health-insurance-reform-reduce-disparities-diabetes-care>**

**DCHBX Standard plans details for plan year 2023 (Diabetes coverage summary starts on page 8):**

**[https://hbx.dc.gov/sites/default/files/dc/sites/hbx/page\\_content/attachments/Standard%20Plans%20Advisory%20Group%20Report%20PY2023%2007052022.pdf](https://hbx.dc.gov/sites/default/files/dc/sites/hbx/page_content/attachments/Standard%20Plans%20Advisory%20Group%20Report%20PY2023%2007052022.pdf)**

**DCHBX Standard plans details for plan year 2024 (lowered copayments for pediatric mental health to \$5) (Mental health coverage summary starts on page 19):**

**[https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event\\_content/attachments/SPWG\\_Report\\_FINAL%2011-9-22.pdf](https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SPWG_Report_FINAL%2011-9-22.pdf)**

**July 2022 (Year 1) report to DCHBX Executive Board on Implementation:**

**[https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event\\_content/attachments/SJWG%20Slides%20July%2013%202022%20Year%20One%20DRAFT.pdf](https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/SJWG%20Slides%20July%2013%202022%20Year%20One%20DRAFT.pdf)**

**DCHBX Executive Board Social Justice and Health Disparities Working Group Report, Consensus Recommendations, and Deliberations:**

**<https://hbx.dc.gov/page/social-justice-health-disparities-2021-meeting-materials>**



## HBX Internal Social Justice Initiative: We believe it is critical to be part of the solution to help end systemic injustice, discrimination, and oppression.

- ✓ **Leadership strategic plan includes review of policies, changes in spending practices, and adding DEI goals into performance management plans (initiated in 2021 and on-going).**
- ✓ **Established and Appointed a Chief Equity Advisor to the Executive Director:** directs implementation and oversight of the Board adopted recommendations from the Social Justice and Health Disparities working group. Will guide future work of the working group when it reconvenes. Internally, supports leadership team's strategic plan implementation and will guide future strategic goals.
  - Developed a Guide on Identifying Internal Practices, Policies, and Procedures for Equity Review.
  - Developed Equity Review Toolkit (draft) to use for analyzing new and exiting policies.
- ✓ **Policies reviewed for equity using draft Tool Kit:** HBX COVID-19 Vaccination Policy for Contracts, Purchase Orders and Grants (reviewed for equity impact); HBX Remote Work Pilot program (developed for retention and reviewed for equity impact).



## UPDATE ON SOCIAL JUSTICE (Continued)

### **2022 HBX Social Justice Speaker Series for all staff:**

- Black History Month (Reverend Dr. Willie Wilson, Senior Pastor Emeritus of the Union Temple Baptist Church),
- Women's History Month (Maria Gomez, founder and former President and CEO of Mary's Center),
- Arab American heritage Month (Dr. Diana Abouali, Director of the Arab American National Museum (AANM)),
- Asian Pacific Islander American Heritage Month and LGBTQ+ Pride (Mr. Kris Hayashi, Executive Director of the Transgender Law Center, and Admiral Rachel Levine, Assistant Secretary for Health at the US Department of Health and Human Services (HHS) recorded a special message for HBX),
- Hispanic Heritage Month (Mickey Ibarra, former White House staffer and president of the Ibarra Strategy Group), and
- American Indian Heritage Month (Colleen Medicine, Program Director of the Association on American Indian Affairs and a citizen of the Sault Ste. Marie Tribe of Chippewa Indians).





## UPDATE ON SOCIAL JUSTICE (Continued)

### **2021 HBX Social Justice Speaker Series for all staff:**

- Black History Month (NAACP President & CEO Derrick Johnson),
- Women's History Month (Congresswoman Eleanor Holmes Norton),
- Arab American heritage Month (former Congresswoman and former Secretary of HHS Donna Shalala),
- Asian Pacific Islander American Heritage Month (NBC4 Anchor Eun Yang),
- LGBTQ+ Pride (Human Rights Campaign President Alphonso David),
- Former Lt. Governor of MD and former Chair of the RNC Michael Steele,
- Hispanic Heritage Month (Secretary of the Virginia State Advisory Committee to the U.S. Commission on Civil Rights Raul "Danny" Vargas), and
- American Indian Heritage Month (Director of National Museum of the American Indian and the Smithsonian's Under Secretary for Museums and Culture Kevin Gover).