

# Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All

## Role of the U.S. Congress

Racial and ethnic inequities in health and health care impact individual well-being, contribute to millions of premature deaths, and cost the United States hundreds of billions of dollars annually. Addressing these inequities is vital to improving the health of the nation's most disadvantaged communities and to helping to achieve optimal health for all. In its 2003 report *Unequal Treatment: Confronting Racial Bias and Ethnic Disparities in Health Care*, which was requested by Congress, the Institute of Medicine examined the impacts of health care disparities and proposed ways to advance health care equity.

Because disparities persist, the National Academies of Sciences, Engineering, and Medicine convened an expert committee to revisit the topic with support from the Agency for Healthcare Research and Quality and the National Institutes of Health. The resulting report, *Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All*, examines the major drivers of health care inequities, provides insights into successful and unsuccessful interventions, identifies gaps in the evidence base and strategies to close them, recommends ways to scale and spread effective interventions, and much more.

*Ending Unequal Treatment* finds that America has made little progress in advancing health care equity and that racial and ethnic inequity remain fundamental flaws

in the health care system. The current system, by its very design, delivers different outcomes for different populations and is highly influenced by external societal forces inextricably linked to disparate individual and population outcomes. Comprehensive and sustained efforts to improve health across a continuum of care is essential because temporary and/or incremental reforms often do not improve health equity and may even introduce additional inequities. The report presents 8 overarching conclusions, 5 goals, and 17 recommendations to comprehensively and systematically intervene at every level of health and health care, thus fundamentally reimagining the system to achieve equitable health care and optimal health for all. Congress can play an important role in addressing several of them.

Outlined below are the overarching goals and actions Congress can take to advance health equity.

### **ELIMINATE INEQUITIES IN HEALTH CARE COVERAGE, ACCESS, AND QUALITY**

The United States is the only industrialized nation without universal health insurance coverage. In addition, there are significant structural differences in services among public and private health insurance payers. These structural issues result in unequal access to health care services, which makes the system inherently separate and inequitable, with minoritized populations bearing the brunt of the inequities. To address these structural

issues, **the report recommends that Congress should establish a pathway to affordable comprehensive health insurance for everyone.**

In addition, the evidence shows that Medicaid enrollees have limited access to needed medical care compared to those covered by Medicare or private insurance. This is a direct result of Medicaid's level of reimbursement (payment) when compared to other payers, which discourages many health care providers from participating in the program. **Congress should establish a pathway to the adoption and implementation of Medicaid reimbursement (payment) policies on par with Medicare.**

U.S. territories receive Medicaid funding at a much lower rate than U.S. states, which reduces residents' access to care. **Congress and the administration should work to achieve an equitable and permanent solution to the inadequate Medicaid funding for U.S. territories to address the disparities in fiscal support for their health care services.**

Moreover, despite evidence of extensive unmet need and service capacity shortages, as well as long-standing, treaty-based obligations, Congress has established no mandatory funding base for the Indian Health Service. Evidence suggests that inadequate funding of the Indian Health Service has perpetuated inequities. **To meet its treaty obligations, Congress should fully fund the Indian Health Service on a mandatory spending basis to improve access to care for Indigenous populations.**

#### **EQUIP HEALTH CARE SYSTEMS AND EXPAND EFFECTIVE AND SUSTAINABLE INTERVENTIONS**

Evidence-based solutions for improving health and health care equity exist, but the U.S. health care system has failed to adopt many of them. The Affordable Care Act set in motion long-term changes in how health care is organized and delivered, spurring greater emphasis on integrating health care with services aimed at addressing health-related social needs. However, structural limitations and legal challenges to the law have stalled

broad implementation for many of its provisions. In addition, linguistically appropriate health care services do not meet the needs of the nation's diverse patient population, partly because the health care workforce is not representative of that population.

Emerging health care delivery models and multilevel interventions that involve the community show promise to advance equity and need to be scaled for broad implementation. **Therefore, the committee recommends that Congress increase funding for effective health care delivery programs shown to improve access and quality and reduce health care inequities.**

#### **ENSURE ADEQUATE RESOURCES TO ENFORCE EXISTING LAWS AND BUILD SYSTEMS OF ACCOUNTABILITY THAT EXPLICITLY FOCUS ON ELIMINATING HEALTH CARE INEQUITIES AND ADVANCING HEALTH EQUITY**

There are established laws and regulations to help reduce inequities in health and health care, but they are underused. For example, the Office for Civil Rights of the U.S. Department of Health and Human Services has the authority to enforce anti-discrimination provisions within the Affordable Care Act but lacks the staffing necessary to act. **Congress and the U.S. Department of Health and Human Services (HHS) should ensure adequate resources are available to enable the HHS Office for Civil Rights (OCR) to enforce Section 1557 of the Affordable Care Act (42 U.S.C. § 1811), which prohibits discrimination on the basis of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity) in covered health programs or activities. As part of this enforcement effort:**

- A. OCR should revise the Section 1557 complaint and investigation process to improve accessibility, usability, and transparency. OCR should also increase technical assistance resources essential to supporting the complaint process available to individuals who believe that they have experienced one or more prohibited forms of discrimination in care.**

**B. OCR should rapidly complete and publish the results of its investigations in order to promote confidence in system accountability, greater clarity regarding the types of policies and practices that constitute discrimination, and the actions taken when discrimination is found.**

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To access the full report and additional resources, visit [www.nationalacademies.org/ending-unequal-treatment](http://www.nationalacademies.org/ending-unequal-treatment).