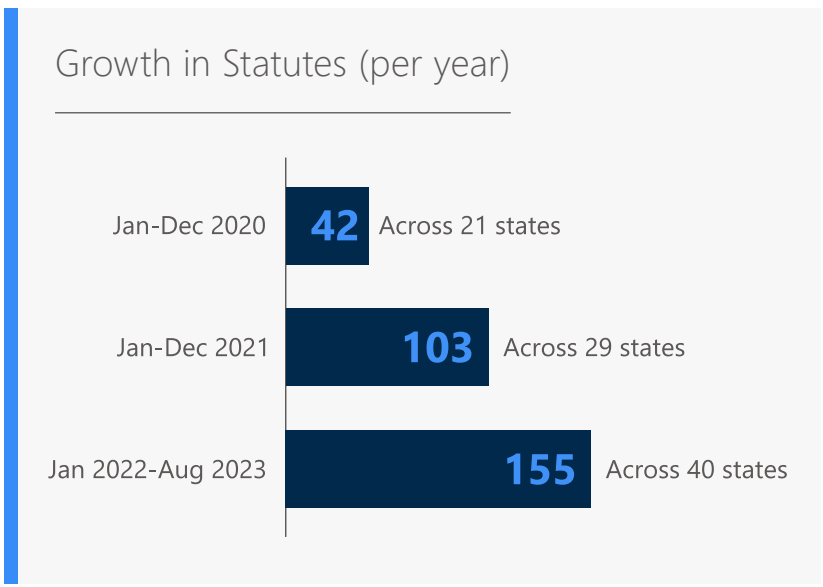
Trends in Health Equity Legislation by State and Implications for Healthcare Organizations

Progress toward health equity is often directly influenced by governmental policies—and that progress has been mixed in recent years. At the national level, organizations such as the Centers for Medicare and Medicaid Services (CMS), The Joint Commission, and the National Committee for Quality Assurance (NCQA) have introduced new requirements, certifications, and initiatives to address health disparities and promote equitable healthcare delivery.[1] At the state level, legislatures are adding a rapidly growing body of statutes and programs to advance health equity, with many states identifying health equity as a priority for their Medicaid programs.[2]

In fact, 41 states have new, expanded, or planned Medicaid initiatives to address racial and ethnic health disparities. In addition, states have established requirements in other areas, such as increasing cultural humility of providers and staff, expanding outreach to underserved populations, and establishing the infrastructure and capabilities to assess and reduce disparities. While these advances demonstrate much needed progress, it's important to remember that statutes and legislation at both the federal and state levels can change at any time, depending on who has control of the legislature.

To provide insight into the state-level efforts, Chartis conducted an assessment using more than 3 years of data from state departments of health and state legislatures, spanning from January 2020 to August 2023. This analysis covers all 50 states, Washington, D.C., and U.S. territories, with a focus on the adoption of state-based regulations aimed at reducing health disparities and inequities. To facilitate this understanding, we have released an interactive tool for users to explore the various policies implemented by each state.



Our methodology focused on state statutes and Medicaid initiatives that help to improve access to healthcare services, improve health equity, or reduce disparities in health outcomes of medically underserved populations.

The findings reveal that states collectively have enacted hundreds of legislative statutes designed to promote health equity and address gaps in specific health-related needs within their most underserved populations. Areas of focus include increasing access, addressing social drivers of health, providing timely behavioral health care, and improving outcomes in maternal health. Furthermore, many states have introduced bills or implemented policies that require healthcare professionals to undergo training that helps identify and address biases within the healthcare system and improve care for diverse patient populations.

As organizations advance health equity for their patients, communities, and workforces, it will be important for healthcare leaders to keep up with the rapidly evolving landscape in health equity-based regulations—which will increasingly impact how care is accessed and delivered, and how much it costs.

What Healthcare Organizations Need to Do: 5 Next Steps

Understanding and responding to new or changing regulations related to mitigating health disparities will be increasingly important for healthcare leaders. Organizations can take these 5 next steps to navigate their path forward:

01 **Stay abreast of new and pending state legislative and regulatory activity in your state(s) and neighboring states.** Regularly connect with your policy department or regulators to understand what changes may be coming and how newly enacted legislation will impact your current health equity strategy, as well as related operational processes and policies. Be familiar with groundbreaking legislative changes in other states that could impact your own. For example, the recent New York State Department of Health requirement for Certificate of Need (CON) applications may launch similar requirements in other CON states.

02 **Reevaluate your health equity goals and implementation plans to ensure they align with new or emerging requirements.** Ensure providers and staff are aware of the changes, and invite them into conversations related to implementation and improvement. Using your regulatory reviews, consider the impact of complying with state and federal requirements by convening departments inclusive of compliance, quality and safety, and community health.

03 **Evaluate your collection and use of patient-reported demographic data, and ensure you have a strategy in place to systematically collect data across all locations.** Consider staff training, patient-centered communication for collecting data, stratification of metrics and measures to evaluate performance, and communication of your findings to the community.

04 **Develop a dashboard that summarizes data on disparities in quality and access.** Review the dashboard regularly with your board and the executives who will lead, guide, and support health equity efforts.

05 **Evaluate and update your training and education.** Ensure that your educational offerings not only meet regulatory requirements but also offer opportunities for fostering a culture of inclusion. At a minimum, include curriculum on topics related to implicit bias, cultural humility, and psychological safety.

Major Areas of Focus by Year

2020: COVID-19 AND INFRASTRUCTURE SUPPORT

- Addressing disparities and studying the impact of COVID-19 on underrepresented and vulnerable populations.
- Establishing task forces or commissions focused on health equity and reducing disparities.
- Appropriating funding for the efforts above, training, and outreach programs.

2021: EXPANSION AND EDUCATION

- Requiring healthcare organizations to track and report on disparities by race and ethnicity and monitor progress.
- Requiring healthcare professionals to complete training on implicit bias.
- Establishing studies of recommended programs to reduce disparities in maternal and infant health mortality.
- Implementing coordination between healthcare organizations and community organizations to support individuals' specific social needs, such as broadband coverage, housing, environmental harm, and food insecurity.
- Expanding insurance coverage for programs that provide culturally responsive behavioral health and suicide prevention services.

2022–2023: EXPANSION AND EMPHASIS ON MATERNAL HEALTH

- Establishing maternal mortality review committees to examine the underlying causes of deaths that occur during or within a year of pregnancy and to provide specific recommendations for reducing them.
- Reducing racial disparities related to maternal and infant health and mortality.
- Expanding access to doulas and midwives by recognizing them as maternal healthcare professionals and providing reimbursement for their services.
- Extending postpartum coverage to 12 months and including coverage for lactation services.
- Requiring health plan coverage of donor breastmilk.
- Adding race and ethnicity to information that can be disclosed, such as with immunization records.
- Expanding newborn screening and disease testing.

At least 35 states and the District of Columbia have enacted more than 100 bills since 2020 to **support birthing individuals**.

Behavioral health continued to be a focus in 2022, with states implementing statutes related to increased investment, coverage, and integration of services.

Community engagement, training, and coordination for addressing **social drivers of health** has also been an area of focus for 2023.

Highlights of Statutes by State

During the 3.5-year period we analyzed, Washington state implemented the most statutes, followed by Illinois. Arkansas and North Dakota enacted their first statutes in 2023. As of August 2023, 4 states have not enacted any statutes: Kansas, Montana, New Mexico, and South Dakota.

States with Most Statutes (≥15)

- Washington (27)
- Illinois (27)
- Maryland (19)
- Colorado (17)
- New York (15)

States with Fewer Statutes (≤2)

- Arkansas (1)
- Idaho (1)
- North Dakota (1)
- Mississippi (2)
- Nebraska (2)
- South Carolina (2)
- Texas (2)
- Wisconsin (2)
- Wyoming (2)

MARYLAND (19 STATUTES)

- Nonprofit hospitals are required to report their efforts to track and reduce health disparities.
- The state's Office of Minority Health must publish a healthcare disparities policy report card, which includes racial and ethnic composition data on individuals who hold a license or certificate issued by a health occupations board.
- Physicians must complete an approved implicit bias training program in order to renew their medical license or certification.

MINNESOTA (9 STATUTES)

- The state is required to conduct a review of the adequacy of its current system of community health clinics, examining significant disparities in health status and access to services across racial and ethnic groups.
- Hospitals and birthing centers must provide education on anti-racism and implicit bias to employees who give direct care for birthing patients. Medicaid managed care organization incentives are tied to health equity.

NEW YORK (15 STATUTES)

- The state declared racism a public health crisis and established a working group to promote racial equity throughout the state.
- Healthcare providers are required to submit a health equity impact assessment for Certificate of Need applications filed on or after June 22, 2023. The assessment must address the impact of the project on a defined set of medically underserved groups and include meaningful engagement of key stakeholders from the impacted service area.
- Medicaid managed care organizations are required to collect race, ethnicity, and language data.

WASHINGTON (27 STATUTES)

- Healthcare data reports are required to be stratified by demography, income, language, health status, and geography to identify disparities in care.
- State-funded medical institutions are required to develop and require training on health equity, including tools for eliminating structural racism in healthcare, to address disproportionate health outcomes.
- The state allocates funds to identify, analyze, and address health equity disparities in access and outcomes for the Medicaid population.

Expansion of Education

In addition to identifying and reducing disparities, states have also introduced and adopted policies requiring healthcare professionals to complete implicit bias training to obtain or renew their licenses.

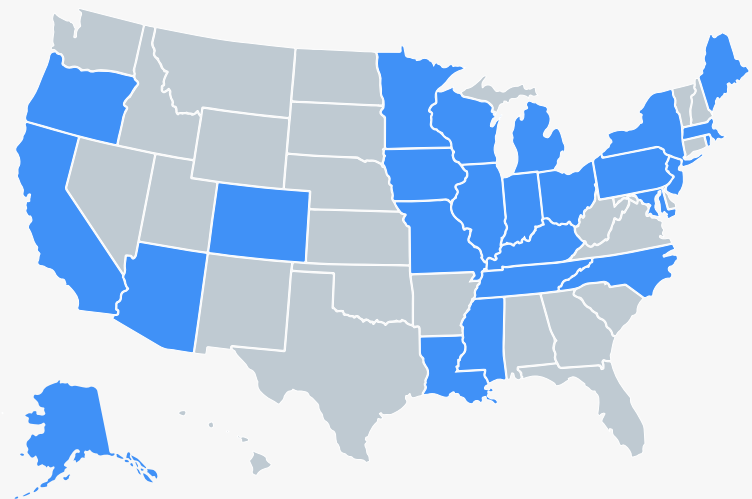
- **California:** Requires all continuing medical education courses for physicians and surgeons to contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment. Nursing professionals must take implicit bias training within 2 years of passing nursing boards. In addition, hospitals must develop a new graduate training program.
- **Maryland:** Requires all providers to complete an approved implicit bias training program to renew their medical license or certification.
- **Minnesota:** Requires hospitals with obstetric care and birth centers to provide continuing anti-racism and implicit bias education to all direct-care employees and contractors who care for patients who are pregnant or postpartum.
- **Vermont:** Requires an additional 2 hours of continuing education on cultural competency for clinicians.
- **Washington:** Requires all health professionals licensed under the state to complete health equity continuing education training once every 4 years.

State Medicaid Initiatives to Address Racial and Ethnic Health Disparities

States are also focused on addressing racial disparities specifically among Medicaid enrollees. Federal Medicaid managed care regulations include requirements for all states, such as collecting social needs screening data and publicly posting strategies to reduce healthcare disparities. Health equity initiatives are part of Medicaid programs in 41 states.[3]

Some states have taken this guidance further by tying financial incentives to quality improvement goals and implementing performance improvement projects to examine health disparities related to access and quality. In fact, 25 states have integrated data collection and financial incentives related to health equity in their programs.

25 States Have Integrated Data Collection and Financial Incentives in Their Medicaid Programs



LOUISIANA, OHIO, OREGON, PENNSYLVANIA, TENNESSEE

- Require managed care organizations (MCOs) and contractors to collect race, ethnicity, and language data.
- Tie financial incentives to health equity.

MARYLAND

- Requires MCOs to participate in an equity improvement plan focused on prenatal and postpartum care health disparities.

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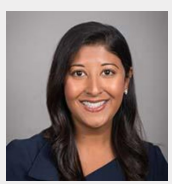

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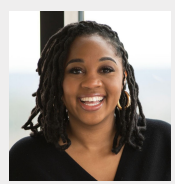

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