

District of Columbia

State and Local Health Equity

Policy Checklist

August 2021

KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		Washington, D.C. requires the Council Office of Racial Equity to produce racial equity impact assessments for most proposed legislation. ¹ Beginning March 1, 2021, the Office of Racial Equity must design and implement racial equity tools to enable District agencies to incorporate racial equity into their operations, performance-based budgets, programs, policies, rules and regulations. ²
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		Legislation (B23-0089) to establish a health impact assessment program within the Department of Health was proposed, but not passed, in 2019. ³

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.		The D.C. Council passed a 2020 resolution declaring racism a public health crisis . ⁴
Develop a 'Health in All Policies' strategy at the state or local level.		Building multi-sector collaborations and promoting " Health in All Policies " is one of the D.C. Office of Health Equity's three strategic areas. ⁵
Establish Health Equity Zones to better address social determinants of health.		

Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklists.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>		<p>The District’s Health Systems Plan creates a roadmap for reducing health inequities and outlines specific goals to achieve health equity for all residents.⁶</p> <p>By October 1, 2022, and annually thereafter, the District of Columbia’s Chief Equity Officer must submit a multi-year Racial Equity Action Plan to the Mayor and the Council. The plan will focus on reducing racial disparities, but does not specifically focus on health.⁷</p>
<p>Fund community-driven health equity action plans.</p>		
<p>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</p>		
<p>Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans</p>		<p>The District of Columbia’s DC Healthy People 2020 Community Health Improvement Plan includes health equity- and social determinant of health-related goals, such as reducing negative health outcomes due to environmental factors.⁸</p> <p>D.C.’s 2019 Community Health Assessment lays the foundation for the D.C. Healthy People 2030 development process, which will look to collectively improve population health and equity in the District over the next decade.⁹</p>
<p>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</p>		<p>D.C. Health has funded community-based organizations working to achieve various health-related goals.¹⁰ Bread for the City, an organization that provides medical care, food and social services to support community residents, has received funding from D.C. government as recently as 2019.¹¹</p> <p>In 2020, D.C.’s Department of Health Care Finance issued a Notice of Funding Availability for community-based initiatives focused on addressing social determinants of health in Wards 7 and 8.¹²</p>

State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.		<p>D.C.'s 2017 Health Systems Plan incorporates social determinants of health to improve the healthcare system in the District.¹³</p> <p>D.C.'s 2014-2019 Chronic Disease State Action Plan identifies high-need areas across the city and, among other goals, aims to reduce environmental barriers to health.¹⁴</p> <p>Health equity is a core value of the DC Ends HIV Plan, which recognizes structural barriers, such as racism and stigma, to optimal health outcome. The plan centers people's life experiences, including social determinants of health.¹⁵</p>
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.		D.C. Council and the D.C. Department of Energy and Environment participate in GARE . ¹⁶

Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.		<p>Beginning in Fiscal Year 2022, D.C.'s Mayor must use racial equity tools to:</p> <ul style="list-style-type: none"> • Identify clear strategic initiatives, objectives, and measurable outcomes; • Develop metrics to measure progress in redressing disparate social and economic outcomes in the District based on race, sex and ethnicity; • Track and measure how programmatic and policy decisions benefit or burden individuals based on race, sex or ethnicity; • Examine potential unintended consequences of policy/ programmatic decisions and develop a strategy to advance racial equity and mitigate unintended negative consequences; and • Evaluate the efficacy of District agencies' strategic initiatives and programs aimed at reducing disparate outcomes. <p>Additionally, the Mayor's annual budget submission must include a summary of how the proposed budget advances racial equity in the District, reduces disparate outcomes and allocates resources to support equitable outcomes.¹⁷</p>

Data & Reporting *(continued)*

POLICY	SCORE	NOTES
Use the state’s Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.	 The state’s Office of Health Equity/Disparities/Minority Health has analyzed and reported on one or more health disparities and/or equity concerns within the state on a time-time basis, within the last five years.	D.C. Health’s latest health equity report was produced in 2018. ¹⁸ The department must also produce an annual report on the health of the District’s LGBTQ community in coordination with the Office of Gay, Lesbian, Bisexual and Transgender Affairs. ¹⁹ However, the most recent report publicly available appears to be from 2017. ²⁰
Require non-profit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of non-profit hospitals’ Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.		
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.		D.C. requires race and ethnicity to be reported for members of the bar , ²¹ students ²² and for persons stopped by the police . ²³ However, it does not appear that the District makes an effort to standardize data collection.
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.		

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.		D.C. implemented Medicaid expansion Jan. 1, 2014. ²⁴
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.		While D.C. does not provide coverage options for people whose incomes are too high to qualify for Medicaid, the District’s Medicaid program is especially generous, covering children with household incomes up to 300 percent of the federal poverty level and adults with household incomes up to 200 percent of the federal poverty level. ²⁵

Health Reform – Coverage *(continued)*

POLICY	SCORE	NOTES
<p>Provide one-year continuous eligibility for Medicaid and CHIP.</p>		<p>The District of Columbia offers Medicaid coverage to lawfully-residing immigrant pregnant woman and children without a 5-year wait.²⁶</p>
<p>Provide coverage options to undocumented and recent immigrants.</p>		<p>The Immigrant Children’s Program provides coverage to District residents under the age of 21 who are not eligible for Medicaid and have an income level at or below 200 percent of the federal poverty level.²⁷ The D.C. Health Care Alliance provides coverage for low-income residents over the age of 21 who are not eligible for Medicaid.²⁸ Cover All DC provides private coverage for District residents who do not meet eligibility requirements for private coverage, Medicaid or the Alliance.²⁹</p> <p>Emergency Medicaid provides medical coverage to uninsured individuals who do not qualify for Medicaid due to citizenship/immigration status only in emergency situations.³⁰</p>

Health Reform – Delivery

POLICY	SCORE	NOTES
<p>Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.</p>		<p>D.C. requires Managed Care Organizations (MCOs) to identify disparities in healthcare utilization and health outcomes based on member demographic data, including race, ethnicity and language, by District ward. MCOs are required to address health disparities through their quality improvement requirements, which include implementing interventions and evaluating their success.³¹</p>
<p>Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.</p>		<p>D.C. does not have ACOs or CCOs in its Medicaid program.³²</p>
<p>Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.</p>		<p>D.C. uses 1115³³ and 1915³⁴ waivers to address social determinants of health, for example, by providing education and employment readiness supports and supported living with transportation services.</p>

Health Reform – Delivery <i>(continued)</i>		
POLICY	SCORE	NOTES
Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.		
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.		<p>As of 2019, the Department of Health Care Finance (DCHF) implemented an MCO pay-for-performance program, which includes capitation payment withhold tied to MCO performance on select quality improvement performance measures. However, none pertain to health equity or disparities.³⁵</p> <p>MCOs must also utilize value-based purchasing arrangements or other alternative payment methodologies with their network providers to reward performance excellence and improvement in targeted priority areas. It does not appear that priority areas are dictated by the state and, therefore, are not required to be equity-related.</p>
Create or expand Accountable Communities for Health with a focus on increasing health equity.		<p>DC Positive Accountable Community Transformation (PACT) is a coalition effort of community providers – including social service non-profits, faith institutions, behavioral health providers, hospitals and community health centers – in partnership with multiple District government agencies that seeks to identify and address social challenges that create health disparities by linking safety net provider organizations in the District.³⁶</p>
Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.		<p>D.C. has funded efforts to upgrade and expand telecommunications and broadband infrastructure.³⁷</p>
Subsidize internet access to expand opportunities for telehealth.		<p>Washington, D.C.'s Department of Health Care Finance has awarded grants to local organizations to expand telehealth services in high-need areas.³⁸</p> <p>During the COVID-19 pandemic, the District launched the Internet for All initiative to provide free internet access for up to 25,000 disconnected low-income students and families.³⁹</p>
Expand coverage for telehealth services.		<p>D.C. established coverage parity for telehealth services.⁴⁰</p>

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.		
Establish cost-sharing parity for telehealth services.		D.C. requires cost-sharing parity for telehealth services. ⁴¹
Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.		
Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.		<p>The District of Columbia’s Department of Health requires licensed health professionals to complete at least ten percent of their mandatory continuing education in the public health priorities of the District. These priorities include implicit bias, cultural competence and Culturally and Linguistically Appropriate Services (CLAS) in health and healthcare.⁴²</p> <p>D.C. requires healthcare workers to complete two credits of LGBTQ cultural competency training as part of continuing medical education.⁴³</p>

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		D.C. reports vaccine and cases data by race and ethnicity , but does not stratify data for testing, hospitalizations, mortality or recoveries. ⁴⁴
Implement changes to Medicaid enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		<p>The District of Columbia has made it easier for people to enroll in coverage by allowing self-attestation and post-enrollment verification of income.⁴⁵</p> <p>D.C. also established a special enrollment period for the duration of the public health emergency.⁴⁶</p>
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		

COVID-Specific Reforms *(continued)*

POLICY	SCORE	NOTES
<p>Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.</p>		<p>D.C. waives cost-sharing for COVID-19 testing by private insurers when in accordance with CDC guidelines and for certain high-risk residents.⁴⁷</p> <p>D.C. waives cost-sharing for COVID-19 treatment by private insurers for all residents.⁴⁸</p>
<p>Provide COVID-19 testing to residents free of charge.</p>		<p>The District provides free testing for all residents at public testing sites.⁴⁹ At-home testing kits are also available to residents, free of charge.⁵⁰</p>

Notes

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18. DC Health, *Health Equity Report: District of Columbia 2018*, Washington, D.C. (2019).
19. District of Columbia Statutes (§ 7-731.01), Health Data Collection and Reporting. Accessed at <https://code.dccouncil.us/dc/council/code/sections/7-731.01.html>
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22. District of Columbia Statutes (§ 38-236.09), Annual Reporting Requirements. Accessed at <https://code.dccouncil.us/dc/council/code/sections/38-236.09.html>
23. District of Columbia Statutes (§ 5-113.01), Records – Required. Accessed at <https://code.dccouncil.us/dc/council/code/titles/5/chapters/1/>

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Note: For the purposes of this checklist project, the District of Columbia is considered a state.



ABOUT ALTARUM’S HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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