



BE A VOICE SUMMARY: HEALTH CARE ACCESS

All Be A Voice Health and Human Service Advocacy Toolkit sections are on the advocacy page listed on the bottom of this summary.

BACKGROUND:

- One hundred years ago, U.S. health care was a mostly unregulated, home-based service, where physicians largely treated patients in their homes, fees were modest, and hospitals — run by religious or charitable groups — functioned primarily to provide therapeutic care.
- During the Great Depression, prepaid service plans popped up. Their goal was not to make a profit; rather, they began to support patient savings and keep hospitals functioning. State legislation allowed them to be categorized as nonprofit corporations with tax-exempt status.
- However, more robust plans quickly were needed due to advancements in medical technology and the increasing cost of care. Employers found that offering insurance plans attracted workers. An unintended consequence was the employer-based coverage model and the advent of for-profit insurance companies focused on cash over care.

CURRENTLY:

- The idea of government-funded insurance continues to be part of the conversation, historically and today. The Affordable Care Act (ACA), while not perfect, is a tangible step in that direction.
- The racial disparity of health care access equity is particularly evident among Black Americans. The disparity cuts across traditional economic lines.
- Rural areas — including parts of the Deep South, Appalachia, Alaska and Hawai'i — also face disproportionate health problems due to a lack of health professionals and quality medical services. Other issues also play a role, including transportation to remote locations, higher rates of poverty, and language or literacy barriers affecting medical decision making and communication, among others.
- The ACA has been credited with reducing some racial and ethnic disparities that exist in access to insurance and health care, particularly in states implementing Medicaid expansion programs.
- Current attempts to dismantle the ACA without an alternative would leave some 30 million people uninsured. Medicaid work requirements, historically racist and based on a white supremacist justification for slavery, increase the health equity disparity in communities of color.

THE BIGGER PICTURE:

- Health care access is more holistic than many policy makers consider it. In addition to medical care, it means adequate access to factors impacting health: food, shelter, employment, and such additional health services as mental health and dental care.

QUESTIONS FOR CANDIDATES:

- Are you aware of the ways in which work requirements for Medicaid widen the racial gap in health care access?
- What plans do you have for protecting health care access? What plans do you have to improve access in an equitable way? What does equitable health care access mean to you?