

High deductible health plans are widening racial health gaps

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First-of-its-kind study finds that black cancer survivors on these plans are far more likely to struggle to afford health care and medicine than their white counterparts, while black and white cancer survivors on other

types of plans are equally unlikely to face these challenges.

The growing Black Lives Matter movement has brought more attention to the myriad structures that reinforce racial inequities, in everything from policing to hiring to maternal mortality. Now, a new Boston University School of Public Health (BUSPH) study points to a previously-unidentified factor widening the racial health gap: high deductible health [plans](#).

Published in *JAMA Network Open*, the first-of-its-kind study finds that black cancer survivors on high deductible health plans face more cost-related barriers to care than white cancer survivors on the same plan, including needing to skip a medication or delay a refill to save money, and not being able to see a specialist.

For example, 22.8% of black versus 8.0% of white cancer survivors on high deductible plans skipped medication to save money. But among cancer survivors on other kinds of plans, 7.7% of black versus 5.4% of [white patients](#) skipped medication.

"As enrollment in high deductible health plans continues to rise, this has really concerning implications for racial equity among cancer survivors," says study lead author Dr. Megan B. Cole, assistant professor of health law, policy & management at BUSPH. High deductible plans now cover nearly a third of all people who have employer-sponsored [health insurance](#), and half of cancer survivors with private insurance.

"Enrollment in HDHPs may compound the many structural inequities that black cancer survivors are already facing, which may further drive disparities in [health outcomes](#) for survivors," Cole says. "Policies that limit deductible sizes and extend cost-sharing subsidies to high-risk groups, while limiting the types of services to which a deductible applies, may help to mitigate observed effects."

"But more broadly, we need policies that really tackle the structural inequities and institutional racism that lie at the root of these disparities."

Cole and colleagues used National Health Interview Survey data from 2013 through 2018 on 3,713 adults with a past or current cancer diagnosis, and analyzed the relationships between race, health plan type, and eight common indicators of difficulty accessing care and medicine.

In addition to skipping medication, the researchers found major disparities in other areas:

- Took less medication to save money: 24.6% of black versus 8.6% of white patients on high deductible plans (compared to 8.5% of black and 5.4% of white patients on other types of plans).
- Delayed filling a prescription: 28.1% of black versus 7.7% of white patients on high deductible plans (compared to 16.2% of black and 7.1% of white patients on other types of plans).
- Unable to afford to see a specialist: 14.9% of black versus 6.2% of white patients on high deductible plans (compared to 4.9% of black and 2.9% of white patients on other plans).

Overall, the researchers also found that the percentage of privately-insured [cancer](#) survivors on high deductible plans rose from 37% in 2013 to 50% in 2018.

More information: Megan B. Cole et al, Association Between High-Deductible Health Plans and Disparities in Access to Care Among Cancer Survivors, *JAMA Network Open* (2020). [DOI: 10.1001/jamanetworkopen.2020.8965](https://doi.org/10.1001/jamanetworkopen.2020.8965)

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