

HEALTH AND HUMAN SERVICES (HHS)

Resolution HHS-24-36

ENSURING EQUITABLE HEALTH OUTCOMES

WHEREAS, concerns over rising health care costs have led to renewed interest in the use of value assessment methodologies to set coverage or payment policy for medicines and other interventions. Many forms of value assessment can devalue the lives of underserved patients – especially those forms that rely on new methods for value assessment (such as the quality adjusted life year (QALY)), which can devalue the lives of the disabled, the chronically ill, seniors, and communities of color;

WHEREAS, Government should not make judgements based on these one-size-fits-all methodologies that result in policies that ignore patient differences and equity considerations;

WHEREAS, many value assessment methodologies obscure important differences, such as race, health disparities, and socioeconomic disadvantages, that are disproportionately faced by underserved populations;

WHEREAS, inappropriate use of these flawed methodologies to determine coverage or reimbursement could devalue the specific needs of these populations, limit access to medicines, and further perpetuate health inequities.

WHEREAS, value assessment determines what works for an “average” patient population, generating inaccurate results for the value of treatments to Black patients.

WHEREAS, in ignoring population diversity and health disparities, many value assessments generate biased results that can exacerbate system inequities and create access barriers for underserved populations and those at higher risk for poor health outcomes, and decision-making that relies on biased value assessments that are likely to reinforce these inequities;

WHEREAS, value assessment methodologies can fail to incorporate the effects of racism, prejudice, stigma, or social inequalities in their assessments of the value of medicines;

WHEREAS, the quality of life assigned to populations with various conditions used in value assessment methodologies is based on large surveys of the general public that are typically majority White and thus minimizes the value of medicines for non-majority racial/ethnic populations, who face various conditions at larger rates than the general population;

WHEREAS, to conduct value assessments, researchers may need to assign a value to a person’s health, and this can lead to the systematic undervaluing of communities of color, who may have pre-existing health conditions due to numerous inequities resulting from the negative consequences of social determinants of health and racism, including reduced access to care, reduced quality of care, and higher prevalence of disease and disease-related mortality;

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WHEREAS, life expectancy in the U.S. Black population is lower than for the white population, which leads value assessment methods to undervalue treatment that extends life, and as a result of disparities in life expectancy, when using QALY-based methods, the value of a life-saving treatment for Black patients' lives can be valued up to 10% less than for white patients;

WHEREAS, State Governments are considering and implementing policies that may rely on value assessments, which could potentially minimize the value of medicines for non-majority racial/ethnic populations without adequately considering the impact of these policies; and

WHEREAS, government use of value assessment methodologies could override patient-provider decisions regarding which treatment is best for each patient and their families based on the results of those methodologies, which ignore and/ or undervalue the needs of minority and ethnic populations.

THEREFORE, BE IT RESOLVED that the National Black Caucus of State Legislators (NBCSL) believes that it is imperative that people of all ethnic and racial backgrounds have equitable access to treatment and recognizes that health inequities are often rooted in community-level factors like where we live, work, and play;

BE IT FURTHER RESOLVED that NBCSL believes that each state should examine value assessment metrics as one of many tools available to decisionmakers and ensure that any data used reflect the diversity of and inequities faced by patient populations, that differences in value across communities are uncovered in subgroup assessments, and, as a corollary, that transparency be improved to consistently acknowledge important gaps in evidence when they exist;

BE IT FURTHER RESOLVED, that the NBCSL should discourage use of any discriminatory metrics, and work to ensure that all metrics take into account full racial and ethnic data when appropriate; and

BE IT FINALLY RESOLVED, that a copy of this resolution be transmitted to the President of the United States, the Vice President of the United States, members of the United States House of Representatives and the United States Senate, and other federal and state government officials as appropriate.

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Sponsored by: Sen. London Lamar (TN)

Policy Committee: Health and Human Services (HHS)