Policy Paper on Single-payer Healthcare and People with Disabilities

By Patricia Chadwick

Overview

We believe that single-payer universal healthcare is a human right and would improve the lives of everyone in the US, but we acknowledge that it on its own won’t necessarily solve the issues of ableism, racism, sexism, homophobia, etc. that currently exists in our medical system. The lives and health of all of us are interconnected and interdependent and, as we are all harmed by ableist and racist practices, we are also all raised up by ensuring that everyone has access to good healthcare.

We need to work with and listen to the concerns of the disability justice community, as well as other marginalized communities, so that single-payer initiatives can incorporate solutions to those concerns. We believe that if we work together with all people in the community, we can achieve an equitable healthcare system for all.

On March 23, 2024, One Payer States, Justice for All Network, and Progressive Democrats of America held a summit on single-payer universal health care and people with disabilities. This paper includes an overview of the issues discussed at the summit as well as other concerns that we didn’t have time to cover. Because of the intersectional nature of these issues, they are relevant to other groups who have been underserved by the current healthcare system.

Read more about the [summit and view a recording](#).

Issues for People with Disabilities & a Universal Single-Payer Healthcare System

What is inherent in current single-payer initiatives that benefits people with disabilities?

- Better distribution of resources to underserved communities.
- Separates healthcare from employment and eliminates income eligibility for Medicaid.
• Better coordinated response to public health emergencies i.e. pandemics that more adversely affect people with disabilities and communities of color.
• Strengthens efforts to standardize data collection on race, ethnicity, sex, primary language, and disability status and increases investments in research focused on disparities.
• People currently on Medicaid won’t be restricted to clinics (that aren’t always completely accessible) that serve Medicaid patients – they will have access to any clinic or doctor.
• Enables disabled people to access reproductive healthcare at any facility rather than having to depend on health clinics funded by Medicaid that, under our current system, may be end up being closed by restrictions on abortion care.
• More comprehensive health care coverage, including all primary and preventive care, hospital and outpatient services, prescription drugs, dental, vision, audiology, reproductive health services, maternity and newborn care, gender-affirming care, long-term services and supports, mental health and substance abuse treatment, laboratory and diagnostic services, ambulatory services, and more.
• Without the profit motive of insurance companies, more resources could be put into preventative care and programs that address the needs of specific communities.

Concerns that need to be addressed

• **Equipment**: making sure people with disabilities can get equipment that they need and can use to conduct their daily living activities without causing more injury to themselves. Need less restrictions on getting approval for equipment and where it can be used. Make sure that things like cushions are included so the user doesn’t get secondary injuries. The equipment approval process should be transparent.
• **Access**: health facilities need to be fully accessible to people with all types of disabilities and for all types of care, including reproductive care. Staff should be trained in different modes of communication.
• **Bias**: health care and medical staff need to be trained to listen to people with disabilities and respect that they know what their needs are and what’s best for them.
  o Acknowledge the effect of discrimination and the stress that takes on people’s health and lives – what measures can address this?
  o Acknowledge that people with disabilities have sex lives and needs around reproductive care.
• **Artificial Intelligence (AI)**: AI is increasingly being used in healthcare decision making but it has white CIS gender male bias – how do we deal with this?
• **Attendant care and long-term care** to support people living in the community (rather than an institution or nursing home) must be included so that people with disabilities can carry out the daily functions of life, including employment if applicable.

• **Respite care and peer support**: Need to have options for people when they are discharged from a hospital or facility and don’t have the resources for being cared for at home or if they are unhoused. Transitional housing for people leaving psychiatric care.

• More **flexibility for people dealing with multiple and/or rare conditions** that may need treatment with drugs that are considered risky, for example. A system where there are exceptions to the rules and where patients don’t have to fight for everything they need.

• There needs to be a good **exceptions/appeals process** for services and durable medical equipment, anything that needs to be “approved” first before it can be provided to the person needing it.

• Access to specialty care, including **alternative healing practices** that can be provided by indigenous communities benefitting them economically as well.

• Tribal people who live off the reservation (in urban areas) need to have access to community care provided by their peers. We need to **listen to what the local community needs**.

• **Continuity of care** as the system transitions to single-payer.

• Maintaining the system under different administrations – ensuring reproductive healthcare remains a right, for example.

• **How to address the social determinants of health:**
  - Transportation
  - Housing
  - Environment
  - Food
  - Stress
    - The stress inherent in living in an ableist, racist society affects the health of those who are subject to bias and discrimination. Ideally, we want to get rid of these isms but are there things that a healthcare system could do to address this issue?
  - Under a single-payer plan, resources could be distributed more equally to underserved communities which may be able to more adequately address the social determinants.

### Possible Solutions

• Establish an equity office to ensure that the system promotes **health equity** across race, ethnicity, national origin, primary language use, immigration status,
age, disability, sex, including gender identity and sexual orientation, geographic location, socioeconomic status, incarceration, housing status, etc.

- Require providers to undergo annual, ongoing, and continuing training of all providers on cultural competency and best practices for caring for racially and ethnically diverse consumers, including LGBTQ+, persons with disabilities, and people who hold multiple, marginalized identities.
- Trains providers in alternate modes of communication including use of ACC and supported decision making.
- Use tools to understand bias: [https://www.unbiased.health/](https://www.unbiased.health/)

- Incentives to address the **shortage of health care workers**: housing allowances, tuition assistance, student loan forgiveness, increased pay, sick and vacation, work with immigration.
  - Encourage, support & mentor people with disabilities and people with other marginalized identities to go into the health professions.

- Improve the use of **telehealth**.
- Provide transportation to health facilities.
- **Listen to the community** – health providers should have a mechanism for soliciting feedback from the communities they serve to make sure needs are being addressed.

### Actions to take now

- Connect with single-payer organizations who are working on legislation to advocate for the inclusion of disability issues.
- Connect with disability organizations to gain support for a single-payer healthcare system that includes everyone.
- Form alliances between single-payer groups and disability groups.

### Resources

- **Senate Medicare for All Act (Senator Sanders)** [S.1655](https://www.congress.gov/bill/116th-congress/senate-bill/1655)
- **California Single Payer bill – CalCare** – [AB 2200](https://leginfo.legislature.ca.gov/faces/billTextShow.xhtml?billId=20192020bh02200)
- **'Medicare for All' Must Truly Be for All—Including People With Disabilities**, by Robyn Powell, **Rewire News Group**, March 13, 2019
- **Disability and Reproductive Health**
  - [A Collaborative Agenda for the Disability and Reproductive Justice Communities in 2023](https://www.americanprogress.org/issues/disability/reports/2019/04/03/475072/a-collaborative-agenda-for-the-disability-and-reproductive-justice-communities-in-2023/), Center for American Progress
  - [Robin Wilson-Beattie](https): Learn to #AccessBetter Disability and Sexuality Information with RobinWB!
The missing billion: Lack of disability data impedes healthcare equity, McKinsey Health Institute

Medicaid Expansion: Frequently Asked Questions, Center on Budget and Policy Priorities

Universal Healthcare and Race
- Denied care, part 1: How racism caused America’s expensive health care crisis, Daily Kos, March 9, 2024
- Denied care, part 2: Racism in today’s health care and how to fight back, Daily Kos, March 10, 2024

Advocates push for legislation to speed up wheelchair repairs in Connecticut, News8, March 12, 2024

The high cost of living in a disabling world, The Guardian, by Jan Grue, November 4, 2021

Solidarity and strategy: the forgotten lessons of truly effective protest, The Guardian, by Astra Taylor & Leah Hunt-Hendrix, March 14, 2024 (discusses organizing by the disability community)

COVID: This Month 4 Years Ago Trump & Kushner Put Together a Deadly, Evil Plan, The Hartmann Report, March 14, 2024 – while this article doesn’t specifically mention people with disabilities (it should), it is a horrific description of how our Black and Latine brothers and sisters were sacrificed for political reasons. “It’s a symptom of a racially rigged economy and a healthcare system that only responds to money, which America has conspired to keep from African Americans for over 400 years.”

Black, Disabled, and Dealing With the Maze of Health Care: A new report shows adults living with a disability face delays in access to care. Advocates say it doesn’t have to be this way.

Race, gender, class, and sexual orientation: intersecting axes of inequality and self-rated health in Canada, International Journal for Equity in Health

African Americans and Single Payer Healthcare, The Real McCoy in Healthcare podcast