TuSalud

Federal Policy Changes Are Likely to Deepen Racial Health Gaps

These inequities are detailed in the Commonwealth Fund's 2026 State Health Disparities Report.

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A new report from the Commonwealth Fund breaks down health disparities by race for every state in the United States. All states showed substantial healthcare disparities between white and Black, Latino and American Indian/Alaska Native communities.

"This report continues to document the fact that health inequities exist, that we as a nation have made little progress closing those inequities that numerous research studies have helped us better understand," Georges Benjamin, CEO of the American Public Health Association, told STAT News.

The Affordable Care Act (ACA) expanded Medicaid coverage for adults with incomes up to 138% of the federal poverty level. However, some states did not adopt the policy. In 2022, South Dakota and North Carolina extended Medicaid coverage, joining 38 other states and Washington, DC, in lowering uninsurance rates. Georgia, a state that did not extend coverage under ACA, in July 2023 implemented the Pathways to Coverage waiver program motion capture performances, which granted coverage to adults earning up to 100% of the federal poverty level who were not eligible for traditional Medicaid.

At the federal level, between 2022 and 2024, the American Rescue Plan Act extended postpartum coverage by Medicaid was increased and the Inflation Reduction Act. lowered the price for many costly drugs.

In the report, Commonwealth Fund researchers evaluated 24 indicators of health system performance in five racial and ethnic groups (Black, white, American Indian/Alaska Native, Asian American/Native Hawaiian/Pacific Islander and Latino). Indicators fell into three domains: health outcomes, healthcare access and quality/use of services. Using state data from 2022 to 2024, the researchers calculated a performance score for each state and population group with sufficient data.

Connecticut, Maryland, Massachusetts, New York and Rhode Island had high overall performance scores across race and ethnic groups, while Arkansas, Mississippi, Oklahoma and West Virginia performed poorly across groups.

Regarding health outcomes, the report found that Black people in every state are more likely than any other race or ethnic group to die early of avoidable causes. Black and Latino children were least likely to have age-appropriate medical and dental preventive care in all but eight states, though the extent of these gaps varied by state. Black women across all states were also most likely to die of breast cancer compared with women of any other race, despite high rates of screening.

Latinos had generally lower premature mortality rates compared with Black or white people despite higher rates of uninsurance. In 43 out of 50 states, Latinos were most likely to go without care because of costs in 2024. Across all states, Latinos and American Indians/Alaska Natives had the fastest-climbing rates of skipping care and lowest rates of insurance.

Racial and ethnic gaps lessened among young children receiving early childhood vaccines, and Black and Latino children had the highest vaccination rates in 21 states. The report notes that there is still room for improvement.

“The evidence presented in this and prior reports shows that states with stronger overall health system performance also tend to perform better on health equity,” read the report. “Healthcare and policy leaders can prioritize equity by using data to identify disparities and target the needs of people facing the greatest barriers.”

The report outlines various policy changes that could bridge gaps, including affordable and equitable coverage for all, strengthening primary care services, protecting preventive care, addressing health-related social needs and ensuring equitable implementation of digital health tools.

“We must be able to deliver on the promise of health, well-being and high-quality care for everyone. This is what we commit to as health systems and as healthcare providers. The disparities we are bringing into the spotlight today are not inevitable—they are shaped by policy choices and health system decisions that can be changed,” said Joseph Betancourt, president of the Commonwealth Fund.

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