

# Disparities in Insurance Access

A report detailing findings from a survey of grassroots consumer organizations

A REPORT COMMISSIONED BY  
THE CONSUMER REPRESENTATIVES TO THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS  
AUGUST 2021

## Preface

On behalf of the Consumer Representatives to the National Association of Insurance Commissioners (NAIC), Georgians for a Healthy Future contracted with Socioanalítica Research LLC to field a survey of state and local grassroots organizations working with consumers across insurance lines. The ultimate goal of the survey was to help inform the work of state insurance regulators and the NAIC—especially the Special (EX) Committee on Race and Insurance—by identifying challenges with insurance access, discrimination, and bias based on all lines of insurance. The survey also assessed how familiar these organizations are with state departments of insurance, with an eye to identifying disparities across insurance lines and historically disenfranchised communities.

The survey assessed common themes and patterns across demographic groups, with the recognition that disparities and inequities are often rooted in intersectional and overlapping systems of oppression. Because of the data collected on racial and ethnic disparities in particular, the survey findings will assist the NAIC’s critical work to more meaningfully address the long-standing structural barriers that contribute to disparities in insurance access. This includes a review of and response to systemic racism, bias, and discrimination across all lines of insurance.

### **Acknowledgments**

We are collectively indebted to the assistance of Amy Killelea who helped prepare this report and to Socioanalítica Research who designed and fielded the survey. We also thank the Robert Wood Johnson Foundation for financial support that made the survey and report possible. The views expressed here do not necessarily reflect the views of the Foundation. We also thank the NAIC for giving us an opportunity to provide consumer-focused input to insurance regulators on consumer access issues. The NAIC works closely with Consumer Representatives to assist state regulators in their primary objective of protecting insurance consumers. The Consumer Representatives do not represent or work for the NAIC, and the views expressed here do not necessarily reflect the views of the NAIC. More information about consumer participation at the NAIC is available [here](#).

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## Methodology

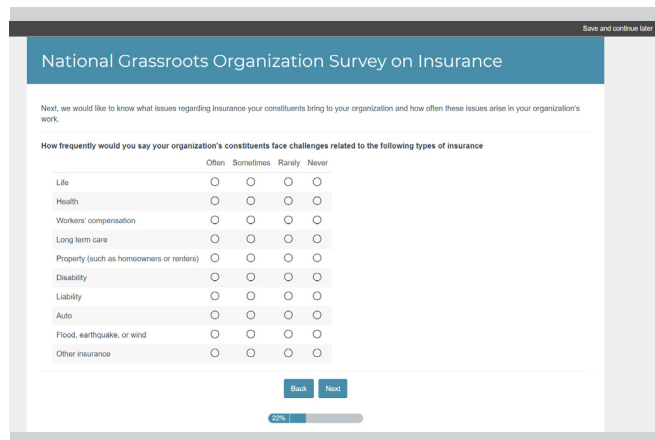


The sample consists of 72 unique respondents who are leaders or senior employees of nonprofit and community organizations, primarily at the state, local, and regional level. Respondents were reached using a grassroots sampling approach. Before the survey launch, the survey team identified national and regional organizations with robust state and local networks of community-based organizations. These national and regional partner organizations were selected based on the following criteria for their networks: inclusion of a mix of organizations with focus areas across different lines of insurance (health, life, disability, property, flood/earthquake/wind, auto, long-term care, liability, and workers' compensation); geographic diversity; population focus diversity; and robust state and local contact lists. The survey team asked national and regional organization contacts to forward the survey to their email lists and to send reminders weekly.

# 72

unique  
respondents

who are leaders or senior employees of nonprofit and community organizations, primarily at the state, local, and regional level.



The screenshot shows a survey interface titled "National Grassroots Organization Survey on Insurance". The main question is: "How frequently would you say your organization's constituents face challenges related to the following types of insurance". The response options are "Often", "Sometimes", "Rarely", and "Never". The survey is currently at 22% completion.

	Often	Sometimes	Rarely	Never
Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workers' compensation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long term care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Property (such as homeowners or renters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auto	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flood, earthquake, or wind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The survey was conducted online using the Alchemer platform and was fielded between May 17 and June 16, 2021. No compensation was provided for participation.

The following provide a breakdown of respondents information including their geographic scope (Table 1), demographic of constituencies served (Table 2 and Table 3), and primary insurance line they typically engage with for constituents (Table 4).

**TABLE 1**  
**Geographic Scope**  
(primary focus)

GEOGRAPHY	PERCENT
Local City	7
Local Region	14
Statewide	54
Region	10
National	15

**TABLE 2**  
**Constituencies Served**  
(multiple selection)

PRIMARY CONSTITUENCY SERVED	PERCENT
Low-income people	89
Racial and ethnic groups	82
Working-age adults	79
LGBTQ people	72
Women	71
Young adults	71
Immigrants or refugees	69
Senior citizens	68
People with disabilities	67
Unemployed	67
Rural residents	64
Children and youth	61
Veterans	60
Other	51

**TABLE 3**  
**Racial and ethnic constituencies**  
(multiple selection)

CONSTITUENCY	PERCENT
Black or African American	90
Hispanic or Latino	90
South Asian	63
East Asian	64
American Indian or Alaskan Native	59
Native Hawaiian or Pacific Islander	53
Middle Eastern or North African	59
All of the above	44
Other	53

**TABLE 4**  
**Organization primary focus by insurance line**  
(multiple selection)

INSURANCE LINE	PERCENT
Health	85
Disability	54
Auto	44
Property	42
Long term care	40
Workers' compensation	35
Life	32
Liability	29
Flood, earthquake, or wind	25
Other	18

## Findings



The survey identified themes across several areas, stratifying responses by insurance line and demographic group. Each area is discussed in detail below.

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### Challenges in Insurance Access

Respondents identified broad areas of challenges consumers face across all lines of insurance. The most commonly identified challenges surrounded insurance affordability and insurance literacy. *See Table 5.*

Several themes emerge from the frequency with which organizations identified issues as most pressing for the consumers they serve.

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#### **Affordability, comprehensive coverage, and insurance literacy are connected**

Access to insurance options that are both affordable and provide meaningful coverage was a major challenge across insurance lines. This tracks with a major national study finding that if faced with an unexpected expense of \$400, almost 40% of adults in the U.S. would not be able to pay for it with cash, savings, or easily accessible credit.<sup>1</sup> Affordability issues

#### **Health Insurance Affordability and Coverage Challenges**

According to a survey of 5,450 adults in the U.S. conducted by the Commonwealth Fund in 2021:

- One-third of respondents reported lost income as a result of the pandemic.
- More than one-third of insured adults and half of uninsured adults reported they had problems paying medical bills or were paying off medical debt during the prior year.
- Among respondents with medical bill and debt problems, 35% used up all or most of their savings, 35% took on credit card debt, 27% had been unable to pay for basic necessities like food or rent, and 23% delayed education or career plans.

Source: Commonwealth Fund

associated with insurance include monthly premiums as well as deductibles and cost sharing, which all add up to create financial barriers to access. Affordability of meaningful coverage is acutely felt in the health insurance space, and respondents rated affordability as a top concern for health insurance. Surveys of consumer financial strains related to the pandemic underscore the relationship of precarious financial situations to insurance access.<sup>2</sup> Affordability is a particular challenge for certain groups, including undocumented immigrants who are barred from federal health insurance subsidies and many public programs.

A slate of challenges related to insurance literacy and availability of clear information follows closely behind affordability, including consumer challenges with understanding coverage and associated costs. Across insurance lines and as indicated in study after study, cost is an important consideration for consumers in making insurance choices. And yet, many consumers do not understand the financial implications of the products they are choosing.<sup>3</sup> This is exacerbated by the lack of availability of information in multiple languages, a point raised by several organizations in open-ended text responses. As one respondent put it, “culturally appropriate materials [and], plain-English documents (also in multiple languages)” are critical. The fact that affordability of insurance looms large as a challenge for consumers highlights the need for insurance cost information to be easily available and accessible.

**TABLE 5**  
**Challenges in Insurance Access**

ISSUES	PERCENTAGE MENTIONED
Insurance products are unaffordable	58%
Difficulty understanding coverage	54%
Difficulty understanding costs	46%
Available insurance products do not provide sufficient coverage (e.g., benefits are limited)	39%
Applying for insurance is too difficult or complex	37%
Language barriers	32%
Insurance products are unavailable	28%
Consumer education and information are not available	28%
Insurance claims aren't paid	27%
Consumer education and information aren't written for our constituents	26%
Filing insurance claims is difficult	25%
Those who sell the insurance don't understand the needs	22%
State insurance department isn't helpful	21%
Other (specify):	9%

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## Geography matters

Access challenges were closely associated with geography. Over two-thirds of organizations (67%) reported that zip code impacts the availability of insurance — across all lines — for consumers “some” or “a lot.” This finding underscores the need for deeper analyses of the intersecting roles that race/ethnicity, income, and geography all play in systemic inequities when it comes to insurance.

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## Issues varied across lines of insurance

Though the types of issues were relatively consistent, the following slight differences emerged across lines of insurance. Health insurance issues primarily concerned affordability, coverage, and complexity of information (including reported challenges with understanding coverage and understanding costs associated with coverage). The following four issues were mentioned by at least two-thirds of respondents with regard to health insurance challenges:

- Insurance products are unaffordable (90%)
- Difficulty understanding coverage (77%)
- Available insurance products do not provide sufficient coverage (70%)
- Difficulty understanding costs (70%)
- Applying for insurance is too difficult or complex (66%).

Seventy percent of organizations reported that for health insurance, sufficiency of coverage was a challenge (overall, 36% of organizations mentioned insufficient coverage as an issue across all lines). This finding is significant because gaps in sufficiency of coverage can exacerbate existing access disparities and, therefore, have implications for equitable access. For example, lack of comprehensive maternity and newborn care and coverage standards for these services have a disproportionate impact on Black and Indigenous women, who are around three times more likely than non-Hispanic white women to die from pregnancy-related complications.<sup>4</sup> The same can be said of provider network standards. Intentional requirements, monitoring, and enforcement to improve access to culturally competent providers is critically important to improve access for historically marginalized communities.<sup>5</sup>

In lines of insurance other than health, challenges of affordability, coverage, and information complexity were also reported. However, challenges with unpaid insurance claims also emerged as a top mention, something that was not as prevalent for health insurance. This was particularly true for flood/earthquake/wind insurance, where 56% of organizations noted that unpaid claims are a problem (note: the survey did not capture the reason claims were unpaid).

**89%**

of respondents report working with those experiencing low-income



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## Health insurance was the line of insurance respondents mentioned most often

As described in the methodology section, the sampling strategy included networks of organizations that touch all lines of insurance. However, health insurance remained the most commonly cited concern across survey questions. This may be because health insurance was a pressing insurance concern particularly during a global pandemic. Further, the surveyed organizations primarily serve low-income populations, many of whom may not need or may not be able to afford non-health insurance lines, such as long-term care insurance, disability insurance, and property insurance. Organizations, in turn, may focus more resources and attention on health insurance related issues to respond to this demand. Another factor to consider is that advocacy and support for non-health lines of insurance are under-resourced, underscoring the even more critical role that state insurance departments play in reaching and assisting these consumers.

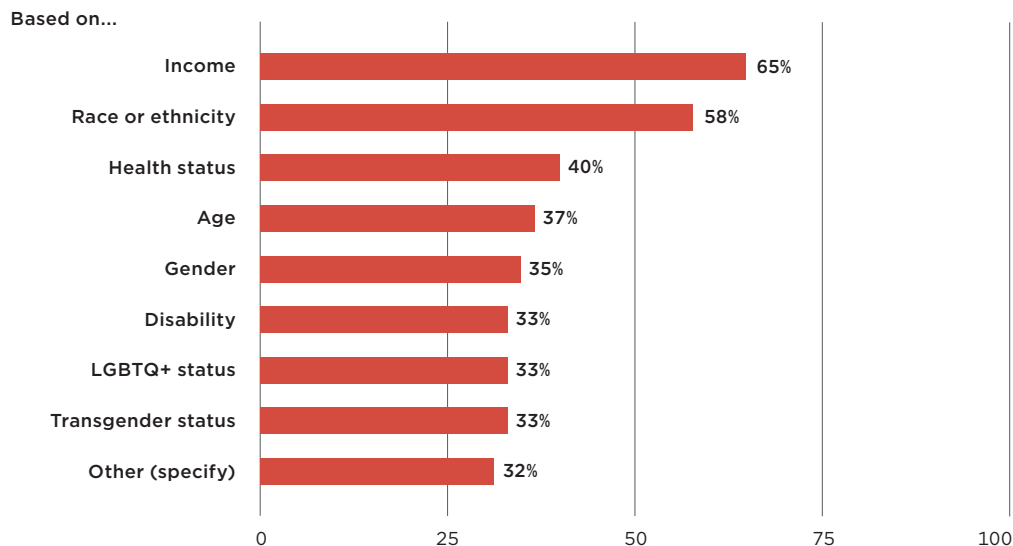
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## Systemic Discrimination/Bias

When asked directly the extent to which consumers faced discrimination or bias in insurance, the vast majority of respondents (79%) reported that their consumers face “some” or “a lot” of discrimination or bias.<sup>6</sup> As discussed in more detail below, the types of discrimination and bias reported primarily involve system-level inequities, pointing to the impact of broad and historic oppression that compounds inequitable access to insurance based on income, race/ethnicity, and zip code. Addressing the inequities identified will require broader interventions among regulators beyond traditional complaint driven compliance enforcement. The figure below lists the different types of bias and discrimination organizations identified.

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**CHART 1**  
**What type of discrimination or bias in insurance do your constituents face?**



The survey allowed respondents to select multiple bases of discrimination or bias in insurance to account for intersecting identities of the consumers they serve and the ways that those identities can compound access challenges. Forty-four percent of organizations indicated that consumers faced discrimination or bias across three or more characteristics. For instance, for organizations that reported primarily serving racial/ethnic groups, while well over half reported that constituents experienced discrimination or bias on race/ethnicity, one-third reported that constituents face discrimination based on LGBTQ+ status (33%) or disability (35%). This complexity suggests that more holistic ways to assess the impact of multiple and overlapping systems of discrimination or bias are needed.

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### **Discrimination or bias based on income and race/ethnicity are inextricably linked**

The two most common instances of discrimination or bias identified were based on income (65%) and race/ethnicity (58%), with organizations most commonly serving Black/African-American and Hispanic/Latino people. *See Chart 1 on page 9.* The discussion below of the types of systemic issuer practices that may be based on zip code or other proxy factors that exacerbate existing disparities and historic oppression suggests that in many (but not all) cases, discrimination based on race/ethnicity and income may be connected. Many organizations mentioned the explicit connection between income and discrimination and bias, with one organization noting that “prohibiting the use of socioeconomic factors in auto insurance rating” was a non-discrimination priority. While it is important to note the high prevalence and possible connection of these two bases for discrimination or bias, it is also critical to parse out where income and race/ethnicity show up separately and impact insurance access differently.

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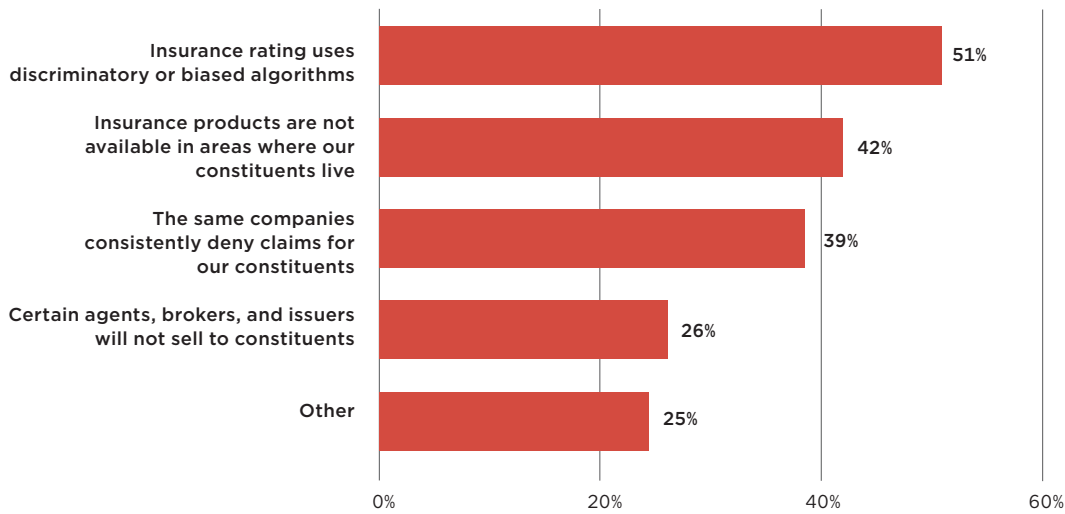
### **Discrimination using data algorithms is a major concern across organizations, followed by Issuer refusal to sell and consistent denial of claims for constituents**

Over half of organizations identified use of discriminatory or biased algorithms to set insurance rates as an example of how discrimination or bias impacts the consumers they serve. This may be connected to the two other most commonly reported examples of discrimination or bias: insurance products are not available in areas where consumers live and the same companies consistently deny claims for consumers. If organizations consistently see the primarily low-income and Black/African-American and Hispanic/Latino consumers they serve encounter issues in availability of insurance and approval of claims, the way insurers make these decisions becomes an important advocacy and policy question. As potentially unfair and inequitable algorithms gain more attention, many are questioning the way plans make these decisions and raising concerns that these practices are discriminatory.

Forty-two percent of organizations indicated that the lack of availability of insurance products in areas where constituents live was an example of discrimination or bias, a finding closely related to the claim that certain agents, brokers, and issuers will not sell to constituents. Thirty-nine percent of organizations reported that companies consistently deny claims for constituents. These three findings all indicate that there may be inequitable treatment of certain consumers using proxy indicators for race/ethnicity (such as income or zip code).

CHART 2

How is this discrimination or bias demonstrated?



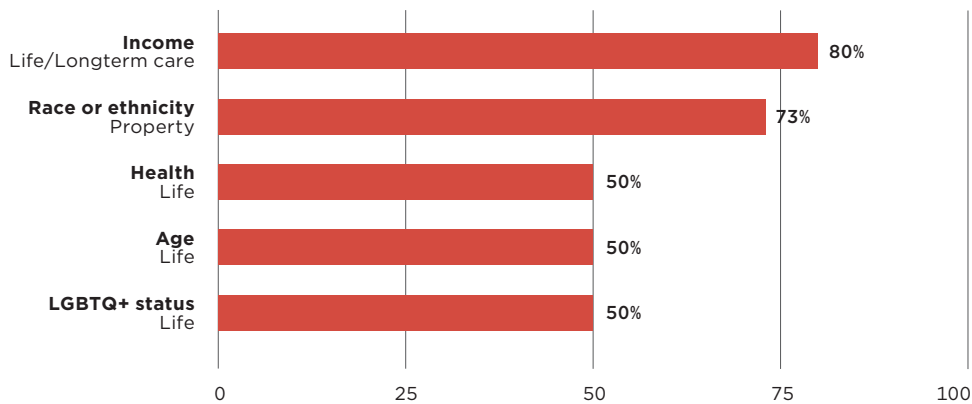
Discrimination or bias differed across lines of insurance

Prevalence of discrimination or bias varies depending on the insurance line. Though discrimination or bias based on income was common across all insurance lines, it was mentioned most frequently in life insurance and long-term care insurance (80% each). Discrimination or bias based on race or ethnicity was most common in property insurance (73%).

CHART 3

Insurance line with the highest reported instances of discrimination

Based on type of insurance and (line of insurance)...



In general, organizations reported more frequent instances of specific discrimination or bias for non-health lines of insurance (potentially owing in part to a more robust and proactive set of health insurance regulatory requirements as result of the Affordable Care Act). For the most reported instance of discrimination or bias – “insurance rating uses discriminatory or biased rating algorithms” – organizations were more likely to indicate this was a problem in life insurance and property insurance.

**TABLE 6**  
**Discrimination/Bias Instances Across Lines of Insurance (by percent of mentions)**

	Health	Life	Disability	Property	Auto	Long Term Care	Worker's Compensation
The same companies consistently deny claims for our constituents	36	50	50	54	52	48	53
Certain agents, brokers, and issuers will not sell to constituents	26	30	29	38	30	40	37
Insurance products are not available in areas where our constituents live	44	50	50	58	44	60	68
Insurance rating uses discriminatory or biased algorithms	54	70	59	69	63	64	58

## Lack of Engagement with State Insurance Regulators

While several organizations mentioned new or creative partnerships with state insurance regulators, most respondents indicated they had little contact or interaction with regulators. A recurring theme across organizations who say that state insurance regulators should improve outreach efforts to constituents is that the outreach should be more intentional with regard to communities of color and other underserved communities.

**“I have never seen the DOI hold a community forum, townhall, or similar event to hear from the community about their priorities. Recently the DOI did a pilot test with some outreach at a community health fair. This is a positive start but much more is needed.”**

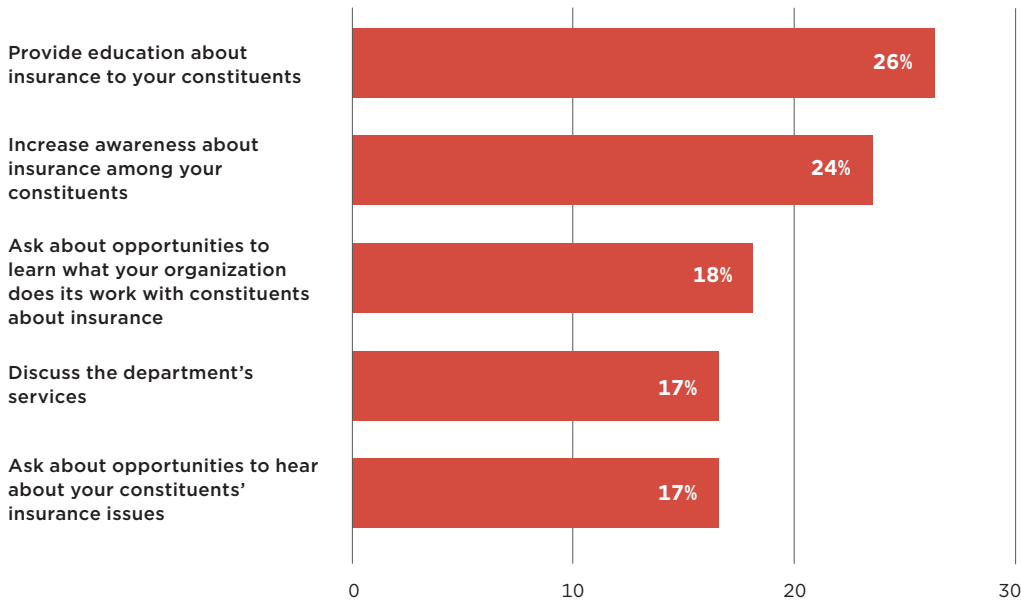
*—Local Organization Leader*

### Interactions reported with state insurance regulators tended to be passive rather than active

The survey categorized different types of engagement and outreach from state insurance regulators, including more passive engagement like general education and awareness activities versus more active engagement like proactive efforts by regulators to ask about challenges consumers are facing and what services and resources insurance regulators should offer. Reported interactions with insurance regulators dropped precipitously when questions turned to active engagement about consumer challenges, rather than education and

awareness campaigns and resources. Open-ended text responses also included recommendations for regulators to engage more with community groups, including suggestions that services or materials be made available in more languages and that state regulators actively seek out more organizations that serve communities of color.

**CHART 4**  
**To the best of your knowledge, in the last five years, how frequently has the state department of insurance reached out to your constituents to...**

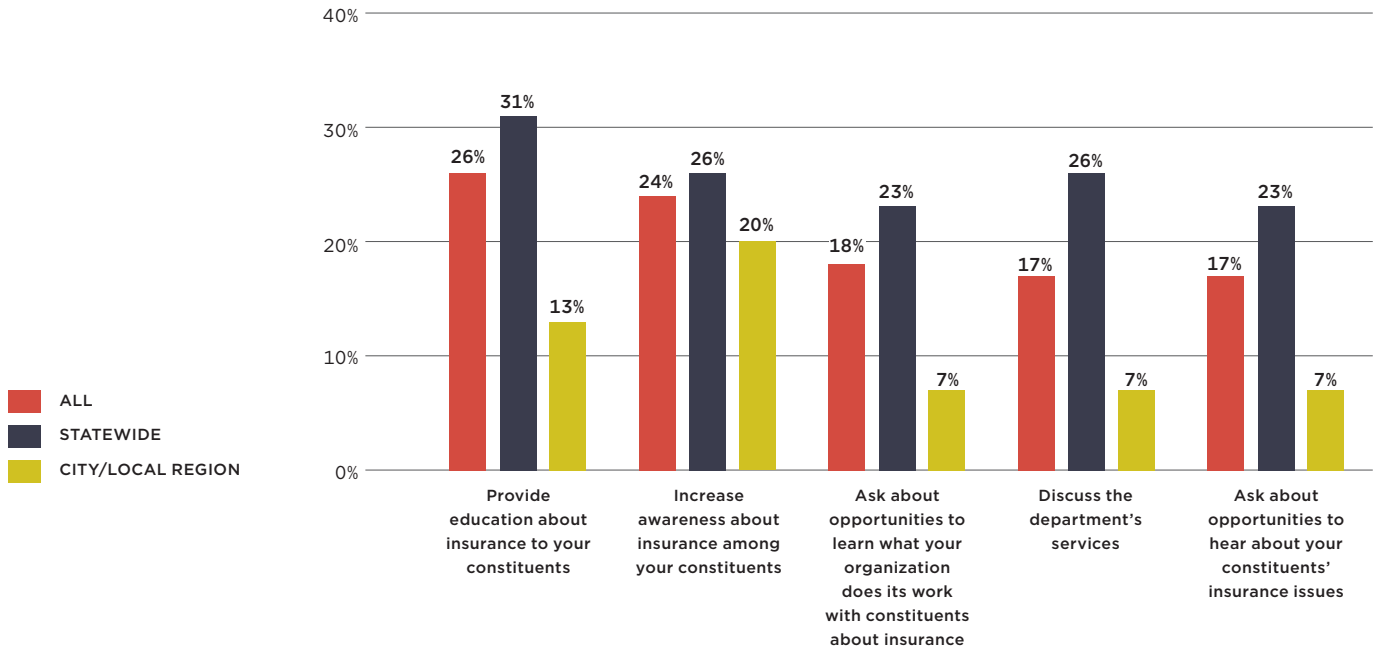


### **Engagement was more limited with local organizations than state-based organizations**

There were differences in reported engagement with state insurance regulators based on whether the organization served consumers at the local, statewide, or regional/national level. Local organizations, those who serve cities or regions within a state, reported far more limited interactions with state insurance regulators than their statewide counterparts. The reason for this difference is unclear. It could be that state insurance regulators focus their outreach efforts on larger statewide organizations with a greater presence in state policy circles. Another factor could be that local organizations tend to be smaller and their capacity to engage with state agencies may be more limited. Because local organizations may have trusted relationships with specific communities, understanding why they are less likely to engage with state insurance regulators is essential.

CHART 5

To the best of your knowledge, in the last five years, how frequently has the state department of insurance reached out to your constituents to...



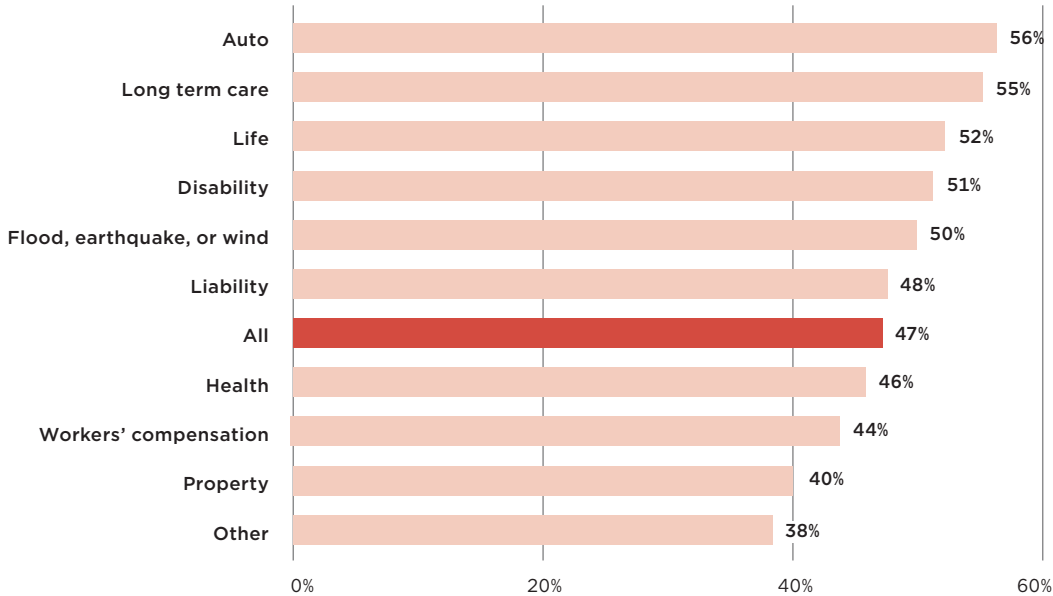
### Organizations do not often use the state insurance department complaint system

Despite the frequency with which insurance challenges were identified—including instances of discrimination or bias—less than half of organizations reported that they have helped consumers place a formal complaint with their state insurance regulator in the last five years. Organizations were more likely to have engaged directly with an insurer when a consumer faced a challenge. In some ways, this finding is unsurprising. Consumers and organizations may first try to resolve an issue with the insurer before elevating to other channels (and in fact are encouraged to do so by state regulators). However, it also suggests that advocacy around insurance challenges stops at the insurer level (no matter how the issue is ultimately resolved). This may mean that patterns of challenges and issues may not ever make their way to state insurance regulators via a complaint system. As such, existing complaint systems are likely not capturing, and thus do not reflect, instances of systemic inequities.

Organizations that had helped consumers in placing a complaint with the insurance department in the past five years overwhelmingly filed complaints with regard to auto insurance, long-term care insurance, life insurance, and disability insurance.

CHART 6

In the last five years, has your organization assisted a constituent in placing any complaints regarding insurance issues with your state's department of insurance?



### State insurance regulators are not primary source of insurance information

Organizations were also asked to rank the sources of information on which consumers rely to make decisions about their insurance. State government ranked as one of the least used resources for information, with family or friends ranking first followed by community organizations. Agents, brokers, and insurance companies themselves — who may not always provide unbiased information — also ranked far above state government as a source of consumer education.<sup>7</sup> This finding is consistent with the survey reports that state insurance regulator outreach efforts do not consistently reach community organizations and the consumers they serve.

## Regulator and NAIC Actions

The findings identified in this survey provide important information to help guide regulator and NAIC actions to better address systemic inequities in insurance access. A large proportion of organizations identified discrimination or bias based on race/ethnicity as a significant issue, highlighting the urgency of efforts to center anti-racism in insurance regulator work streams. Based on the findings of this survey, we recommend the following actions by regulators and the NAIC itself.



### **Regulators should newly or reengage broader, more diverse networks of consumer organizations**

Insurance regulators can do more to better engage historically disenfranchised consumers. Because community-based organizations have trusted relationships with the consumers they serve, engaging these organizations is a critical component of any consumer engagement activities. Cultivation of new partners and relationships with trusted community organizations has been critical to state COVID-19 vaccination efforts, and strategies for regulator engagement with consumer groups could build off of this work. New strategies should include:

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#### **Develop more expansive partnership networks of community organizations, especially those that serve low-income communities and communities of color**

It is clear from the survey findings that insurance regulators are not fully engaging with some organizations, particularly smaller local organizations, with outreach and education resources. Identifying and meaningfully engaging new partners may require insurance departments to build new relationships, conduct additional outreach, develop new materials, and proactively solicit feedback from a more expansive range of partners. Such a strategy could include working more closely with larger statewide organizations to help “champion” outreach efforts into new networks and communities, particularly communities of color. This must include investment in language access to ensure non-English language speakers are included in engagement activities.



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### **Embrace active, ongoing engagement with community partners and develop relationships that go beyond passive information sharing**

Passive engagement from insurance regulators — including public information disseminated via websites and social media — is important. But there is a critical need for more intentional and active engagement with communities who interact with insurance systems every day. This type of engagement should include a two-way dialogue, allowing regulators to hear directly from consumers and community-based organizations in addition to disseminating information about the role of state insurance regulators. To ensure meaningful inclusion of individuals with limited English proficiency and individuals living with a disability, regulators should ensure engagement opportunities are available in multiple languages and are accessible.

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### **Identify, promote, and replicate best practices across states**

NAIC should use its convening power and meetings to identify and highlight activities from states that are effectively and meaningfully engaging a broad network of consumer-based organizations, including those with particular reach and relationships with historically disenfranchised communities.

### **NAIC should create nationwide minimum standards for community engagement**



The NAIC should develop a set of minimum community engagement standards to promote meaningful insurance regulator community engagement activities. Such standards should adopt a definition of meaningful community engagement and include a framework and ultimate goals for community engagement as well as benchmarks and criteria to guide investment in this scope of work. Standards should help regulators to ensure that a broad range of historically disenfranchised communities are meaningfully included in regulator outreach, education, and dialogue.<sup>8</sup>



**Regulators and insurance plans should collect additional data to better assess and address systemic inequities, including assessing disparate impacts of common insurance practices and policies on communities of color**

Systemic racism is pervasive, and regulators must develop new ways to assess how systemic racism and systems of oppression impact consumer access to insurance and identify ways to combat it. This includes examining current industry practices and public policies that disproportionately negatively impact certain groups and overlaying the legacy of historic discrimination and oppression on these groups. Stratifying data by income, zip code, and race/ethnicity is a fundamental part of this effort. One of the most widely reported instances of discrimination or bias (primarily across race/ethnicity and income) was the fact that affordable products were unavailable in places where consumers lived.

Yet, regulators and plans alike are not collecting the data needed to accurately assess how racism and systemic inequities are linked to insurer practices, or how these practices may have a disproportionate impact on historically disenfranchised communities. The reality of disenfranchisement affects not only who does or does not get insurance and at what cost, but also who knows where, when, and how to complain about inequitable treatment or bad behavior, and who recognizes such inequity when it occurs. As the Consumer Representatives to the NAIC have previously recommended, regulators should prioritize enhanced data collection and reporting of demographic data based on race, ethnicity, language, sex, pregnancy status, sexual orientation, gender identity, and disability status. Regulators should also conduct a deeper review of the algorithms plans use to set rates, including interrogating each variable used and whether certain variables may be proxies for racial and ethnic discrimination.

## Appendix A: Survey Tool

### Intro Text:

Thank you very much for your willingness to participate in the National Grassroots Organization Survey on Insurance. This survey is conducted by the consumer representatives to the National Association of Insurance Commissioners (NAIC) and funded with generous support from the Robert Wood Johnson Foundation. The NAIC works closely with consumer representatives to assist state regulators in their primary objective of protecting insurance consumers. These individuals do not represent or work for the NAIC, and the views expressed here do not necessarily reflect the views of the NAIC. More information about consumer participation at the NAIC is available [here](#).

We know that your time is very valuable and are extremely grateful for your participation to help us to understand how your organization's constituents interact with the insurance market (including health, life, disability, auto, property, flood, workers' compensation, and liability insurance) and the state insurance regulatory system.

We will ask questions about your organization, the constituents your organization serves, and questions about your constituents' experiences with the insurance system.

All responses will be strictly anonymous and the data will only be presented in aggregate form. In general, you can skip questions you feel uncomfortable answering but there are some questions that are required to proceed with the survey such as the description of your organization and constituents. None of these required questions are about sensitive topics. Required questions are marked with an asterisk (\*).

We anticipate the survey will take about 10 minutes to complete. For maximum ease, the system saves all your responses, so you do not have to fill out the entire survey in one single sitting. You can exit the survey and return to it again later by saving your information using the toolbar at the top of your screen. If you have any questions or concerns about the survey, please email Dr. Juhem Navarro-Rivera at [insurancesurvey@socioanaliticaresearch.com](mailto:insurancesurvey@socioanaliticaresearch.com).

## Section 1: Constituents

First, we would like to know more about your organization and its constituents. Please answer them to the best of your knowledge.

### Q01. What is the name of your organization?\*

[TEXT ENTRY {prepopulated}]

### Q02. We understand organizations have different geographic scopes, but if you were to select your organization's main scope which one would it be...\*

1. Local
2. Statewide
3. Regional (Within a state)
4. Regional (Multi-state)
5. National

Ask if Q02==1

### Q03A. Which city is your organization's focus?\*

- [TEXT ENTRY: CITY]
  - [DROP DOWN: STATE]
- [ADD ANOTHER OPTION]

Ask if Q02==2

### Q03B. What state(s) is the focus of your organization?\*

- [DROP DOWN: STATE]

Ask if Q02==3 OR 4

### Q03B. What region is the focus of your organization?\*

- [TEXT ENTRY: REGION]

### Q04. Does your organization primarily serve any of the following as its main constituency?\* (select all that apply) {Randomize options}

1. Racial and ethnic groups such as African Americans, Asian Americans, or Hispanic Americans
2. Women
3. LGBTQ people
4. Children and youth
5. Senior citizens
6. Young adults
7. Working-age adults
8. People with disabilities or serious health conditions
9. Veterans
10. Immigrants or refugees
11. Low-income people
12. Rural residents
13. Unemployed
14. All of the above {DO NOT RANDOMIZE}
15. Other {DO NOT RANDOMIZE} {Specify} [TEXT BOX]

{ASK IF Q04 == 1}

**Q04A. Which racial or ethnic groups does your organization primarily serve? (select all that apply)**

1. Black or African American
2. Hispanic or Latino
3. South Asian
4. East Asian
5. American Indian or Alaskan Native
6. Native Hawaiian or Pacific Islander
7. Middle Eastern or North African
8. All of the above
9. Other {Specify} [TEXT BOX]

**Q05. What issue areas would you say your organization focuses on?\* (select all that apply) {RANDOMIZE OPTIONS}**

1. Health
2. Transportation
3. Housing
4. Racial justice
5. Civil rights
6. Education
7. Immigration
8. Digital rights/Privacy
9. Financial services/Insurance
10. Other [Specify] [TEXT BOX] {DO NOT RANDOMIZE}

**Q06. Thinking about the work your organization does for its constituents, would you say the focus is on... (select all that apply)\***

1. Policy
2. Advocacy
3. Direct services
4. Legal aid or litigation
5. Education
6. Research
7. Other [Specify] [TEXT BOX]

## **Section 2: Experience with consumer insurance issues**

Next, we would like to know what issues regarding insurance your constituents bring to your organization and how often these issues arise in your organization's work.

**Q07. How frequently would you say your organization sees challenges related to the following types of insurance?**

OPTIONS {ROTATE 1-4/4-1}

1. Never
2. Rarely
3. Sometimes
4. Often

ITEMS {RANDOMIZE ORDER}

- A. Health
- B. Life
- C. Disability
- D. Property (such as homeowners or renters)
- E. Flood, earthquake, or wind
- F. Auto
- G. Long term care
- H. Liability
- I. Workers' compensation
- J. Other [Specify] {DO NOT RANDOMIZE}

{ASK IF Q07 == 3 OR 4}

**Q08. Which of the following best describes the {INSERT INSURANCE TYPE} insurance issues your constituents most often see? (select all that apply)**  
**{REPEAT FOR EACH QUALIFYING INSURANCE TYPE FROM Q07}**

- 1. Insurance products are unavailable
- 2. Insurance products are unaffordable
- 3. Applying for insurance is too difficult or complex
- 4. Available insurance products do not provide sufficient coverage (e.g., benefits are limited)
- 5. Those who sell the insurance don't understand the needs
- 6. Insurance claims aren't paid
- 7. Filing insurance claims is difficult
- 8. State insurance department isn't helpful
- 9. Language barriers
- 10. Difficulty understanding costs
- 11. Difficulty understanding coverage
- 12. Consumer education and information isn't available
- 13. Consumer education and information aren't written for our constituents
- 14. Other [Specify] [TEXT BOX] {DO NOT RANDOMIZE}

### Section 3. Discrimination and Bias

Now we would like to know about issues of inequity, discrimination, and bias your constituents may face when it comes to insurance.

**Q09. Please tell us how much discrimination or bias there is against your organization's constituents in the insurance industry today.**

OPTIONS {ROTATE 1-4; 4-1}

- 1. None at all
- 2. Only a little
- 3. Some
- 4. A lot

{ASK IF Q09== 3 OR 4}

**Q10. What type of discrimination or bias in insurance do your constituents face?**

**{RANDOMIZE ORDER}**

1. Based on race or ethnicity
2. Based on gender
3. Based on age
4. Based on disability
5. Based on health status
6. Based on LGBTQ+ status
7. Based on transgender status
8. Other (specify) [TEXT BOX] {DO NOT RANDOMIZE}

**Q11. How is this discrimination or bias demonstrated?**

1. Certain agents, brokers, and issuers will not sell to constituents
2. The same companies consistently deny claims for our constituents
3. Insurance products are not available in areas where our constituents live
4. Insurance rating uses discriminatory or biased algorithms
5. [OPEN ENDED RESPONSE]

**Q12. How much does geography/zip code affect availability of insurance for your constituents?**

1. A lot
2. Somewhat
3. A little
4. Not at all

**Q13. What solutions would your organization consider to address discrimination and biases in the insurance system?**

- [OPEN ENDED RESPONSE]

## **Section 4. Experiences with the government**

Now, we would like to ask about your organization's experience when working with issues regarding insurance as part of its work with constituents.

{ASK IF ANY Q07 ISSUES SELECTED}

**Q14. Who does your organization generally communicate with when constituents have issues with insurance? (select all that apply) {RANDOMIZE OPTIONS}**

1. Insurance companies
2. Local elected officials (city or county)
3. State legislators
4. Governor's office
5. State department of insurance
6. Local members of Congress
7. The media
8. Other [Specify] {DO NOT RANDOMIZE}

{ASK IF Q02== 4 OR 5 AND Q14==5}

Q03D. What state's department of insurance has your organization communicated most recently with?\*

- [DROP DOWN STATE]

**Q15. In the last five years, has your organization assisted a constituent place any complaints regarding insurance issues with your state's department of insurance?**

1. Yes
2. No
3. Don't know

{ASK IF NO ISSUES IN Q07 OR Q14 != 5}

**Q16. In the last five years, has your organization contacted your state's department of insurance to address constituent issues?**

1. Yes
2. No
3. Don't know

**Q17. To the best of your knowledge, in the last five years, how frequently has the state's department of insurance reached out to your constituents to...**

OPTIONS {ROTATE 1-4/4-1}

1. Never
2. Rarely
3. Sometimes
4. Often

ITEMS {RANDOMIZE ORDER}

1. Provide education about insurance to your constituents
2. Increase awareness about insurance among your constituents
3. Discuss the department's services
4. Ask about opportunities to hear about your constituents' insurance issues
5. Ask about opportunities to learn what your organization does in its work with constituents about insurance
6. Other [Specify] {DO NOT RANDOMIZE}

{ASK IF Q17 >=3}

**Q18. How does the state's department of insurance reach out to your constituents? (select all that apply) {RANDOMIZE ORDER}**

1. Participation in community events
2. Radio advertisements
3. Television advertisements
4. Print media advertisements
5. Flyers and leafleting
6. Internet-based campaigns
7. Mailing campaigns
8. Partnering with other organizations
9. Townhall meetings
10. Social media such as Twitter, Facebook, etc.
11. Other [Specify] {DO NOT RANDOMIZE}



ASK IF {Q17 == 3 OR 4}

**Q19. What does your state's department of insurance do well when it comes to reaching out to your constituents?**

[Open-ended response]

{ASK IF Q17 == 1 OR 2}

**Q20. How might the state department of insurance effectively reach your organization's constituents with relevant information and education about insurance?**

[Open-ended response]

**Q21. Which sources of information or consumer education do your constituents rely on when learning about insurance products? (select all that apply) {RANDOMIZE ITEMS}**

1. Family or friends
2. The federal government (i.e., healthcare.gov)
3. State government
4. Local government
5. Insurance companies
6. Television or radio
7. Internet searches (i.e., Google)
8. Online sources (i.e., Blogs, videos)
9. Community organizations
10. Cooperative Extension Service
11. Agents and brokers
12. Other [Specify] {DO NOT RANDOMIZE}

**Q22. Would say these sources are [rotate wording options]?**

OPTIONS {ROTATE 1-4/4-1}

1. Very unreliable
2. Somewhat unreliable
3. Somewhat reliable
4. Very reliable

ITEMS {INSERT SELECTED FROM Q21}

1. Family or friends
2. The federal government (i.e., healthcare.gov)
3. State government
4. Local government
5. Insurance companies
6. Television or radio
7. Internet searches (i.e., Google)
8. Online sources (i.e., Blogs, videos)
9. Community organizations
10. Cooperative Extension Service
11. Agents and brokers
12. Other [Specify] {DO NOT RANDOMIZE}

**Q23. Is there anything we did not ask about or that you would like us to know about your organization’s work on behalf of its constituents concerning insurance issues?**

[Open ended question]

Finally, we would like to ask for some demographic information for statistical purposes only.

**Q24A. What is your job title?**

- [TEXT ENTRY BOX]

**Q24B. What is your race? %US CENSUS%**

1. White
2. Black or African American
3. Asian
4. American Indian or Alaska Native
5. Native Hawaiian or other Pacific Islander
6. Some other Race [Specify]

**Q24B1. Are you of Hispanic or Latino origin? %US CENSUS, Mod%**

1. Yes
2. No

**Q24C. What is your sex? (select all that apply) %US CENSUS%**

1. Male
2. Female
3. Transgender
4. Genderqueer, neither exclusively male nor female
5. Something else [Specify]
6. Decline to answer

**Q24D. Do you think of yourself as:**

1. Lesbian, gay, or homosexual
2. Straight or heterosexual
3. Bisexual
4. Something else [Specify]
7. Don’t know

## **Closing Text**

Thank you for completing our survey! If you know of other organizations working on issues on behalf of constituencies similar to your organization, please feel free to share this link {INSERT LINK} so they can complete the survey.

## References

1. Board of Governors on the Federal Reserve System, Report on the Economic Well Being of U.S. Households in 2018 (May 2019), available at <https://www.federalreserve.gov/publications/files/2018-report-economic-well-being-us-households-201905.pdf>.
2. Commonwealth Fund, As the Pandemic Eases, What Is the State of Health Care Coverage and Affordability in the U.S.? Findings from the Commonwealth Fund Health Care Coverage and COVID-19 Survey, March–June 2021 (July 16, 2021), available at <https://www.commonwealthfund.org/publications/issue-briefs/2021/jul/as-pandemic-eases-what-is-state-coverage-affordability-survey>.
3. One example of the impact of a lack of clear understanding of coverage and cost terms is in the home insurance market. See, e.g., Kenneth Klein, Minding the Protection Gap: Resolving Unintended, Pervasive, Profound Homeowner Underinsurance, 36 Connecticut Insurance Law Journal, vol 25 (2018).
4. Nora Ellmann and Jamille Fields Allsbrook, Center for American Progress, States' Essential Health Benefits Coverage Could Advance Maternal Health Equity (April 30, 2021), available at <https://www.americanprogress.org/issues/women/news/2021/04/30/498751/states-essential-health-benefits-coverage-advance-maternal-health-equity/>.
5. Jamille Fields Allsbrook and Osub Ahmed, Center for American Progress, Building on the ACA: Administrative Actions to Improve Maternal Health (March 25, 2021), available at <https://www.americanprogress.org/issues/women/reports/2021/03/25/497536/building-aca-administrative-actions-improve-maternal-health/>.
6. The survey did not define “discrimination” or “bias.” As such, not all of the examples of discrimination and bias are necessarily tied to a legal cause of action. Similarly, the survey left open the definition of different bases of discrimination, including health status and disability.
7. Kevin Lucia, et al., Georgetown University Health Policy Institute, Views from the Market: Insurance Brokers' Perspectives on Changes to Individual Health Insurance (August 15, 2018), available at <https://www.rwjf.org/en/library/research/2018/08/views-from-the-market.html>.
8. There are many examples of meaningful community engagement frameworks and principles. For instance, state governmental public health programs have committed to meaningful community engagement with communities heavily impacted by HIV, and principles and engagement strategies used by state health departments may be relevant for insurance regulators. See, e.g., NASTAD, Effectively Engaging Community in the Ending the HIV Epidemic Process (January 2020), available at [https://www.nastad.org/sites/default/files/events/materials/effectively\\_engaging\\_community\\_through\\_digital\\_technology\\_webinar\\_series\\_webinar\\_1\\_2020.pdf](https://www.nastad.org/sites/default/files/events/materials/effectively_engaging_community_through_digital_technology_webinar_series_webinar_1_2020.pdf).



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