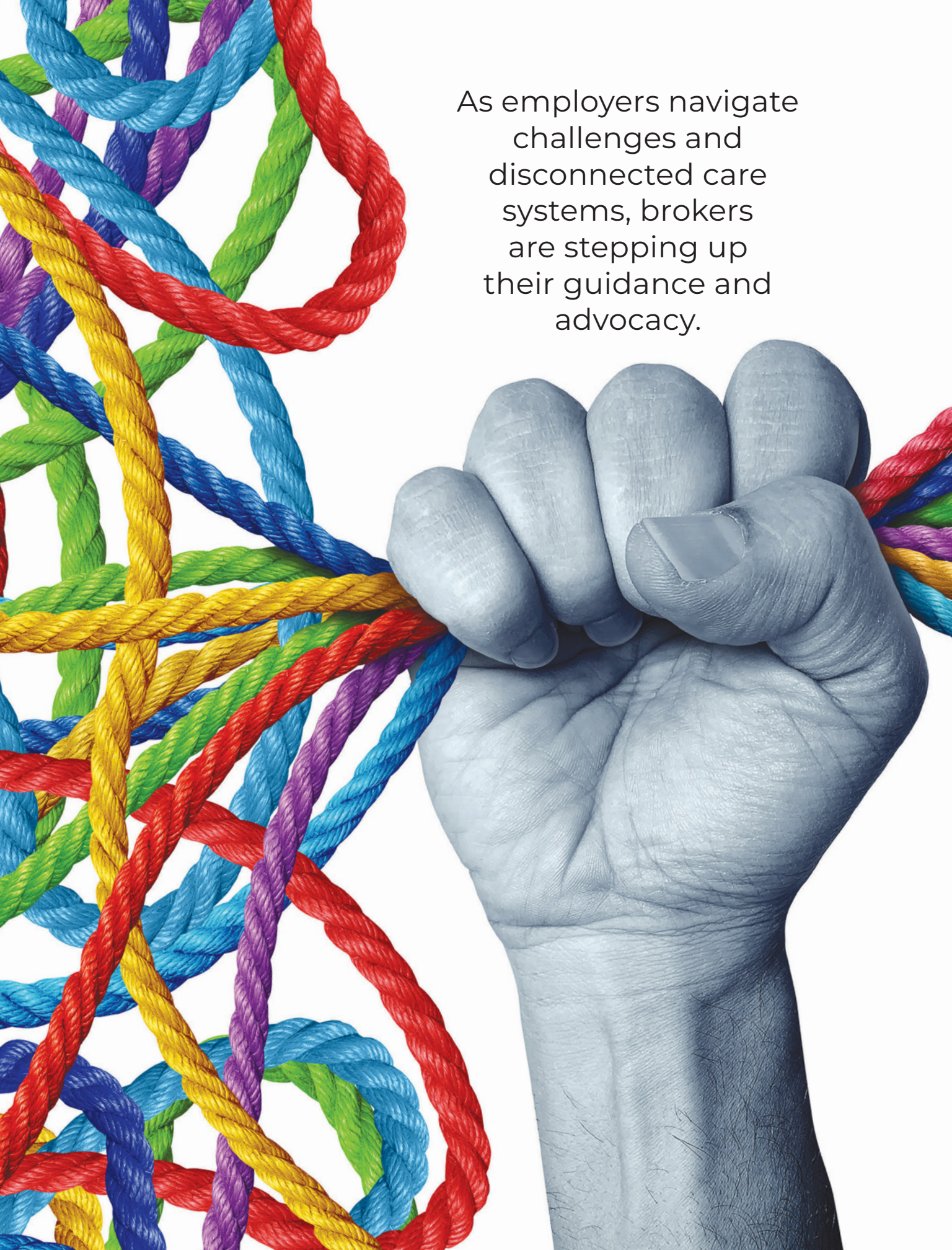
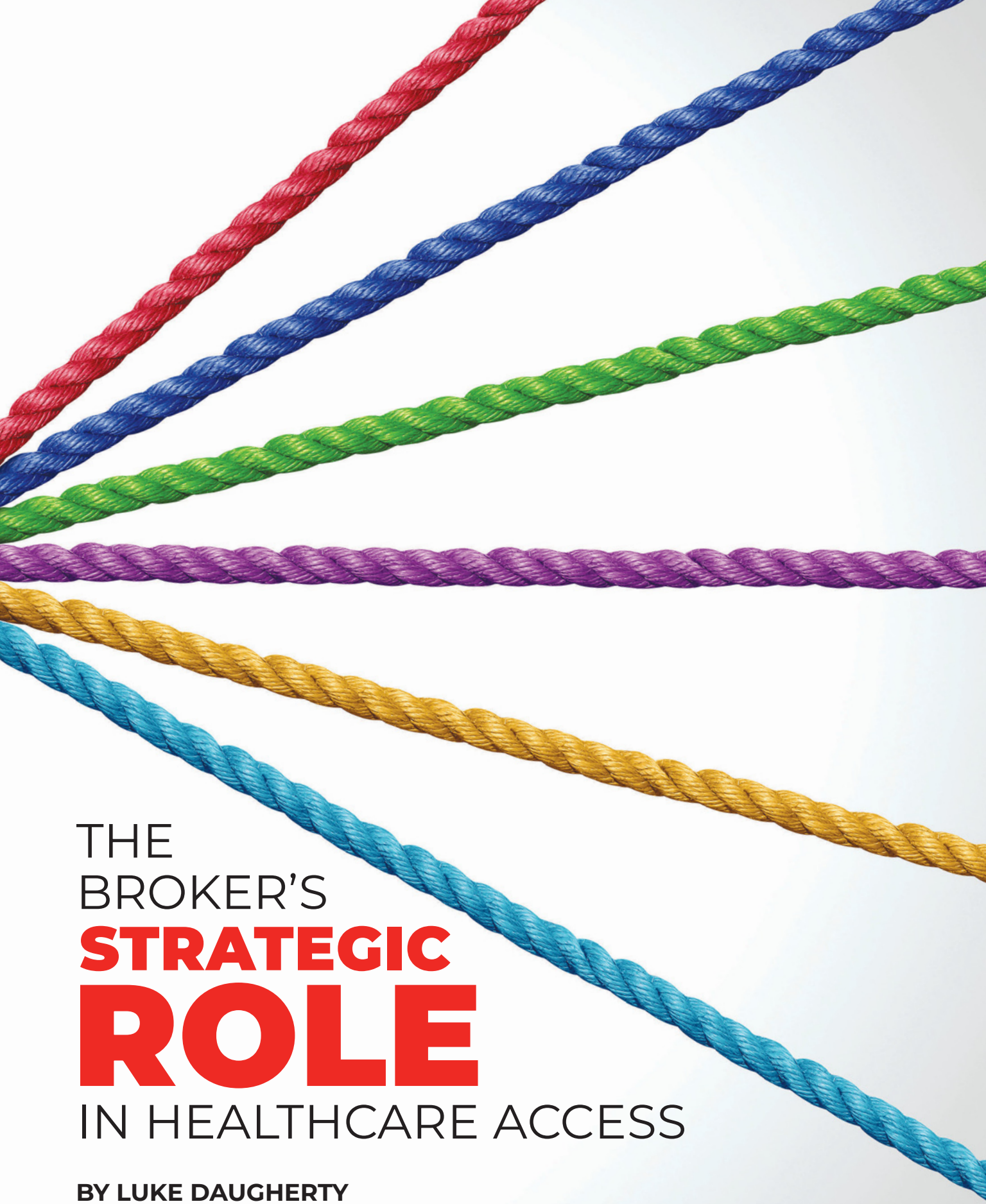
As employers navigate challenges and disconnected care systems, brokers are stepping up their guidance and advocacy.





THE BROKER'S **STRATEGIC ROLE** IN HEALTHCARE ACCESS

BY LUKE DAUGHERTY

For the better part of the past century, health benefits have been an essential tool for American employers to attract and retain workers. The more comprehensive the coverage, the stronger an employer's ability to compete for talent.

That system also shaped the traditional role of the broker: helping employers evaluate plans, manage costs and assemble competitive benefits packages for their workforce.

Yet despite a proliferation of health plans and specialty benefits in recent decades, employers and brokers are increasingly confronting a more complicated reality: making healthcare available to everyone does not necessarily make it accessible to all. Employees may technically have coverage but get lost navigating disconnected systems, finding providers or trying to understand which resources apply to them during critical moments such as pregnancy or chronic illness.

That gap is becoming glaringly obvious. In just one example from Maven Clinic's recent State of Women's and Family Health Benefits report, employers reported a 39% average increase in women's and family health benefits offerings, yet employees who reported feeling highly supported by those benefits declined by an average of 10% across every category.

For employers, meeting the challenge of healthcare equity is no longer simply about expanding benefits, but about ensuring employees of all stripes can realistically access, navigate and use those benefits. And for brokers, that increasingly means evolving beyond plan selection and cost management into a more strategic role of helping employers integrate fragmented systems, identify access gaps and design benefits experiences that work.

Redefining Access, Equity and Health Inclusion

At the heart of this shift is a changing definition of what meaningful access to healthcare means. Historically, employers largely focused on making benefits broadly available across their workforce. Today, however, many are recognizing that equal coverage does not always translate into equal ability to access, navigate or benefit from care.

Factors such as geography, affordability, language barriers, caregiving responsibilities, provider shortages and even internet access can all shape whether employees are realistically able to use the benefits available to them. For some workers, the barriers are logistical: finding time to schedule appointments, understanding where to turn for help or navigating systems that feel fragmented and difficult to use.

That realization, alongside rising healthcare costs and an increasingly diverse workforce, is reshaping how many employers think about health equity and inclusion.

"A few years ago, employers often framed equity and inclusion as compliance and value-based initiatives," says Cassandra Gibson, president and CEO of Karing Is Mutual, LLC. "Today, it's seen more as a business imperative, tied to measurements and outcomes, like workforce retention, innovation and affordability."

Pamela Rich, vice president at Business Group on Health, echoes that sentiment, noting that employers are also becoming more aware of how social and structural factors shape health outcomes across their workforce.

"Factors such as race, socioeconomic status, geography and other social determinants of health impact both health and access to care," Rich says. "For employers, health inclusion is relevant because it's an essential part of creating a healthy, productive and engaged workforce."

As a result, more employers are rethinking their benefits strategies around how employers and employees navigate and engage with the systems already in place.

Fragmentation Is Now the True Obstacle

For Gibson, ease of navigation has become one of the central obstacles to achieving more equitable benefits utilization and access to care. The existing benefits infrastructure, which has evolved over decades through layers of health plans, point solutions and specialty programs, has become far too fragmented for many employees to navigate, especially those already facing barriers to care.

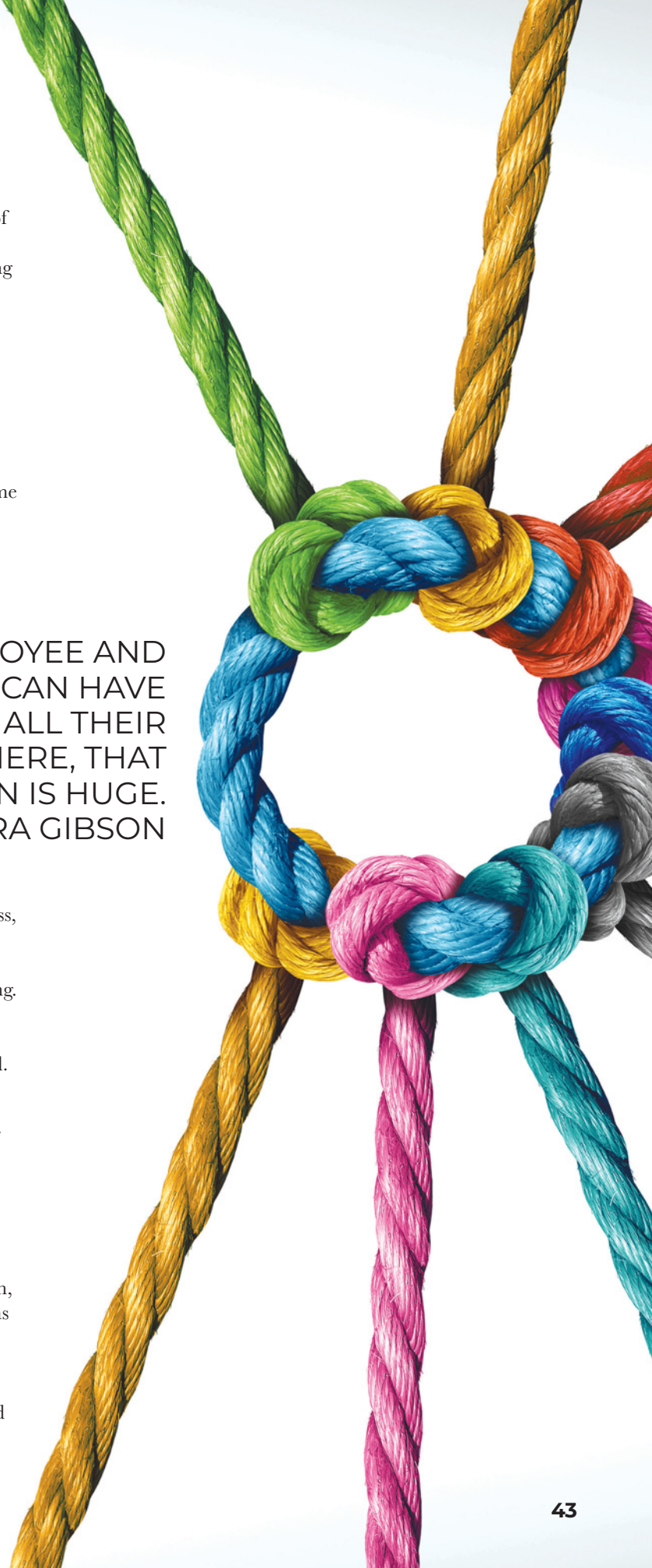
"You may need to go to your HR portal for a certain benefit," she says. "You may need to go to your insurance carrier's portal for a certain document or benefit. So it can become cumbersome for a person who needs treatment to figure out which navigation tool they should utilize."

> "IF AN EMPLOYEE AND EMPLOYER CAN HAVE **ONE TOOL** AND FIND ALL THEIR INFORMATION THERE, THAT KIND OF INTEGRATION IS HUGE. — CASSANDRA GIBSON

When an employee is navigating chronic illness, caregiving responsibilities, pregnancy, mental health challenges or other high-stress situations, that complexity can quickly become overwhelming. And as Gibson points out, the burden does not fall evenly across the workforce. Employees in rural areas may have limited access to broadband. Shift workers may have limited time to schedule appointments or research benefits during the workday. Language barriers and varying levels of health literacy can make it even harder to know where to turn for help.

In that environment, simply expanding the number of available benefits does little to improve outcomes. Instead, Gibson says employers are increasingly prioritizing integration, communication and simplicity — creating systems that are easier to navigate and better connected across the entire employee experience.

"If an employee and employer can have one tool and find all their information there, that kind of integration is huge," she says.



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Women's and Family Health as a Litmus Test

These issues are perhaps nowhere more evident than in women's and family health, where coordination, continuity and timely access to care can have an outsized impact on both outcomes and costs.

For employees navigating fertility treatment, pregnancy, postpartum recovery or caregiving responsibilities, healthcare journeys often unfold slowly over multiple providers, systems and stages of care. When benefits are disjointed or difficult to navigate, employees may delay care, miss opportunities for early intervention or simply miss out on the support available to them during critical moments.

"The problem was never just coverage. It's coherence, timing and trust," says Dr. Neel Shah, chief medical officer of Maven Clinic. "The families who need care most — Black mothers, employees navigating fertility treatment, people who don't speak English as a first language — are often the ones the standard benefits design forgot to imagine."

High-risk pregnancies are a particularly potent example, and a central focus of Maven's recent report. Without adequate support and continuity of care, the report notes, such pregnancies are often "identified too late, supported too inconsistently or navigated without clear guidance."

That leads to more than just worsening maternal outcomes. Fifty-seven percent of the employers surveyed by Maven reported increased costs tied to high-risk pregnancies, a clear sign of the downstream impact of delayed intervention and fragmented care journeys.

Gibson says employers are increasingly recognizing those connections firsthand. "High-risk pregnancies often require longer recovery time and postpartum care, which delays employees from returning to work and reduces productivity," she says.

But while women's and family health may offer one of the clearest examples, the underlying issue is much bigger than a single category of care. The same fragmentation, communication gaps and navigation challenges that complicate maternity or fertility journeys can also affect employees managing chronic illness, mental health concerns, caregiving responsibilities or other complex healthcare needs. In each case, the problem isn't whether benefits exist, but whether all employees can realistically find, understand and access them when they need them. And that's where brokers can play a uniquely important role.

The Evolving Role of the Broker in Pursuing Health Equity

According to Gibson, today's brokers must think about their job in a fundamentally different way.

"I believe that brokers now have to take on more of a strategic advisory role, evaluating integration opportunities and helping individuals know how to navigate the different tools, technology and benefits that are out there," she says. "They're really an advocate to help consumers, employees and employers."

In practice, that often means identifying the real-world barriers preventing employees from engaging with the resources already available to them. For instance, that may involve offering multilingual communication or interpreters to help employees better understand their coverage and care options. Or, it could mean recognizing that certain workers may not have reliable internet access at home or sufficient time during the workday to navigate complex benefits systems on their own.

Gibson finds that she and her team are increasingly thinking beyond traditional plan design and considering how employees actually experience healthcare in their day-to-day lives. Different generations may engage with technology differently. Rural employees may need extra enrollment time at work, where they have reliable internet access. Employees balancing caregiving responsibilities may prioritize virtual care and scheduling flexibility differently than other populations.

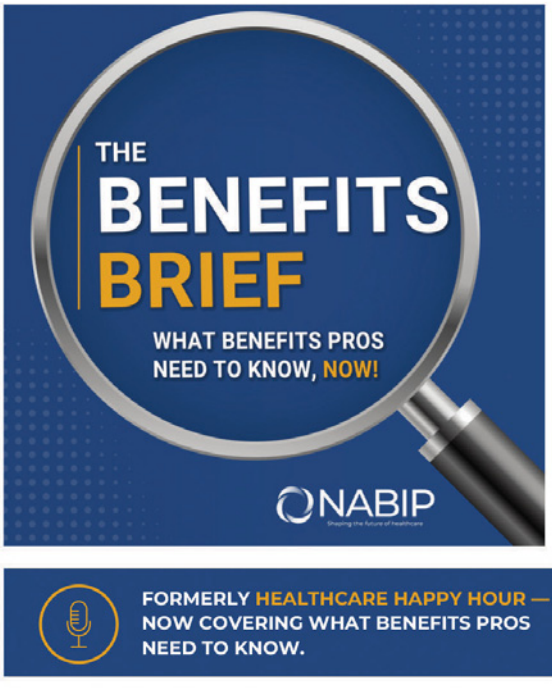
At the same time, employers are also reassessing how affordability and workforce demographics shape benefits utilization. Business Group on Health's Rich notes that many employers are reevaluating plan affordability for lower-income employees through strategies such as lower deductibles or coinsurance structures, while also expanding support for populations including LGBTQ+ employees, workers with disabilities and neurodiverse employees. That can include broader fertility coverage for different family structures, menopause support, expanded coverage for assistive devices or earlier interventions for neurodiverse employees and dependents.

Today's brokers should be prepared to support employers in any and all of these initiatives. Health equity cannot be addressed through a single initiative or benefit offering. The barriers employees face, whether tied to affordability, geography, caregiving responsibilities, language or fragmented systems, often differ widely across workforces and populations.

The challenge for brokers is to lean beyond traditional plan selection and cost management into a broader role as strategists and advocates. In this next phase of health inclusion, their role is to help employers build systems employees can realistically navigate and access when they need them most.

TIP:

You can earn your Spanish Language Benefits Education Certification (SLBE) through NABIP. Visit nabiptraining.org/catalog/live-events to sign up for the next class.



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