



HEALTH INSURANCE REFORM AT A GLANCE

ADDRESSING HEALTH AND HEALTH CARE DISPARITIES

MAKE HEALTH CARE ACCESSIBLE TO EVERYONE

African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population. Studies have shown that access to care is a significant factor in health outcomes. The legislation will offer insurance through a health insurance Exchange and provide premium assistance to those who can't afford it, significantly reducing disparities in accessing high-quality health care.

HEALTH CENTERS

Provides \$11 billion in mandatory funding for community health centers which offer comprehensive primary care and mental health services to underserved populations. Provides additional funding for nurse-managed health clinics and school-based health centers, which serve these populations as well.

WORKFORCE

Promoting Diversity of the Health Workforce—Provides support for (1) pipeline programs for the health professions that assist in recruitment and retention of underrepresented minorities and individuals from disadvantaged backgrounds; (2) loan repayment programs for faculty from disadvantaged backgrounds; and (3) institutions that train nurses to increase diversity among these professionals, including support for bridge or degree completion programs.

Training in Cultural Competency, Prevention, Public Health, and Aptitude Working with Individuals with Disabilities —Provides support for development of model curricula in cultural competency and related training.

National Health Service Corps Scholarship and Loan Repayment Programs—Provides \$1.5 billion in mandatory funding to support primary care providers who commit to practice in underserved communities.

Grants to Promote the Community Health Workforce—Provides grants to community health workers who serve as liaisons between communities and health care agencies and provide culturally and linguistically-appropriate services.

Alternative Dental Health Provider Models—Creates new demonstration project to test different dental health care provider models that will promote access to oral health services in underserved communities.

Demonstration Projects to Address Health Professions Workforce Needs—Establishes a demonstration project with \$410 million in mandatory funding for low-income individuals to attain education and training for high-growth occupations in the health care sector.

PREVENTION

Community Preventive Services Task Force—Establishes an independent Community Preventive Services Task Force to conduct rigorous, systematic reviews of existing science and recommend the adoption of proven and effective services. The Task Force topic areas for review will include those related to specific age groups and health disparities among sub-populations and age groups.

Oral Healthcare Prevention Activities (Oral Healthcare Prevention Education Campaign)—Establishes an Oral Healthcare Prevention Education Campaign with targeted activities for special populations conducted in a culturally and linguistically-appropriate manner. These populations include racial and ethnic minorities and individuals with disabilities.

Creating Healthier Communities (Community Transformation Grants) —Provides grants to State and local governmental agencies and community-based organizations for evidence-based community preventive health activities to achieve a number of goals, including reducing health disparities.

DATA

Understanding Health Disparities: Data Collection and Analysis—Improves federal data collection efforts by ensuring that federal health care programs collect and report data on race, ethnicity, sex, primary language, and disability status.

INTENSIFYING DEPARTMENTAL FOCUS ON HEALTH DISPARITIES

Office of Minority Health—Establishes individual Offices of Minority Health within seven agencies in the Department of Health and Human Services (HHS).

Redesignation of National Center on Minority Health and Health Disparities—Redesignates the National Institute of Health (NIH) National Center on Minority Health and Health Disparities as the National Institute on Minority Health and Health Disparities.

QUALITY IMPROVEMENTS

National Strategy for Quality Improvement in Healthcare—Requires that new HHS national strategy on health care quality improvement includes priorities designed to reduce health disparities.

Language Access—Requires plans in the state exchanges to submit information in “plain language” – including language that can be readily understood by individuals with limited English proficiency.

MATERNAL AND CHILD HEALTH

Maternal, Infant and Early Childhood Home Visiting Programs—Provides funding for improving maternal, infant, and early childhood home visiting programs whose evaluation is to include an assessment of the programs’ ability to help eliminate health disparities.

Personal Responsibility Education—Provides support for programs to educate adolescents on the prevention of pregnancy and sexually transmitted infections. Entities targeting services to high-risk, vulnerable, and culturally underrepresented youth populations are given priority for funding.

FUNDING FOR TERRITORIES

Increases federal percentage of payment for Medicaid services to 55% and raises the cap of all territories by \$6.3 billion over ten years. It provides \$1 billion in premium subsidies for territories that elect to set up a health insurance exchange comparable to that available in each of the states.