



Health Reform for Latinos

The Affordable Care Act Gives Latinos Greater Control Over Their Own Health Care.

The benefits and protections in this new law are particularly critical to Latinos, who have the highest rates of un-insurance in the nation. About nine million Latinos will be eligible to receive coverage.

Quality, Affordable Health Care for Latinos

- ✓ **Preventive Care for Better Health**
 - Ensures that all Americans have access to free preventive services to create a system that prevents illness and disease before they require more costly treatment. This will help Latinos who are often less likely to receive preventive care.
 - This year, requires new plans to cover prevention and wellness benefits and exempts these benefits from deductibles and other cost-sharing requirements.
 - Eliminates co-payments for preventive services and exempts preventive services from deductibles under the Medicare program beginning in 2011.
- ✓ **Control Chronic Disease**
 - Invests in care innovations such as community health teams to improve the management of chronic disease, and lay-health educators who reach hard-to-reach communities.
- ✓ **Promote Primary Care**
 - Invests in the primary care workforce to ensure that all Americans have access to a primary care doctor so they stay healthier, longer. Strengthens the system of safety-net hospitals and provides significant funding for community health centers to ensure high-quality, accessible care.
- ✓ **Fight Health Disparities**
 - Moves toward elimination of disparities that Latinos currently face both in their health and in their health care by investing in data collection and research about health disparities. Expands initiatives to increase the racial and ethnic diversity of health care professionals and strengthen cultural competency training among health care providers.

Lower Costs for Families

- ✓ **Insurance Industry Reforms that Save Money**
 - This year, eliminates all lifetime limits on how much insurance companies cover if beneficiaries get sick and bans insurance companies from dropping people from coverage when they get sick. The Act also restricts the use of annual limits in all new plans and existing employer plans this year, until 2014 when all annual limits for these plans are prohibited.

- Going forward, plans in the new Health Insurance Exchanges and all new plans will have a cap on what insurance companies can require beneficiaries to pay in out-of-pocket expenses, such as co-pays and deductibles.
- ✓ **Financial Relief**
 - Provides tax credits starting in 2014 for Americans who cannot afford quality health insurance.
 - This year, provides a \$250 rebate to Medicare beneficiaries who hit the donut hole in 2010. Beginning in 2011, the Act institutes a 50 percent discount on brand name drugs in the donut hole, and the Act will completely close the donut hole for all prescription drugs by 2020.
 - Supports States starting in plan year 2011 in requiring health insurance companies to submit justification for requested premium increases, and insurance companies with excessive or unjustified premium exchanges may not be able to participate in the new Exchanges.
 - Cracks down on excessive insurance overhead starting in 2011 by applying standards to how much insurance companies can spend on non-medical costs, such as bureaucracy, executive salaries, and marketing, and provides consumers a rebate if non-medical costs are too high.

Greater Choices

- ✓ **Eliminates Insurance Company Discrimination**
 - This year, prohibits insurance companies from denying children coverage based on pre-existing conditions. Going forward, the Act will prohibit insurance companies from denying coverage to all individuals. The Act will also end discrimination that charges beneficiaries more if they are sick and limit the amount an insurance company can increase an individual's premium simply due to their age, gender, race or ethnicity.
 - This year, provides access to affordable insurance for uninsured Americans with pre-existing conditions through a temporary subsidized high-risk pool, which will help protect them from medical bankruptcy. This high risk pool is a stop-gap measure that will serve as a bridge to a reformed health insurance marketplace.
- ✓ **More Affordable Choices and Competition**
 - Creates state-based health insurance Exchanges to provide individuals and small businesses with the same private insurance choices that the President and Members of Congress will have, including multi-state plans to foster competition and increase consumer choice.
- ✓ **One-Stop Shopping**
 - Provides standardized, easy-to-understand information on different health insurance plans available through the Exchanges so Americans can easily compare prices, benefits, and performance of health plans to choose the quality, affordable option that is right for them.
- ✓ **Insurance Security**
 - Ensures that families always have guaranteed choices of quality, affordable health insurance if they lose their jobs, switch jobs, move, or become sick and provides premium tax credits to those who can't afford insurance, which will significantly reduce disparities in accessing high-quality health care.

Strong Focus on Minority Health

- ✓ **National Institute of Minority Health**
 - Elevates the National Center on Minority Health and Health Disparities at the National Institutes of Health from a Center to a full Institute, reflecting an enhanced focus on minority health.
 - Codifies into the law the Office of Minority Health within the Department of Health and Human Services (HHS) and a network of minority health offices within HHS, to monitor

health, health care trends, and quality of care among minority patients and evaluate the success of minority health programs and initiatives.

Puerto Rico & the Territories

- ✓ Includes \$6.3 billion in new Medicaid funding for the territories and Puerto Rico. In addition, Puerto Rico may establish a Health Care Exchange and receive \$1 billion for subsidies to individuals and families of modest means who participate in the exchange.