

Health Equality and the New Health Care Law



Source:

"Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations"
July 2010, Joint Center for Political and Economic Studies

Quick Facts

The cost of racial and ethnic disparities in direct medical costs and lost productivity was more than \$1.24 trillion from 2003 through 2006, according to "Burden of Health," a study by The Joint Center for Political and Economic Studies.

And about 65% of Hispanic adults were uninsured while only 20% of white adults had no insurance.

The Patient Protection and Affordable Care Act has benefits and protections meant to make health care more equal for all. Some start this year, others phase in over the next few years. Here are just a few of them:

- 1) **MORE MONEY FOR COMMUNITY HEALTH CENTERS:** \$11 billion starting in 2011 - twice the current level of funding. It will increase medical, oral, and behavioral health services and build new clinics or expand existing ones.
- 2) **MORE PRIMARY CARE:** Increased Medicaid reimbursements for primary care, increased funding for the National Health Services Corps by \$1.5 billion over 5 years, funding for nurse-run centers, and \$43 million in grants in 2011 for graduate medical residents in preventive specialties.
- 3) **MORE FUNDING FOR SCHOOL HEALTH CENTERS:** \$50 million per year through 2014 for school-based health centers.
- 4) **HEALTH CARE JOB TRAINING:** Starting this year, there's \$85 million to train low-income people for health care jobs such as home care aides as well as more money to improve the diversity of primary care physicians, dentists, mental and behavioral health professionals and more.
- 5) **STAY HEALTHY:** No more cost-sharing on a wide range of preventive services. \$43 million to train graduate medical residents in preventive medicine specialties. A national oral health education campaign with an emphasis on disparities, a breast health education campaign (\$9 billion), education programs about sexually transmitted diseases and pregnancy for racially and ethnically diverse adolescents, and home visitation programs for maternal and child care which will provide families with child-centered education and parenting skills.

In 2011, health policies will begin to be coordinated across agencies including health, agriculture, education, labor and transportation. In addition, there are billions to start and maintain a

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Prevention and Public Health Fund. The Congressional Budget Office is also directed to figure out how to score prevention and wellness in their accounting methods. Finally, \$25 million is set aside for demonstration projects to reduce childhood obesity.

- 6) ENROLLMENT: \$14 million has been set aside to support enrollment outreach efforts to low income populations and, by 2014, Medicaid eligibility is expanded to 133% of the federal poverty level.
- 7) ACCESS TO COVERAGE: More people will get health coverage from their jobs and coverage will be available when they leave. Companies with 200 or more employees must automatically enroll their employees in their health plan. Those with 50 or more employees will have to offer health care coverage or pay a fee for each employee who has to get their own. And many companies with less than 25 employees will get a large tax credit if they provide health insurance: 35% in 2010-2013 going up to 50% from 2014 on.
- 8) HELP WITH COSTS: State Health Benefit Exchanges will offer premium credits and sliding scale for health coverage for individuals at or below 400% of the federal poverty level.
- 9) HELP FOR SICK PEOPLE NOW: Until 2014 when the law is fully in place, there is immediate assistance in high-risk pools to people with pre-existing conditions who have been uninsured for 6 months.
- 10) HEALTH EQUITY: Data collection and reporting for the explicit purpose of reducing health disparities is required. There's increased support for research into health disparities and funding for culturally and linguistically appropriate outreach enrollment activities for diverse, low-income communities.
- 11) CULTURAL COMPETENCE: Cultural competence is cited as a strategy for improving the quality of care delivered to diverse patients. 8 provisions of the law address this issue including the development and dissemination of model cultural competence training curricula and the elevation of the stature and authority of the Office of Minority Health.
- 12) QUALITY IMPROVEMENTS: A new national strategy to support evidence-based care. Aligning payments with quality care should, according to the Joint Center for Political and Economic Studies, reduce preventable hospitalizations which disproportionately affect people of color.

Final paragraph of report: "As community-based initiatives are implemented under the Affordable Care Act, their potential effectiveness may be limited without including efforts to expand access to affordable, nutritious food, safe places to exercise in disadvantaged neighborhoods, provide culturally and linguistically appropriate consumer education, and positive reinforcement from local public health and medical providers. Strategically linking many of health care reform's goals with actions to address this urgent priority among diverse residents may be necessary to show true progress in reducing disparities."

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