Reducing Racial/Ethnic Disparities
Checklist for National Health Reform

Updated September 23, 2009

Agenda issue*	HELP bill, June 9, 2009, updated July 2	House bill as amended in July	Senate Finance Committee, Chairman's Mark Sept. 22
Improve access to affordable care			
Limits on out-of-pocket costs	Limit of $2,320 for families at 150%-200% FPL; $5,800 for families at 200%-300% FPL; $11,600 for families at 300% FPL and above	Commissioner will set annual out-of-pocket caps for those receiving subsidies. Caps on a sliding scale up to $10,000 for families at 400% FPL	Limit of $3,867 for families at 100-200% FPL; $5,800 for families at 200-300% FPL; $7,733 for families 300-400% FPL
Premium subsidies	Excludes undocumented immigrants and those below 150% FPL; people at 150% FPL pay 1% of income toward premium; sliding scale increases to 12.5% of income for people at 400% FPL	Excludes undocumented immigrants; people below 133% FPL pay 1.5% of income toward premium; sliding scale increases to 12% of income for people at 400% FPL. People with offer of employer-based insurance eligible if employer requires contribution of more than 12% of income	Excludes undocumented immigrants and those below 100% FPL; people at 100% FPL pay 2% of income toward premium; sliding scale increases to 12% of income at 400% FPL. People with offer of employer-based insurance eligible if employer requires contribution of more than 10% of income
Ensure eligibility for legal immigrants			
Same program eligibility rules as citizens	No, 5-year waiting period still in place for Medicaid and CHIP	No, 5-year waiting period still in place for Medicaid and CHIP	No, 5-year waiting period still in place for Medicaid and CHIP.
Same access to subsidies	Only for those above 150% FPL; those below are excluded from subsidies and from Medicaid	For most immigrants. Excludes some who are legally present in the US but considered "non-immigrants"	For most. Unclear for those under 100% FPL

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Expand safety net funding			
More funds for public hospitals	Some, through new trauma center grant program	No, reduces Medicaid DSH funding by total of $10 billion from 2017-2019	No, reduces Medicaid DSH up to 65%, tied to reductions in uninsured. Reduces Medicare DSH payments to 25% of current levels, with some exceptions for higher uncompensated care costs.
More funds for health centers	50% increase in grant program over 3 years	Authorizes nearly $39 billion increase over 10 years	No
Incentives for helping underserved populations	New program to link uninsured to safety net, but sunsets when exchanges begin operating; new nurse-managed health clinics	Some wellness and prevention grants for new Health Empowerment Zones (areas with community partnerships designed to address health disparities)	No
Emergency, public health access for undocumented immigrants	Could be jeopardized by language limiting federal spending to those lawfully present in the US	Not mentioned, but not explicitly restricted	Not mentioned
Support outreach and prevention			
Funding for community health workers	Grant program	$30 million/year grant program from 2010-2014 for medically underserved communities, especially targeting racial and ethnic minority populations; some additional funding within pilot medical homes.	No
Other	Prevention grants to reduce disparities and chronic illnesses	National prevention strategy to be developed including community-based efforts with major focus on reducing disparities; $1.1B and up for grants to reduce disparities through community-based prevention and wellness activities	$100 million over 5 years for initiative to provide incentives to Medicare beneficiaries who complete healthy lifestyle programs; encourages states to improve access to preventative services and immunizations

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Benchmarks, incentives to reduce disparities			
Benchmarks	HHS secretary to establish national quality strategy that includes reducing disparities	Requires national prevention and wellness strategy that includes goals on reducing disparities	Secretary to establish a national quality strategy that includes reducing health care disparities; establishes benchmarks for improvement within maternal and child health block grants
Financial incentives to institutions	Not specifically, but includes grants to improve quality	Some through public plan at HHS secretary's discretion; also some competitive grants for projects designed to reduce disparities	Bonus payments to Medicare Advantage plans for care coordination that addresses disparities
Incentives for primary care/medical home			
	Grants to states to set up community medical home teams	Medical home pilots within Medicaid and Medicare, but no special focus on racial, ethnic or immigrant populations	Medicaid state plan option for enrollees with chronic conditions to designate a health home
Require cultural and linguistic competency			
Require meeting all 14 CLAS standards	No, but requires insurers to provide payment incentives to encourage culturally and linguistically competent care	No, but requires Exchange plans to provide culturally and linguistically appropriate communications and services; also grants to train nurses and other professionals to be more culturally and linguistically competent. Requires information from new health insurance ombudsman to be linguistically appropriate.	No
Fund language aid in all public programs	No	No, but authorizes 3-year Medicare demonstration project to improve communication in "linguistically underserved communities" through translation, interpretation and bilingual providers. Also requires study of ways to improve language services within Medicare, and separate Institute of Medicine study of language access.	No

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Diversify workforce			
Grants or loan forgiveness for training	Doubles funding for National Health Service Corps; new or expanded programs for medical students, nurses, mental health practitioners, pediatric practitioners	Expands eligibility for National Health Service Corps; new or expanded scholarships, loans, and loan repayment programs for primary care doctors and dentists, advanced practice nurses, dental hygienists, and public health workers who agree to work in underserved areas	No
Targeted pipeline/career ladder programs	Various programs directed at nurses, doctors, etc.	Grants to training programs for dentists, physician assistants, public health workers and doctors in family medicine, general internal medicine, pediatrics, geriatrics, to increase diversity	Demonstration grants to provide aid and support services for low income individuals training in health professions
Retention programs	Grants to minority practitioners and instructors	Not explicitly	No
Other	National commission to examine workforce issues	Establishes Advisory Committee on Health Workforce Evaluation and Assessment	Establishes a Workforce Advisory Committee to examine needs of minority and medically underserved populations
Standardize data collection			
Set standards for race, ethnicity, language data	Requires use of Office of Management and Budget standards, development of new standards as needed	Requires use of OMB standards, development of new standards on language	Establishes uniform categories for collecting data on race, ethnicity, and primary language; applies OMB standards to Medicaid
Require all plans/care settings to collect data	Only in federally conducted or supported care and programs	Only in public plan; however, commissioner overseeing Exchange is authorized to collect data on disparities	Requires Medicaid and CHIP to report disparities data; requires hospitals and doctors getting Medicare to collect data on race, ethnicity and primary language
Fund for collection and analysis	Maybe, within national quality program	New assistant secretary for health information authorized to collect data and study ways to reduce disparities	No
Fund setting of benchmarks; measuring progress	Maybe, within national quality program	See above, also plan to develop national priorities for performance improvement, including disparities reduction	No

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Require hospitals to meet community needs			
New conditions on DSH money	No	Some. Secretary authorized to restrict Medicare DSH payments to states that don't target money to hospitals with more Medicaid patients and uncompensated care.	No
New conditions for tax-exempt status	No	No	Requires hospitals to assess community needs every three years or face $50,000 fine; report annually on progress in addressing needs. Sets limits on charges, debt collection.
Allow use of DSH money for range of services	No	No	No

* See Community Catalyst policy agenda on racial and ethnic disparities