Reducing Racial/Ethnic Disparities
Checklist for National Health Reform

Updated Dec. 3, 2009

Agenda issue*	House Bill, as passed Nov. 7, 2009	Senate Bill, as proposed Nov. 18, 2009
Improve access to affordable care		
Limits on out-of-pocket costs	Limit of $500 for families up to 150% FPL. Limits on a sliding scale up to $10,000 for families at 350 - 400% FPL.	Limits on a sliding scale, up to $7,733 for families at 400% FPL.
Premium subsidies	Excludes undocumented immigrants. Sliding scale premiums range from 1.5% of income for people below 133% FPL to 12% at 400% FPL.	Excludes undocumented immigrants. Sliding scale premiums range from 2% of income for people below 133% FPL to 9.8% at 300 - 400% FPL.
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.
Same access to subsidies	Yes.	Yes.
Expand safety net funding		
More funds for public hospitals	No. Cuts Medicaid Disproportionate Share Hospital (DSH) funding by $10 billion from 2017-2019. Medicare DSH is cut if national uninsurance rate drops by more than 8 percentage points from 2012-2014.	No. Cuts Medicaid DSH funding by up to 65% as state uninsurance rates drop, with first cuts possible in 2013. Cuts Medicare DSH by 75%, starting in 2015. Provides grants for emergency services and trauma centers at public hospitals.
More funds for health centers	Increases community health center funding $12 billion from 2011-2015.	Increases grant funding by $33.9 billion from 2010-2016, and adopts a formula for future increases.
Incentives for expanding services for underserved populations	Increases Medicaid and Medicare payments to primary care providers.	Increases Medicare payments to primary care doctors and general surgeons in shortage areas.
Emergency, public health access for undocumented immigrants	Not mentioned explicitly.	Not mentioned explicitly.

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Support outreach and prevention		
Funding for community health workers	Establishes $30 million in grants to promote healthy behaviors that reduce health disparities through the use of community health workers.	Establishes grants to promote healthy behaviors in medically underserved communities through the use of community health workers. Targets ethnic and racial minorities.
Other	Requires development of national prevention and wellness strategy with major focus on reducing disparities. Authorizes $1 billion - $1.6 billion a year for grants to reduce disparities and otherwise improve health through community-based prevention and wellness activities. Requires culturally and linguistically sensitive outreach to vulnerable populations to promote coverage through insurance exchanges.	Authorizes "community transformation" grants to address social determinants of health disparities. Increases federal matching funds for Medicaid prevention programs, and grants to encourage Medicaid beneficiaries to complete healthy lifestyle programs. Provides $30 million in grants to states to set up consumer assistance offices or state ombudsman programs.
Benchmarks, incentives to reduce disparities		
Benchmarks	HHS Secretary to develop quality improvement measures that address disparities associated with race, ethnicity and language. Also, effort to reduce disparities among Medicare patients.	HHS secretary to establish a national strategy to improve delivery of services, patient outcomes and population health. Priorities include reduction of disparities.
Financial incentives to institutions	Within the public plan, authorizes HHS secretary to use innovative payment methods to reduce disparities.	Authorizes bonus payments to Medicare Advantage plans for care coordination that reduces disparities.
Incentives for primary care/medical home		
	Creates pilot medical home programs in Medicare and Medicaid. Medicaid pilot includes funding for community health workers.	Medicaid state plan option for enrollees with chronic conditions to designate a "health home." Establishes community health teams to support development of medical homes. Workforce development grants prioritize training programs that educate on medical homes.

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Require cultural and linguistic competency		
Require meeting all 14 CLAS standards	No. But requires services provided by exchange plans to be culturally and linguistically competent. HHS secretary to establish a cultural and linguistic competency training program for health professionals and awards grants for training.	No, but requires health insurers to provide information about coverage and benefits in a culturally and linguistically appropriate manner. Establishes programs to develop model curricula on cultural competency for professional training.
Fund language aid in all public programs	75% federal match for translation and interpretation services for Medicaid adults. Medicare demonstration project to improve communication with linguistically underserved communities. Requires study of ways to improve language services within Medicare, and separate Institute of Medicine study of language access.	No.
Diversify workforce		
Grants or loan forgiveness for training	Increases funding for National Health Service Corps and expands eligibility for part time service. Establishes Public Health Workforce Corps.	Increases funding for National Health Service Corps. Establishes loan repayment program for public health workers at tribal agencies. Funds programs to recruit and train minorities.
Targeted pipeline/career ladder programs	Grants to training programs for dentists, physician assistants, public health workers, and doctors in certain fields to increase diversity.	Expands training programs for doctors, nurses, allied health professionals and public health professionals. Focus on people from disadvantaged backgrounds and underserved communities.
Retention programs	Demonstration projects for Indian health programs to recruit and retain health professionals.	Supports grant programs for nurse retention.
Other	Establishes an advisory committee to collect data on health workforce and recommend ways to diversify.	Establishes commission to make recommendations, including on workforce needs of minorities and underserved communities.

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Standardize data collection		
Set standards for race, ethnicity, language data	Creates assistant secretary to ensure uniform data collection using OMB standards.	Requires use of OMB standards for race and ethnicity data, and development of standards for language data.
Require all plans/care settings to collect data	HHS Secretary to collect data within public option plans for various purposes, including reducing disparities. Commissioner overseeing Exchange to collect and share data on disparities.	Required for federally conducted or supported programs.
Fund collection and analysis, measurement of progress	Assistant secretary's annual report to include analysis of disparities.	HHS Secretary must analyze the data to detect and monitor health disparities at the state and federal levels and report this publicly.
Require hospitals to meet community needs		
New conditions on DSH money	HHS secretary must recommend to Congress the appropriate funding, targeting and distribution of DSH funds, and must consult with community health networks on Medicaid DSH recommendations.	No.
New conditions for tax-exempt status	No.	Yes. Hospitals must assess community needs at least every three years and develop a plan to meet those needs, or face a $50,000 fine. Hospitals must also develop a written financial assistance policy, limit what they charge patients who are eligible for financial assistance, and forgo strict billing and collections practices for these patients.
Allow use of DSH money for range of services	No.	No.

* See Community Catalyst policy agenda on racial and ethnic disparities