Understanding

HEALTH REFORM

A Community Guide for African Americans

The Patient Protection and Affordable Care Act of 2010

Congressional
Black Caucus
Foundation Inc.

Understanding Health Reform:
A Community Guide for African Americans

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Prepared by:

Daniel E. Dawes, Esq.

Nicole C. Jarrett, Ph.D.

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Acknowledgements

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Forward

In 1966, Dr. Martin Luther King, Jr. observed, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane." This statement rings especially true for the 41 million African Americans in the United States—who, as a group, have long suffered from severe and pervasive disparities in health status and outcomes and faced barriers to quality health care.

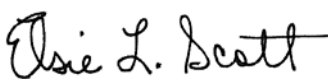
In March 2010, after almost a century of discussions and debate, Congress passed and President Barack Obama signed into law the *Patient Protection and Affordable Care Act of 2010* (H.R. 3590) and the *Health Care and Education Reconciliation Act of 2010* (H.R. 4872), which collectively make up the health reform law and provide comprehensive reforms to our fragmented healthcare and public health systems. These sweeping changes will:

- Expand health insurance coverage for nearly eight million African Americans—nearly one in five—who are uninsured or underinsured;
- Transform the focus of care from treating sickness to preventing illness and promoting wellness;
- Strengthen protections for about one fourth of African Americans who have a pre-existing condition by prohibiting discrimination based on health status;
- Increase the diversity as well as cultural and linguistic competence of health service providers;
- Improve the quality of care African Americans receive from health care providers;
- Prioritize the reduction of health disparities in research; and
- Reduce the gap in health status and health care between African Americans and the general population.

The vision of the Congressional Black Caucus Foundation is to see a world free of disparities, and part of our mission is to educate the public around issues relevant to the African-American community. We produced this guide to help everyday people better understand the new law—the benefits available to them and its potential for strengthening our nation's health and healthcare system. We also hope this guide will arm readers with knowledge that can help them become more engaged in advocating for health care resources in their communities. For additional copies of the guide or to share feedback on the publication, please contact us at (202) 263-2800 or CPAR@cbcfinc.org.

Sincerely,

Donald M. Payne
Chairman of the Board



Elsie L. Scott, Ph.D.
President & CEO

Marjorie A. Innocent, Ph.D.
Senior Director, Research and Programs

Introduction

It is well documented that African Americans suffer disproportionately higher rates of disease, disability and mortality from chronic conditions such as heart disease, stroke, HIV/AIDS, cancer, mental health disorders and substance use, diabetes, respiratory disease and end stage renal disease.[1]

In addition, African Americans and other racial and ethnic minorities are overly represented among the uninsured and the underinsured—this at a time when African Americans are experiencing the highest unemployment rate in the country at 16.3%[2], making it harder to obtain employer-sponsored health insurance coverage. The need for health reform as a national imperative was further supported by the fact that nearly half of the U.S. population lives with at least one chronic condition; disease management accounts for 78% of our national health care spending; and 62% of all personal bankruptcies are related to health care expenses.[3,4]

A key component of health reform is the goal of achieving health equity and eliminating health disparities, which will improve health status and quality of care and help save lives. Health reform is also designed to reduce the estimated $60 billion a year spent on direct health care expenditures as a result of disparities and make health services more affordable and accessible for millions of African Americans.[5]

This community guide has been developed to help African Americans understand some of the critical provisions in the new health reform law, as well as the benefits and opportunities available to them. While this guide does not address every provision in the law, it underscores the provisions that are likely to have the greatest impact on the health of African Americans. This document provides information regarding:

- Health insurance coverage expansion efforts;
- Consumer protections against abusive health insurance practices and unjustified discrimination;
- Prevention and wellness initiatives;
- Data collection and reporting requirements to track disparities and ensure appropriate care;
- Workforce issues;
- Quality improvements;
- Comparative effectiveness research (including diversity in clinical trials);
- Elevating minority health in the federal agencies; and
- Funding opportunities.

Expanding Health Insurance Coverage

African Americans and other racial and ethnic minorities are disproportionately represented among the uninsured and the underinsured.

- Approximately eight million African Americans are currently uninsured or underinsured.[6]
- Premiums, co-pays and high deductibles make health insurance out of reach for many individuals.
- Even those with insurance face growing out-of-pocket costs when seeking preventive services.

KEY PROVISIONS ON HEALTH INSURANCE COVERAGE

Shared Responsibility for Health Insurance Coverage

Why make health insurance mandatory?

- Spreads financial risk across a large pool of healthy and sick people.
- Prevents individuals from waiting until they are sick to purchase coverage.
- Discourages the use of emergency rooms for non-emergency services and promotes the use of preventive and primary care.

By 2014, requires most U.S. citizens and legal residents to obtain minimal essential health insurance coverage or pay a penalty of $95 per year or 1% of income, whichever is greater. Individuals with certain religious objections or who are incarcerated are exempt from the insurance requirement. The penalty will increase to $325 per year or 2% of income by 2015 and $695 per year or 2.5% of income by 2016. After 2016, the penalty will increase annually by cost of living adjustments. However, individuals may be exempt from paying this penalty if they can demonstrate one of the following:

- Lowest-cost plan exceeds 8% of their household income
- Household income below 100% of poverty level for their family size
- Income below tax filing threshold
- Membership in an Indian tribe
- Lack of coverage for less than three months
- Hardship with respect to obtaining coverage (Sec. 1501)

At the same time, the law provides substantial subsidies for people with incomes up to 400% of the federal poverty level to help them purchase insurance on their own through new health insurance exchanges if they cannot obtain coverage through their employer, Medicare or Medicaid. Also, undocumented immigrants will continue to be ineligible for public benefits and will be prevented from purchasing insurance coverage through the health insurance exchanges.

Increasing Access to Affordable Health Insurance Coverage

Pre-Existing Condition Insurance Plan

Establishes a new temporary program beginning in July 2010 called the Pre-Existing Condition Insurance Plan, which will make health insurance coverage available to individuals who have been uninsured for at least six months and have been denied health insurance because they have a pre-existing condition. By 2014, this program will end and will be replaced by new health insurance exchanges. Also by 2014, the ban on denying health insurance coverage to adults ages 19 and older with pre-existing conditions will be in effect, making it easier for adults with pre-existing conditions to purchase coverage (Sec. 1101). For more information, please visit: http://www.healthcare.gov/law/provisions/preexisting/index.html.

Dependent Coverage

As of September 23, 2010, extends dependent coverage up to age 26 for those who are not otherwise covered by an employer-sponsored plan. Individuals up to 26 years old may now remain on their parents' coverage even if they get married, provided their parents' plan offers dependent coverage and their workplace does not offer health insurance coverage. In addition, insurers can no longer continue to impose limits on who qualifies based on financial dependency, marital status, enrollment in school, residency or other factors (Sec. 2714).

Early Retiree Reinsurance Program

Establishes an optional early-retiree reinsurance program in 2010, which will provide reimbursement to employers who sponsor a portion of the cost of health benefits for early retirees (between the ages of 55 and 65) and their spouses, surviving spouses and dependents. The purpose of the reimbursement is to make health benefits more affordable for plan participants who are ineligible for Medicare and for employers so that health coverage is accessible to more individuals. Those who fall in this category should contact their employer to find out if they are participating in this program. The program will end in 2014 (Sec. 1102). For more information, please visit: http://www.healthcare.gov/law/provisions/retirement/index.html.

Medicaid Expansion

Expands Medicaid to individuals under age 65 with incomes up to 133% of the federal poverty level. In 2014, using 2010 federal poverty guidelines, 4.1 million African Americans making less than $14,403.90 and a family of four making less than $29,326.50 will be eligible for Medicaid.[7] In addition, individuals without dependent children or who are not pregnant will now be eligible for Medicaid once this provision is enforced beginning in 2014 (Sec. 2001).

Health Insurance Exchanges

Beginning on January 1, 2014, creates new health insurance exchanges which will provide individuals and small businesses with a competitive marketplace to compare benefits and prices of qualified health plans and purchase health insurance. With this provision, individuals making more than 133 percent of the federal poverty level can get insurance, regardless of pre-existing conditions, with subsidies to offset much or most of the cost. In other words, this will help individuals who have been unable to obtain coverage through their employers or who do not qualify for Medicare or Medicaid with getting affordable health insurance with essential benefits. Subsidies in the form of tax credits

will be available to over 3.5 million individuals and their families to purchase insurance through the exchanges if they have incomes between 133% and 400% of the federal poverty level.[8] Using 2010 figures, this means that individuals with incomes between $14,403.90 and $43,320.00 and a family of four making between $29,326.50 and $88,200.00 are eligible for subsidies to cover their health insurance coverage in the health insurance exchanges (Sec. 1311).

2010 Federal Poverty Level Guidelines*		
	% Gross Yearly Income	
Family Size	133%	400%
1	$14,404	$43,320
2	$19,378	$58,280
3	$24,352	$73,240
4	$29,327	$88,200
5	$34,301	$103,160
6	$39,275	$118,120
7	$44,249	$133,080
8	$49,223	$148,040

*All states (except Alaska and Hawaii) and the District of Columbia; rounded to the nearest dollar. Poverty guidelines are calculated each year by the U.S. Department of Health and Human Services.[9]

Increased Funding for the Territories

Increases federal funding to the U.S. Virgin Islands, Puerto Rico, Guam, American Samoa and Northern Mariana Islands to help establish health insurance exchanges and help residents pay for their insurance coverage. It also raises the caps on federal Medicaid funding for each of the territories and ensures their eligibility for the programs and opportunities established under the law (Sec. 1204).

Community Long-Term Services and Supports

Effective January 1, 2011, creates a self-funded and voluntary long-term care insurance program called CLASS, which will provide cash benefits to adults who become disabled. Workers will be allowed to pay into this program and, after five years, they can get a daily cash benefit to pay for various services and supports ranging from respite care to home care. Individuals will be allowed to participate sometime after October 2012 (Sec. 8002).

Coverage of Preventive Services Without Cost-Sharing

As of September 23, 2010, requires health plans to cover certain preventive and immunization services without charging a deductible, co-pay or coinsurance. This applies only to care delivered by in-network health professionals. Specifically, new health plans will have

to offer consumers 45 free screenings and other preventive services recommended by the U.S. Preventive Services Task Force, including:

- Alcohol use
- Blood pressure testing
- Cardiovascular screening
- Cervical cancer screening
- Cholesterol measurement
- Colorectal cancer screening
- Depression
- Diabetes screening
- Folic acid supplementation for premenopausal women
- HIV testing
- Immunizations and vaccines
- Mammograms
- Obesity screening and counseling
- Osteoporosis screening
- Screening newborns for sickle cell disease, hypothyroidism, and phenylketonuria
- Screenings for pregnant women
- Smoking cessation

Similar changes will affect Medicare and Medicaid beneficiaries. Seniors enrolled in Medicare will no longer have to pay for preventive services starting January 1, 2011. Additionally, the health reform law provides new funding to state Medicaid programs that choose to cover preventive services for patients at little or no cost starting January 1, 2013 (Secs. 2713, 4004, 4104, 4105, 4106 and 10406).

For a complete list of covered services, visit the United States Preventive Services Task Force online at http://www.uspreventiveservicestaskforce.org (see "A and B" recommendations).

Closing of Medicare Prescription Drug Coverage Gap

Beginning in 2010, provides adults enrolled in Medicare Part D with a tax-free, one-time rebate check of $250 after they reach the Medicare drug coverage gap or "donut hole." The donut hole refers to the gap in coverage enrollees face between the initial coverage limit and the yearly, out-of-pocket limit known as the catastrophic coverage threshold—during which beneficiaries have to pay for the entire cost of their prescription drugs. Beginning in 2011, enrollees with high prescription drug costs that put them in the donut hole will get a 50% discount on covered brand-name drugs and reductions in the cost of generic drugs while they are in the hole. Between 2010 and 2020, Part D enrollees will get increasing, continuous Medicare coverage for their prescription drugs; by 2020, they will pay only 25% out of pocket for the total cost of their drugs and the donut hole will be eliminated (Sec. 3301).

Strengthening Consumer Protections

Several health insurance practices have left African Americans vulnerable.

- Individuals who are sick have a difficult time finding a health plan to cover them.
- Those who have insurance have found their policies cancelled after they've gotten too sick and their health care costs have gotten too high.
- Health insurance plans commonly have annual and lifetime limits, essentially leaving those facing a substantial health crisis financially unprotected.

KEY PROVISIONS ON PATIENT PROTECTIONS

Prohibits Health Plans from Imposing Pre-Existing Condition Exclusions[1] for Children, Youth, and Adults

Effective September 23, 2010, prohibits health plans from denying coverage or charging a higher premium to children and youth under age 19 based on a pre-existing condition such as diabetes, high blood pressure, cancer or HIV/AIDS. Effective January 1, 2014, insurers will not be able to deny coverage to adults ages 19 and older by refusing to sell them a health insurance plan or refusing to renew their plan

[1] Final regulations define pre-existing condition exclusion as a denial of coverage, or limitation or exclusion of benefits, based on the fact that the individual denied coverage or benefits had a health condition that was present before the date of enrollment for the coverage (or a denial of enrollment), whether or not any medical advice, diagnosis, care or treatment was recommended or received before that date. This would include exclusions stemming from a condition identified via a pre-enrollment questionnaire or physical examination, or the review of medical records during the pre-enrollment period.

because they have a pre-existing condition. In addition, an insurer will no longer be allowed to discriminate against women by charging them more for coverage simply because of their sex or charge individuals a higher rate because of their health status (Sec. 2704).

Prohibits Health Plans from Rescinding or Terminating Insurance Policies When an Individual Gets Sick

Effective September 23, 2010, prohibits health plans from cancelling a person's coverage because their health services become expensive or because they made an unintentional mistake on their insurance forms, except in cases of clear fraud (Sec. 2712).

Prohibits Health Plans from Imposing Lifetime and Annual Coverage Limits

Effective September 23, 2010, prohibits health plans from imposing lifetime dollar limits on essential benefits. Starting on September 23, 2010, health plans will also be restricted from imposing unreasonable annual dollar limits on the amount of insurance coverage a patient may receive, and in 2014 banned from imposing annual dollar limits altogether. Additionally, effective September 2010 health plans are required to spend a substantial portion of revenue from health insurance premiums on health services and not on administrative costs for managing plans (Sec. 2711).

Health Care Expenses: A Common Cause of Financial Insecurity

- 79 million Americans report struggling to pay medical bills.
- To pay for medical debt:
  - 23 million people take on credit card debt;
  - 8 million people take out a second mortgage or loan; and
  - 31 million people use up all of their savings.[10]
- Medical expenses caused 62% of bankruptcies in 2007, representing a 50% increase in medical bankruptcies from 2001.
- Among those who experienced medical bankruptcy, most were educated and middle class and they had health insurance coverage.[11]

Requires a Fair and Effective Internal and External Appeals Process

Effective September 23, 2010, requires health plans to establish an effective appeals process for coverage determinations and claim denials. The purpose of this rule is to provide consumers with an effective way to appeal coverage decisions or claim denials with their insurance company, as well as allow health plans to comply with external review mandates. In addition, the law expressly requires health plans in the health insurance exchanges to ensure that enrollees' summary of benefits and coverage, as well as notices to enrollees of available internal and external appeals processes, are presented in a culturally- and linguistically-appropriate manner and any other information is presented in plain language (Sec. 2719).

Sets Requirements for Non-Profit, Tax-Exempt Hospitals

Effective March 2012, requires hospitals that wish to qualify for non-profit, tax-exempt status to conduct a community health needs assessment once every three years to determine how well they are meeting the needs of their community. Non-profit, tax-exempt hospitals will be prohibited from using extraordinary and aggressive collection practices to pursue bad debt and must offer patients an assistance policy, as well as limit the charges on people who qualify for financial assistance. This financial assistance policy must be posted in a place that is easily accessible to patients and individuals in the community. Failure to meet these requirements will result in a $50,000.00 tax penalty to the hospital (Sec. 4959).

Prevention and Wellness

African Americans face many health challenges that are preventable.

- African Americans are often diagnosed with diseases that could have been caught earlier through regular screening and testing, resulting in limited treatment options, poorer outcomes and higher costs.
- In 2008, African Americans ages 65 and older were 30% less likely to have received the influenza (flu) shot compared to non-Hispanic whites of the same age group.[12]
- African-American children are 40% less likely to have preventive dental sealants than their white peers.[13]

KEY PROVISIONS ON PREVENTION AND WELLNESS

More Affordable and Accessible Preventive Services

Coverage for Preventive Health Services

Requires health insurance plans to cover recommended immunizations, screenings and preventive health services without charging a co-pay, co-insurance or deductible. See the *Expanding Health Insurance Coverage* section of this guide for more details (Sec. 2713).

Personalized Prevention Plan for Medicare Beneficiaries

Provides Medicare beneficiaries with a personalized prevention plan during their annual wellness visit that includes a screening schedule for the next 5-10 years, risk assessments and recommended treatment options, as well as guidance on self-management of diseases and potential health risks at home. The personalized prevention plan and annual wellness visit will be free to beneficiaries (Sec. 4103).

Community Prevention

School-Based Health Centers

Makes available grants for the establishment and operation of school-based health centers. Preference will go to communities with a high proportion of medically-underserved children and adolescents. With parental consent these centers will provide young people with health assessments, treatment for acute and chronic conditions and oral and vision services, as well as mental health and substance use assessments, counseling and referrals (Sec. 4101).

School-Based Health Centers (SBHCs) in Focus

- The majority of students served by SBHCs are medically-underserved, racial/ethnic minorities.[14]
- SBHCs have been shown to reduce inappropriate use of emergency rooms, increase access to primary care and result in fewer hospitalizations.[15, 16]
- Use of SBHCs has been linked to improved attendance and academic outcomes.[17, 18]

Community Transformation Grants	Awards community grants to states, local governmental agencies and community-based organizations to implement, evaluate and disseminate evidence-based preventive health activities. At least 20% of the available funding will go to support activities in rural areas (Sec. 4201).
Prevention of Chronic Disease and Improving Public Health	Establishes an independent Community Preventive Services Task Force to review scientific evidence related to the effectiveness, appropriateness and cost effectiveness of community prevention interventions in order to develop recommendations for the Guide to Community Preventive Services (Sec. 4003).
Education and Outreach Campaign Regarding Preventive Benefits	Provides for the planning and implementation of a national public-private partnership to develop a prevention and health promotion campaign that raises awareness about health improvement across the life span (Sec. 4004).
Workplace Wellness Program	Awards grants to employers with fewer than 100 employees to implement workplace wellness programs (Sec. 10408).
Childhood Obesity Demonstration Project	Provides $25 million in funding for the development and implementation of comprehensive and systematic models demonstrating effective ways to reduce childhood obesity (Sec. 4306).
Nutrition Labeling at Chain Restaurants and Vending Machines	Requires chain restaurants to display clearly the number of calories in standard menu items (excluding substitutions, condiments and daily specials), along with the suggested daily caloric intake as specified by the Secretary of Health and Human Services. Vending machine operators of 20 or more machines must disclose the number of calories in each item (Sec. 4205).
Breast Cancer Education Campaign	Launches a national, evidence-based education campaign to increase young women's breast health awareness and knowledge. A similar campaign will target physicians and other health care professionals and conduct prevention research on breast cancer in younger women. Grants will be awarded to organizations to provide health information and substantive assistance to young women diagnosed with breast cancer and pre-neoplastic breast disease (Sec. 10413).
National Diabetes Prevention Program	Establishes a national diabetes prevention program that will target adults at high risk for diabetes and inform them of community-based prevention services (Sec. 10501).
Removal of Barriers to Accessing Medical Diagnostic Equipment for Individuals with Disabilities	Establishes standards regarding the accessibility of medical diagnostic equipment used in health care delivery settings for individuals with disabilities or accessibility needs (Sec. 4203).

Personal Responsibility Education for Adolescents

Establishes Personal Responsibility Education programs to educate adolescents on abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS. These programs will also educate adolescents on at least three of six predetermined adulthood preparation subjects: adolescent development; healthy relationships; parent-child communication; financial literacy; educational and career success; and healthy life skills. Grants will be awarded to entities implementing innovative strategies and target services to high-risk, vulnerable and culturally-underrepresented youth (Sec. 2953).

Oral Health

Oral Health Care Prevention Education Campaign

Launches a five-year, national public education campaign on oral health to prevent oral diseases such as caries, periodontal disease and oral cancer. Children, pregnant women, ethnic and racial minorities, the elderly and persons with disabilities are among those who will be targeted(Sec. 4102).

Grants on Oral Health Disease Management

Makes available research grants to eligible community-based oral health providers to develop and examine the effectiveness of dental caries disease management activities (Sec. 4102).

School-Based Sealant Programs	Requires that all states, territories and Indian tribes receive grants for school-based dental sealant programs (Sec. 4102).
Oral Health Surveillance System	Builds a stronger oral health surveillance system that will demonstrate access to oral health care and the prevalence of oral health disease through routine data collection activities, including state reports and national surveys (Sec. 4102).
Reasonable Breaks for Nursing Mothers	Requires employers to allow for reasonable break time and provide a private place (not a bathroom) for employees to express their milk when they need to. However, nursing mothers will not necessarily be compensated for time used to express milk and small businesses with less than 50 employees may be exempt under certain circumstances (Sec. 4207).

More Robust Public Health System

National Prevention Strategy	Establishes the National Prevention, Health Promotion and Public Health Council to develop a national prevention and health promotion strategy (Sec. 4001).
Community Prevention and Public Health Fund	Creates a $15-billion Public Health Fund to support public health activities, including immunizations, screenings and the Community Transformation grant program (Sec. 4002).

Improving Quality of Health Care

When confronted with the same medical conditions, African Americans are less likely to receive quality health care as white Americans.

- Today's healthcare system is badly fragmented. Many doctors' offices, practice groups, hospitals and other health care entities do not communicate with each other, resulting in patients getting uncoordinated care.
- Black patients with diabetes are more likely to have lower extremity amputations than white patients.
- When diagnosed with pneumonia blacks are less likely to receive recommended hospital care.
- Blacks are more likely to report poor communication with their doctor than whites.[19]

National Strategy of Quality Improvement in Health Care

Health care should be...

- Safe
- Timely
- Efficient
- Effective
- Patient-Centered
- Equitable[20]

KEY PROVISIONS ON IMPROVING QUALITY

General Improvements to Quality

Develops a national strategy to improve health outcomes, efficiency, and patient-centered care for all Americans. The plan, which will be updated annually, must address ways to reduce health disparities and gaps in quality of care across populations and geographic areas. It must also further research on best practices to improve patient safety and reduce medical errors, preventable admissions and hospital infections (Sec. 3011).

Development of Quality Measures

Identifies standard measurements of quality to depict more accurately the performance and improvement of the nation's health, health insurance plans, clinicians and health care delivery settings. Grants, contracts and intergovernmental agreements will be awarded to develop quality measures across several priority areas, including health outcomes, management and coordination of care, communication between patients or their representatives and their providers, use of health information technology, safety, effectiveness, patient-centeredness, appropriateness, timeliness of care, efficiency, equity of health services and health disparities, patient satisfaction and the use of innovative strategies and methodologies (Sec. 3013).

Quality Improvement Technical Assistance and Implementation

Awards technical assistance and implementation grants or contracts to eligible health care providers, organizations and other entities to provide technical support to health care institutions and providers so that they understand, adopt and implement practices supported by research from the Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality (Sec. 3501).

Hospital Value-Based Purchasing Program

Under the Medicare program, establishes use of quality performance as basis for hospital payments. Hospitals will be given a hospital performance score, which will be used to determine the value-based payment percentage for a hospital for a fiscal year. Hospitals with the highest scores will receive the largest value-based incentive payments. Information on the performance of individual hospitals will be made available to the public. Similar value-based purchasing programs will be developed for skilled nursing facilities, home health agencies and ambulatory surgical centers (Sec. 3001).

Physician Quality Reporting Under Medicare

Penalizes physicians who fail to report data on specific quality measures. The penalty will grow from 1.5% of fee payments in 2015 to 2% by 2016. Physicians who report the quality measures will receive 100% of reimbursement (Sec 3002).

Be an Informed Health Care Consumer

- The Affordable Care Act has made it easier for you to compare the quality of hospitals, nursing home and dialysis facilities in your area. For more information, please visit www.healthcare.gov/compare.
- Speak up if you have any questions or concerns. Receiving appropriate care begins with candid communication. From understanding a diagnosis and subsequent treatment options to sharing concerns about taking medications, it's all part of being an active and responsible participant in the care you receive.
- If you need more assistance or support, bring someone with you to the doctor's office.[21]

Center for Medicare and Medicaid Innovation	Within the Centers for Medicare & Medicaid Services (CMS), establishes a Center for Medicare and Medicaid Innovation to test innovative models for the payment and delivery of health services while maintaining and enhancing quality of care (Sec. 3021).

Improvements in Coordination of Care

Accountable Care Organizations	Creates the Medicare Shared Savings Pilot Program, in which integrated groups of hospitals, physicians, long-term care facilities, home health agencies and other health care entities will operate as accountable care organizations (ACOs). These ACOs will manage the quality, cost and overall care of groups of Medicare fee-for-service beneficiaries (Part A or B) (Sec. 3022).
Community-Based Care Transitions Program	Provides funding to eligible hospitals and community-based organizations that provide evidence-based care transition services to Medicare beneficiaries who are at high risk for hospital readmission or having a poor transition to post-hospitalized care. Preference will be given to organizations that provide services in medically-underserved populations, small communities and rural areas (Sec. 3026).
Program to Facilitate Shared Decision-Making	Establishes a program to facilitate communication and collaboration between patients, families, caregivers and/or authorized representatives and their clinicians, such that patients are informed about treatment options and their preferences and values are incorporated into the medical plan through shared decision-making. In addition to developing standards for patient decision aids, grants or contracts will be awarded to develop, update and produce patient decision aids for preference-sensitive care to assist health care providers in educating patients on the relative safety, effectiveness and cost of treatment or, where appropriate, on palliative care options. The aids must be age-appropriate and adaptable across a variety of cultural and educational backgrounds (Sec. 3506).
Community Health Team to Support Patient-Centered Medical Home	Establishes community-based health teams to support primary health care providers and patient-centered medical homes. These teams will consist of health care providers from a variety of disciplines and professions, and may include medical specialists, nurses, pharmacists, nutritionists, social workers, behavioral and mental health providers, licensed doctors of chiropractic medicine, licensed complementary and alternative medicine practitioners and physicians' assistants. In collaboration with local health providers, these health teams will coordinate disease prevention, chronic disease management and the transitioning between health care providers and settings (Sec. 3502).
Maternal, Infant and Early Childhood Home Visiting Programs	Provides state funding to strengthen and improve maternal, infant and early childhood home visiting programs, improve coordination of services and provide comprehensive services to improve outcomes for families who reside in at-risk communities. Grants will also be awarded to entities to deliver services under early childhood visitation programs (Sec. 2951).

Community Health Centers

For many African Americans, community health centers are their main source of primary and preventive care.

- Sixty million Americans have inadequate access to primary care due to local physician shortages.
- In provider shortage areas, patients are more likely to seek costly hospital emergency rooms for care that could have been received in a primary care facility.
- Nationally, health centers serve 20 million patients; over 70% have family incomes at or below poverty and more than two-thirds are uninsured. About 22% of community health center patients are African American.[22]

KEY PROVISIONS ON COMMUNITY HEALTH CENTERS

Health Center Program Expansion

Provides $11 billion in new funding for community health centers over five years to expand operational capacity and enhance their medical, oral and behavioral health services (Sec. 2303).

Community Health Centers (CHCs) in Focus

- Also known as Federally-Qualified Health Centers (FQHCs), CHCs serve in communities that face financial, geographic, language and cultural barriers to health care.
- About 44% of CHC users reside in rural communities[23]; the rest live largely in economically-deprived, inner-city areas.[24]
- CHCs save the U.S. health care system an estimated $24 billion a year.[25]

Improving Data Collection and Reporting

Accurate data on racial and ethnic health disparities is needed to identify and monitor the health conditions and inequities that African Americans experience.

- There is inconsistency in the collection, documentation, examination and utilization of demographic data throughout the healthcare and public health systems.
- Accurate and reliable data are needed to ensure that racial and ethnic minorities are receiving quality health services, getting appropriate treatments and experiencing positive health outcomes.
- The problem of inaccurate, inconsistent and unavailable data will continue to grow as the number of African Americans and other racial and ethnic minorities increase over time.

KEY PROVISIONS ON DATA COLLECTION

Robust Data Collection and Reporting System

By 2012, requires the Secretary of Health and Human Services to ensure that any federally-conducted or supported health care program (including Medicaid and the Children's Health Insurance Program), activity or survey collects data on five self-reported variables:

- race
- ethnicity
- sex
- primary language
- disability status

The law also authorizes the collection of data on subgroups, if practicable, and any other demographic data deemed appropriate by the Secretary, including underserved rural and frontier populations. When collecting data on race and ethnicity, health providers will have to use the Office of Management and Budget (OMB) standards. Standards for collecting data on sex, primary language and disability status will be forthcoming. In addition, the law stipulates additional special requirements for collecting data on people with disabilities to assess their access to care, locations where they receive care, accessibility of medical equipment and the number of health providers trained in disability awareness (Sec. 4302).

Nondiscrimination

While there are some laws in place that address discriminatory practices, none require health care providers to take a more active role in addressing health disparities in vulnerable populations.

- Vulnerable populations often endure discrimination in access to health coverage and quality health care.
- Existing protections based on race, ethnicity, age, sex, color, religion and disability have been weakened over the years by the courts.
- Health care providers acting within the scope of their license have been discriminated against by health insurers.

KEY PROVISIONS ON NONDISCRIMINATION

Nondiscrimination in General

Strengthens protections for vulnerable populations by prohibiting their exclusion from participating in, being denied the benefits of, or being subjected to discrimination under any health program or activity receiving federal financial assistance, including credits, subsidies, or insurance contracts. This prohibition extends to any program or activity that is administered by an executive agency or any entity that is established under the new health reform law. States have the right under the law to choose to provide additional protections (Sec. 1557).

Nondiscrimination in Coverage Eligibility

Strengthens existing protections based on race, ethnicity, age, sex, color, religion and disability and prohibits insurers and employers from using the following health status-related factors to determine eligibility for coverage:

- Medical condition (including physical and mental illnesses)
- Claims experience
- Receipt of health care
- Medical history
- Genetic information
- Evidence of insurability (including conditions arising out of acts of domestic violence)
- Disability
- Any other health status-related factor determined appropriate by the Secretary (Sec. 2705).

It is now illegal for an insurer to deny coverage to a woman or charge women more than men for insurance coverage. Before health reform, insurers could discriminate against women by denying them coverage or charging them more for coverage based on their sex: Because women of child-bearing age could get pregnant, they were considered to have a pre-existing condition. In addition, it is now illegal to charge a woman or deny her coverage because she was the victim of rape.

Additional Protections for Health Care Providers

Prohibits insurers from discriminating against health care providers regarding their participation under a plan or coverage if they are acting within the scope of their license or certification under applicable state law (Sec. 2706).

Patient-Centered Outcomes Research

More research is needed to achieve better patient outcomes.

- African Americans are commonly underrepresented in clinical trials of diseases that affect them disproportionately.[26]
- When a subpopulation is underrepresented in medical research, there may be insufficient data to assess its effectiveness for that population.

KEY PROVISIONS ON OUTCOMES RESEARCH

Patient-Centered Outcomes Research Institute

Establishes a private, non-profit institute to identify and carry out national research priorities in comparative effectiveness research, where two or more medical treatments, services or items are compared for their effectiveness, risks and benefits. Research findings will be used to inform patients, clinicians, purchasers and policymakers. Research to be carried out may include systematic reviews of existing research, primary research such as randomized clinical trails, molecularly informed trials, and observational studies and other methodologies. As appropriate, research will take into account differences in effectiveness of treatment, services and items across subpopulations including racial and ethnic minorities, women, age, and groups with different medical conditions, genetic or molecular sub-types or quality of life preferences (Sec. 6301).

Medical Research in Focus

- The effectiveness of new drugs or treatments may depend on a number of different factors, including sex, diet, health status and race.
- Local institutional review boards review research protocol for proper safeguards to protect patients.
- Clinical trials play a significant role in determining appropriate, evidence-based treatment options.

Elevating Minority Health in the Federal Agencies

The health challenges facing minorities are acute and pervasive and they require prioritization at the highest levels.

- African Americans are disproportionately burdened by disease yet have limited access to quality health care.
- Forty-two percent of the racial disparity in death rates between African Americans and whites is attributable to differences in receiving timely, quality health care.[27]
- In 2006, an estimated $61 billion of medical care costs were attributable to racial and ethnic health disparities.[28]

National Institute on Minority Health and Health Disparities

KEY PROVISIONS ON PRIORITIZING MINORITY HEALTH

Elevates the National Center on Minority Health and Health Disparities at the National Institutes of Health (NIH) from a center to an institute. The National Institute on Minority Health and Health Disparities will have expanded research endowments and will lead, coordinate, review and evaluate NIH's research and activities on minority health and health disparities (Sec. 10334).

Office of Minority Health

Transfers the Office of Minority Health (OMH) to the Office of the Secretary of Health and Human Services (HHS). OMH will be headed by the Deputy Assistant Secretary for Minority Health, who will retain and strengthen prior authorities to improve minority health and eliminate racial and ethnic health disparities. In addition, HHS will house a network of agency-specific offices of minority health. The following agencies will establish an individual office of minority health: the Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), the Substance Abuse and Mental Health Services Administration (SAMSHA), the Agency for Healthcare Research and Quality (AHRQ), the Food and Drug Administration (FDA) and the Centers for Medicare & Medicaid Services (CMS) (Sec. 10334).

Office of Women's Health

Codifies the establishment of an Office of Women's Health in the Office of the Secretary of Health and Human Services, to be headed by a Deputy Assistant Secretary for Women's Health. This new office is charged with developing short- and long-range goals and objectives that relate to disease prevention, health promotion, service delivery, research, and public and health care professional education; providing expert advice and consultation regarding scientific, legal, ethical and policy issues relating to women's health; monitoring activities concerning women's health; establishing a HHS Coordinating Committee on Women's Health; and establishing a National Women's Health Information Center. It also strengthens existing protections for Offices of Women's Health at the Centers for Disease Control and Prevention, Food and Drug Administration and Health Resources and Services Administration, as well as an Office of Women's Health and Gender-Based Research at the Agency for Healthcare Research and Quality (Sec. 3509).

Health Workforce

There is a need for a robust and diverse health workforce.

- The physician shortage is expected to be at least 124,000 by 2025.[29]
- There is a critical shortage of public health workers.[30]
- African Americans are underrepresented in some areas of the health care workforce. In particular, they comprise only 5.6% of all physicians.[31]

KEY PROVISIONS ON DEVELOPING THE HEALTH WORKFORCE

Developing Workforce Development Strategies

National Health Care Workforce Commission

Establishes a commission to determine the demand for health care workers and make recommendations on how to meet current and projected needs. Factors in assessing workforce needs will include types of skill sets, geographic distribution and needs of special populations such as minorities, rural populations, medically underserved populations, gender-specific needs, individuals with disabilities and geriatric and pediatric populations (Sec. 5101).

State Health Care Workforce Development Grants

Establishes a grant program for state partnerships to develop a comprehensive plan to meet health care workforce needs at the state and local levels (Sec 5102).

Training Opportunities

Primary Care Training and Enhancement

Allows the Secretary of Health and Human Services to award grants or contracts to accredited hospitals, schools or training programs to plan, develop or operate professional training programs in family medicine, general internal medicine or general pediatrics and improve access to such trainings through need-based financial assistance to medical students, interns, residents, physicians or other medical personnel. Grants or contracts will also be awarded to schools of medicine or osteopathic medicine that are able to demonstrate the capacity to enhance clinical training (Sec. 5301).

Training Opportunities for Direct Care Workers

Authorizes grants to eligible schools to offset the costs of new training opportunities for direct care workers employed in long-term care facilities. Individuals enrolled in courses under this grant must agree to work in specific fields for a minimum of two years (Sec. 5302).

Training in General, Pediatric and Public Health Dentistry

Authorizes the Secretary of HHS to award grants or contracts to schools of dentistry or other eligible entities to support the development of dental training programs (Sec. 5303).

Public Health Careers in Focus

- Public health professionals identify and investigate threats to the public's health and develop, employ, and evaluate strategies to protect, promote, and improve it.
- Areas of specialty include epidemiology, behavioral health, emergency preparedness, informatics, maternal and child health, environmental health, infectious disease, health policy and administration, and research.

Mental and Behavioral Health Education and Training	Awards grants to institutions of higher education to recruit and train students in the fields of social work, psychology, and behavioral and mental health. At least four of the grants will be awarded to historically black colleges and universities (HBCUs) or other minority-serving institutions (Sec. 5306).
Fellowship Training in Public Health	Allows for the expansion of existing fellowships such as the Public Health Informatics Fellowship Program at the Centers for Disease Control and Prevention (CDC) to address the shortage of public health workers in state and local health departments in the areas of applied public health epidemiology and public health laboratory science and informatics (Sec. 5314).
Public Health Workforce Loan Repayment Program	Establishes a loan repayment program for public health professionals working three years at a state or local agency (Sec. 776).
Nursing Workforce Provisions	Provides numerous loan forgiveness and grant opportunities for nursing students and faculty, as well as practicing nurses. The law also provides for nursing demonstration projects and increased funding for nurse-managed health clinics (Secs. 5202, 5208, 5308, 5309, 5310, 5311, 5316 and 5509).
Grants to Promote the Community Health Workforce	Authorizes the CDC Director to award grants to support the work of community health workers in their efforts to promote positive health behaviors, provide referrals to health care agencies and community-based programs, assist in enrolling individuals in health insurance plans and provide prenatal and maternal home visitation services in medically-underserved communities (Sec. 5313).
National Health Service Corps	Provides funding for the National Health Service Corps that will place approximately 15,000 primary care providers in provider shortage communities (Sec. 5207).

Investment in Historically Black Colleges and Universities and Minority-Serving Institutions

Extends funding for programs at HBCUs and other minority-serving institutions, including programs that help low-income students attain degrees in the fields of science, technology, engineering and mathematics (Sec. 2104).

Cultural Competency, Prevention, and Public Health and Individuals with Disabilities Training

Provides for the development, dissemination and evaluation of model curricula on cultural competency, prevention, public health, and training on working with individuals with disabilities (Sec. 5307). The need for developing a culturally-competent workforce is a cross-cutting issue also addressed in other workforce training and development provisions (Secs. 5203, 5301 and 5507).

Conclusion

This historic health reform law will have far-reaching implications for African Americans over the next several decades. It will empower consumers and their health care providers with more rights and access to information. It will enhance collaboration between health care providers by requiring them to share patient information with one another and work together to manage the overall care of their patients. It will transform the delivery of care by rewarding providers based on their performance in keeping patients healthy rather than the number of patients they see. It will also improve coordination of care and integrate the continuum of health services.

As readers have seen throughout this guide, the improvements and changes to our healthcare and public health systems will not occur overnight but will take several years. As Dr. King once reminded us, "Change does not roll in on the wheels of inevitability, but comes through continuous struggle."

The following pages of this community guide are intended to provide readers with more information about the health reform law and its health equity provisions, as well as additional tools and resources to help them advocate for the successful implementation of health reform.

Selected Additional Information on Health Reform

1. For more information and regular updates on health reform from the federal government, including the available insurance options under the new law and the opportunity to compare the quality of care between facilities across the country (i.e. hospitals, dialysis-based centers and nursing homes), please visit www.healthcare.gov. For the full text of the consolidated law, please visit http://docs.house.gov/energycommerce/ppacacon.pdf.

2. For more information on proposed and final regulations on the health reform law, please visit www.regulations.gov or www.federalregister.gov.

3. For more information on health reform grants that are forthcoming or have been released, please visit www.grants.gov.

4. To gain a better understanding of health reform and how individuals in each state will be affected, as well as information specifically on racial and ethnic minorities, please visit www.familiesusa.org/health-reform-central/.

5. To learn more about how health reform will affect Medicaid and Medicare populations and to determine how PPACA will affect government assistance for insurance premiums using a health reform calculator, please visit http://healthreform.kff.org.

6. For information about the prevention and public health provisions in health reform, please visit http://healthyamericans.org/health-reform or http://www.preventioninstitute.org/.

7. For an analysis of PPACA and information on health reform litigation, please visit www.healthlaw.org.

8. For other policy-oriented information about health reform and improving the health status of people of color, please visit http://jointcenter.org/hpi.

9. For additional policy resources on health reform, please visit www.nhpf.org.

10. For more information on how better care for older adults can be achieved via the health reform law, please visit http://www.aarp.org/health/health-care-reform or http://campaignforbettercare.org.

11. For more information on the most frequently-asked questions on health reform, please visit http://www.urban.org/health_policy/.

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APPENDIX A

Key Department and Agency Roles in Health Reform

Department/Agency	Responsibilities	Key Roles in Health Reform	Contact
Department of Health and Human Services (HHS)	Protect and promote the nation's health and provide essential human services Oversee Medicare and Medicaid programs and the U.S. Public Health Service	Oversees most of the implementation for health reform provisions (See specific divisions) Provides on-line interactive education tools on health reform Community Health Center Fund Grant program to support school-based health centers Patient Outcomes Research Institute Grant program to implement health care workforce development activities Grant program to promote small business wellness programs Office of Minority Health transferred to the Office of the Secretary of Health and Human Services	877-696-6775 www.hhs.gov
HHS **Administration on Aging (AoA)**	Develop a comprehensive, coordinated and cost-effective system of home and community-based services for the senior population	Community-Based Care Transition Program Advisory Board on Elder Abuse, Neglect and Exploitation	202-401-4632 www.aoa.gov
HHS **Administration of Children and Families (ACF)**	Promote the economic and social well-being of families, children, individuals and communities	Grant program for home visitation program	877-696-6775 www.acf.hhs.gov
HHS **Agency for Healthcare Research and Quality (AHRQ)**	Improve the quality, safety, efficiency, and effectiveness of healthcare	Primary Care Extension Program to educate providers National strategy for quality improvement in healthcare Quality improvement technical assistance Development of quality measures AHRQ Office of Minority Health AHRQ Office of Women's Health and Gender-Based Research	301-427-1104 www.ahrq.gov
HHS **Centers for Disease Control and Prevention (CDC)**	Provide information and tools people and communities need to protect their health and prevent disease Monitor health, detect and investigate health problems, conduct prevention research, promote healthy behaviors and foster safe and healthful environments	CDC Office of Minority Health CDC Office of Women's Health Community Preventive Services Task Force Community Transformation Grants Grant program to increase epidemiology and laboratory capacity Grant program to promote research-based dental caries disease management Grant program for community-based diabetes prevention	800-232-4636 www.cdc.gov

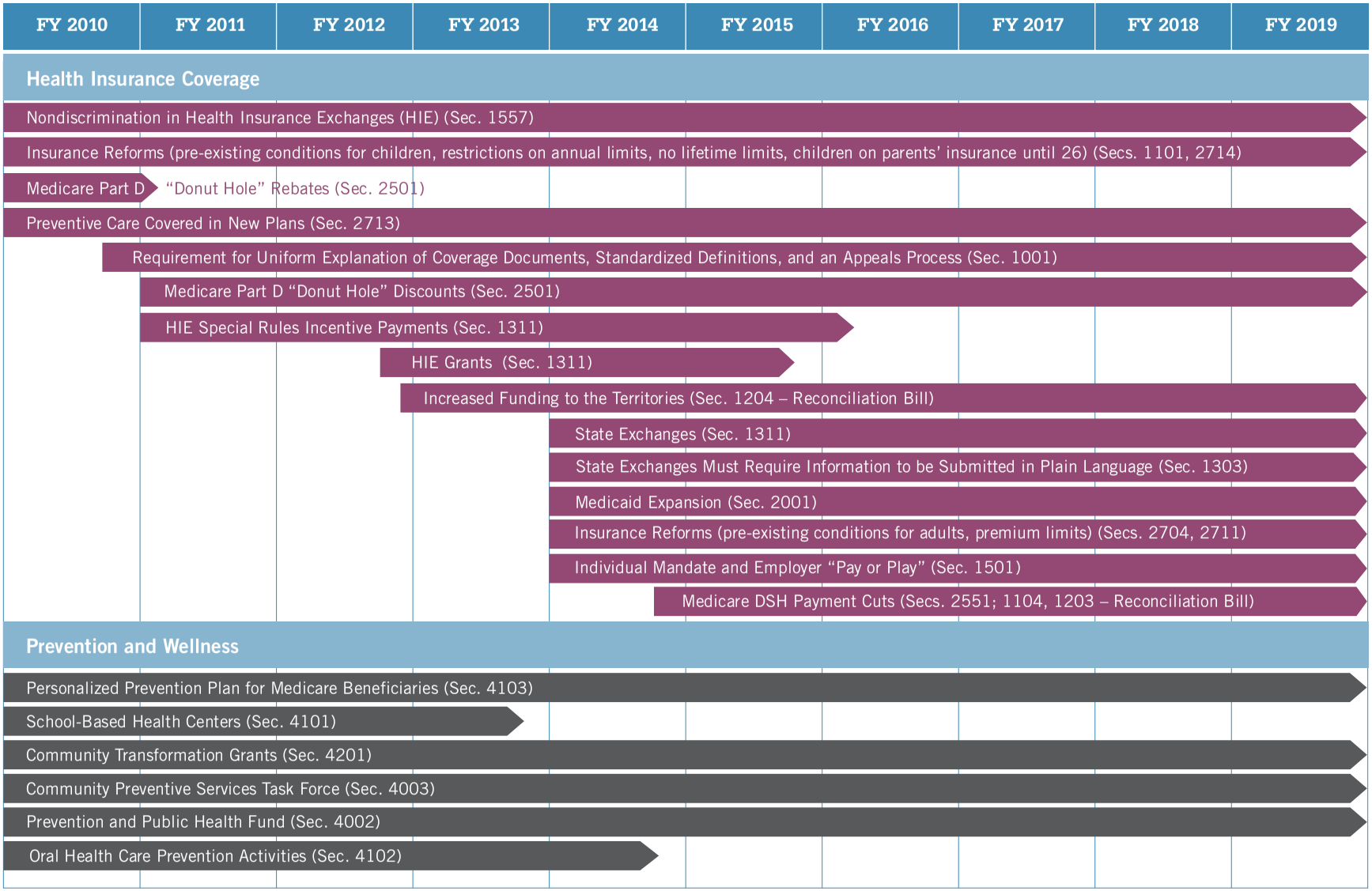
Department/Agency	Responsibilities	Key Roles in Health Reform	Contact
HHS **Centers for Medicare and Medicaid Services (CMS)**	Provide effective health care coverage and promote quality care for Medicare and Medicaid beneficiaries	Medicare and Medicaid related provisions on coverage and prescription drugs Value-based purchasing programs Community-Based Care Transitions Program Medicaid Quality Measurement Program Fraud protection program CMS Office of Minority Health Enrollment outreach targeting low income populations	877-267-2323 or your State Medicaid Office www.cms.gov
HHS **Food and Drug Administration (FDA)**	Assure the safety, efficacy and security of drugs, biological products, medical devices, the nation's food supply, cosmetics and products that emit radiation Regulate manufacturing, marketing and distribution of tobacco products	FDA Office of Minority Health FDA Office of Women's Health	888-463-6332 www.fda.gov
HHS **Health Resources and Services Administration (HRSA)**	Improve access to health care services for people who are uninsured, isolated or medically vulnerable	Student loan forgiveness for nursing school faculty Grant program to recruit students to practice in underserved communities HRSA Office of Minority Health HRSA Office of Women's Health National Health Service Corp	888-275-4772 www.hrsa.gov
HHS **Indian Health Service (HIS)**	Promote the health of American Indians and Alaska Natives	Office of Indian Men's Health within the Indian Health Service Program for treatment of child sexual abuse Indian Health Service Mental Health Technician Training Program	301-443-6394 www.ihs.gov
HHS **National Institutes of Health (NIH)**	Set national medical research agenda Largest source of funding for medical research in the world	Grants for Cures Acceleration Network Grant program to promote Centers of Excellence for Depression National Center on Minority Health and Health Disparities elevated to an Institute	301-496-4000 www.nih.gov
HHS **Substance Abuse and Mental Health Services Administration (SAMHSA)**	Reduce the impact of substance use and mental illness on communities	SAMHSA Office of Minority Health Grants to develop and implement health disparity reduction initiatives	877-726-4727 www.samhsa.gov

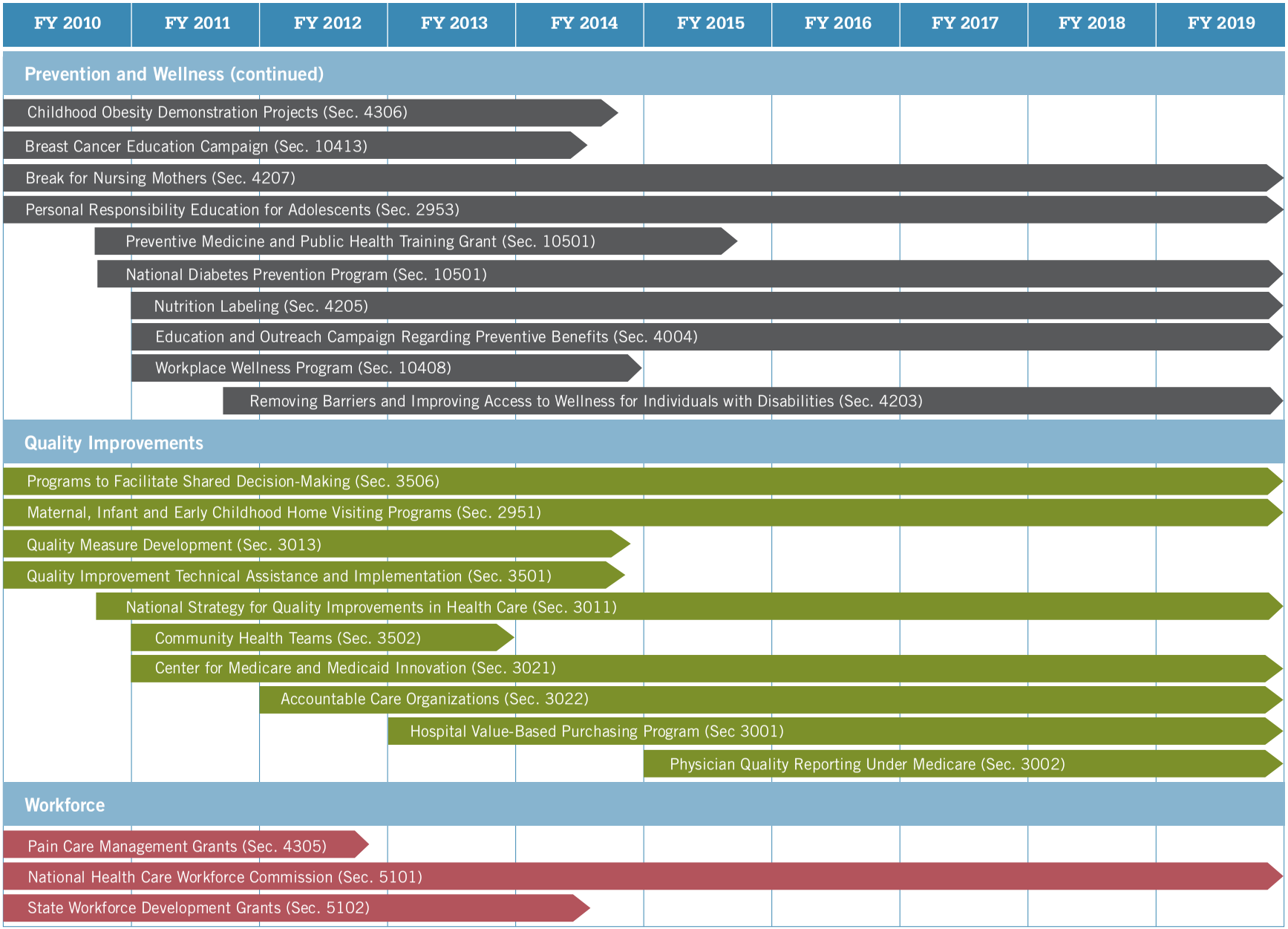
Department/Agency	Responsibilities	Key Roles in Health Reform	Contact
Department of Education (ED)	Promote student achievement and preparation for global competitiveness	Investment in HBCUs and Minority Serving Institutions	800-872-5327 www.ed.gov
Department of Labor (DOL)	Foster and promote the welfare of employees and advance job opportunities for those who are in the job market	Health insurance exchanges Cultural and linguistic competence trainings grants	866-487-2365 www.dol.gov
Department of the Treasury (DOT)	Maintain a strong economy and financial security	Oversee funds including the Patient Outcomes and Research Trust Fund and the Class Independence Funds Program for Advance Determination of Tax Credit Eligibility	202-622-2000 www.ustreas.gov
Federal Trade Commission (FTC)	Enforce consumer protection and competition jurisdiction in broad sectors of the economy	Oversee some aspects of Accountable Care Organizations Fraud and abuse prevention efforts aimed at keeping consumers protected while health reform is implemented	877-382-4357 www.ftc.gov
Government Accountability Office (GAO)	Independent, nonpartisan agency working for Congress to investigate how federal tax dollars are spent	National Health Care Workforce Commission Advisory Board State Cooperatives Consumer Advisory Council for Independent Payment Advisory Board Private Purchasing Council for State Cooperatives	202-512-3000 www.gao.gov
Internal Revenue Service (IRS)	Help individuals understand and meet their tax responsibilities and enforce federal tax laws	Community health needs assessment for non-profit hospitals Financial aid policies Excise tax on indoor tanning services Small employer health care tax credit	800-876-1715 www.irs.gov
Office of Personnel Management (OPM)	Recruit and train federal workforce	Advisory board for multi-state health plans	202-606-1800 www.opm.gov

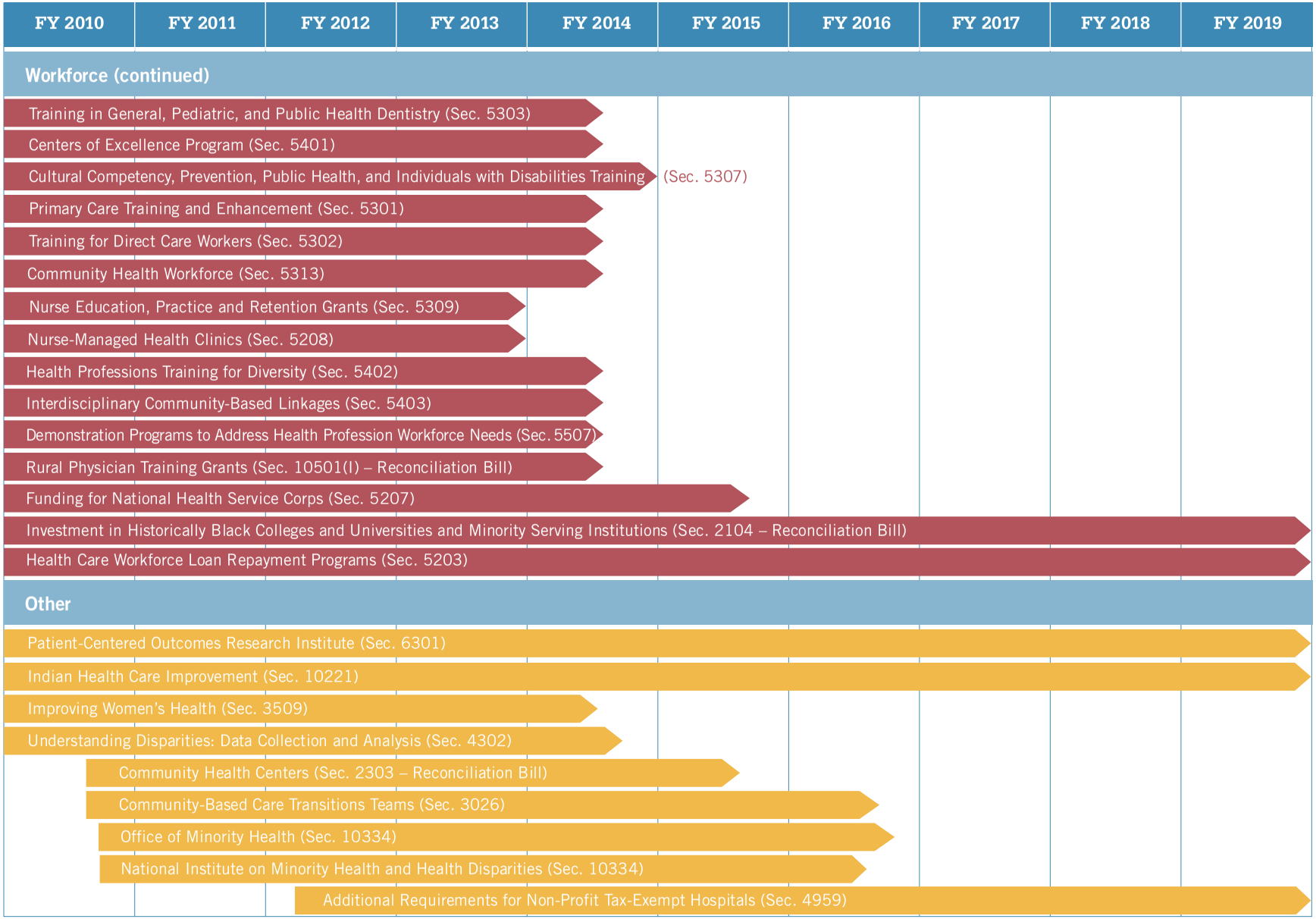
Department/Agency	Responsibilities	Key Roles in Health Reform	Contact
State Agencies		Office of health insurance consumer assistance or an ombudsman program National strategy for quality improvement in health care State authority to purchase recommended vaccines for adult programs Medicaid state offices: Medicaid preventive and obesity-related services awareness campaigns Medicaid coverage of tobacco cessation services for pregnant women Elimination of exclusion of coverage of certain drugs in Medicaid CHIP obesity demonstration program Various funding opportunities: Grant program to plan health care workforce development Grant program for providers who treat a high percentage of medically underserved populations Grant program for maternal, infant and early childhood home visitation program Community Transformation Grants Grants on school based health centers Oral Healthcare Prevention Demonstration Program Immunization Coverage Improvement Program Epidemiology and laboratory capacity grants Healthy Aging, Living Well Public Health Grant Program Grants to promote community health workforce	Please contact your state agencies. Most programs and initiatives will be implemented by state health departments.

APPENDIX B

Health Reform Implementation Timeline–Key Health Equity Provisions




FY 2010
FY 2011
FY 2012
FY 2013
FY 2014
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
Prevention and Wellness (continued)
Childhood Obesity Demonstration Projects (Sec. 4306)
Breast Cancer Education Campaign (Sec. 10413)
Break for Nursing Mothers (Sec. 4207)
Personal Responsibility Education for Adolescents (Sec. 2953)
Preventive Medicine and Public Health Training Grant (Sec. 10501)
National Diabetes Prevention Program (Sec. 10501)
Nutrition Labeling (Sec. 4205)
Education and Outreach Campaign Regarding Preventive Benefits (Sec. 4004)
Workplace Wellness Program (Sec. 10408)
Removing Barriers and Improving Access to Wellness for Individuals with Disabilities (Sec. 4203)
Quality Improvements
Programs to Facilitate Shared Decision-Making (Sec. 3506)
Maternal, Infant and Early Childhood Home Visiting Programs (Sec. 2951)
Quality Measure Development (Sec. 3013)
Quality Improvement Technical Assistance and Implementation (Sec. 3501)
National Strategy for Quality Improvements in Health Care (Sec. 3011)
Community Health Teams (Sec. 3502)
Center for Medicare and Medicaid Innovation (Sec. 3021)
Accountable Care Organizations (Sec. 3022)
Hospital Value-Based Purchasing Program (Sec 3001)
Physician Quality Reporting Under Medicare (Sec. 3002)
Workforce
Pain Care Management Grants (Sec. 4305)
National Health Care Workforce Commission (Sec. 5101)
State Workforce Development Grants (Sec. 5102)


FY 2010
FY 2011
FY 2012
FY 2013
FY 2014
FY 2015
FY 2016
FY 2017
FY 2018
FY 2019
Workforce (continued)
Training in General, Pediatric, and Public Health Dentistry (Sec. 5303)
Centers of Excellence Program (Sec. 5401)
Cultural Competency, Prevention, Public Health, and Individuals with Disabilities Training (Sec. 5307)
Primary Care Training and Enhancement (Sec. 5301)
Training for Direct Care Workers (Sec. 5302)
Community Health Workforce (Sec. 5313)
Nurse Education, Practice and Retention Grants (Sec. 5309)
Nurse-Managed Health Clinics (Sec. 5208)
Health Professions Training for Diversity (Sec. 5402)
Interdisciplinary Community-Based Linkages (Sec. 5403)
Demonstration Programs to Address Health Profession Workforce Needs (Sec. 5507)
Rural Physician Training Grants (Sec. 10501(I) – Reconciliation Bill)
Funding for National Health Service Corps (Sec. 5207)
Investment in Historically Black Colleges and Universities and Minority Serving Institutions (Sec. 2104 – Reconciliation Bill)
Health Care Workforce Loan Repayment Programs (Sec. 5203)
Other
Patient-Centered Outcomes Research Institute (Sec. 6301)
Indian Health Care Improvement (Sec. 10221)
Improving Women's Health (Sec. 3509)
Understanding Disparities: Data Collection and Analysis (Sec. 4302)
Community Health Centers (Sec. 2303 – Reconciliation Bill)
Community-Based Care Transitions Teams (Sec. 3026)
Office of Minority Health (Sec. 10334)
National Institute on Minority Health and Health Disparities (Sec. 10334)
Additional Requirements for Non-Profit Tax-Exempt Hospitals (Sec. 4959)

APPENDIX C

Key Health Equity Provisions in the Health Reform Law

- Grants for workforce, prevention, quality, and research
- Development of quality measures
- Prevention and wellness initiatives
- Research opportunities focused on health disparities
- Commissions and advisory groups
- Strengthening of existing programs and creation of new ones
- Infrastructure development
- Increase in diversity and cultural/linguistic competence

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Office of Minority Health and National Institute on Minority Health & Health Disparities	Minority Health	Sec. 10334	Elevates the Office of Minority Health to the Office of the Secretary of Health and Human Services (HHS), and establishes several offices of minority health in various agencies. Re-designates the National Center on Minority Health & Health Disparities at the National Institutes of Health (NIH) to the National Institute on Minority Health & Health Disparities. Strengthens improvement of minority health and the quality of health care minorities receive, as well as the focus on racial and ethnic health disparities.	FY2011 – FY2016 Authorizes SSAN* **(Discretionary Funding)****	Department of Health and Human Services
Office of Women's Health	Women's Health	Sec. 3509	Establishes an Office of Women's Health in the Office of the Secretary of HHS, the Centers for Disease Control and Prevention (CDC), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Agency for Healthcare Research and Quality (AHRQ), the Health Resources and Services Administration (HRSA) and the Food and Drug Administration (FDA).	FY2010 – FY2014 Authorizes SSAN **(Discretionary Funding)**	Department of Health and Human Services
Data Collection and Reporting	Understanding Health Disparities: Data Collection and Analysis	Sec. 4302	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.	Authorizes SSAN for FY2010 to FY2014 **(Discretionary Funding)**	Department of Health and Human Services
Community Health Centers	Community Health Centers	Sec. 2303 (Reconciliation) Sec. 10503	$11B in new dedicated funding over the period FY2011 to FY2015— $9.5B for operations and $1.5B for construction. Operation funding amounts were changed in reconciliation. However, construction amounts remained the same as in base text. Creates the Community Health Centers and National Health Service Corps Trust Fund in addition to existing discretionary funding.	FY2011 - $1,000,000,000 FY2012 - $1,200,000,000 FY2013 - $1,500,000,000 FY2014 - $2,200,000,000 FY2015 - $3,600,000,000 **(Mandatory Funding)*****	Department of Health and Human Services

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Quality Improvements	National Strategy for Quality Improvement in Health Care	Sec. 3011	Establishes a national strategy to improve delivery of health care services, patient health outcomes and population health. The Secretary of HHS shall ensure that priorities will:1) have the greatest potential for improving the health outcomes, efficiency and patient-centeredness of health care for all populations; 2) identify areas in the delivery of health care services that have potential for rapid improvement in the quality and efficiency of patient care; 3) address gaps in quality, efficiency, comparative effectiveness information, and health outcome measures and data aggregation techniques; 4) improve federal payment policy to emphasize quality and efficiency; 5) enhance the use of health care data; 6) address high-cost chronic diseases; 7) improve research and dissemination of strategies and best practices to improve patient safety and reduce medical errors, preventable admissions and readmissions and health care-associated infections; and 8) reduce health disparities.	FY2011 Budget Neutral Updated Annually	Agency for Healthcare Research and Quality in conjunction with the Centers for Medicare & Medicaid Services
Quality Improvements	Technical Assistance and Implementation	Sec. 3501	Awards grants or contracts to eligible entities to provide technical support to institutions that deliver health care. Appropriates a total of $20M over the period FY2010- FY2014. Must have matching fund equal to $1 for each $5.	Appropriates a total of $20,000,000 over the period FY2010–FY2014. **(Discretionary Funding)**	Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality **Application Process:** Not specified.
Quality Improvements	Maternal, Infant and Early Childhood Home Visiting Programs	Sec. 2951	To strengthen and improve maternal, infant and early childhood home visiting programs for families who reside in at-risk communities. Appropriates a total of $1.5B over the period FY2010 to FY2014.	FY2010 - $100,000,000 FY2011 - $250,000,000 FY2012 - $350,000,000 FY2013 - $400,000,000 FY2014 - $400,000,000 **(Mandatory Funding)**	Health Resources and Services Administration, **Application Process:** Eligible entities must submit applications to the Maternal and Child Health Bureau of the Health Resources and Services Administration. Applications must include certain information and assurances set forth in the Act.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Quality Improvements	Quality Measure Development	Sec. 3013	Identifies gaps where quality is not measured or current measures need improvement, update or expansion. Appropriates a total of $375M over the period FY2010 to FY2014.	FY2010 - $75,000,000 FY2011 - $75,000,000 FY2012 - $75,000,000 FY2013 - $75,000,000 FY2014 - $75,000,000 **(Mandatory Funding)**	Agency for Healthcare Research and Quality **Application Process:** Submit an application at such time and in such manner as the Secretary of Health and Human Services may require.
Quality Improvements	Establishing Health Teams to Support the Patient-Centered Medical Home	Sec. 3502	Establishes health teams that will collaborate with primary care providers on quality-driven, cost-effective, culturally appropriate and patient- and family-centered health care.	Authorizes SSAN for FY2011 – FY2014 **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Submit an application at such time, in such manner and containing such information as the Secretary of Health and Human Services may require. Must also submit a plan for incorporating prevention initiatives, patient education and care management.
Quality Improvements	Programs to Facilitate Shared Decision-Making	Sec. 3506	Establishes a program to facilitate collaboration between patients and caregivers that engages the patient in decision-making by providing the patient with information regarding treatment options, patient preferences and values into the medical plan.	Authorizes SSAN necessary for FY2010 and each subsequent fiscal year **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Not specified.
Comparative Effectiveness	Patient-Centered Outcomes Research Institute	Sec. 6301	Establishes the Patient-Centered Outcomes Research Institute to assist patients and health care professionals in making informed health decisions.	Savings of $0.3 billion over 10 years. **(Mandatory Funding)**	Office of Communications and Knowledge Transfer, Agency for Healthcare Research and Quality **Application Process:** Not specified.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Prevention	Personal Responsibility Education	Sec. 2953	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. Appropriates a total of $375M over the period FY2010 to FY2014.	FY2010 - $75,000,000 FY2011 - $75,000,000 FY2012 - $75,000,000 FY2013 - $75,000,000 FY2014 - $75,000,000 **(Mandatory Funding)**	Administration for Children and Families, Department of Health and Human Services **Application Process:** The Secretary of Health and Human Services shall solicit applications in an unspecified manner.
Prevention	School-Based Health Centers *(construction)*	Sec. 4101 (a)	Creates a grant program for the establishment of SBHCs. Grant funds to be used only for construction and equipment. Requires the Secretary to give preference to facilities that serve a large population of children eligible for the Medicaid and CHIP programs. Additional funding for operating SBHCs are discretionary. Appropriates a total of $200M over the period FY2010 to FY2013.	FY2010 - $50,000,000 FY2011 - $50,000,000 FY2012 - $50,000,000 FY2013 - $50,000,000 **(Mandatory Funding)**	Department of Health and Human Services **Application Process:** Submit an application at such time, in such manner and containing such information as the Secretary of Health and Human Services may require, including at a minimum an assurance that funds awarded under the grant will not be used to provide any service that is not authorized or allowed under federal, state or local law.
Prevention	School-Based Health Centers *(operations)*	Sec. 4101 (b)	Creates a grant program for the establishment of SBHCs. Funds can be used for both operations and construction. Authorizes Secretary to give preference to applicants who demonstrate ability to serve communities with specified barriers to access.	Authorizes SSAN for FY2010-FY2014 **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Submit an application at such time and in such manner, which contains certain specified evidence and assurances as well as any other information as the Secretary of Health and Human Services may require.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Prevention	Funding for Childhood Obesity Demonstration Project	Sec. 4306	Develops a comprehensive model for reducing childhood obesity. Appropriates a total of $125M over the period FY2010 to FY2014.	FY2010 - $25,000,000 FY2011 - $25,000,000 FY2012 - $25,000,000 FY2013 - $25,000,000 FY2014 - $25,000,000 **(Mandatory Funding)**	Department of Health and Human Services **Application Process:** Not specified.
Prevention	Breast Cancer Education Campaign	Sec. 10413	Education campaign to increase women's awareness and knowledge regarding breast health. Appropriates a total of $45M over the period FY 2010 to FY 2014.	FY2010 - $9,000,000 FY2011 - $9,000,000 FY2012 - $9,000,000 FY2013 - $9,000,000 FY2014 - $9,000,000 **(Mandatory Funding)**	Centers for Disease Control and Prevention **Application Process:** Not specified.
Prevention	Preventive Medicine and Public Health Training Grant Program	Sec. 10501 (m)	Grants awarded to eligible entities to train graduate medical residents in preventive medicine specialties.	FY2011 - $43,000,000 Authorizes SSAN for FY2012 to FY2015 **(Discretionary Funding)**	Department of Health and Human Services
Prevention	Community Prevention and Public Health Fund	Sec. 4002	Establishes a Prevention and Public Health Investment Fund to provide for expanded and sustained national investment in prevention and public health programs. Total of $15B for FY 2010-2019 (program authorized in perpetuity).	FY2010 - $500,000,000 FY2011 - $750,000,000 FY2012 - $1,000,000,000 FY2013 - $1,250,000,000 FY2014 - $1,500,000,000 FY2015 and each fiscal year thereafter - $2,000,000,000 **(Discretionary Funding)**	Department of Health and Human Services
Prevention	Clinical and Community Preventive Services Task Force	Sec. 4003	Establishes an independent Preventive Services Task Force to conduct rigorous, systematic reviews of existing science and recommend the adoption of proven and effective services. Topic areas for review will include those related to specific age groups and health disparities among sub-populations and age groups.	Authorizes SSAN for FY2010 onward **(Discretionary Funding)**	Department of Health and Human Services
Prevention	Education and Outreach Campaign Regarding Preventive Benefits	Sec. 4004	Provides for the planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise awareness of health improvement.	FY2011 to FY2017 Authorizes SSAN not to exceed $500,000,000 on outreach campaign **(Discretionary Funding)**	Centers for Disease Control and Prevention **Application Process:** Not specified.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Prevention	Oral Health Care Prevention Activities	Sec. 4102	Establishes an Oral Health Care 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.	Authorizes SSAN for FY2010 - FY2014 **(Discretionary Funding)**	Centers for Disease Control and Prevention **Application Process:** Submit an application at such time, in such manner and containing such information as the Secretary of Health and Human Services may require.
Prevention	Community Transformation Grants	Sec. 4201	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.	Authorizes SSAN for FY2010 – FY2014 **(Discretionary Funding,** although funds may be used from the Public Health Fund, which has mandatory funding)	Centers for Disease Control and Prevention **Application Process:** Submit an application at such time, in such a manner and containing such information as the Director of the Centers for Disease Control and Prevention may require, including a description of the program to be carried out under the grant.
Prevention	National Diabetes Prevention Program	Sec. 10501 (g)	Establishes a national diabetes prevention program targeting adults at high risk for diabetes.	Authorizes SSAN from FY2011 onward **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Not specified.
Medicare Provisions for Low-Income Beneficiaries	Funding Outreach and Assistance for Low-Income Programs	Sec. 3306	Provides a total of $45M over FY2010 to FY2012 for outreach and education to State Health Insurance Programs, Administration on Aging, Aging and Disabilities Resource Centers and the National Center for Benefits Outreach and Enrollment.	(A) $15,000,000 to State Health Insurance Programs; (B) $15,000,000 to Area Agencies on Aging; (C) $10,000,000 to Aging and Disabilities Resource Centers; and (D) $5,000,000 to National Center for Benefits and Outreach Enrollment **(Mandatory Funding)**	Centers for Medicare & Medicaid Services **Application Process:** Not specified.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Readmissions	Community-Based Care Transitions Teams	Sec. 3026	Provides funding to hospitals and community-based entities that render evidence-based care transition services to Medicare beneficiaries at high risk for readmission.	FY2011 - $500,000,000 FY2012 - $500,000,000 FY2013 - $500,000,000 FY2014 - $500,000,000 FY2015 - $500,000,000 **(Mandatory Funding)**	Centers for Medicare & Medicaid Services **Application Process:** An eligible entity shall submit an application to the Secretary at such time, in such manner and containing such information as the Secretary may require.
Workforce	State Health Care Workforce Development Grants	Sec. 5102	Provides grants that will support innovative approaches to increase the number of skilled health care workers.	FY2010 – FY2015 $158,000,000 and SSAN for subsequent fiscal years **(Discretionary Funding)**	Health Resources and Services Administration **Application Process:** Submit an application at such time, in such manner and accompanied by such information as the Administrator of the Health Resources and Services Administration shall require, including certain specified information.
Workforce	Funding for National Health Service Corps	Sec. 5207 Sec. 10503	Increases and extends the authorization of appropriations for the National Health Service Corps scholarship and loan repayment program for fiscal years 2010-2015. $1.5 billion in new, dedicated funding for the National Health Service Corps. The National Health Service Corps Trust Fund is in addition to existing discretionary funding.	FY2011 - $290,000,000 FY2012 - $295,000,000 FY2013 - $300,000,000 FY2014 - $305,000,000 FY2015 - $310,000,000 **(Mandatory Funding)**	Health Resources and Services Administration
Workforce	Primary Care Training and Enhancement	Sec. 5301	Priority will be given to accredited entities that propose specific approaches to care or provide services to certain populations.	FY2010 – $125,000,000 Authorizes SSAN for FY2011 to FY2014 **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Not specified.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Workforce	Training for Direct Care Workers	Sec. 5302	Provides grants for entities to be used in new training opportunities for direct care workers employed in long-term care settings.	FY2010 - $10,000,000 FY2011 - $10,000,000 FY2012 - $10,000,000 FY2013 - $10,000,000 **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Submit an application at such time, in such manner and containing such information as the Secretary of Health and Human Services may require.
Workforce	Training in General, Pediatric and Public Health Dentistry	Sec. 5303	Priority will be given to eligible entities that propose specific approaches to care or provide services to certain populations.	FY2010 - $30,000,000 Authorizes SSAN for FY2011 to FY2015 **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Submit an application at such time, in such manner and containing such information as the Secretary of Health and Human Services may require.
Workforce	Mental and Behavioral Health Education and Training Grants	Sec. 5306	Awards grants to schools of higher education for the development or enhancement of training programs in social work, graduate psychology, professional training in child and adolescent mental health, and pre-service or in-service training to paraprofessionals in child and adolescent mental health.	FY2010 to FY2013 $8,000,000 – Social Work Training $12,000,000 – Graduate Psychology Training $10,000,000 – Training in Professional Child and Adolescent Mental Health $5,000,000 – Training in Paraprofessional Child and Adolescent Work **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Not specified.
Workforce	Centers of Excellence	Sec. 5401	Provides enhanced recruitment, training, academic performance and other supports for minorities interested in careers in health.	FY2010 - $50,000,000 FY2011 - $50,000,000 FY2012 - $50,000,000 FY2013 - $50,000,000 FY2014 - $50,000,000 FY2015 - $50,000,000 **(Discretionary Funding)**	Health Resources and Services Administration **Application Process:** Not specified.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Workforce	Interdisciplinary, Community-Based Linkages	Sec. 5403	Establishes community-based training and education grants for area health education center programs.	FY2010 - $130,000,000 FY2011 - $130,000,000 FY2012 - $130,000,000 FY2013 - $130,000,000 FY2014 - $130,000,000 **(Discretionary Funding)**	Department of Health and Human Services
Workforce	Primary Care Extension Program	Sec. 5405	Establishes primary care extension agencies to support and assist primary care providers.	FY2011 - $120,000,000 FY2012 - $120,000,000 Authorizes SSAN for FY2013 and FY2014 **(Discretionary Funding)**	Agency for Healthcare Research and Quality **Application Process:** Submit an application at such time, in such manner and containing such information as the Secretary of Health and Human Services may require.
Workforce	Demonstration Projects to Address Health Professions Workforce Needs	Sec. 5507	Awards grants to states to conduct demonstration projects for the development of core training competencies and certification programs for personal or home care aides.	FY2010 to FY2014 – $85,000,000, with $5,000,000 of total designated for 2010-2012 training programs for home care aides **(Mandatory Funding)**	Office of Community Services, Administration for Children and Families and Department of Labor **Application Process:** An entity applying for a grant under this section shall demonstrate in the application that the entity has consulted with the state agency responsible for administering the state Temporary Assistance for Needy Families (TANF) program, the local workforce investment board in the area in which the project is to be conducted, the state workforce investment board, and the state apprenticeship agency and that the project will be carried out in coordination with such entities.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Workforce	Rural Physician Training Grants	Sec. 10501 (l)	Establishes a grant program for assisting eligible entities in recruiting students most likely to practice in underserved, rural communities.	FY2010 - $4,000,000 FY2011 - $4,000,000 FY2012 - $4,000,000 FY2013 - $4,000,000 **(Discretionary Funding)**	Health Resources and Services Administration **Application Process:** Submit an application to the Secretary that includes a certification that the entity will use amounts provided to the institution in accordance with certain specified criteria.
Workforce	Investment in Historically Black Colleges and Universities and Minority Serving Institutions	Sec. 2103 *(Reconciliation Bill)*	Extends funding for programs that help low-income students attain degrees in the fields of science, technology, engineering or mathematics.	FY2010 to FY2019 $100,000,000 – Hispanic Serving Institutions $85,000,000 – Historically Black Institutions $15,000,000 – Predominantly Black Institutions $30,000,000 – Tribal Institutions $15,000,000 – Alaska & Hawaiian Native Institutions $5,000,000 – Asian American and Pacific Islander Institutions $5,000,000 – Native American Non-Tribal Serving Institutions **(Mandatory Funding)**	Department of Education
Workforce	Advancing Research and Treatment for Pain Care Management	Sec. 4305	Awards grants for the development and implementation of programs to provide education and training to health care professionals in pain care.	Authorizes SSAN for FY2010 – FY2012 **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Not specified.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Workforce	Promoting Diversity in the Workforce	Sec. 5402	Provides support for (1) pipeline programs for health professionals 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.	(a) Loan Repayment and Fellowship Regarding Faculty Positions: Changes the loan amount for faculty positions from $20,000 to $30,000 per year. (b) Scholarships for Disadvantaged Students: There is authorized to be appropriated $51,000,000 for FY 2010 and SSAN for FY 2011- FY 2014. (c) Reauthorization for Loan Repayments and Fellowships Regarding Faculty Positions: There is authorized to be appropriated $25M over FY 2010 to FY 2014. (d) Reauthorization for Educational Assistance in the Health Professions Regarding Individuals from a Disadvantaged Background: There is authorized to be appropriated $60,000,000 for fiscal year 2010 and SSAN for fiscal years 2011 through 2014. **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Not specified.
Workforce	Training in Cultural Competency, Prevention, Public Health, and Aptitude Working with Individuals with Disabilities	Sec. 5307	Provides support for the development of model curricula in cultural competency and related training.	Authorizes SSAN for FY2010 – FY2015 **(Discretionary Funding)**	Health Resources and Services Administration **Application Process:** Not specified.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Workforce	Grants to Promote Community Health Workforce	Sec. 5313	Provides grants to community health workers who serve as liaisons between communities and health care agencies and provide culturally- and linguistically-appropriate services.	Authorizes SSAN for FY2010 – FY2014 **(Discretionary Funding)**	Centers for Disease Control and Prevention **Application Process:** Submit an application at such time, in such manner and accompanied by such information as the Secretary of Health and Human Services may require.
Workforce	Nurse-Managed Health Clinics	Sec. 5208	Authorizes a federal nurse-managed health clinic program which serves disadvantaged communities.	FY2010 - $50,000,000 Authorizes SSAN for FY2011 to FY2014 **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Submit an application at such time, in such manner and containing such information as the Secretary of Health and Human Services may require that contains certain specified assurances.
Workforce	Demonstration Grants for Family Nurse Practitioner Training Programs	Sec. 10501(e)/5316	Establishes a training demonstration program for family nurse practitioners in careers as primary care providers in federally-qualified health centers (FQHCs) and nurse-managed health clinics.	Authorizes SSAN for FY 2011 to FY 2014 **(Discretionary Funding)**	Health Resources and Services Administration **Application Process:** Not specified.
Workforce	Graduate Nurse Education Demonstration	Sec. 5509	Establishes a graduate nurse education demonstration, under which an eligible hospital may receive payment for reasonable costs associated with providing qualified clinical training to advance practice nurses (APNs).	FY 2012 – $50,000,000 FY 2013 – $50,000,000 FY 2014 – $50,000,000 FY 2015 – $50,000,000 **(Mandatory Funding)**	Health Resources and Services Administration **Application Process:** Not specified.
Workforce	Nurse Education, Practice and Retention Grants	Sec. 5309	Provides grants to enhance the nursing workforce by initiating and maintaining nurse retention programs.	Authorizes SSAN for FY 2010 to FY 2012 **(Discretionary Funding)**	Health Resources and Services Administration **Application Process:** Not specified.

Issue	Program	Section of Law	Description	Funding Level	Funding Source
Workforce	Nursing Student Loan Program	Sec. 5202	Increases the amounts a nursing student may borrow under the program.	FY 2010 $17,000 FY 2011 $17,000 After FY 2011, adjusts each FY for cost-of-attendance increases **(Discretionary Funding)**	Health Resources and Services Administration **Application Process:** Not specified.
Workforce	Nurse Faculty Loan Program	Sec. 5311	Provides funds to eligible schools of nursing that offer advanced education nursing programs to prepare graduates to serve as faculty in schools of nursing. Students who go on to serve as nursing school faculty may have up to 85% of their loan repayment cancelled.	FY 2010 – $35,500 FY 2011 – $35,500 After FY 2011, adjusts each FY for cost-of-attendance increases **(Discretionary Funding)**	Health Resources and Services Administration **Application Process:** Not specified.
Workforce	Alternative Dental Health Provider Models	Sec. 5304	Creates a new demonstration program which will award grants to 15 eligible entities to test different dental health care provider models that will promote access to oral health services in underserved communities.	Authorizes SSAN **(Discretionary Funding)**	Department of Health and Human Services **Application Process:** Submit an application at such time, in such manner and containing such information as the Secretary of Health and Human Services may require.

***SSAN** - Such Sums As Necessary

****Discretionary Funding** – While the law states that funding is authorized for these provisions, actual funding has not yet been allocated. If a program or grant falls into this category, additional advocacy will be needed to secure the funding that was authorized.

*****Mandatory Funding** – Funding for these provisions was authorized and appropriated. No additional advocacy is needed to secure funding, but attempts to repeal these provisions are possible.

Meet the Authors

Daniel E. Dawes, Esq. is a health care attorney in Washington, D.C. During health reform negotiations, he chaired the National Working Group on Health Disparities and Health Reform—a group comprising over 250 national organizations and coalitions—to ensure that health reform legislation included health equity provisions to reduce disparities in health and health care. In recognition of his efforts, Daniel was one of 13 experts invited by the Congressional Black Caucus Health Braintrust to serve on the newly-established Health Equity Leadership Commission to ensure successful implementation of health reform. Daniel was a senior legislative and federal affairs officer at the American Psychological Association (APA). Prior to working for the APA, Daniel worked on the Senate Health, Education, Labor, and Pensions (HELP) Committee under the leadership of Senator Edward M. Kennedy, where he advised the senator and members of the committee on an array of issues related to employment, health care, public health, and disability law and policy. Prior to his work with the HELP Committee, Daniel received the CBCF Louis Stokes Urban Health Policy Fellowship; as a fellow he worked for the Congressional Black Caucus (CBC) Health Braintrust under the leadership of Delegate Donna M. Christensen, focusing on legislative efforts related to health disparities, disability, and emergency preparedness/bioterrorism. Daniel is the recipient of several national awards, including the CBC Leadership in Advocacy Award, the CBC Congressional Staff Leadership Award, the APA Exceptional Leadership in Advocacy Award and the SHIRE Health Reform Champion Award. Daniel holds a Juris Doctorate from the University of Nebraska and a Bachelor of Science in Business Administration and Psychology from Nova Southeastern University.

Nicole C. Jarrett, Ph.D. is the director of health policy research at the W. Montague Cobb/NMA Health Institute, the research arm of the National Medical Association. The Institute seeks to increase our understanding of why healthcare disparities continue to persist and investigates strategies to achieve healthcare equity. Currently, Dr. Jarrett oversees the development of research studies in the areas of quality improvement in health systems, cultural competency, HIT, and HIV/AIDS. Prior to joining the Cobb Institute, Dr. Jarrett served as the director of community health policy at the Baltimore City Health Department and later as the director of health policy research, directing research projects and dissemination activities in a variety of areas including insurance coverage, access to primary care, men's health, criminal justice, and mental health. During her tenure, Dr. Jarrett also chaired the Baltimore City's Task Force on Adult Survivors of Childhood Sexual Abuse and served as a local project director for the W.K. Kellogg Foundation's Community Voices Initiative. Dr. Jarrett received her bachelor's degree in public health from Rutgers University, where she was a Henry Rutgers Scholar and Project L/EARN Research Intern. She received her doctorate in public health from the Johns Hopkins Bloomberg School of Public Health and later completed a post-doctoral research fellowship at the Center for Mental Health Services and Criminal Justice Research at Rutgers University.

Congressional Black Caucus Foundation, Inc.
Center for Policy Analysis and Research
1720 Massachusetts Avenue, N.W. | Washington, D.C. 20036
202.263.2800 | www.cbcfinc.org