



# How Health Care Reform Will Benefit Hispanic Americans

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The Patient Protection and Affordable Care Act as amended by the recently passed reconciliation bill makes important contributions toward addressing Hispanic Americans' health care needs. Measures that help these individuals in particular include:

- Expanding health coverage to as many people as possible and providing financial assistance to help those with lower incomes purchase coverage
- Improving access to primary care and “medical homes” to ensure a regular source of care and care coordination
- Expanding access to community health centers
- Focusing on disease prevention and health promotion
- Enhancing the quality of health care services
- Improving the health care workforce's distribution and cultural competency
- Collecting data to better measure the effectiveness of these initiatives

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## Expanded health insurance coverage

Hispanics have the highest uninsured rate of any racial or ethnic group within the United States. A 2009 Gallup poll found that 41.7 percent of American Hispanics aged 18 and over lacked health insurance, compared to the national average of 16.0 percent and 11.6 percent of white Americans. Health reform will take several steps to improve health insurance coverage among Hispanics.

- Hispanic Americans currently without health insurance will be able to purchase coverage through health insurance exchanges, with sliding scale subsidies to help low- and moderate-income families.
- Out-of-pocket expenses will be limited to prevent an illness from ruining a family financially.

- Small businesses will receive help with costs related to health insurance coverage, while larger employers will face new incentives for providing coverage, thus increasing the number of Latinos likely to receive coverage through their employment.
- Medicaid will cover all adults with incomes up to 133 percent of the federal poverty level (roughly \$14,400 for a single adult)—including those without dependent children.
- Health insurers will be prohibited from denying coverage on the basis of pre-existing conditions or rescinding coverage when people get sick.

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## Better preventive health services

Twenty-one percent of older Hispanics have diabetes compared to 14.3 percent of whites. Hispanic elders are much more likely to be hospitalized for diabetes due to poor diabetes control, and they are far less likely to receive pneumonia or flu shots or participate in cancer screening services. Better access to prevention and early interventions would help keep the Hispanic population healthier throughout their lives.

- Insurance plans will be required to offer 100 percent coverage of approved preventive services such as immunizations, cancer screenings, and diabetes testing.
- States will have new incentives to improve prevention and wellness services for Medicaid beneficiaries, as well as access to new funding for innovative demonstration projects to reduce childhood obesity.
- PPACA waives Medicare co-payments for most preventive services and fully covers an annual wellness visit and personalized prevention plans for people with Medicare coverage.
- The new health reform law also provides funding for a home visit program to at-risk families with young children, based on the Nurse-Family Partnership program. This nurse home-visiting program improves the health, well-being, and self-sufficiency of low-income, first-time mothers and their children.

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## Improved access to a primary care provider and usual source of care

Half of Hispanics do not have a regular doctor, compared with only one-fifth of whites, and almost half of low-income Hispanics lack a usual source of care. PPACA's emphasis on improving primary care will particularly benefit Hispanics.

- Primary care capacity will be boosted through a range of investments and payment incentives, including a 10 percent Medicare bonus payment for primary care and general surgeons; an additional 10 percent Medicare bonus for primary care physicians practicing in health professional shortage areas; and graduate medical education reforms that redistribute residency positions, promote training in outpatient settings, and support the development of primary care training programs.
- The new Center for Medicare and Medicaid Innovation will develop and expand the medical home model for Medicare and Medicaid patients. Medical homes—health care settings that provide patients with timely, well-organized care and enhanced access to providers—are associated with a reduction in health care disparities for adults and better access to preventive services.
- New funding will establish more community health centers to provide comprehensive, affordable care that is responsive and customized to the low-income, racial, and ethnic minority communities they serve.
- The operation and development of school-based health clinics will provide care to children in medically underserved areas.

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### More culturally sensitive care

People with limited English proficiency are less likely to have a regular source of primary care and receive preventive care. They are also generally less satisfied with the care they do receive, more likely to report overall problems with care, and may be at increased risk of experiencing medical errors.

- PPACA provides grants to states, public health departments, clinics, and hospitals to promote the use of community health workers in medically underserved areas. Community health workers create a bridge between providers of health, social, and community services and the underserved and hard-to-reach populations they serve. They make referrals to health care providers and social services, provide culturally appropriate health education and information, offer informal counseling and guidance on health behaviors, and advocate for individual and community health needs.
- The new health reform law will address the low numbers of health professionals from minority communities through additional scholarship and loan repayment opportunities for disadvantaged students who commit to work in medically underserved areas and who serve as faculty in participating institutions. It also expands the allowable uses of the nurse diversity program.

- PPACA reauthorizes and expands programs to support the development, evaluation, and dissemination of model curricula for cultural competency at health professional schools and in continuing education programs.

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## Tackling health quality and health care disparities

Defining and measuring health care disparities is a prerequisite for addressing them. High-quality data are essential to helping organizations understand and remedy racial and ethnic disparities in health care.

- PPACA requires federally funded programs to collect and report data on race, ethnicity, socioeconomic status, health literacy, and primary language. It also requires that federally funded population surveys collect statistically reliable data based on race, ethnicity, primary language, and disability in order to compare health disparities populations. PPACA extends the existing requirements for the collection of Medicare health disparities data to Medicaid and the Children's Health Insurance Program.
- The new law formally establishes the Office of Minority Health at the Department of Health and Human Services and a network of minority health offices located within HHS. It also elevates the Office of Minority Health at the National Institutes of Health directly into the Office of the Secretary of Health and Human Services. This raised profile will help with the implementation and evaluation of minority health programs.

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## Conclusion

PPACA makes significant advances for Hispanics' health coverage, quality of care, and access to health care services. It represents an important milestone toward the ultimate goal of eradicating racial and ethnic disparities in health and health care in the United States.