

## **Health Disparities in H.R. 3962**

### **Definitions:**

“**Core public health infrastructure**” and “**health disparities**” are defined terms. Permits the Secretary, pending completion of the Nation Prevention and Wellness Strategy, to make judgments about how the strategy will address an issue and to act based on this judgment. (Sec. 2301 adding PHSA Sec. 3171)

The term ‘health disparities’ *includes* health and health care disparities and means population-specific differences in the presence of disease, health outcomes, or access to health care. For purposes of the preceding sentence, a population may be delineated by race, ethnicity, primary language, sex, sexual orientation, gender identity, disability, socioeconomic status, or rural, urban, or other geographic setting, and any other population or subpopulation determined by the Secretary to experience significant gaps in disease, health outcomes, or access to health care.

### **Policy: Immediate Reforms**

- **Wellness Program Grants.**

As part of the certification process, the Secretaries of Health and Human Services and Labor shall: ensure that employers make the programs culturally competent, physically and programmatically accessible (including for individuals with disabilities), and appropriate to the health literacy needs of the employees covered by the program; require a health literacy component; and, compile and disseminate to employer health plans information on models health literacy curricula and instructional programs. (Sec. 112)

### **Policy: Duties and Authorities of Health Commissioner**

- **Data Collection.**

Authorizes the Commissioner to carry out the functions of establishing qualified health benefit plan standards, establish a Health Insurance Exchange under subtitle A of title III, and administer individual affordability credits. The Commissioner is also required to promote accountability of qualified health benefit plan offering entities by conducting audits. The Commissioner shall collect data to facilitate the specified duties, including for the purposes of promoting quality and value, protecting customers, and addressing disparities in health and healthcare. (Sec. 242)

### **Policy: Health Insurance Exchange**

- **Contracts for the Offering of Exchange-Participating Health Benefits Plans.**

Establishes standards for QHBP offering entities to offer exchange-participating health benefits plans. Plans must: be licensed, report data, provide for affordable premiums, accept all enrollment, participate in risk pooling mechanism, and provide for culturally and linguistically appropriate services and communications. (Sec. 304)

### **Policy: Health Insurance Exchange**

- **Outreach and Enrollment of Exchange-Eligible Individuals and Employers in Exchange-Participating Health Benefits Plan.**

The commissioner shall conduct outreach activities through the use of appropriate means and entities. In carrying out this section, the Commissioner shall establish effective methods for communicating in plain language and a culturally and linguistically appropriate manner. (Sec. 305)

**Policy: Establishment and Administration of a Public Health Insurance Option as an Exchange-Qualified Health Benefit Plan**

- **Data Collection.**  
Authorizes the Secretary to collect data required to establish premiums and payment rates for the public health insurance option, to improve quality and to reduce racial, ethnic, and other disparities in health and health care. (Sec. 321)

**Policy: Public Plan or Not-for-Profit Option**

- **Modernized Payment Incentive and Delivery Reform.**  
Allows payment under the public plan option to be made using innovative payment mechanisms including a medical home or other care management payments, ACOs, value-based purchasing, bundling of services, differential payment rates, performance or utilization based payment, partial capitation, and direct contracting with providers. Requires the Secretary to design and implement mechanisms to improve health outcomes, reduce health disparities, provide efficient and affordable care, address geographic variation in the provision of services, or prevent or manage chronic illnesses. Cost sharing may be modified to encourage use of services that promote health and value. Requires the Secretary to monitor and evaluate the progress of payment and delivery system reforms. (Sec. 324)

**Policy: Comparative Effectiveness Research**

- **Establishment of Center for Comparative Effectiveness Research**  
The Secretary shall establish a Center for Comparative Effectiveness to conduct, support, and synthesize research with respect to outcomes, effectiveness, and appropriateness of healthcare services within the Agency for Healthcare Research and Quality. The Center shall conduct, support and synthesize research relevant to the comparative effectiveness of the full spectrum of health care items, conduct and support systematic reviews of clinical research, develop and use scientific methodologies for comparative effectiveness studies, submit reports, and appoint clinical perspective advisory panels for research priorities that will consult with patients and other stakeholders. The Center may obtain data to carry out this section. The Secretary shall establish an independent Comparative Effectiveness Research Commission to advise the Center and evaluate the activities carried out by the Center. The Commission shall recommend national priorities for research, monitor the appropriateness of use of the CERTF described in the subsection (g) with respect to the timely production of comparative effectiveness research, identify highly credible research methods and standards of evidence, review methodologies developed by the Center, support forums to increase stakeholder awareness and permit feedback on the efforts of the Center, make recommendations to the Center for the priority for periodic reviews of previous comparative effectiveness research, at least annually review the processes of the Center, make recommendations for broad dissemination and hold at least two public meetings for stakeholder input. The Commission shall consist of the Director of the AHRQ, the Chief Medical Officer of CMS, the Director of the NIH, and 16 additional members who represent a broad range of perspectives and collectively have experience in epidemiology, health services research, bioethics, decision sciences, health disparities and health economics. (Sec. 1181)

**Policy: Medicare Rural Access Protections**

- **Establishment of National Priorities**  
The Secretary shall establish national priorities for performance improvement by soliciting recommendations from outside stakeholders. The Secretary shall ensure that priority is given to areas in delivery that contribute to a large burden of disease, have the greatest potential to decrease

morbidity and mortality, have the greatest potential for improving performance, affordability, and patient centeredness of healthcare, and address health disparities across groups and areas. (Sec. 1191)

### **Policy: Medicare Beneficiary Improvements–Reducing Health Disparities**

- **Ensuring Effective Communication in Medicare.**  
The Secretary shall conduct a study that examines the extent to which Medicare service providers utilize, offer, or make available language services for beneficiaries who are limited in English proficiency and ways that Medicare should develop payment systems for language services. The report based on such study must be submitted to Congress not later than 12 months after Act's enactment. Authorizes sanctions for Medicare Advantage plans that fail to provide required language services. Authorizes appropriation of \$2 million from the Medicare trust fund for the study. (Sec. 1221)
- **Demonstration to Promote Access for Medicare Beneficiaries with Limited English Proficiency by Providing Reimbursement for Culturally and Linguistically Appropriate Services.**  
Not later than 6 months after the Secretary completes the above study, CMS and the Center for Medicare and Medicaid Innovation shall carry out a demonstration project of no fewer than 24 3-year grants (of not more than \$500,000 over 3 years) to eligible Medicare service providers to improve effective communication between such providers and Medicare beneficiaries who are living in communities where racial and ethnic minorities are underserved. The Secretary shall take into consideration the results of the study in Section 1221 and adjust grant distribution to target beneficiaries with greatest need for language services. Sets rules for grantees. Provides that if the Secretary expands the demonstration, the results and the results of the study in Section 1221 shall be used to designate standards for training or accreditation for providers of interpretation, translation or language services in Medicare. Appropriates \$16 million per fiscal year from the hospital and SMI trust funds. (Sec. 1222)
- **IOM Report on impact of language access services.**  
Requires the Secretary to contract not later than 3 years after enactment with the Institute of Medicine to conduct a study that examines the impact on the quality of care, access to care, the reduction in medical errors and costs or savings associated with the provision of language access services to limited English proficient populations. (Sec. 1223)
- **Definitions.**  
Defines certain terms such as “Competent Interpreter Services”, “Language Services” and “Limited English Proficient” used in Subtitle B (Reducing Health Disparities). (Sec. 1224)

### **Policy: Quality Improvements**

- **Establishment of National Priorities by the Secretary.**  
Directs the Secretary to establish and periodically update, not less frequently than triennially, national priorities for performance improvement. In establishing and updating national priorities, directs the Secretary to solicit and consider recommendations from multiple stakeholders. With respect to such priorities, directs the Secretary to ensure that priority is given to areas in the delivery of health care services that contribute to a large burden of disease (including high-cost chronic diseases); have the greatest potential to decrease morbidity and mortality in this country, including those that are designed to eliminate harm to patients; have the greatest potential for improving the performance, affordability, and patient-centeredness of health care, including those

due to variations in care; address health disparities across groups and areas; and have the potential for rapid improvement due to existing evidence, standards of care or other reasons. To fund the national priorities, directs the Secretary to transfer \$2,000,000 (for each of the FYs from 2010 through 2014) from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund. (Sec. 1441)

- **Development of New Quality Measures.**

Directs the Secretary to enter into agreements with qualified entities (public, private, or academic institutions with technical expertise in the area of health quality measurement) to develop patient-centered and population-based quality measures for the delivery of health care services. Also directs the Secretary, consistent with the national priorities established above and with programs administered by CMS and in consultation with other relevant Federal agencies, to determine areas in which quality measures for assessing health care services in the United States are needed. Requires the Secretary to give priority to the development of quality measures that allow assessment of health outcomes, presence of impairment, functional status of patients, continuity and coordination of care, patient experience, patient engagement, safety, effectiveness, timeliness of care, health disparities including those associated with race, ethnicity, age, gender, place of residence or language, and efficiency and resource use in provision of care. Entities should consider developing quality measures that can be collected through the use of HIT supporting better delivery of health care services and are available free of charge to users. To fund the quality measurements, directs the Secretary to transfer \$25,000,000 (for each of the FYs from 2010 through 2014) from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund. Also instructs GAO to periodically evaluate the program to determine the effectiveness of the quality measures and the extent to which these measures can result in quality improvement and cost savings and report to Congress. (Sec. 1442)

## **Policy: Medicaid**

- **Assistant Secretary for Health Information.**

The Secretary shall appoint an Assistant Secretary for Health Information. The Assistant Secretary shall ensure the collection, collation, reporting, and publishing of information on key health indicators, facilitate and coordinate the collection, collation, reporting and publishing of information regarding the Nation's health, develop standards for the collection of data regarding the nation's health. The Assistant Secretary should ensure the data is appropriate specificity and standardization, include standards, as appropriate, for collection of accurate data on health disparities, ensure consistency with 1997 Office of Management and Budget Standards, and develop standards for collection with respect to primary language. (Sec. 1709)

- **Coordination.**

The Assistant Secretary shall coordinate with public and private entities that collect and disseminate information on health and healthcare and the head of the Office of the National Coordinator for Health Information Technology to ensure optimal use of HIT. The Assistant Secretary shall submit to the Secretary and Congress an annual report containing a description of national, regional, or State changes in health or healthcare, a description of gaps in the collection, collation, reporting, and publishing of information regarding the nation's health, recommendations for addressing the gap, and a description of analyses of health disparities, including results of completed analyses, the status of ongoing longitudinal studies, and proposed or planned research. (Sec. 1709)

### **Policy: Adapting Workforce to Evolving Health System Needs**

- **Coordination of Diverse and Cultural Competency Programs.**  
The Secretary shall award grants to facilitate the development of cultural competency programs. (Sec. 2243)

### **Policy: Workforce Issues**

- **Interdisciplinary Training Programs.**  
Creates grant programs for entities to address health disparities by promoting cultural and linguistic competency training for health professionals, including nurse professionals. (Sec. 2251)  
Creates a grant program for eligible entities to develop and operate training programs to promote delivery of care through interdisciplinary and team-based models and coordination of care within and across settings. (Sec. 2252)

### **Policy: Workforce Issues**

- **Federally Qualified Behavioral Health Centers.**  
Establishes criteria for certification of federally qualified behavioral health centers. Each center shall perform each of the following: provide services in locations that ensure availability and accessibility in a prompt manner which preserves dignity and assures continuity of care; provide services in a mode of services delivery appropriate for the target population; provide individuals with a choice of service options; employ a core staff of clinical staff that is multidisciplinary and culturally and linguistically competent; provide services, within limits of the center, to any individuals residing within the service area; and, maintain linkage with inpatient psychiatric facilities and substance abuse and detoxification centers. (Sec. 2513)

### **Policy: Prevention and Wellness**

- **Community Prevention and Wellness Services Grants.**  
Provides for community prevention and wellness services grants to assist state or local health departments or a public or private nonprofit entities in providing evidence-based community based prevention and wellness services. A "Health Empowerment Zone" community partnership addressing health disparities would also be eligible. At least 50% of these funds must be spent on implementing services whose primary purpose is to reduce health disparities. (Sec. 2301 adding PHSA Sec. 3151)

### **Policy: Programs – Other Grant Programs**

- **Reauthorization of Telehealth and Telemedicine Grant Programs.**  
Reauthorizes programs to support telehealth networks and telehealth resource centers. For telehealth networks, the Secretary shall give preference to entities that demonstrate broad geographic coverage and address health disparities. For telehealth resource centers, the Secretary shall give preference to entities that demonstrate a record of collaborating and sharing expertise with providers of telehealth services at the national, regional, state, and local levels. Provides incentive grants for state coordination. Appropriates \$10,000,000 for FY 2011 and such sums necessary for FYs 2012 through 2015. (Sec. 2523)

### **Policy: Programs – Other Grant Programs**

- **Grant to Promote Positive Health Behaviors and Outcomes.**  
The Secretary shall award grants to eligible entities to promote positive health behaviors for populations in medically underserved communities through the use of community health workers. The funds shall be used to support community health workers: to educate, guide and provide

outreach in a community setting regarding health problems prevalent in medically underserved communities, especially racial and ethnic minority populations; to educate, guide, and provide experiential learning opportunities that target behavioral risk factors; and, to educate and provide guidance regarding effective strategies to promote positive health behaviors within the family. Each application for grant shall contain an assurance that each community health worker program receiving funds under the grant will provide services in the cultural context most appropriate for the individual served by the program. In awarding grants, the Secretary shall give priority to applicants that: propose to target geographic areas: with a high percentage of residents who are eligible for health insurance but are uninsured or underinsured; with a high percentage of residents who suffer from chronic disease; have experience in providing health or health-related social services to individuals who are underserved with respect to such services; or, have documented community activity and experience with respect to such services. Community health worker means an individual who promotes health or nutrition within the community in which the individual resides: by serving as a liaison between communities and health care agencies; by providing guidance and social assistance to community residents; by enhancing community residents' ability to effectively communicate with healthcare providers; by providing culturally and linguistically appropriate health or nutrition education; by advocating for individual and community health, including oral and mental, or nutritional needs; and by providing referral and follow-up services or otherwise coordinating care. (Sec. 2530)

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