NHeLP
NATIONAL HEALTH LAW PROGRAM



# 5 Ways Health Reform Helps Address Disparities

1. **ALREADY IN PLACE: Prohibiting discrimination on the basis of race, color, national origin, gender, age, and disability**
   The ACA extended the nondiscrimination protections of Title VI, Title IX, Section 504 of the Rehabilitation Act and the Age Discrimination Act to all federal financial assistance (including credits, subsidies, and contracts of insurance), all programs administered by a federal agency, and any entity created under Title I of the ACA. The nondiscrimination protections also apply to the state Exchanges and the qualified health plans offering coverage.

2. **ALREADY IN PLACE: Requirements to collect demographic data**
   The ACA requires the collection of race, ethnicity, language, sex, and disability data in all HHS programs, activities and surveys, including capturing sufficient data to analyze by subgroups (such as breaking down "Asian" to subcategories including "Chinese", "Korean", etc.). In 2011, the Office of Minority Health released standards for collecting demographic data in national surveys, implementing these requirements. Further, all state Medicaid programs must utilize federal standards for collecting race and ethnicity data, and CHIP programs must begin collecting language data which federal regulations previously did not require.

3. **ALREADY IN PLACE: Language access requirements for limited English proficient (LEP) individuals**
   Over 25 million individuals – 9% of the population – speak English less than "very well" and likely need assistance in accessing healthcare. In addition to the nondiscrimination provision, the ACA explicitly requires culturally and linguistically appropriate services for providing notices of appeals, the Summary of Benefits and Coverage (SBC) and navigator programs. Additionally, qualified health plans participating in Exchanges must follow plain language requirements which include consideration of the needs of LEP consumers. Recent federal regulations set minimum thresholds for providing language services for notices and the SBC.

4. **ALREADY IN PLACE: Inclusion of the Office of Minority Health and Office of Women's Health in the HHS Office of the Secretary**
   Moving these offices within the HHS Secretary's Office raises the profile and focus on disparities and women's health at HHS, which will ensure greater agency-wide focus and coordination to address these issues. The ACA also created 6 new offices of minority health within HHS agencies and 3 offices of women's health.

5. **COMING SOON: Expansion of Medicaid**
   By expanding Medicaid coverage to an additional 17 million individuals, the ACA will significantly increase access to health care for people of color and underserved individuals. Of the total Medicaid enrollees in 2010, 29% were black, 27% were Hispanic and nearly 60% were women. Medicaid access will help address disparities experienced by these populations due to a lack of health care.

*Health reform has done so much already – let's finish the job!*

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**Here's how NHeLP is working to make health reform a reality:**

- ✓ NHeLP has written numerous comments on proposed federal regulations addressing the nondiscrimination provision, language access and health disparities. For example, see NHeLP's recent comments on Essential Health Benefits, Exchanges (establishment and eligibility), Medicaid eligibility, Basic Health Plans, and appeals. *http://www.healthlaw.org/index.php?option=com_content&view=article&id=501:health-reform-nhelp-comments&catid=51*
- ✓ NHeLP has released three papers focusing on disparities:
  - *Short Paper 5: The ACA and Language Access*
  - *Short Paper 6: The ACA and Application of § 1557 and Title VI of the Civil Rights Act of 1964 to the Health Insurance Exchanges*
  - *Short Paper 9: The ACA and Health Disparities*