The Affordable Care Act and Its Potential to Reduce Health Disparities

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The Affordable Care Act and Health Disparities
Aims of the Affordable Care Act

• Expand coverage
• Reduce health care costs
• Improve health care quality
• Improve population health
• Reduce health care fraud and abuse
Health Insurance Marketplace

• Place to purchase health insurance and determine eligibility for financial assistance
• One process to determine eligibility for
  – Qualified Health Plan through the Marketplace
  – New tax credits to lower premiums
  – Reduced cost sharing
  – Medicaid
  – Children’s Health Insurance Program (CHIP)
• Three types: Federally Facilitated Marketplace, State Based Marketplace, State Partnership Marketplace
## Essential Health Benefits Covered by Qualified Health Plans

<table>
<thead>
<tr>
<th>Essential Health Benefits</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>Ambulatory patient services</td>
<td>Laboratory services</td>
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<tr>
<td>Prescription drugs</td>
<td>Maternity and newborn care</td>
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<tr>
<td>Emergency services</td>
<td>Preventive and wellness services and chronic disease management</td>
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<tr>
<td>Rehabilitative and habilitative services and devices</td>
<td>Mental health and substance use disorder services, including behavioral health treatment</td>
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<tr>
<td>Hospitalization</td>
<td>Pediatric services, including oral and vision care</td>
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Improving Health Care Quality

• National Quality Strategy
• Increased reliance on value-based purchasing
• Expansion of meaningful use of electronic health records
• Better care coordination
• Development of quality measures for Medicaid and Medicare
• Measuring quality in the Marketplace
Supporting Health Care Innovation

• Center for Medicare & Medicaid Innovation (CMMI)
• Section 3021. Develop and test models that reduce overall health care costs and/or improve health care quality
• Some of the existing demonstrations
  – Strong Start - ACOs
  – Nurse Managed Care - Community Care Transitions
  – Health Care Innovation - FQHC Advanced Primary Care
Improving Population Health

• Quality of Care Improvements
• Employee Wellness Benefits
• Preventive Services for Medicare Beneficiaries
• Preventive Services for Women
• Dental Sealant Program for Children
• Community Transformation Grants
Strengthening the Health Care Workforce
Expanding the Workforce Through Training

• Increase Primary Care Workforce
  – Grants to institutions to train physicians in family medicine, general internal medicine, and general pediatrics, as well as train physician assistants

• Increases funding for training in mental and behavioral health

• Removes cap on Commissioned Corps and National Health Service Corps
Increased Reliance on Nurses

- Provides $50 million to establish a grant program for clinics run by APNs to provide primary care and wellness care to underserved populations
- Improves access to nurse-midwife services
- Establishment of Community Health Teams
- Independence at home demonstration program
- Nursing student and faculty loan program, retention grants and demonstration project for education of APNs
Disparities Specific Provisions of the ACA
Distribution of Uninsured by Race/Ethnicity, 2010-2011

- White, Non-Hispanic: 44%
- Hispanic: 32%
- Black: 16%
- American Indian/Alaska Native: 2%
- Asian: 6%
- NHPI: 0.4%

Total Uninsured = 49.3 million

Changes in Quality of Care Disparities Over Time: Summary by Race/Ethnicity, 2011

NOTES: “Improving” means disparity is becoming smaller over time; “worsening” means disparity becoming larger over time. Data on all measures are not available for all groups. Totals may not add to 100% due to rounding. Time period differs by measure and includes oldest and newest years of available data.

Recent Health Care Innovation Awards
Addressing Disparities

• **Delta Dental Plan of South Dakota** – Oral health improvements

• **Joslin Diabetes Center, Inc.** – Will expand its “On the Road” program

• **Duke University** – From Clinic to Community: Achieving health equity in the southeastern United States (aims to reduce death and disability from Type 2 diabetes)

• **Ravenswood Family Health Center** – To create a disparities collaborative and train care managers to address chronic disease rates in San Mateo
New Data Collection Standards

• Required by Section 4302 or the Affordable Care Act for the following:
  - Race
  - Ethnicity
  - Primary Language
  - Sex
  - Disability

• Secretary has the authority to add other categories (e.g. socioeconomic status and sexual orientation)
Receipt of All Annually Recommended Services for Adults with Diabetes by Race/Ethnicity, 2008

- **White, Non-Hispanic**: 23%
- **Hispanic**: 19%
- **Black, Non-Hispanic**: 17%
- **Asian**: ?
- **Native Hawaiian and Other Pacific Islander**: ?

NOTE: Recommended services include a dilated eye exam, a foot exam, hemoglobin A1C check and receipt of the flu shot.

The Indian Health Care Improvement Act

• Provides authorization for hospice, assisted living, long-term, and home- and community-based care.

• Makes it easier for tribal-run facilities to recover costs from third parties

• Establishes a Community Health Representative program for urban Indian organizations to train and employ Indians to provide health care services.

• Directs the IHS to establish comprehensive behavioral health, prevention, and treatment programs for Indians
Sec. 10334 of the ACA and the HHS Offices of Minority Health
HHS Action Plan to Reduce Racial and Ethnic Health Disparities

• **Goal 1:** Transform Health Care

• **Goal 2:** Strengthen HHS Workforce and Infrastructure

• **Goal 3:** Advance the Health, Safety, and Well-Being of the American People

• **Goal 4:** Advance Scientific Knowledge and Innovation

• **Goal 5:** Increase Efficiency, Transparency, and Accountability of HHS Programs
Implementing the ACA
ACA Benefits Already in Place

- Ban on lifetime limits
- No denial of coverage for children with pre-existing conditions
- Children can stay on their parents’ coverage until they turn 26 years
- Pre-existing conditions program for adults
- Prevention and wellness benefits for seniors at no cost
- Help for seniors who reach the donut hole
- Preventive services for women
Improving Access to Preventive Services for Seniors

- 2011 – Coverage of many preventive services with no cost sharing began
  - Bone mass measurement
  - Cervical cancer screening, including Pap smear tests and pelvic exams
  - Cholesterol and other cardiovascular screenings
  - Colorectal cancer screening (except for barium enemas)
  - Diabetes screening
  - Flu shot, pneumonia shot, and the hepatitis B shot
  - HIV screening for people at increased risk or who ask for the test
  - Mammograms
  - Medical nutrition therapy to help people manage diabetes or kidney disease
  - Prostate cancer screening (except digital rectal examinations)
Improving Access to Preventive Services for Women

• Covered services
  – Well-woman visits
  – Domestic violence screening
  – Gestational diabetes screening
  – Breastfeeding support, supplies, and counseling
  – STI counseling
  – HIV screening and counseling
  – Contraception and contraceptive counseling
  – HPV DNA testing
More Benefits to Come

- Marketplace Key Dates
  - October 1, 2013
  - January 1, 2014

- Application Assistance
  - Navigators
  - In-Person Assistance Personnel
  - Certified Application Counselors
  - Agents and Brokers
Where You Live Matters!
Nonelderly Persons of Color, by State, 2010

U.S. Minority Population = 37% (99 million)

Nonelderly Uninsured, by State, 2010

U.S. Uninsured Population = 19% (50 million)

What Can You Do?
Get Engaged and Stay Informed!


partnership@cms.hhs.gov

For Region 1 Office information, email: robosora@cms.hhs.gov
If Possible, Get in the Weeds

www.federalregister.gov
Conclusions

• Communities of color have much to gain from the Affordable Care Act.

• Getting America covered begins now, and it all begins with you.

• “A journey of a thousand miles begins with a single step.” (Lao-tzu, 604 BC - 531 BC)
Thank you!