



Health Reform: What's In and What's Out re: CLAS, Immigrants and Health Disparities

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“Securing Health Rights for Those in Need”

NHeLP

- National non-profit law firm committed to improving healthcare access and quality for low-income individuals
- Coordinates the National Language Access Advocacy Project, funded by The California Endowment
 - Includes a national coalition of stakeholders on language access working to improve policies and resources at the federal level

National Working Group on Health Disparities & Health Reform

- NHeLP participates along with over 200 other organizations, coalitions, and groups
- To ensure health disparities are addressed in health reform
- www.healthlaw.org – click on icon for Working Group
 - Clearinghouse of principles, position papers, issue briefs and other materials of the Working Group

Health Reform – The Process

- Work finished in 5 committees of jurisdiction
- Senate and House will debate on the floor
 - Likely a multi-week process
 - Senate may want to get to 60 votes to cut off debate or could use reconciliation and only need 50 votes
- Conference Committee
 - Works out the differences b/t House & Senate
 - Historical deference to Senate (particularly if bi-partisan vote)

The State of Affairs

- Information is current as of today
- All is subject to change as the Senate and House debate their bills on the floor and then go through Conference Committee

Overview – The Frame

- Medicaid, CHIP & Medicare
- The Exchange & Public Option
- Prevention & Wellness
- Workforce

Overview – The Issues

- CLAS
- Data Collection
- Immigrants

Prevention & Wellness – The Senate

- Senate HELP – number of references to C&L and R&E subpopulations
 - Pain care
 - Oral Health
 - Community Transformation grants

Prevention & Wellness – The House

- Ctr. For Quality Improvement, dissemination of best practices must be done in appropriate formats/languages
- Health IT data standards for race, ethnicity, primary language, sex, sexual orientation, gender identity, disability, socioeconomic status, rural, urban, or other geographic setting

Workforce

- Senate HELP – number of references to C&L and R&E subpopulations regarding training grants for healthcare providers (primary care, dentistry, BH & MH, CHW)
- House –
 - Cultural and Linguistic Competency Training for healthcare professionals
 - Pipeline to nursing grants can include ESL classes

Nondiscrimination

- House – includes broad nondiscrimination provision to ensure public health and healthcare and related services are provided without regard to factors that do not relate to the provision of high quality healthcare

Office of Minority Health

- Reauthorization is overdue
 - Last reauthorization in 2002/2003
- Not currently included in any bill
 - Senator Cardin plans to introduce an amendment

Language Access – The Asks

- Extend “enhanced” match from CHIP and Medicaid kids to all of Medicaid
- Initiate reimbursement for language services in Medicare
- Require culturally and linguistically appropriate services for insurance plans participating in the Exchange

Language Access – The Senate

- Senate Finance Committee – nothing on Medicare, Medicaid, plans
- Senate HELP
 - No jurisdiction over Medicare/Medicaid/CHIP
 - Inc. req. to provide CLAS in plans, “Gateway” outreach and navigators

Language Access – The House

- Medicare study/demo on language access
- Medicaid – extends enhanced match to all of Medicaid
- CLAS required in plans participating in the Exchange
- Grants for reducing hospital readmissions – can use \$ to pay for language services

Language Access – The House

- Exchange
 - Requires C&L appropriate communication and services
 - Requires plans to use “plain language” which includes consideration of LEP
 - Requires “plain language” and C&L appropriate for outreach/enrollment

Data Collection – The Asks

- Require all HHS programs/activities/surveys to collect r/e/l and by sufficient subpopulations for disaggregation
- Require collection of r/e/l in Medicare
- Require Medicaid to use OMB Standards
- Require CHIP to collect language data

Data Collection – Senate

- HELP – includes broad data collection provision for all HHS programs/activities/surveys
 - Race, ethnicity, gender, geographic location, socioeconomic status (including education, employment or income), primary language, and, disability and by racial and ethnic subgroups
- Finance
 - Options Paper had addressed our “asks”
 - Committee bill does not

Data Collection – House

- Creates Asst Sec for Health IT
- Develop standards which should include, as appropriate, for the collection of accurate data on health and health care by ***race, ethnicity, primary language, sex, sexual orientation, gender identity, disability, socioeconomic status, rural, urban, or other geographic setting***, and any other population or subpopulation determined appropriate by the Secretary