

Health Disparities in H.R. 3590 (Merged Senate Bill)

Definitions:

“Health disparity population” is defined in the bill as defined in Section 485E (Sec. 931)

Current Law:

“a population is a health disparity population if, as determined by the Director of the Center after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population, in addition to the meaning so given, the Director may determine that such term includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of health care services or access to or satisfaction with such services as compared to the general population.” (PHSA Sec. 485E)

“Cultural Competency” shall be defined by the Secretary in a manner consistent with section 1707(d)(3). (Sec. 5001)

Current Law:

“The Secretary shall ensure that information and services provided pursuant to subsection (b) are provided in the language, educational, and cultural context that is most appropriate for the individuals for whom the information and services are intended.”(PHSA Sec. 1707(d)(3))

Policy: Consumer Choice and Insurance Competition through Health Benefit Exchanges

- **Affordable Choices of Health Benefit Plans.**

An entity that serves as a navigator under a grant for the establishment of an exchange shall: conduct public education activities to raise awareness of the availability of qualified health plans; distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits; facilitate enrollment in qualified health plans; provide referrals to any applicable office of health insurance consumer assistance or ombudsman; and, provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges. (Sec. 1311)

Policy: Individual and Group Market Reforms

- **Development and Utilization of Uniform Explanation of Coverage Documents and Standardized Definition.**

The Secretary shall develop standards for use by the group health plan and a health insurance offering group or individual health insurance coverage, in compiling and providing a summary of benefits and coverage. This explanation shall accurately describe the benefits and coverage under the applicable plan or coverage. In developing such standards the Secretary shall provide for the following: the standards shall ensure that the summary is presented in a uniform; the summary is presented in a culturally and linguistically appropriate manner and utilizes terminology understandable by the average plan enrollee; the summary includes uniform definitions to enable the consumer to compare health insurance coverage; and a contact number for the consumer to call with any further questions. (Sec. 2715)

Policy: Individual and Group Market Reforms

- **Appeals Process.**

Requires a group health plan and a health insurance issuer offering group or individual health insurance coverage shall implement an effective appeals process for appeals of coverage determinations and claims. The process at a minimum shall: have an internal claims appeal process; provide notice to enrollees, in a culturally and linguistically appropriate manner, of available internal and external appeals processes, and the existence of an ombudsman to assist with the appeals process; and, allow an enrollee to review their file, present evidence or testimony and receive continued coverage pending the outcome of the appeal. (Sec.2719)

Policy: Maternal and Child Health Services

- **Maternal, Infant and Early Childhood Home Visiting Programs.**

The purpose is to strengthen and improves maternal, infant and early childhood home visiting programs, improve coordination of services, and provide comprehensive services to improve outcomes for families who reside in at risk communities. As a condition for receiving funding, each state shall conduct an assessment that identifies: communities with concentrations of premature birth, low-birth weight infants, and infant mortality, poverty, crime, domestic violence, high rates of high-school dropouts, substance abuse, unemployment, or child maltreatment; the quality and of existing childhood home visitation programs in the state, and the extent that these programs meet the needs of eligible families; and the states capacity to provide substance abuse treatment and counseling to individuals or families in need. The secretary shall award grants to entities to enable the entities to deliver services under early childhood visitation programs. Recipients of these grants must be able to demonstrate improvement in the follow areas: improved maternal and newborn health, prevention of child injuries, abuse and neglect, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in coordination and referrals for other community resources and support. The bill grants authority to the Secretary to conduct an evaluation of the programs which shall include: an assessment of early childhood home visitation programs on child and parent outcomes, and the effectiveness of such programs on different populations, and to analyze the potential for the programs to improve healthcare practices, eliminate health disparities, and improve healthcare system qualities, efficiencies, and reduce costs. (Sec. 2951)

Policy: Maternal and Child Health Services

- **Personal Responsibility Education.**

Personal Responsibility Education programs shall be designed in order to educate adolescents on abstinence and contraception for the prevention of pregnancy and sexually transmitted infections. The programs shall be required to: replicate evidence-based effective programs; be medically-accurate and complete; include activities to educate youths who are sexually active regarding responsibility; place substantial emphasis on both abstinence and the use of contraception; provide age-appropriate information and activities; and, ensure the information and activities carried out under the program are provided in the cultural context that is most appropriate for individuals in the population group they are directed. The Secretary shall award grants to entities implementing innovative strategies and target services to high-risk, vulnerable, and culturally under-represented youth populations. (Sec. 2953)

Policy: Healthcare Quality Programs

- **National Strategy for Quality Improvement in Healthcare.**

Establishes a national strategy, through a transparent collaborative process, to improve delivery of healthcare services, patient health outcomes, and population health. The Secretary shall ensure that priorities will: have the greatest potential for improving the health outcomes, efficiency, and patient-centeredness of healthcare for all populations; identify areas in the delivery of healthcare services that have potential for rapid improvement in the quality and efficiency of patient care; address gaps in quality, efficiency, comparative effectiveness information, and health outcome measures and data aggregation techniques; improve Federal payment policy to emphasize quality and efficiency; enhance the use of healthcare data; address the healthcare provided to patients with high-cost chronic diseases; improve research and dissemination of strategies and best practices to improve patient safety and reduce medical errors, preventable admissions and readmissions, and healthcare associated infections; and, reduce health disparities across health disparity populations and geographic areas. (Sec.3011)

Policy: Healthcare Quality Improvement

- **Quality Measure Development.**

The Secretary, in consultation with the Director of the Agency for Healthcare Research and Quality and the Administrators of CMS, shall identify gaps where no quality measures exist and existing measures that need improvement, updating or expansion. The Secretary shall award grants, contracts, or intergovernmental agreements to develop, improve, update, or expand quality measures. Priority for the grants shall be given to the development of quality measures that allow the assessment of: health outcomes and functional status of patients; the management and coordination of care across episode of care; the use of shared decision-making tools; the meaningful use of health information technology; the safety, effectiveness, patient-centeredness, appropriateness, and timeliness of care; the efficiency of care; the equity of health services and health disparities across health disparity populations and geographic areas; patient experience and satisfaction; and, the use of innovative strategies and methodologies identified under section 933. (Sec. 3013)

Policy: Provisions Relating to Medicare Part C

- **Medicare Advantage Payment.**

Provides for bonus payments of 0.5 percent of national per capita cost for expenditures for individuals enrolled under the original Medicare fee-for-services program based on care coordination and management performance beginning in 2014. The programs available for the bonus payments are: care management programs, patient education and self-management of health conditions programs, transitional care interventions, patient safety programs, programs that promote systematic coordination of care by primary care physicians, programs that address, identify, and ameliorate health care disparities among principal at-risk subpopulations, medication therapy management programs, and health information technology programs. (Sec. 3201)

Policy: Healthcare Quality Improvement Programs

- **Quality Improvement Technical Assistance and Implementation.**

The Director, through the Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality shall award technical assistance grants or contracts to eligible entities, including providers of services and suppliers for which there are disparities in care among subgroups of patients, to provide technical support to institutions that deliver health care so that such institutions understand, adapt and implement the models and practices identified by the Center, including the Quality Improvement Networks Research Program. (Sec. 3501)

Policy: Healthcare Quality Improvement Programs

- **Establishing Community Health Teams to Support the Patient-Centered Medical Home.**
Establishes Health Teams pursuant to a grant or contract. These Health Teams shall: establish contractual agreements with primary care providers to provide support services; support patient-centered medical homes; collaborate with local primary care providers to coordinate disease prevention, chronic disease management and case management; collaborate with local health providers to develop and implement interdisciplinary care plans that integrate clinical and community preventative health promotion services; incorporate health care all stakeholders in program design and oversight; and, provide support for local primary care givers to provide quality-driven, cost-effective, culturally appropriate, and patient- and family- centered health care. (Sec. 3502)

Policy: Prevention of Chronic Disease and Improving Public Health

- **Community Preventive Services Task Force.**
Establishes an independent Community Preventive Services Task Force. The Task Force shall review scientific evidence related to effectiveness, appropriateness, and cost-effectiveness of community prevention interventions in order to develop recommendations to be published in the Guide to Community Preventive Services. The Task Force shall develop additional topic areas for new recommendations and interventions related to those topic areas. These topic areas shall include those related to specific age groups, as well as the social, economic, and physical environment that can have broad effects on the health and disease of population and health disparities among sub-populations and age groups. (Sec. 4003)

Policy: Oral Healthcare Prevention Activities

- **Oral Healthcare Prevention Education Campaign.**
Establishes an Oral Healthcare Prevention Education Campaign. In establishing the campaign the Secretary shall ensure that activities are targeted towards specific populations such as children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minorities, including Indians, Alaska Natives and Native Hawaiians in a culturally and linguistically appropriate manner. (Sec. 4102)

Policy: Creating Healthier Communities

- **Community Transformation Grants.**
The Secretary shall award grants to State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming. The grants shall be used to develop a Community Transformation Plan that includes the policy, environmental, programmatic, and infrastructure changes needed to promote healthy living and reduce disparities. Activities within the plan may focus on (but not limited to): creating healthier school environments, creating infrastructure to support active living, develop programs to target a variety of age levels, worksite wellness programs and incentives, highlighting healthy options at food venues, prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health, and addressing special populations needs. (Sec. 4201)

Policy: Support for Prevention and Public Health Innovation

- **Understanding Health Disparities: Data Collection and Analysis.**
Amends the Public Health Service Act by adding “Title XXXI – Data Collection, Analysis, and Quality.” Title XXXI states the Secretary shall ensure any federally conducted or supported healthcare program, activity, or survey collects and reports: data on race, ethnicity, sex, primary language, and disability status; data on the smallest geographic level if it can be aggregated; and, sufficient data to generate estimates by the metrics listed above. The Secretary shall make the analyses available to the Office of Minority Health, the National Center on Minority Health and Health Disparities, AHRQ, CMS, CDC, the Indian Health Services, Office of Rural Health, and other agencies with HHS. The Title also addresses health care disparities in Medicaid and CHIP by standardizing collection requirements. The Secretary shall evaluate approaches for the data collection to ensure it allows for the ongoing, accurate, and timely collection and evaluation of data on disparities in health care services and performance. (Sec. 4302)

Policy: Strengthening Public Health Surveillance Systems

- **Advancing Research and Treatment for Pain Care Management.**
The Secretary may award grants for the development and implementation of programs to provide education and training to healthcare professionals in pain care. The programs must include information and education on: recognized means for assessing, diagnosing, treating, and managing pain; applicable laws, regulations, rules, and policies on controlled substances; interdisciplinary approaches to the delivery of pain care; cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and, recent findings and developments. (Sec. 4305)

Policy: Revenue Offsets Provision

- **Additional Requirements for Non-Profit Tax-Exempt Hospitals.**
Requires hospitals who wish to qualify as non-profit tax-exempt to create a community health needs assessment once every three years. The bill prevents hospitals from using extraordinary collection practices to pursue bad debt. Also requires hospitals to offer an assistance policy and to limit charges on people who qualify for financial assistance. (Sec. 4959)

Policy: Enhancing Healthcare Workforce Education and Training

- **Healthcare Workforce Loan Repayment Programs – Pediatric Workforce.**
Priority of entering into contracts shall be granted to applicants who: are or will be working in a school; have familiarity with evidence-based methods and cultural and linguistic competence health care services; and demonstrate financial need. (Sec. 5203)

Policy: Enhancing Healthcare Workforce Education and Training

- **Primary Care Training and Enhancement.**
The Secretary shall make grants available to accredited entities to train primary care providers. Priority shall be granted to applicants that: proposes a collaborative approach between academic administrative units of primary care; proposes innovative approaches to clinical teaching using models of primary care; have a record of training the greatest percentage of providers; provide training in the care of vulnerable populations, such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance related disorder, individuals with HIV/AIDS, and individuals with disabilities; or provide training in cultural competency and health literacy. (Sec. 5301)

Policy: Enhancing Healthcare Workforce Education and Training

- **Training in General, Pediatric, and Public Health Dentistry.**

The Secretary shall make grants available to eligible entities. Priority in awarding grants shall be made for the following: applicants that propose collaborative projects between departments of primary care medicine and department of general, pediatric and public health dentistry; have a record of training the greatest percentage of providers; provide training in the care of vulnerable populations, such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance related disorder, individuals with HIV/AIDS, and individuals with disabilities; have a record of training individuals who are from a rural or disadvantaged background, or from unrepresented minorities; provide training in cultural competency and health literacy; or applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings. (Sec. 5303)

Policy: Enhancing Healthcare Workforce Education and Training

- **Cultural Competency, Prevention, and Public Health and Individuals with Disability Training.**

Alters Title VII – Section 741 of the Public Health Service Act by inserting the goals of dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training. The bill creates grants for programs that aim to meet the goals mentioned above. (Sec. 5307)

Policy: Enhancing Healthcare Workforce Education and Training

- **Grants to Promote the Community Health Workforce.**

Defines Community Health Worker as an individual who promotes health or nutrition within the community in which the individual resides: by serving as a liaison between communities and healthcare agencies; by providing guidance and social assistance to community residents; by enhancing community residents' ability to communicate with providers; by providing culturally and linguistically appropriate health or nutrition education; by advocating for individual and community health; and by providing referral and follow-up services or otherwise coordinating care. (Sec. 5313)

Policy: Supporting the Existing Healthcare Workforce

- **Primary Care Extension Program.**

Establishes a Primary Care Extension Agencies to support and assist primary care providers (PCP). These agencies may: provide technical assistance, training and organizational support for community health teams; collect data and provision of PCP feedback from standardized measurements of processes and outcomes; collaborate with local health departments in community-based efforts to address the social and primary determinants of health, strengthen the local primary care workforce, and eliminate health disparities; and develop measures to monitor the impact of the proposed program on the health of enrollees. Defines a Health Extension Agent as any local, community-based health worker who facilitates and provides assistance to primary care practices by implementing quality improvement or system redesign, incorporates the principles of the patient-centered medical home to provide high-quality, effective, efficient, and safe primary care and to provide guidance to patients in culturally and linguistically appropriate ways, and linking practices to diverse health system resources. (Sec. 5405)

Policy: Strengthening Primary Care and Other Workforce Improvements

- **Demonstration Projects to Address Health Professions Workforce Needs.**

The Secretary shall award grants to States to conduct demonstration projects for purposes of developing core training competencies and certification programs for personal or home care aides. The core competencies of such demonstrations shall include: the role of personal or home care aide; consumer rights, ethics, and confidentiality; communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills; personal care skills; health care support; nutritional support; infection control; safety and emergency training; and self-care. (Sec. 5507)

Policy: Patient-Centered Outcomes Research

- **Patient-Centered Outcomes Research Institute**

Establishes the Patient-Centered Outcomes Research Institute as a non-profit corporation. The Institute is funded through the Patient-Centered Outcomes Research Trust Fund (PCORTF), and is available without further appropriations. The Institute is intended to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing quality and relevance of evidence concerning matters of disease, disorders and other health conditions, and if they can be appropriately and effectively be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis. The Institute is required to identify research priorities by taking into account factors of disease incidence, prevalence, and burden in the United States, gaps in evidence in terms of clinical outcomes, practice variations and health disparities in terms of delivery and outcomes of care, and the potential for new evidence to improve patient health and well-being. Not less frequently than every five years, the Institute shall audit the overall effectiveness of the Institutes work. This audit shall include an analysis of the extent to which research findings are used by healthcare decision-maker, the effect of the dissemination of such findings on reducing practice variation and disparities in health care, and the effect of research conducted and disseminated on innovation and the healthcare economy. (Sec. 6301)

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