



Health Reform for African Americans

Lower Costs

✓ **Insurance Industry Reforms that Save Money**

- Prohibits lifetime limits on how much insurance companies cover if beneficiaries get sick, bans insurance companies from dropping people from coverage when they get sick, and regulates the use of annual limits to ensure access to necessary care until 2014, when annual limits are prohibited.
- In 2014, caps what insurance companies can require families to pay in out-of-pocket expenses, such as co-pays and deductibles, for all new plans and all plans purchased through a health insurance Exchange.

✓ **Financial Relief for African American Families**

- Provides a \$250 rebate to Medicare beneficiaries who do not receive Medicare Extra Help and hit the donut hole in 2010. Provides a 50 percent discount on brand name drugs purchased in the donut hole by the same beneficiaries starting in 2011. Completely fills the donut hole by 2020.
- Cracks down on excessive insurance overhead starting in 2011 by applying standards to how much insurance companies can spend on non-medical costs, such as bureaucracy and advertising, and provides consumers a rebate if non-medical costs are too high.
- Provides sliding scale tax credits, starting in 2014, for those who cannot afford quality health insurance.

Greater Choices

✓ **Eliminating Insurance Company Discrimination**

- Provides people who have health problems, but who lack access to health insurance, access to a plan that protects them from medical bankruptcy, within 90 days of enactment. This high risk pool is a stop-gap measure that will serve as a bridge to a reformed health insurance marketplace.
- Prohibits insurance companies from denying coverage or charging more based on a person's medical history, including genetic information, and limits premium variation due to age, beginning in 2014.

✓ **More Affordable Choices and Competition**

- Creates state-based health insurance Exchanges in 2014 to provide a variety of choices, including private options, co-ops, and multi-state plans, to foster competition and increase choice.
- Expands Medicaid coverage to all individuals with incomes under 133 percent of the federal poverty level (\$29,300 for a family of four this year), and gives states flexibility to establish basic health programs for low-income individuals who are not eligible for Medicaid.

✓ **Greater Support for African American Small Businesses**

- Provides tax credits, starting this year, to help small businesses with the costs of providing health insurance to their employees. Credits are available on a sliding scale, with the full credit of 35 percent of the cost of coverage during 2010 – 2013, and 50 percent of the cost of coverage in 2014 and after, going to businesses with 10 or fewer employees and average annual wages of up to \$25,000, while firms with up to 25 employees and average annual wages of up to \$50,000 will also be eligible for a credit.

✓ **One-Stop Shopping**

- Provides standardized, easy-to-understand information on health insurance plans available through the Exchanges so Americans can easily compare prices, benefits, and performance of health plans to choose the quality, affordable option that is right for them. Those who purchase health insurance on their own and small businesses will be able to purchase health insurance through the Exchange, when they open in 2014.

✓ **Insurance Security**

- Ensures that families always have guaranteed choices of quality, affordable health insurance if they lose their jobs, switch jobs, move, or become sick and provides premium tax credits to those who can't afford insurance, which will significantly reduce disparities in accessing high-quality health care. Last year, 19 percent of African Americans were uninsured, compared with 10.8 percent of non-Hispanic whites, meaning African Americans are nearly twice as likely to be uninsured. [[U.S. Census 2009](#)]

Strong Focus on Minority Health

✓ **National Institute of Minority Health**

- Elevates the National Center on Minority Health and Health Disparities at the National Institutes of Health from a Center to a full Institute, reflecting an enhanced focus on minority health.

✓ **Office of Minority Health**

- Elevates the Office of Minority Health within the Department of Health and Human Services (HHS) to the Office of the Secretary and codifies into law a network of minority health offices within HHS, to monitor health, health care trends, and quality of care among minority patients and evaluate the success of minority health programs and initiatives.

Quality, Affordable Health Care

✓ **Preventive Care for Better Health**

- Ensures that all Americans have access to free preventive services through new health insurance plans to prevent illness and disease before they require more costly treatment. This is of particular benefit to African Americans, who are often less likely to receive preventive care. For example, African American seniors are 30 percent less likely to have received a flu shot in the past year than non-Hispanic whites of the same age, and are 40 percent less likely to have ever received the pneumonia shot. [HHS, [10/21/09](#)] African Americans suffer higher mortality rates from these two diseases than do non-Hispanic whites. [HHS, [10/21/09](#)]

✓ **Controlling Chronic Disease**

- Invests in care innovations such as community health teams to improve the management of chronic disease, which is of particular importance to African Americans, who have a higher mortality rate than whites from heart diseases, asthma, influenza, pneumonia, and diabetes. [HHS, [10/21/09](#)]

✓ **Promoting Primary Care**

- Invests in the primary care workforce to ensure that all Americans have access to a primary care doctor so they stay healthier, longer. Strengthens the system of safety-net hospitals and community health centers to ensure high-quality, accessible care. Nearly 20 percent of Black or African American adults under age 65 lack a usual source of health care, compared to approximately 15 percent of non-Hispanic white adults. [CDC, [2009](#)]

✓ **Fighting Health Disparities**

- Expands initiatives to increase the racial and ethnic diversity of health care professionals and strengthen cultural competency training among health care providers, including increased support for health profession students enrolled in historically black colleges and universities.
- Moves toward elimination of disparities that minorities currently face both in their health and in their health care by investing in data collection and research about health disparities, with a particular focus on identifying differences among racial and ethnic groups by country of origin and ethnicity. Health disparities between African Americans and other racial groups are apparent in life expectancy, infant mortality, and other health measures, and may be exacerbated by discrimination, cultural barriers, and lack of access to health care. [CDC, accessed [6/16/10](#)]