



## Health Reform for Latinos

### Lower Costs for Latino Families

- ✓ **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**
  - Requires premium rate reviews to track any arbitrary premium increases, cracks down on excessive insurance overhead by applying standards on 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.
- ✓ **Lower Prescription Drug Costs for Seniors**
  - Provides a \$250 rebate check to Medicare beneficiaries who don't receive Medicare Extra Help and who hit the donut hole in their prescription drug coverage in 2010, provides a 50 percent discount on brand name drugs purchased in the donut hole by the same beneficiaries in 2011, and fills in the donut hole completely by 2020.
- ✓ **Tax Credits to Lower the Cost of Coverage**
  - Starting in 2014, provides sliding scale tax credits to reduce premiums and cost-sharing payments for those who cannot afford quality health insurance. Legal immigrants with low incomes who are ineligible for Medicaid due to the five-year waiting period are eligible for these tax credits. For families with mixed immigration status, the law specifies a formula, similar to that used by Medicaid, to treat family income and size in order to determine the amount of the tax credit.

### Greater Choices

- ✓ **Eliminating Insurance Company Discrimination**
  - Prohibits insurance companies from denying coverage or charging more based on a person's medical history, including genetic information.
  - 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.
- ✓ **More Affordable Choices and Competition**
  - Creates state-based health insurance Exchanges 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, including legal immigrants, who are not eligible for Medicaid.
- ✓ **Greater Support for Latino Small Businesses**
  - Provides tax credits, starting in 2010, 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 for 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 different 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 insurance on their own and small businesses will be able to purchase health insurance through an 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. The White House estimates that approximately 9 million Latinos will be eligible for coverage under the new law. [The White House, [undated](#)]
- Latinos have among the highest rate of uninsurance of all racial and ethnic groups in the United States. Last year, 14.6 million Latinos were uninsured, making up nearly one-third of the nation's 46 million uninsured. [[U.S. Census 2009](#)] This uninsured rate varies among Latino subgroups, at 37.6 percent for Mexican-Americans, 20.4 percent for Puerto Ricans, 22.8 percent for Cubans, and 32.3 percent for other Latino groups. [HHS, [10/21/09](#)]

**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 to evaluate the success of minority health programs and initiatives.

**Quality, Affordable Health Care for Latinos**

○ **Preventive Care for Better Health**

- Ensures that Latinos have access to free preventive services through all new health insurance plans to prevent illness and disease before they require more costly treatment. This year, requires new plans to cover prevention and wellness benefits and exempts these benefits from deductibles and other cost-sharing requirements. Eliminates co-payments for preventive services and exempts preventive services from deductibles under the Medicare program beginning in 2011. This is of particular benefit to Latinos who struggle with access to preventive care. For example, Latino adults are 30 percent less likely than non-Latino adults to have ever received the pneumococcal vaccine and are 20 percent less likely to have received the flu shot within the past 12 months. [HHS, [4/20/10](#)]

✓ **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 Latinos, for whom heart disease and diabetes are leading causes of illness and death, and who are significantly affected by asthma, chronic obstructive pulmonary disease, and other chronic conditions. [HHS, [10/21/09](#)] For example, Mexican-Americans are almost twice as likely as non-Hispanic whites to be diagnosed with diabetes, and are 50 percent more likely to die from this disease. [HHS, [12/7/09](#)]

✓ **Promoting Primary Care**

- Invests in the primary care workforce to ensure that Latinos have access to a primary care doctor so they stay healthier longer, and strengthens the system of safety-net hospitals and community health centers to ensure high-quality, accessible care. These measures will help the more than eleven percent of Latino children who lack a usual source of health care, compared with less than six percent of all children. [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.
- Moves toward elimination of disparities that Latinos 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 Latinos by country of origin and ethnicity. Latinos are more likely

than non-Hispanic whites to struggle with language or cultural barriers in accessing health care, lack of access to preventive care and lack of health insurance. Leading causes of illness and death among Latinos includes heart disease, cancer, unintentional injuries, stroke and diabetes, and Latinos are also significantly affected by asthma, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide and liver disease. [HHS, [10/21/09](#)] Data by country of origin and ethnicity will help to discern differences among the diverse populations that are typically aggregated into a single group.

### **Support for Puerto Rico and other Territories**

#### **✓ Affordable, Accessible Health Care**

- Includes \$6.3 billion in new Medicaid funding for U.S. Territories, including Puerto Rico. In addition, Puerto Rico and other Territories may establish an Exchange and receive \$1 billion for to make coverage more affordable for qualifying individuals and families who participate in the Exchange.