



UNITED STATES SENATOR HARRY REID OF NEVADA

HEALTH REFORM FOR NEVADA'S LATINOS

Latinos have unique health care needs and challenges, which vary among subgroups, making generalizations about this population difficult and demonstrating the need for health disparities data collection by country of origin and ethnicity. 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] Nearly one-third of Latinos lack health insurance, compared to 10.8% of non-Hispanic Whites. [U.S. Census 2009] *More than 34% of Nevada Latinos are uninsured, making up more than 42% of the state's uninsured population.* [Kaiser Family Foundation, accessed 6/30/10] Nationally, this uninsured rate varies among Latino subgroups, at 37.6% for Mexican-Americans, 20.4% for Puerto Ricans, 22.8% for Cubans, and 32.3% for other Latino groups. [HHS, 10/21/09] 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]

Senator Reid fought for health reform that addresses the unique health care needs and challenges of Latinos. The *Patient Protection and Affordable Care Act* (PPACA), passed by Congress and signed into law on March 23, 2010, helps to ensure that all American families have access to quality, affordable, and appropriate health care. The White House estimates that approximately 9 million Latinos will be eligible for coverage under the new law. [The White House, undated]

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 the 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

- * Helps Latino seniors with their prescription drug costs by providing 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 this year, a 50% discount on brand name drugs purchased in the donut hole by the same beneficiaries next year, and by filling in the donut hole completely by 2020.

- *Nearly 7% of Nevada's Medicare beneficiaries are Latino.* [Kaiser Family Foundation, accessed 6/30/10]

Tax Credits to Lower the Cost of Coverage

- * Starting in 2014, the PPACA 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

Eliminates 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% 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

- * Starting this year, provides tax credits 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% of the cost of coverage during 2010 – 2013, and 50% 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.

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 create a system that prevents illness and disease before they require more costly treatment. This year, the PPACA requires new plans to cover prevention and wellness benefits and exempts these benefits from deductibles and other cost-sharing requirements. The law also 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% less likely than non-Latino adults to have ever received the pneumococcal vaccine and are 20% less likely to have received the flu shot within the past 12 months. [HHS,4/20/10]
- In Nevada, just 62.5 % of Latino mothers began prenatal care in the first trimester of their pregnancy, compared to nearly 80% of non-Hispanic Whites. [Kaiser Family Foundation, accessed 6/30/10]

Controls 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% more likely to die from this disease. [HHS, 12/7/09]

Promotes 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 it strengthens the system of safety-net hospitals and community health centers to ensure high-quality, accessible care. These measures will help the more than 11% of Latino children who lack a usual source of health care, compared with less than 6% of all children. [CDC, 2009]
- The National Council of La Raza reports that more than 70 % of Nevada's Latino children do not have a "medical home," compared to 41.8% of non-Hispanic White children. [NCLR, accessed 6/30/10]

Fights Health Disparities

- * 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. It also expands initiatives to increase the racial and ethnic diversity of health care professionals and strengthen cultural competency training among health care providers.

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.

Looking Ahead

Senate Democrats are committed to ensuring that implementation of health reform works to meet the health care needs Latinos, to reduce health disparities they face, and to ensure Latino families have access to quality, affordable, appropriate health care.