



To: Obama Health Transition Team
From: National Council of La Raza (NCLR)
Re: Latino Priorities in Health Transition
Date: December 15, 2008

This year Latinos played a critical role in the elections, increasing their participation by at least 32%, according to conservative estimates. This historic increase in participation was not only due to mobilization against anti-immigrant voices, but Latinos were also looking towards leadership to address other areas of concern. For many Latinos, improving the nation's health care has risen in importance. Like many other Americans, Hispanics have seen their health care costs increase while their health care options shrunk. Unfortunately, systemic barriers prevent many Latinos from accessing health care and services that are critical to one's overall well-being. Devoting resources to the transformation of the U.S. health care system into one that responds to Latinos' needs and concerns should be a high priority for the incoming Administration. The National Council of La Raza (NCLR) respectfully requests that the Obama health transition team strongly considers the priorities outlined in this document.

Background

Hispanics as an ethnic group are most likely to lack insurance—an important channel to health care—and they generally have a poorer quality of experience in the health care system. Approximately one-third (32.1%) of Latinos were uninsured in 2007, with numbers ballooning from about 11.8 million uninsured Latinos in 2000 to 14.8 million in 2007. Despite having the highest workforce participation rate, Latinos and their dependents are all too often disconnected from the employer-based health coverage system. Moreover, individuals in immigrant families experience another set of challenges, as legal restrictions to federally funded health programs often leave them without any coverage options.

Studies of racial and ethnic disparities demonstrate that even Latinos who do have access to care receive inadequate health services. The Agency for Healthcare Research and Quality (AHRQ) has found that regardless of insurance status, Latino adults were much less likely to receive needed care. For instance, in 2005, only 54.1% of Latinos experiencing an injury or illness had timely access to health care, compared to 65.1% of Whites. Uninsured Latinos received timely care for an illness or injury in only 27% of cases. These disparities are often created by unequal access to and quality of care, such as poor patient-provider communications and discrimination in health care settings.

NCLR's top health priority is a wholesale overhaul of the health care system that takes into account the changing demographics of the nation. An accompanying document with considerations speaks to the importance of integrating Hispanic priorities into any health reform



proposals. However, there are also immediate opportunities to address uninsurance and improve health care delivery for the Latino community.

Short-Term Priorities

1) Increase the Impact of Public Health Coverage Programs in Latino Communities

Statutory restrictions prevent legal immigrants from accessing federally funded health coverage programs. The Administration should take immediate action to support policies that would remove the five-year waiting period and other arcane restrictions that deny legal immigrant children and pregnant women access to the federally funded State Children's Health Insurance Program (SCHIP) and Medicaid. Moreover, laws that explicitly deter immigrants from applying for programs that they or other family members are eligible for should be addressed.

Mechanism:

- Integrate the language of the "Legal Immigrant Children's Health Improvement Act" (H.R. 1308, S. 764) into proposals that reauthorize SCHIP. Inclusion of a legal immigrant restoration will be a condition for obtaining NCLR's support of any SCHIP proposals.

2) Reinforce Laws that Improve Access to Language Services

Miscommunication in health settings can have severe consequences on a patient's health care outcomes. Lack of access to language services can be equally harmful by deterring enrollment and access to care. Therefore, the Administration should highlight existing federal laws and promote implementation of reimbursement policies to ensure easy access to language services for limited-English-proficient (LEP) persons.

Mechanisms:

- Issue new guidance through the Centers for Medicare and Medicaid Services that identifies and promotes reimbursement allowances for language assistance related to the provision of Medicaid and SCHIP services, including during enrollment.
- Reaffirm Executive Order 13166 early in the presidency.

3) Evaluate and Revamp the U.S. Department of Health and Human Services, Office for Civil Rights (OCR)

OCR has an important obligation to protect the civil rights of individuals in the health care system. Efforts must be taken to evaluate and ultimately enhance civil rights protections. However, little is known about the extent of OCR's efforts and effectiveness to date, particularly with respect to Latinos, immigrants, and LEP individuals.



Mechanisms:

- Conduct a comprehensive assessment of the Office for Civil Rights to determine funding and staffing needs, and ensure that it has the necessary resources to address complaints and violations.
- Establish a reporting process that assesses OCR's enforcement activity and report on the number of complaints filed, complaints resolved, and actions taken. Disaggregate the type of cases pursued (disabilities vs. racial/ethnic discrimination vs. language nativity, etc.).
- Develop easy-to-understand guidelines in multiple languages on the rights, responsibilities, and entitlements of health care consumers. OCR should work with community organizations and advocacy groups to disseminate this information.

4) Address Racial and Ethnic Health Disparities

At any income or education level, Latinos continue to experience disparate treatment in health care settings, compared to their non-Hispanic counterparts. Racial and ethnic disparities must continue to be evaluated and responded to with strong policies that address root causes of diminished health care.

Mechanisms:

- In addition to maintaining funding for the collection of health care disparities data through AHRQ, require federal agencies and programs to collect data by race, ethnicity, and primary language.
- Pass strong health disparities legislation building on the foundation of the "Health Equity and Accountability Act" (H.R. 3014), which would address multiple factors affecting minority health.

5) Support Community-Based Health Outreach and Promotion

Throughout the country, health programs grounded in community-based approaches have proven to be highly effective in promoting positive health behaviors and connecting individuals to health care. The Administration should create a formal support system to implement and evaluate health promotion and outreach activities that are tailored to reach communities with low levels of health literacy, limited English proficiency, and economic barriers to health care.

Mechanisms:

- Advance legislation such as the "Community Health Workers Act" (S. 586, H.R. 1968), which will invest resources in proven programs that seek to address health care issues within medically underserved communities as well as assist uninsured individuals in identifying and enrolling in coverage programs.



- Fully fund the Patient Navigator Outreach and Chronic Disease Prevention Act of 2005, which helps individuals navigate the health care system and avoid repeat visits to the emergency room.

Long-Term Priorities

1) Improve Reimbursement for Language Services Provided in Health Care Settings

Even though language services are essential in the provision of health care and services, they are only matched with federal funding at the administrative rate. The provision of language services under Medicaid and SCHIP should be treated as a medical service and be eligible for an enhanced reimbursement rate.

Mechanism:

- Pass legislation that increases the reimbursement of language assistance under Medicaid and SCHIP to at least a 90% match rate.

2) Support Longitudinal Studies of Latino Health

The only completed federal study addressing the health status of the Latino population on a national scale was the Hispanic Health and Nutrition Examination Survey (HHANES), conducted more than 20 years ago (1982-84). Clearly, new studies are necessary to accurately reflect the health needs of the rapidly growing and changing Latino population and inform policymakers of the socioeconomic determinants of Hispanic health. A number of agencies have begun activities to conduct a new longitudinal study of Latinos, but they will need additional support for successful completion of this project.

Mechanism:

- Fund and enhance the efforts of the National Heart, Lung, and Blood Institute and six other institutes, centers, and offices of the National Institutes of Health Study of Latinos (SOL), a longitudinal, epidemiologic study designed to study the trends in health among Latinos in the U.S.

These recommendations are intended to provide background on issues of importance for the incoming Administration. In many cases, legislative language or policy proposals have already been prepared and identified throughout the document. In others, they can be provided if needed. NCLR would welcome the opportunity to expand on these recommendations. Thank you for considering our views. We look forward to working with the Presidential Transition Team as it develops final recommendations to the President-Elect and the Obama Administration.