Congressional TriCaucus
Health Care Reform Priorities

The Congressional TriCaucus—the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus—is committed to health care reform that strengthens all communities and significantly reduces the deleterious health disparities that disproportionately affect people of color across the United States and in the U.S. Territories. We, therefore, present guiding principles that are important to all racial and ethnic minority communities, and urge that these be included in the final comprehensive health care reform package to ensure that all within our collective communities are adequately represented in the health reform debate.

I. ENSURE UNIVERSAL AND COMPREHENSIVE ACCESS TO QUALITY HEALTH CARE.

II. ENSURE THAT ACHIEVING HEALTH EQUITY AND THE ELIMINATION OF HEALTH DISPARITIES ARE INTEGRATED OBJECTIVES THROUGHOUT THE HEALTH REFORM BILL.

III. STRENGTHEN AND COORDINATE THE AGENCIES AND OFFICES WITH HEALTH JURISDICTION.

IV. REVERSE CRITICAL HEALTH WORKFORCE SHORTAGES AND INCREASE THE DIVERSITY AND CULTURAL COMPETENCE OF HEALTH AND HEALTH CARE PROFESSIONALS.

V. ENSURE THAT COMMUNITY-CENTRIC HEALTH EFFORTS—PARTICULARLY THOSE THAT WILL EXPAND ACCESS TO CARE AND IMPROVE THE HEALTH AND WELL BEING OF THE COMMUNITIES THAT ARE HARDEST HIT BY HEALTH INEQUITIES—ARE INTEGRATED IN HEALTH REFORM.

VI. PRIORITIZE PREVENTION AND PUBLIC HEALTH PROMOTION IN BOTH CLINICAL AND COMMUNITY SETTINGS.

VII. BOLSTER DATA COLLECTION, EXPAND DIVERSITY IN CLINICAL TRIALS, AND ENSURE EQUITABLE IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY (HIT).
ENSURE UNIVERSAL AND COMPREHENSIVE ACCESS TO QUALITY HEALTH CARE.

♦ To achieve universal coverage, we strongly support a public health insurance option that is similar to Medicare to ensure that all have access to quality and affordable care, including the more than 45 million in our country currently without health insurance.

♦ Recognizing that the traditional "medical home" has been the office of the family and other primary care provider, efforts must be undertaken to increase their numbers and their reimbursement and they must be an integral part of the implementation of this program. Additionally, health care reform must include increased resources for long-term care and support services for those that choose home health care.

♦ Every measure must apply equitably to American Indian tribes and the Territories and barriers to federal health programs in the territories must be eliminated.

♦ Subsidies for small businesses, including family owned businesses to purchase health coverage, must be provided.

♦ Health care reform provisions must be comprehensive and include mental and dental health services fully and equitably with physical health.

♦ Access to quality health care for all children, pregnant women, and women within an appropriate post-partum period must be a priority.

ENSURE THAT ACHIEVING HEALTH EQUITY AND THE ELIMINATION OF HEALTH DISPARITIES ARE INTEGRATED OBJECTIVES THROUGHOUT THE HEALTH REFORM BILL.

♦ The elimination of health disparities of any population group must be a central goal of any healthcare reform process, and the process must be coordinated within HHS and across all agencies at the state, local and community levels.

♦ Reform must be done within the context of and include provisions that address the social, ambient and built environmental issues affecting health. This must include expanding green spaces and access to safe walking trails, a reduction in toxic exposure, and more equitable climate change and food safety solutions.

♦ Cultural and linguistic competence in health care must be a core element of the services that are offered in health reform. Provisions to achieve cultural and linguistic competence must include the creation of a credentialing body and adequate standards by which to judge the quality of medical translators. Additionally, they must provide full federal reimbursement for the services of qualified medical interpreters and translators provided by healthcare providers who receive federal funding.

♦ Health reform must reauthorize the Native Hawaiian Health Care Improvement Act, which has not been reauthorized since 2002.
Health care reform must include culturally and linguistically appropriate programs and efforts that work to reduce the disproportionate incidence, prevalence and mortality rates from the chronic and acute conditions such as diabetes, cardiovascular disease, HIV/AIDS, asthma, mental health disorders and substance abuse, Alzheimer’s disease and dementia, Hepatitis B and C, domestic violence, and overweight and obesity that leave millions of racial and ethnic minorities in poorer health and more likely to die prematurely from often preventable conditions.

**STRENGTHEN AND COORDINATE THE AGENCIES AND OFFICES WITH HEALTH JURISDICTION.**

- The Office of Minority Health, the Substance Abuse and Mental Health Services Administration, and the Indian Health Service within the Department of Health and Human Services must be significantly strengthened.

- To ensure that the nation’s premiere research entity—the National Institutes of Health—expands research on health disparities and programs to reduce these disparities, the National Center on Minority Health and Health Disparities must be elevated to an Institute with comparable resources and research protocol oversight of other Institutes.

**REVERSE CRITICAL HEALTH WORKFORCE SHORTAGES AND INCREASE THE DIVERSITY AND CULTURAL COMPETENCE OF HEALTH AND HEALTH CARE PROFESSIONALS.**

- Health and health care workforce provisions must expand and bolster the primary health care workforce. Additionally, these efforts must include strong recruitment, training, hiring and retention of health professionals from all racial and ethnic backgrounds across all health- and health care-related positions, including researchers and health care executives.

- Creating and expanding a diverse workforce on all levels must be a priority, and these efforts must begin in concert with efforts to improve K through 12 education and with outreach efforts beginning at least in junior high school with underrepresented racial and ethnic minorities, including those with disabilities.

- We strongly support the creation of new funding streams, as well as a commitment to fully funding the existing Title VII federal Health Professions programs—that increase the diversity of the primary care, mental health, and dental and oral health provider workforce. Support for the education of primary care providers, with an emphasis on the recruitment of underrepresented minorities and disadvantaged populations, to deliver quality health care in medically underserved communities must remain the fundamental goal of the Title VII.

- Health reform must include provisions to increase funding of the Title VIII health professions programs to reverse critical nursing shortages and to expand and bolster
diversity of the nation’s nursing workforce. We strongly support the creation of new funding streams to provide residency training for advanced practice nurses in order to bolster the nation’s primary care workforce.

ENSURE THAT COMMUNITY-CENTRIC HEALTH EFFORTS – PARTICULARLY THOSE THAT WILL EXPAND ACCESS TO CARE AND IMPROVE THE HEALTH AND WELL BEING OF THE COMMUNITIES THAT ARE HARDEST HIT BY HEALTH INEQUITIES – ARE INTEGRATED IN HEALTH REFORM.

♦ Communities particularly those that are hardest hit by health disparities must be engaged from the identification of the challenges to the crafting of solutions and their implementation. They must receive the funding, education and technical assistance to fully carry out this role.

♦ Health care reform must include Health Empowerment Zones (H.R. 2233).

♦ Health care reform provisions must include the development and expansion of community and migrant health centers, and increase funding for Federally Qualified Health Centers.

♦ Health care reform must expand and bolster support for community behavioral health centers that provide mental health and addiction services to many of the nation’s most under-served communities.

PRIORITIZE PREVENTION AND PUBLIC HEALTH PROMOTION IN BOTH CLINICAL AND COMMUNITY SETTINGS

♦ There must be increased focus and spending on prevention, irrespective of any offset. Additionally, in order to encourage a stronger commitment to prevention activities, we strongly support evidence-based clinical prevention services being included in all health plans with low or no copay requirements.

♦ Significant investments in prevention and wellness spending programs such as those that focus on obesity and nutrition counseling, immunization access for both adults and children, reproductive health and maternity care, early screening, and oral, dental and mental health must be incorporated into health care reform efforts.

♦ We strongly support the creation of community-based health strategies to eliminate health disparities and improve the health of all people in the United States, regardless of race, ethnicity, geography or socioeconomic status. These programs should support healthy lifestyles, including those that promote smoking cessation, proper nutrition, and increased access to physical activity.

♦ We firmly believe that the congressional budget process should reflect the significant savings associated with investments in prevention of disease and injury, and therefore
strongly support the development of a plan by which the Congressional Budget Office would incorporate the health care savings associated with reduced chronic disease burden due to clinical and community preventive services and programs when formulating its health care cost estimates.

BOLSTER DATA COLLECTION, EXPAND DIVERSITY IN CLINICAL TRIALS, AND ENSURE EQUITABLE IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGY (HIT).

♦ The collection of data by race, ethnicity, language, geography and socioeconomic factors must be mandated and uniform.

♦ Health information technology (HIT) must be an integral part of any reform effort and access to it by all providers must be supported where needed so that every provider -- especially those serving low-income communities -- and all communities, especially those that are medically underserved, enjoy its benefits and savings. Additionally, all HIT systems included and subsequently implemented must ensure patient privacy, as well as robust penalties for any violation of such privacy.

♦ Efforts to standardize and coordinate national data collection must require the inclusion of race, ethnicity, and primary language spoken as part of Health Information Technology implementation efforts.

♦ Health care reform provisions that focus on clinical trials and comparative effectiveness must require -- whenever possible -- racial and ethnic diversity in clinical trials and beneficial findings must be fast tracked into practice. Additionally, comparative effectiveness research must -- whenever possible -- recruit a diversity of research participants and disaggregate data by race, ethnicity and gender to better measure the safety and effectiveness of drugs and therapies in a broad range of individuals.