



The Health Equity and Accountability Act

A strategic, comprehensive approach to eliminate racial and ethnic health disparities

History of the Health Equity and Accountability Act (HEAA)

Over the past five Congresses, the Congressional Tri-Caucus, which is comprised of the Congressional Asian Pacific American Caucus (CAPAC), the Congressional Black Caucus (CBC), and the Congressional Hispanic Caucus (CHC), has led introduction of the Health Equity and Accountability Act (HEAA), comprehensive, broadly-supported legislation to reduce ethnic and racial disparities in health care access and outcomes. Since its initial introduction, HEAA has provided a principled, comprehensive, and strategic plan to eliminate racial and ethnic health disparities and improve the health of communities of color.

Representative Lucille Roybal-Allard, Chair of the Healthcare Task Force of the CHC, with the support and sponsorship of the Congressional Tri-Caucus, will introduce HEAA to the 113th Congress. Over 325 national, state, and local organizations have expressed support for the reintroduction of this critical legislation.

Goals of HEAA

While national demographics are rapidly changing and the population of racial and ethnic minorities is expected to increase over the next few decades, communities of color continue to face substantial cultural, social, and economic barriers to obtaining quality health care and achieving equitable health outcomes, and experience poorer health statuses than their counterparts. Efforts to improve the health of communities of color have been limited by inadequate resources for funding, staffing, stewardship, and accountability.

HEAA provides federal resources, policies, and infrastructure to eliminate health disparities, with a focus on racial and ethnic minorities, and subpopulations that face additional barriers based on factors including, but not limited to, immigration status, age, ability, sex, sexual orientation, gender identity, and English proficiency.

Building on the Advancements of the Patient Protection & Affordable Care Act (ACA)

Health care advocates across the country applauded the passage of the Patient Protection and Affordable Care Act (ACA) as an enormous accomplishment in the national effort to increase access to affordable, high-quality care for all. The ACA also represents the most significant advancement for the health of communities of color in the last 40 years. Together with the ACA, President Obama and the U.S. Department of Health and Human Services (HHS) have taken additional steps to ensure that health equity is a national priority.

Under the leadership of Secretary Kathleen Sebelius, HHS has developed the National Partnership for Action to End Health Disparities, Healthy People 2020, the National Prevention Strategy, and the National Stakeholder Strategy for Achieving Health Equity, strategic plans that represent the country's first coordinated roadmap to reducing health disparities. Additionally, the National HIV/AIDS Strategy (NHAS) along with the enhanced National Culturally and Linguistically Appropriate Services (CLAS) Standards illustrate the commitment of HHS to prioritizing the elimination of racial and ethnic health disparities.

The ACA provides the foundation upon which continuing efforts to eliminate racial and ethnic health disparities must be built. With this objective at the forefront, the Congressional Tri-Caucus introduced HEAA of 2011 (H.R. 2954) to the 112th Congress on September 15, 2011.

Scope of HEAA

Starting in 2011, HEAA (H.R. 2954) incorporated new titles to effectively build upon the gains for health disparities elimination achieved by the ACA. HEAA is now comprised of ten titles addressing a wide spectrum of health equity concerns:

Title I: Data Collection and Reporting—Seeks to increase the precision, accuracy, and number of resources for the collection and reporting of health data.

Title II: Culturally and Linguistically Appropriate Health Care—Ensures patient access to high-quality care by enhancing language access services and culturally competent care in the health care delivery system.

Title III: Health Workforce Diversity—Aims to create a pipeline and new training opportunities for professional and allied health care workers that will allow them to more effectively serve communities of color.

Title IV: Improvement of Health Care Services—Removes harmful barriers to health insurance coverage while maximizing the positive impact of federal health care investments in communities of color.

Title V: Improving Health Outcomes for Women, Children, and Families—Addresses certain health disparities faced by women and children, and promotes programs supporting healthy family formation.

Title VI: Mental Health—Incorporates strategies to address mental and behavioral health issues affecting communities of color.

Title VII: Addressing High Impact Minority Diseases —Proposes focused approaches to combat diseases and conditions that have a disparate impact on racial and ethnic minorities, such as Cancer, Diabetes, and HIV/AIDS.

Title VIII: Health Information Technology—Ensures that underserved communities and communities of color benefit from rapid advances in health information technology (HIT) and new investments in HIT infrastructure that serve as the foundation for improving quality, efficiency, and outcomes as our health care system advances.

Title IX: Accountability and Evaluation—Strengthens HHS oversight to ensure programs continue to reduce health disparities.

Title X: Addressing Social Determinants & Improving Environmental Justice—Builds upon the ACA's historic investments in prevention to bolster primary and secondary prevention efforts and dedicates resources to communities striving to overcome negative social determinants.

Why is HEAA Still Needed?

Achieving health equity – the highest level of health for everyone – is a critical imperative for this country, not only because it is at the heart of our shared values of fairness, justice, and equal opportunity, but also

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because it is impossible to have a sustainable, cost-effective healthcare system without it. For example, in the 2009 report, *The Economic Burden of Health Inequalities in the United States*, the financial costs of health disparities were estimated to be \$1.24 trillion over a three-year period.¹

The historic gains of the ACA improve and extend insurance coverage to millions of Americans, end pre-existing condition exclusions, lift lifetime caps on care, cover clinical preventive costs, and increase investments in public health and community-level prevention initiatives. The ACA includes a number of provisions to reduce health disparities, yet additional investments must be made in order to fully achieve health equity. We must build on the gains provided under the ACA and work to address disparities in a comprehensive and integrated way.

HEAA Commands Broad Support

Health equity advocates, scholars and researchers, provider groups and associations, other professional groups, and organizations representing communities of color have strongly supported HEAA in previous Congresses. Over 300 of these groups comprise the HEAA Community Working Group dedicated to eliminating health disparities and supporting the solutions advanced in HEAA. In addition, over 80 members of Congress sponsored HEAA in 2011, indicative of the broad support that eliminating health disparities enjoys among policymakers. Community advocates anticipate equal or greater support for HEAA in the 113th Congress.

Congressional Sponsor Information for HEAA of 2013

Lead Sponsor: Representative Lucille Roybal-Allard (CHC Healthcare Task Force Chair)

Additional Sponsors: Representatives Raul Ruiz, M.D. (CHC Healthcare Task Force Vice-Chair), Donna Christensen, M.D. (CBC Health Braintrust Chair), Barbara Lee (CAPAC Health Task Force Co-Chair), and Ami Bera, M.D. (CAPAC Healthcare Task Force Co-Chair)

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More Information

The National Latina Institute for Reproductive Health (NLIRH) serves as the Chair of the HEAA Community Working Group for the 113th Congress. For more information, please contact Natalie Camastra at (202) 621-1435 or Natalie@latinainstitute.org or visit <http://www.LatinaInstitute.Org/Health-Equity-And-Accountability-Act>.

¹ LaViest TA, Gaskin DJ, Richard P. The Economic Burden of Health Inequalities in the United States. The Joint Center for Political and Economic Studies. September 2009. Available at <https://www.ndhealth.gov/heo/publications/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf>. Accessed on August 19, 2013.