

The Affordable Care Act was passed by Congress and signed into law by President Obama on March 23, 2010; the comprehensive health care reform has a number of changes that will affect you, your family, and your friends.

Understanding Health Reform

Why is the Affordable Care Act important for people with health disparities?

Reports issued by the Surgeon General of the United States¹ and the President's New Freedom Commission on Mental Health² have shown that diverse racial and ethnic communities/populations are underserved in the current mental health system. Persons in these populations are less likely to have access to available services, are less likely to receive care, and often receive care of poorer quality than that received by others.

The reports also identified some of the barriers that keep diverse racial and ethnic communities/populations from accessing and receiving appropriate services for behavioral health disorders. These include mistrust or fear of treatment; differences in the cultural understanding of illnesses, health, and treatment; differences in help-seeking behaviors, including language and communication patterns; racism; and discrimination by individuals and institutions. Another important barrier to appropriate treatment has been high rates of

uninsurance or underinsurance among members of diverse racial and ethnic communities/populations.

Americans of all backgrounds who have mental health and addiction disorders face many of these barriers and are victims of inequity in the delivery of health care services. Research shows that they have been more likely than other people to have difficulty accessing health care services and that they are in poorer health than others. The 2010 Affordable Care Act includes a variety of measures that address the disparities in health care faced by cultural and racial minorities and by people with addiction and mental health disorders.

How does the Affordable Care Act help those with health care disparities?

The most important way in which the Affordable Care Act will address disparities is by expanding access to health care coverage to millions of

¹*Mental Health: A Report of the Surgeon General (1999) and Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General (2001)*

²*Achieving the Promise: Transforming Mental Health Care in America (2003)*



Americans, especially those who have been unable to access services because they couldn't afford to pay for such services or for insurance coverage. In an effort to make people aware of coverage options, the Affordable Care Act provides \$14 million in support for outreach efforts targeting low-income populations. In addition to expanding access to coverage, the Affordable Care Act also has provisions addressing workforce, quality and integration of primary care and behavioral health care, and prevention.



Expanded Medicaid and more affordable health insurance

Starting in 2014, people earning 133 percent of the Federal poverty level will be able to enroll in Medicaid. People earning more than 133 percent of the Federal poverty level who are not employed or not covered by a plan offered through their employer will be able to purchase insurance through the health insurance exchange established in their State. Also, starting January 1, 2014, if your income is from 133 percent to 400 percent of the Federal poverty level, you may be eligible for tax credits to help pay for health coverage (\$43,000 for an individual or \$88,000 for a family of four in 2010).

Family Size	2010 Federal Poverty Level Guidelines		
	Percent of Poverty Guideline		
	100%	120%	133%
1	\$10,830.00	\$12,996.00	\$14,403.90
2	\$14,570.00	\$17,484.00	\$19,378.10
3	\$18,310.00	\$21,972.00	\$24,352.30
4	\$22,050.00	\$26,460.00	\$29,326.50
5	\$25,790.00	\$30,948.00	\$34,300.70
6	\$29,530.00	\$35,436.00	\$39,274.90
7	\$33,270.00	\$39,924.00	\$44,249.10
8	\$37,010.00	\$44,412.00	\$49,223.30

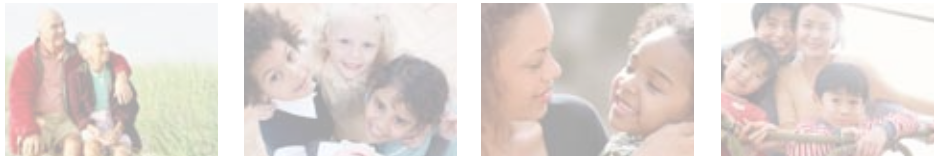
For family units of more than eight members, add \$3,740 for each additional member.

How does the Affordable Care Act ensure that people with health disparities have access to health insurance?

In the past, many individuals with addiction or mental health disorders have been unable to purchase health insurance because certain insurance companies did not cover individuals with a “pre-existing condition”—a condition, disability, or illness (either physical or mental) that a person had before enrollment in a health plan. This inability to purchase health insurance results in a group of people with known health care needs who were unable to be insured.

No exclusions for pre-existing conditions

As the Affordable Care Act goes into effect, certain exclusions from health coverage will no longer be allowed. Insurance companies must:



- Provide coverage for children, aged 18 or younger, regardless of any pre-existing condition; and
- Provided coverage, starting January 1, 2014, for any adult with a pre-existing condition.

Adults not wishing to wait until 2014 for such coverage can purchase insurance through the Pre-Existing Condition Insurance Plan (“High Risk Pool”) in their State, if they qualify.³ Due to these provisions in the Affordable Care Act, people previously denied coverage because of a pre-existing addiction or mental health disorder will find that they will have access to insurance just like anyone else.

For more information on the Pre-Existing Condition Insurance Plan, please see SAMHSA’s Pre-Existing Condition Plan factsheet at <http://www.samhsa.gov/healthreform> or visit <http://www.pcip.gov> for information specific to your State.

How does the Affordable Care Act address disparities in the workforce?

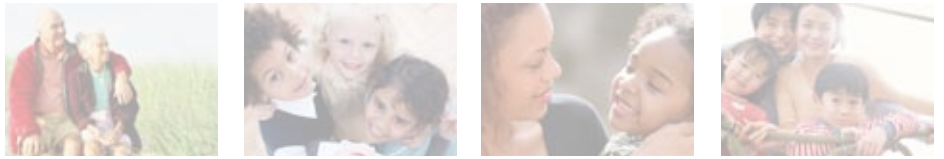
Among the barriers faced by diverse racial and ethnic communities/populations needing addiction or mental health services is a very evident lack of diverse racial and ethnic communities/population representation within the behavioral health workforce. While culturally competent trained professionals of all racial and ethnic backgrounds can deliver effective services, low diverse racial and ethnic communities/population representation in the workforce can result in limited understanding of cultural factors that may affect both diagnosis and treatment of behavioral health disorders. Across the country, this shortage of diverse racial and ethnic communities/populations in the workforce is one reason fewer members of diverse racial and ethnic communities/populations seek and receive fewer services for addiction and mental health disorders.

Workforce expansion

The Affordable Care Act includes provisions that will expand the entire health care workforce, including those professionals who specialize in addiction and mental health services. Initiatives specific to addressing diverse racial and ethnic communities/populations include:

- \$25 million in grants and assistance to mental and behavioral health professionals, giving preference to historically black colleges and universities and institutions with a strong track record of serving diverse populations;
- \$85 million in support for programs to train low income individuals as home care aides and in other health professions.

³Out-of-pocket costs for coverage under these plans may be as much as \$5,950 per year, with a deductible of up to \$2,500.



- Grants to recruit and train community health workers, with an emphasis on providing education and outreach in racially/ethnically diverse communities as well as to support area health education centers that target underserved populations;
- Loan assistance to primary care medical, dental, and mental health professionals, up to \$60,000, to help pay their student loans if they work for 2 years in a medically underserved area; and
- Establishment of the National Healthcare Workforce Commission, which will develop strategies for increasing the workforce, with mental health treatment as one of its priorities;
- The Affordable Care Act provides 5 years of support to aid the development and dissemination of model cultural competence training and education curricula.

For more information on the health care workforce, please visit <http://www.hrsa.gov> or <http://www.nned.net>.

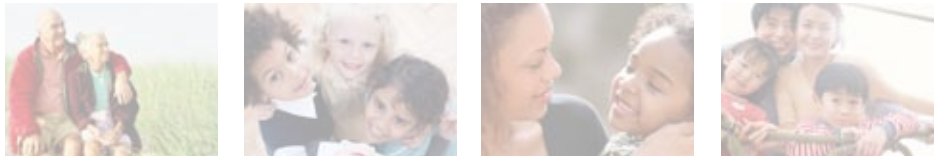
How else does the Affordable Care Act aim to reduce health care disparities?

Studies conducted in the last decade show that people with mental health and/or addiction disorders die at a younger age than those in the general population. Causes of these premature deaths are likely to include treatable health conditions such as heart disease and diabetes. People diagnosed with schizophrenia die from these conditions at two to three times the rate of the general population. People living with addictions also have higher rates of many chronic, life-threatening conditions.

A major reason for these high rates of illness and death among people with addiction or mental health conditions has been their lack of contact with primary care services.

Quality of care and integration

The Affordable Care Act includes a number of provisions that support and incentivize States and health care providers to integrate primary and behavioral health care services. For consumers of mental health services or those in recovery from addiction disorders, the law's provisions and the general movement toward integration are important steps that can lead to improved overall health. For more information on primary care and behavioral health care integration, please visit <http://www.samhsa.gov/healthreform/healthhomes> or see SAMHSA's factsheet on health care integration at <http://www.samhsa.gov/healthreform>.



Where can I find more information on Health Reform?

The Affordable Care Act was passed by Congress and signed into law by President Obama on March 23, 2010; the comprehensive health care reform has a number of changes that will affect you, your family, and your friends. There are a number of resources available to help you find information about the Affordable Care Act. Some resources available are:

- <http://www.healthcare.gov>
- <http://www.samhsa.gov/healthreform>
- <http://blog.samhsa.gov>
- <http://www.hhs.gov>
- <http://www.ncsl.org>

The most comprehensive resource available is the Federal Government's new Web site <http://www.healthcare.gov>. Healthcare.gov provides you with a number of resources. On healthcare.gov you can:

- Find and compare health care coverage options in your State, including Medicaid services.
- Access information and timelines about the different provisions in the Affordable Care Act.
- Compare care quality of hospitals.
- Learn about health prevention and get prevention tips.

If you want to know more about your rights under the Affordable Care Act, go to: http://www.healthcare.gov/law/provisions/billofright/patient_bill_of_rights.html.

Prevention

The emphasis placed by the Affordable Care Act on prevention as a means to reduce illness and premature death is another way the new law seeks to reduce disparities. The Affordable Care Act promotes prevention through a number of new initiatives, including:

- Standardized drug labeling on risk and benefits of medication. This will help meet the needs of 87 million U.S. adults with low literacy and 24 million with limited English proficiency by assisting them in understanding drug benefits and risks and dosage information; and
- Establishment of the maternal and child home-visiting programs for at-risk communities. Programs will provide families with client-centered education, parenting skills and social support, and home visitation programs. Programs will work to improve prenatal and postnatal health outcomes;
- Preventative programs for American Indians and Alaska Natives, such as programs targeting substance abuse, diabetes, and suicide. For more information on American Indian and Native Alaskan programs, please see SAMHSA's factsheet on the Affordable Care Act and Native Americans at <http://www.samhsa.gov/healthreform>.

For more information on prevention, please see SAMHSA's fact sheet on the Affordable Care Act and prevention at <http://www.samhsa.gov/healthreform> or go to <http://www.healthcare.gov> and click on the "learn about prevention" button.

Greater access to health care, including care for mental health and addiction disorders, will result in many diverse racial and ethnic communities/populations having greater access to services that can reduce or prevent the most disabling effects of a range of mental health or substance use-related conditions.