



UNITED STATES SENATOR HARRY REID OF NEVADA

HEALTH REFORM FOR NEVADA'S RACIAL AND ETHNIC MINORITIES

Lower Costs for Minority Families

* Insurance Industry Reforms that Save Money

Caps what insurance companies can require families to pay in out-of-pocket expenses, such as co-pays and deductibles, prohibits lifetime limits on how much insurance companies cover if beneficiaries get sick, and regulates the use of annual limits to ensure access to necessary care, until 2014 when annual limits are prohibited.

- Reduces family health insurance premiums by **\$1,380 - \$1,970** for the same benefits, as compared to what they would be without health reform by 2016. [Senate Finance Committee estimate based on CBO, 11/30/09]

* Premium 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.

- In addition, as many as **311,000** Nevadans could receive tax credits to make health insurance more affordable, bringing **\$5 billion** in premium and cost-sharing tax credits into Nevada during the first five years of the health insurance Exchange. [HealthReform.gov, accessed 5/12/10; Senate Finance Committee]

Greater Choices

* Eliminates Insurance Company Discrimination

Prohibits insurance companies from denying families health insurance because of a pre-existing health condition or excluding coverage of that condition, dropping coverage if a family member gets sick, or charging more because of health status or gender.

- This protects coverage for the **681,033** children in Nevada and ensures immediate access to affordable insurance options for as many as **68,321** uninsured Nevadans who have a pre-existing condition. [U.S. Census Bureau, 1/7/10; Staff estimate using Agency for Healthcare Research and Quality (AHRQ), 4/09; HealthReform.gov, accessed 3/20/10]

Provides people who have health problems, but who lack access to health insurance, access to a plan that protects them from medical bankruptcy, by July 1, 2010. This high risk pool is a stop-gap measure that will serve as a bridge to a reformed health insurance marketplace.

- Nevada could receive as much as **\$61 million** for its high-risk pool. [HHS, accessed 5/12/10]

* 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.

- These Exchanges will ensure that the **518,000** uninsured Nevadans and **132,000** Nevadans who purchase health insurance through the individual market have access to affordable health insurance options.

[HealthReform.gov, accessed 3/20/10]

* 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.

* 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. African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population.

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.

Codifies into the law the Office of Minority Health within the Department of Health and Human Services (HHS) and a network of minority health offices within HHS, to monitor health, health care trends, and quality of care among minority patients and evaluate the success of minority health programs and initiatives.

Quality, Affordable Health Care for Minorities

* Preventive Care for Better Health

Ensures that all Americans have access to free preventive services through their health insurance plans to create a system that prevents illness and disease before they require more costly treatment. This will help racial and ethnic minorities who are often less likely to receive preventive care. Vietnamese women, for example, are half as likely to receive a pap smear and twice as likely to die from cervical cancer as are White women.

* Controls Chronic Disease

Invests in care innovations such as community health teams to improve the management of chronic disease, which help the nearly 50 percent of African Americans who suffer from a chronic disease, compared with 40 percent of the general population.

* Promotes Primary Care

Invests in the primary care workforce to ensure that all Americans have access to a primary care doctor so they stay healthier, longer. Strengthens the system of safety-net hospitals and community health centers to ensure high-quality, accessible care.

* Fights Health Disparities

Moves toward elimination of disparities that minorities currently face both in their health and in their health care by investing in data collection and research about health disparities. Expands initiatives to increase the racial and ethnic diversity of health care professionals and strengthen cultural competency training among health care providers.