

Issue	House Bill (H.R. 3962)	Senate Bill (H.R. 3590)
Definitions	<p>“Core public health infrastructure” and “health disparities” are defined terms. Permits the Secretary, pending completion of the National Prevention and Wellness Strategy, to make judgments about how the strategy will address an issue and to act based on this judgment. (Sec. 2301 adding PHSA Sec. 3171)</p> <p>The term <i>‘health disparities’</i> includes <i>health and healthcare disparities</i> and means population-specific differences in the presence of disease, health outcomes, or access to healthcare. For purposes of the preceding sentence, a population may be delineated by race, ethnicity, primary language, sex, sexual orientation, gender identity, disability, socioeconomic status, or rural, urban, or other geographic setting, and any other population or subpopulation determined by the Secretary to experience significant gaps in disease, health outcomes, or access to healthcare.</p>	<p>“Health disparity population” is defined in the bill as defined in Section 485E (Sec. 931)</p> <p>Current Law: <i>“a population is a health disparity population if, as determined by the Director of the Center after consultation with the Director of the Agency for Healthcare Research and Quality, there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population, in addition to the meaning so given, the Director may determine that such term includes populations for which there is a significant disparity in the quality, outcomes, cost, or use of healthcare services or access to or satisfaction with such services as compared to the general population.”</i> (PHSA Sec. 485E)</p> <p>“Cultural Competency” shall be defined by the Secretary in a manner consistent with section 1707(d)(3). (Sec. 5001)</p> <p>Current Law: <i>“The Secretary shall ensure that information and services provided pursuant to subsection (b) are provided in the language, educational, and cultural context that is most appropriate for the individuals for whom the information and services are intended.”</i>(PHSA Sec. 1707(d)(3))</p>
Health Insurance Exchanges	<p>Contracts for the Offering of Exchange-Participating Health Benefits Plans Establishes standards for QHBP that offer exchange-participating health benefits plans. Plans must: be licensed, report data, provide for affordable premiums, accept all enrollment, participate in risk pooling mechanism, and provide for culturally and linguistically appropriate services and communications. (Sec. 304)</p> <p>Outreach and Enrollment of Exchange-Eligible Individuals and Employers in Exchange-Participating Health Benefits Plan The commissioner shall conduct outreach activities through the use of appropriate means and entities. In carrying out this section, the Commissioner shall establish effective methods for communicating in plain language and a culturally and linguistically appropriate manner. (Sec. 305)</p>	<p>Consumer Choice and Insurance Competition through Health Benefit Exchanges (Affordable Choices of Health Benefit Plans) An entity that serves as a navigator under a grant for the establishment of an exchange shall: conduct public education activities to raise awareness of the availability of qualified health plans; distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits; facilitate enrollment in qualified health plans; provide referrals to any applicable office of health insurance consumer assistance or ombudsman; and, provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges. (Sec. 1311)</p> <p>Special Rules The manager’s amendment amends Section 1311(g)(1), “Rewarding Quality Through Market Based Incentives” in the Exchanges, by adding incentives payments for the implementation of activities to reduce health and healthcare disparities, including through the use of language services, community</p>

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Health Insurance Exchanges (cont.)		<p>outreach, and cultural competency trainings. (Sec. 1303 of manager's amendment)</p> <p>Nondiscrimination Prohibits an individual from being excluded from participation in, be denied benefits of, or be subject to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, or any program or activity that is administered by an Executive Agency. The enforcement mechanisms provided for under title VI, title IX, section 504 or the Age Discrimination Act are applicable for use under violation of this section. (Sec. 1557)</p>
Individual and Group Market	<p>Nondiscrimination in benefits; Parity in Mental Health and Substance Abuse A qualified health plan shall comply with standards established by the Commissioner to prohibit discrimination in health benefits or benefit structures for qualifying health plans. To the extent such provisions are not superceded by or inconsistent with subtitle C, the provisions of section 2705 of the PHSa shall apply to a qualified health benefits plan, regardless of whether it is offered in the individual or group market, in the same manner as such provisions apply to health insurance coverage offered in the large group market. (Sec. 214)</p> <p>Health Benefits Advisory Committee Establishes a private-public advisory committee to recommend covered benefits and essential, enhanced, and premium plans. Participation shall reflect many stakeholders, including experts on healthcare needs and disparities of individuals with disabilities, and experts in racial and ethnic disparities. (Sec. 223)</p> <p>Duties and Authorities of Health Commissioner (Data Collection) Authorizes the Commissioner to carry out the functions of establishing qualified health benefit plan standards, establish a Health Insurance Exchange under subtitle A of title III, and administer individual affordability credits. The Commissioner is also required to promote accountability of qualified health benefit plan offering entities by conducting audits. The Commissioner shall collect data to facilitate the specified duties, including for the purposes of</p>	<p>Development and Utilization of Uniform Explanation of Coverage Documents and Standardized Definition The Secretary shall develop standards for use by the group health plan and a health insurance offering group or individual health insurance coverage, in compiling and providing a summary of benefits and coverage. This explanation shall accurately describe the benefits and coverage under the applicable plan or coverage. In developing the standards the Secretary shall consult with the National Association of Insurance Commissioners, a working group composed of representatives of health insurance-related consumer advocacy organizations, health insurance issuers, healthcare professionals, patient advocates including those representing individuals with limited English proficiency, and other qualified individuals. In developing such standards the Secretary shall provide for the following: the standards shall ensure that the summary is presented in a uniform manner; the summary is presented in a culturally and linguistically appropriate manner and utilizes terminology understandable by the average plan enrollee; the summary includes uniform definitions to enable the consumer to compare health insurance coverage; and a contact number for the consumer to call with any further questions. (Sec. 2715)</p> <p>Appeals Process Requires a group health plan and a health insurance issuer offering group or individual health insurance coverage to implement an effective appeals process for appeals of coverage determinations and claims. The process at a minimum shall: have an internal claims appeal process; provide notice to</p>

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Individual and Group Market (cont)	<p>promoting quality and value, protecting customers, and addressing disparities in health and healthcare. (Sec. 242)</p> <p>Prohibiting Discrimination in Healthcare. Except as otherwise permitted by this Act, all healthcare and related services (including insurance coverage and public health activities) covered by this act shall be provided without regard to personal characteristics extraneous to the provision of high quality care or related services. No later than 18 months after enactment the Secretary shall promulgate such regulations as necessary to insure the above requirement. (Sec. 252)</p>	<p>enrollees in a culturally and linguistically appropriate manner, of available internal and external appeals processes, and the existence of an ombudsman to assist with the appeals process; and, allow an enrollee to review their file, present evidence or testimony and receive continued coverage pending the outcome of the appeal. (Sec.2719)</p>
Public Option	<p>Establishment and Administration of a Public Health Insurance Option as an Exchange-Qualified Health Benefit Plan (Data Collection) Authorizes the Secretary to collect data required to establish premiums and payment rates for the public health insurance option, to improve quality and to reduce racial, ethnic, and other disparities in health and healthcare. (Sec. 321)</p> <p>Modernized Payment Incentive and Delivery Reform Allows payment under the public plan option to be made using innovative payment mechanisms including a medical home or other care management payments, ACOs, value-based purchasing, bundling of services, differential payment rates, performance or utilization based payment, partial capitation, and direct contracting with providers. Requires the Secretary to design and implement mechanisms to improve health outcomes, reduce health disparities, provide efficient and affordable care, address geographic variation in the provision of services, or prevent or manage chronic illnesses. Cost sharing may be modified to encourage use of services that promote health and value. Requires the Secretary to monitor and evaluate the progress of payment and delivery system reforms. (Sec. 324)</p>	<p>No provisions regarding health disparities.</p>
Language Access	<p>Medicare Rural Access Protections Establishment of National Priorities The Secretary shall establish national priorities for performance improvement by soliciting recommendations from outside stakeholders. The Secretary shall ensure that priority is given to areas in delivery that contribute to a large burden of disease, have the greatest potential to decrease morbidity and mortality, have the greatest potential for improving performance, affordability,</p>	<p>Special Rules The manager’s amendment amends Section 1331(e) to provide for transparency in coverage. The amendment requires plans in the state exchanges to submit information in plain language. Plain language is further defined as “language that the intended audience, including individuals with limited English proficiency, can readily understand and use because that language is concise, well-organized, and follows other best practices of plain language writing.</p>

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<p>Language Access (cont.)</p>	<p>and patent centeredness of healthcare, and address health disparities across groups and areas. (Sec. 1441)</p> <p>Medicare Beneficiary Improvements-Reducing Health Disparities Ensuring Effective Communication in Medicare The Secretary shall conduct a study that examines the extent to which Medicare service providers utilize, offer, or make available language services for beneficiaries who are limited in English proficiency and ways that Medicare should develop payment systems for language services. The report based on such study must be submitted to Congress not later than 12 months after Act's enactment. Authorizes sanctions for Medicare Advantage plans that fail to provide required language services. Authorizes appropriation of \$2 million from the Medicare trust fund for the study. (Sec. 1221)</p> <p>Demonstration to Promote Access for Medicare Beneficiaries with Limited English Proficiency by Providing Reimbursement for Culturally and Linguistically Appropriate Services Not later than 6 months after the Secretary completes the above study, CMS and the Center for Medicare and Medicaid Innovation shall carry out a demonstration project of no fewer than 24 3-year grants (of not more than \$500,000 over 3 years) to eligible Medicare service providers to improve effective communication between such providers and Medicare beneficiaries who are living in communities where racial and ethnic minorities are underserved. The Secretary shall take into consideration the results of the study in Section 1221 and adjust grant distribution to target beneficiaries with greatest need for language services. Sets rules for grantees. Provides that if the Secretary expands the demonstration, the results and the results of the study in Section 1221 shall be used to designate standards for training or accreditation for providers of interpretation, translation or language services in Medicare. Appropriates \$16 million per fiscal year from the hospital and SMI trust funds. (Sec. 1222)</p> <p>IOM Report on impact of language access services Requires the Secretary to contract not later than 3 years after enactment with the Institute of Medicine to conduct a study that examines the impact on the quality of care, access to care, the reduction in medical errors and costs or</p>	<p>(Sec. 1303 of manager's amendment)</p>

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<p>Language Access (cont.)</p>	<p>savings associated with the provision of language access services to limited English proficient populations. (Sec. 1223)</p> <p>Definitions Defines certain terms such as “Competent Interpreter Services”, “Language Services” and “Limited English Proficient” used in Subtitle B (Reducing Health Disparities). (Sec. 1224)</p>	
<p>Quality Improvements</p>	<p>Medical Home Pilot Program Establishes a medical home pilot program for the purpose of evaluating the feasibility and advisability of reimbursing qualified patient-centered medical homes for furnishing medical home services to high-need beneficiaries. The program will have sufficient scope to test the approach involved in a variety of settings, including underserved areas. Preference in selecting sites for Community-based Medical Homes model shall be given to applications which seek to eliminate health disparities. The Secretary shall evaluate the pilot program to determine the extent to which the program results in improvement in reducing health disparities, prevention of readmissions, and reduction in health expenditures. (Sec. 1302)</p> <p>Establishment of National Priorities by the Secretary Directs the Secretary to establish and periodically update, not less frequently than triennially, national priorities for performance improvement. In establishing and updating national priorities, directs the Secretary to solicit and consider recommendations from multiple stakeholders. With respect to such priorities, directs the Secretary to ensure that priority is given to areas in the delivery of healthcare services that contribute to a large burden of disease (including high-cost chronic diseases); have the greatest potential to decrease morbidity and mortality in this country, including those that are designed to eliminate harm to patients; have the greatest potential for improving the performance, affordability, and patient-centeredness of healthcare, including those due to variations in care; address health disparities across groups and areas; and have the potential for rapid improvement due to existing evidence, standards of care or other reasons. To fund the national priorities, directs the Secretary to transfer \$2,000,000 (for each of the FYs from 2010 through 2014) from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund. (Sec. 1441)</p>	<p>National Strategy for Quality Improvement in Healthcare Establishes a national strategy, through a transparent collaborative process, to improve delivery of healthcare services, patient health outcomes, and population health. The Secretary shall ensure that priorities will: have the greatest potential for improving the health outcomes, efficiency, and patient-centeredness of healthcare for all populations; identify areas in the delivery of healthcare services that have potential for rapid improvement in the quality and efficiency of patient care; address gaps in quality, efficiency, comparative effectiveness information, and health outcome measures and data aggregation techniques; improve Federal payment policy to emphasize quality and efficiency; enhance the use of healthcare data; address the healthcare provided to patients with high-cost chronic diseases; improve research and dissemination of strategies and best practices to improve patient safety and reduce medical errors, preventable admissions and readmissions, and healthcare associated infections; and, reduce health disparities across health disparity populations and geographic areas. (Sec.3011)</p> <p>Quality Improvement Technical Assistance and Implementation The Director, through the Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality shall award technical assistance grants or contracts to eligible entities, including providers of services and suppliers for which there are disparities in care among subgroups of patients, to provide technical support to institutions that deliver healthcare so that such institutions understand, adapt and implement the models and practices identified by the Center, including the Quality Improvement Networks Research Program. (Sec. 3501)</p> <p>Maternal, Infant and Early Childhood Home Visiting Programs</p>

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<p>Quality Improvements (cont.)</p>	<p>Development of New Quality Measures Directs the Secretary to enter into agreements with qualified entities (public, private, or academic institutions with technical expertise in the area of health quality measurement) to develop patient-centered and population-based quality measures for the delivery of healthcare services. Also directs the Secretary, consistent with the national priorities established above and with programs administered by CMS and in consultation with other relevant Federal agencies, to determine areas in which quality measures for assessing healthcare services in the United States are needed. Requires the Secretary to give priority to the development of quality measures that allow assessment of health outcomes, presence of impairment, functional status of patients, continuity and coordination of care, patient experience, patient engagement, safety, effectiveness, timeliness of care, health disparities including those associated with race, ethnicity, age, gender, place of residence or language, and efficiency and resource use in provision of care. Entities should consider developing quality measures that can be collected through the use of HIT supporting better delivery of healthcare services and are available free of charge to users. To fund the quality measurements, directs the Secretary to transfer \$25,000,000 (for each of the FYs from 2010 through 2014) from the Federal Hospital Insurance Trust Fund and the Federal Supplementary Medical Insurance Trust Fund. Also instructs GAO to periodically evaluate the program to determine the effectiveness of the quality measures and the extent to which these measures can result in quality improvement and cost savings and report to Congress. (Sec. 1442)</p>	<p>The purpose is to strengthen and improve maternal, infant and early childhood home visiting programs, improve coordination of services, and provide comprehensive services to improve outcomes for families who reside in at risk communities. As a condition for receiving funding, each state shall conduct an assessment that identifies: communities with concentrations of premature birth, low-birth weight infants, and infant mortality, poverty, crime, domestic violence, high rates of high-school dropouts, substance abuse, unemployment, or child maltreatment; the quality of existing childhood home visitation programs in the state, and the extent that these programs meet the needs of eligible families; and the states capacity to provide substance abuse treatment and counseling to individuals or families in need. The secretary shall award grants to entities to enable the entities to deliver services under early childhood visitation programs. Recipients of these grants must be able to demonstrate improvement in the following areas: improved maternal and newborn health, prevention of child injuries, abuse and neglect, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in coordination and referrals for other community resources and support. The bill grants authority to the Secretary to conduct an evaluation of the programs which shall include: an assessment of early childhood home visitation programs on child and parent outcomes, and the effectiveness of such programs on different populations, and to analyze the potential for the programs to improve healthcare practices, eliminate health disparities, and improve healthcare system qualities, efficiencies, and reduce costs. (Sec. 2951)</p> <p>Establishing Community Health Teams to Support the Patient-Centered Medical Home Establishes Health Teams pursuant to a grant or contract. These Health Teams shall: establish contractual agreements with primary care providers to provide support services; support patient-centered medical homes; collaborate with local primary care providers to coordinate disease prevention, chronic disease management and case management; collaborate with local health providers to develop and implement interdisciplinary care plans that integrate clinical and community preventative health promotion services; incorporate healthcare all stakeholders in program design and oversight; and, provide support for local primary care givers to provide quality-driven, cost-effective,</p>

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<p>Quality Improvements (cont.)</p>		<p>culturally appropriate, and patient- and family- centered healthcare. (Sec. 3502)</p> <p>Programs to Facilitate Shared Decision-Making. Establishes a program to facilitate collaboration processes between patients and caregivers that engage the patient in decision-making by providing the patient with information about trade-offs among treatment options, and facilitates the incorporation of patient preferences and values into the medical plan. The Secretary shall establish a program to award grants or contracts to develop, update and produce patient decision aids for preference sensitive care to assist the provider in educating the patient concerning the relative safety, effectiveness, and cost of treatment or, where appropriate, palliative care options. The patient decision aids shall be required: to be designed to engage the patients; present up-to-date clinical evidence about risks and benefits of treatment options in a form and manner that is age-appropriate and can be adapted for patients, caregivers, and authorized representatives from a variety of cultural and educational backgrounds to reflect the varying needs of consumers and diverse levels of health literacy; and, to address healthcare decisions across age span, including those affecting vulnerable populations including children. (Sec. 3506)</p> <p>Patient-Centered Outcomes Research Institute Establishes the Patient-Centered Outcomes Research Institute as a non-profit corporation. The Institute is funded through the Patient-Centered Outcomes Research Trust Fund (PCORTF), and is available without further appropriations. The Institute is intended to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing quality and relevance of evidence concerning matters of disease, disorders and other health conditions, and if they can be appropriately and effectively prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis. The Institute is required to identify research priorities by taking into account factors of disease incidence, prevalence, and burden in the United States, gaps in evidence in terms of clinical outcomes, practice variations and health disparities in terms of delivery and outcomes of care, and the potential for new evidence to improve patient health and well-being. Not less frequently than every five years, the Institute shall audit the overall effectiveness of the</p>

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<p>Quality Improvements (cont.)</p>		<p>Institutes work. This audit shall include an analysis of the extent to which research findings are used by healthcare decision-maker, the effect of the dissemination of such findings on reducing practice variation and disparities in healthcare, and the effect of research conducted and disseminated on innovation and the healthcare economy. (Sec. 6301)</p> <p>Quality Measure Development The Secretary, in consultation with the Director of the Agency for Healthcare Research and Quality and the Administrators of CMS, shall identify gaps where no quality measures exist and existing measures that need improvement, updating or expansion. The Secretary shall award grants, contracts, or intergovernmental agreements to develop, improve, update, or expand quality measures. Priority for the grants shall be given to the development of quality measures that allow the assessment of: health outcomes and functional status of patients; the management and coordination of care across episode of care; the use of shared decision-making tools; the meaningful use of health information technology; the safety, effectiveness, patient-centeredness, appropriateness, and timeliness of care; the efficiency of care; the equity of health services and health disparities across health disparity populations and geographic areas; patient experience and satisfaction; and, the use of innovative strategies and methodologies identified under section 933. (Sec. 3013)</p> <p>Provisions Relating to Medicare Part C (Medicare Advantage Payment) Provides for bonus payments of 0.5 percent of national per capita cost for expenditures for individuals enrolled under the original Medicare fee-for-services program based on care coordination and management performance beginning in 2014. The programs available for the bonus payments are: care management programs, patient education and self-management of health conditions programs, transitional care interventions, patient safety programs, programs that promote systematic coordination of care by primary care physicians, programs that address, identify, and ameliorate healthcare disparities among principal at-risk subpopulations, medication therapy management programs, and health information technology programs. (Sec. 3201)</p>

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Workforce	<p>Coordination of Diverse and Cultural Competency Programs The Secretary shall award grants to facilitate the development of cultural competency programs. (Sec. 2243)</p> <p>Interdisciplinary Training Programs Creates grant programs for entities to address health disparities by promoting cultural and linguistic competency training for health professionals, including nurse professionals. (Sec. 2251) Creates a grant program for eligible entities to develop and operate training programs to promote delivery of care through interdisciplinary and team-based models and coordination of care within and across settings. (Sec. 2252)</p> <p>Federally Qualified Behavioral Health Centers Establishes criteria for certification of federally qualified behavioral health centers. Each center shall perform each of the following: provide services in locations that ensure availability and accessibility in a prompt manner which preserves dignity and assures continuity of care; provide services in a mode of services delivery appropriate for the target population; provide individuals with a choice of service options; employ a core staff of clinical staff that is multidisciplinary and culturally and linguistically competent; provide services, within limits of the center, to any individuals residing within the service area; and, maintain linkage with inpatient psychiatric facilities and substance abuse and detoxification centers. (Sec. 2513)</p> <p>Grant to Promote Positive Health Behaviors and Outcomes The Secretary shall award grants to eligible entities to promote positive health behaviors for populations in medically underserved communities through the use of community health workers. The funds shall be used to support community health workers: to educate, guide and provide outreach in a community setting regarding health problems prevalent in medically underserved communities, especially racial and ethnic minority populations; to educate, guide, and provide experimental learning opportunities that target behavioral risk factors; and, to educate and provide guidance regarding effective strategies to promote positive health behaviors within the family. Each application for grant shall contain an assurance that each community health worker program receiving funds under the grant will provide services in the cultural context most appropriate for the individual served by the program. In awarding grants, the</p>	<p>Advancing Research and Treatment for Pain Care Management The Secretary may award grants for the development and implementation of programs to provide education and training to healthcare professionals in pain care. The programs must include information and education on: recognized means for assessing, diagnosing, treating, and managing pain; applicable laws, regulations, rules, and policies on controlled substances; interdisciplinary approaches to the delivery of pain care; cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and, recent findings and developments. (Sec. 4305)</p> <p>Healthcare Workforce Loan Repayment Programs – Pediatric Workforce Priority of entering into contracts shall be granted to applicants who: are or will be working in a school; have familiarity with evidence-based methods and cultural and linguistic competence healthcare services; and demonstrate financial need. (Sec. 5203)</p> <p>Primary Care Training and Enhancement The Secretary shall make grants available to accredited entities to train primary care providers. Priority shall be granted to applicants that: propose a collaborative approach between academic administrative units of primary care; proposes innovative approaches to clinical teaching using models of primary care; have a record of training the greatest percentage of providers; provide training in the care of vulnerable populations, such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance related disorder, individuals with HIV/AIDS, and individuals with disabilities; or provide training in cultural competency and health literacy. (Sec. 5301)</p> <p>Training in General, Pediatric, and Public Health Dentistry The Secretary shall make grants available to eligible entities. Priority in awarding grants shall be made for the following: applicants that propose collaborative projects between departments of primary care medicine and department of general, pediatric and public health dentistry; have a record of training the greatest percentage of providers; provide training in the care of vulnerable populations, such as children, older adults, homeless individuals,</p>

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Workforce (cont.)	<p>Secretary shall give priority to applicants that: propose to target geographic areas: with a high percentage of residents who are eligible for health insurance but are uninsured or underinsured; with a high percentage of residents who suffer from chronic disease; have experience in providing health or health-related social services to individuals who are underserved with respect to such services; or, have documented community activity and experience with respect to such services. Community health worker means an individual who promotes health or nutrition within the community in which the individual resides: by serving as a liaison between communities and healthcare agencies; by providing guidance and social assistance to community residents; by enhancing community residents' ability to effectively communicate with healthcare providers; by providing culturally and linguistically appropriate health or nutrition education; by advocating for individual and community health, including oral and mental, or nutritional needs; and by providing referral and follow-up services or otherwise coordinating care. (Sec. 2530)</p>	<p>victims of abuse or trauma, individuals with mental health or substance related disorder, individuals with HIV/AIDS, and individuals with disabilities; have a record of training individuals who are from a rural or disadvantaged background, or from unrepresented minorities; provide training in cultural competency and health literacy; or applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings. (Sec. 5303)</p> <p>Cultural Competency, Prevention, and Public Health and Individuals with Disability Training Alters Title VII – Section 741 of the Public Health Service Act by inserting the goals of dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training. The bill creates grants for programs that aim to meet the goals mentioned above. (Sec. 5307)</p> <p>Grants to Promote the Community Health Workforce Defines Community Health Worker as an individual who promotes health or nutrition within the community in which the individual resides: by serving as a liaison between communities and healthcare agencies; by providing guidance and social assistance to community residents; by enhancing community residents' ability to communicate with providers; by providing culturally and linguistically appropriate health or nutrition education; by advocating for individual and community health; and by providing referral and follow-up services or otherwise coordinating care. (Sec. 5313)</p> <p>Primary Care Extension Program Establishes Primary Care Extension Agencies to support and assist primary care providers (PCP). These agencies may: provide technical assistance, training and organizational support for community health teams; collect data and provision of PCP feedback from standardized measurements of processes and outcomes; collaborate with local health departments in community-based efforts to address the social and primary determinants of health, strengthen the local primary care workforce, and eliminate health disparities; and develop measures to monitor the impact of the proposed program on the health of</p>

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Workforce (cont.)		<p>enrollees. Defines a Health Extension Agent as any local, community-based health worker who facilitates and provides assistance to primary care practices by implementing quality improvement or system redesign, incorporates the principles of the patient-centered medical home to provide high-quality, effective, efficient, and safe primary care and to provide guidance to patients in culturally and linguistically appropriate ways, and linking practices to diverse health system resources. (Sec. 5405)</p> <p>Demonstration Projects to Address Health Professions Workforce Needs The Secretary shall award grants to States to conduct demonstration projects for purposes of developing core training competencies and certification programs for personal or home care aides. The core competencies of such demonstrations shall include: the role of personal or home care aide; consumer rights, ethics, and confidentiality; communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills; personal care skills; healthcare support; nutritional support; infection control; safety and emergency training; and self-care. (Sec. 5507)</p>
Medical-Legal Partnerships	<p>Medical-Legal Partnerships Establishes a demonstration project to award grants to assist patients and their families in navigating health-related programs and activities. The grants shall be used to enhance access to health care services; improve health outcomes for low-income individuals; reduce health disparities; and, enhance wellness and prevention of chronic conditions. (Sec. 2537)</p>	No provisions regarding health disparities.
Prevention	<p>National Prevention and Wellness Strategy Requires the Secretary to submit a national strategy designed to improve the Nation's health through evidence-based clinical and community prevention activities. The strategy shall identify health disparities in prevention and wellness. In forming this strategy the Secretary shall consult with the Office of Minority Health. (Sec. 2301 adding Sec. 3121)</p> <p>Task Force on Clinical Preventive Services Establishes a permanent task force known as the Task Force on Clinical Preventive Services. The task force shall take into account health disparities in developing, updating, publishing, and disseminating evidence-based</p>	<p>Personal Responsibility Education Personal Responsibility Education programs shall be designed in order to educate adolescents on abstinence and contraception for the prevention of pregnancy and sexually transmitted infections. The programs shall be required to: replicate evidence-based effective programs; be medically-accurate and complete; include activities to educate youths who are sexually active regarding responsibility; place substantial emphasis on both abstinence and the use of contraception; provide age-appropriate information and activities; and, ensure the information and activities carried out under the program are provided in the cultural context that is most appropriate for individuals in the population group they are directed. The Secretary shall award grants to entities implementing innovative strategies and target services to high-risk,</p>

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<p>Prevention (cont.)</p>	<p>recommendations on the use of such services. Establishes a Clinical Prevention Stakeholders Board, consisting of many stakeholders. These stakeholders include federal departments and agencies, including the Office of Minority Health, and the National Center on Minority Health and Health Disparities. (Sec. 2301 adding Sec. 3131)</p> <p>Community Prevention and Wellness Services Grants Provides for community prevention and wellness services grants to assist state or local health departments or public or private nonprofit entities in providing evidence-based community based prevention and wellness services. A “Health Empowerment Zone” community partnership addressing health disparities would also be eligible. At least 50% of these funds must be spent on implementing services whose primary purpose is to reduce health disparities. (Sec. 2301 adding PHSA Sec. 3151)</p>	<p>vulnerable, and culturally under-represented youth populations. (Sec. 2953)</p> <p>Prevention of Chronic Disease and Improving Public Health (Community Preventive Services Task Force) Establishes an independent Community Preventive Services Task Force. The Task Force shall review scientific evidence related to effectiveness, appropriateness, and cost-effectiveness of community prevention interventions in order to develop recommendations to be published in the Guide to Community Preventive Services. The Task Force shall develop additional topic areas for new recommendations and interventions related to those topic areas. These topic areas shall include those related to specific age groups, as well as the social, economic, and physical environment that can have broad effects on the health and disease of population and health disparities among sub-populations and age groups. (Sec. 4003)</p> <p>Oral Healthcare Prevention Activities (Oral Healthcare Prevention Education Campaign) Establishes an Oral Healthcare Prevention Education Campaign. In establishing the campaign the Secretary shall ensure that activities are targeted towards specific populations such as children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minorities, including Indians, Alaska Natives and Native Hawaiians in a culturally and linguistically appropriate manner. (Sec. 4102)</p> <p>Creating Healthier Communities (Community Transformation Grants) The Secretary shall award grants to State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming. The grants shall be used to develop a Community Transformation Plan that includes the policy, environmental, programmatic, and infrastructure changes needed to promote healthy living and reduce disparities. Activities within the plan may focus on (but not limited to): creating healthier school environments, creating infrastructure to support</p>

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Prevention (cont.)		active living, develop programs to target a variety of age levels, worksite wellness programs and incentives, highlighting healthy options at food venues, prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health, and addressing special populations needs. (Sec. 4201)
Data Collection and Reporting	<p>Duties and Authorities of Health Commissioner (Data Collection) Authorizes the Commissioner to carry out the functions of establishing qualified health benefit plan standards, establish a Health Insurance Exchange under subtitle A of title III, and administer individual affordability credits. The Commissioner is also required to promote accountability of qualified health benefit plan offering entities by conducting audits. The Commissioner shall collect data to facilitate the specified duties, including for the purposes of promoting quality and value, protecting customers, and addressing disparities in health and healthcare. (Sec. 242)</p>	<p>Understanding Health Disparities: Data Collection and Analysis Amends the Public Health Service Act by adding “Title XXXI – Data Collection, Analysis, and Quality.” Title XXXI states the Secretary shall ensure any federally conducted or supported healthcare program, activity, or survey collects and reports: data on race, ethnicity, sex, primary language, and disability status; data on the smallest geographic level if it can be aggregated; and, sufficient data to generate estimates by the metrics listed above. The Secretary shall make the analyses available to the Office of Minority Health, the National Center on Minority Health and Health Disparities, AHRQ, CMS, CDC, the Indian Health Services, Office of Rural Health, and other agencies with HHS. The Title also addresses healthcare disparities in Medicaid and CHIP by standardizing collection requirements. The Secretary shall evaluate approaches for the data collection to ensure it allows for the ongoing, accurate, and timely collection and evaluation of data on disparities in healthcare services and performance. (Sec. 4302)</p>
Community Health Needs Assessment	No similar provision.	<p>Additional Requirements for Non-Profit Tax-Exempt Hospitals Requires hospitals who wish to qualify as non-profit tax-exempt to create a community health needs assessment once every three years. The bill prevents hospitals from using extraordinary collection practices to pursue bad debt. Also requires hospitals to offer an assistance policy and to limit charges on people who qualify for financial assistance. (Sec. 4959)</p>
Wellness Program Grants	<p>Wellness Program Grants As part of the certification process, the Secretaries of Health and Human Services and Labor shall: ensure that employers make the programs culturally competent, physically and programmatically accessible (including for individuals with disabilities), and appropriate to the health literacy needs of the employees covered by the program; require a health literacy component; and, compile and disseminate to employer health plans information on models health literacy curricula and instructional programs. (Sec. 112)</p>	No similar health disparities related provisions.

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Comparative Effectiveness Research	<p>Establishment of Center for Comparative Effectiveness Research</p> <p>The Secretary shall establish a Center for Comparative Effectiveness to conduct, support, and synthesize research with respect to outcomes, effectiveness, and appropriateness of healthcare services within the Agency for Healthcare Research and Quality. The Center shall conduct, support and synthesize research relevant to the comparative effectiveness of the full spectrum of healthcare items, conduct and support systematic reviews of clinical research, develop and use scientific methodologies for comparative effectiveness studies, submit reports, and appoint clinical perspective advisory panels for research priorities that will consult with patients and other stakeholders. The Center may obtain data to carry out this section. The Secretary shall establish an independent Comparative Effectiveness Research Commission to advise the Center and evaluate the activities carried out by the Center. The Commission shall recommend national priorities for research, monitor the appropriateness of use of the CERTF described in the subsection (g) with respect to the timely production of comparative effectiveness research, identify highly credible research methods and standards of evidence, review methodologies developed by the Center, support forums to increase stakeholder awareness and permit feedback on the efforts of the Center, make recommendations to the Center for the priority for periodic reviews of previous comparative effectiveness research, at least annually review the processes of the Center, make recommendations for broad dissemination and hold at least two public meetings for stakeholder input. The Commission shall consist of the Director of the AHRQ, the Chief Medical Officer of CMS, the Director of the NIH, and 16 additional members who represent a broad range of perspectives and collectively have experience in epidemiology, health services research, bioethics, decision sciences, health disparities and health economics. (Sec. 1401)</p>	No similar health disparities related provisions.
Health Information Technology	<p>Assistant Secretary for Health Information</p> <p>The Secretary shall appoint an Assistant Secretary for Health Information. The Assistant Secretary shall ensure the collection, collation, reporting, and publishing of information on key health indicators, facilitate and coordinate the collection, collation, reporting and publishing of information regarding the Nation's health, develop standards for the collection of data regarding the nation's health. The Assistant Secretary should ensure the data is appropriate specificity and standardization, include standards, as appropriate, for collection of accurate data on health disparities, ensure consistency with 1997 Office of Management and Budget Standards, and develop standards for</p>	No similar health disparities related provisions.

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Health Information Technology (cont.)	<p>collection with respect to primary language. (Sec. 1709)</p> <p>Coordination The Assistant Secretary shall coordinate with public and private entities that collect and disseminate information on health and healthcare and the head of the Office of the National Coordinator for Health Information Technology to ensure optimal use of HIT. The Assistant Secretary shall submit to the Secretary and Congress an annual report containing a description of national, regional, or State changes in health or healthcare, a description of gaps in the collection, collation, reporting, and publishing of information regarding the nation's health, recommendations for addressing the gap, and a description of analyses of health disparities, including results of completed analyses, the status of ongoing longitudinal studies, and proposed or planned research. (Sec. 1709)</p> <p>Reauthorization of Telehealth and Telemedicine Grant Programs Reauthorizes programs to support telehealth networks and telehealth resource centers. For telehealth networks, the Secretary shall give preference to entities that demonstrate broad geographic coverage and address health disparities. For telehealth resource centers, the Secretary shall give preference to entities that demonstrate a record of collaborating and sharing expertise with providers of telehealth services at the national, regional, state, and local levels. Provides incentive grants for state coordination. Appropriates \$10,000,000 for FY 2011 and such sums necessary for FYs 2012 through 2015. (Sec. 2523)</p>	
Office of Minority Health	<p>Office of Minority Health Transfers the Office of Minority Health to the Office of the Secretary. Creates additional minority health offices in the following agencies: The Centers for Disease Control and Prevention; the Substance Abuse and Mental Health Services Administration; the Agency for Healthcare Research and Quality; the Health Resources and Services Administration; and, the Food and Drug Administration. The bill does not establish new regulatory authority for the Office of Minority Health. (Sec. 2588A)</p>	<p>Minority Health The manager's amendment transfers the Office of Minority Health to the Office of the Secretary of Health and Human Services, to be headed by the Deputy Assistant Secretary for Minority Health. The Deputy Assistant Secretary shall retain and strengthen prior authorities for the purpose of improving minority health and the quality of healthcare minorities receive, and eliminating racial and ethnic disparities. In carrying out this section, the Deputy Assistant Secretary shall award grants, contracts, enter into memoranda of understanding, cooperative, interagency, intra-agency and other agreements with public and nonprofit private entities and organizations that are indigenous human resource providers in communities of color to assure improved health status of racial and ethnic minorities, and shall develop measures to evaluate the effectiveness of activities aimed at reducing health disparities and</p>

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Office of Minority Health (cont.)		<p>supporting the local community.</p> <p>The manager's amendment also redesignates the National Center on Minority Health and Health Disparities, as the National Institute on Minority Health and Health Disparities. The Institute will have expanded research endowments, by including centers of excellence under section 464z-4. (Sec. 10334 of manager's amendment)</p>

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