THE CONTINUING NEED FOR THE HEALTH EQUITY AND ACCOUNTABILITY ACT

Health care advocates across the country applauded the passage of the 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 biggest advancement for minority health 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 racial and ethnic health disparity elimination is a national priority. Under the leadership of Secretary Sebelius, HHS developed the National Partnership for Action to End Health Disparities and the National Stakeholder Strategy for achieving Health Equity, two strategic plans that represent the country's first coordinated roadmap to reducing health disparities. Additionally, the development of the National HIV/AIDS strategy, along with the Office of Minority Health's culturally and linguistically appropriate services (CLAS) Enhancement initiatives show that the Obama Administration understands the unique challenges facing racial and ethnic communities.

The ACA is the foundation upon which continuing efforts to eliminate racial and ethnic health and health care disparities must be based, and improving on this foundation is the objective of the new Congressional Tri-Caucus's Health Equity and Accountability Act (HEAA). The Tri-Caucus, comprised by the Congressional Asian Pacific American Caucus (CAPAC), Congressional Black Caucus (CBC), and the Congressional Hispanic Caucus (CHC), has been introducing comprehensive health disparity bills for the past several Congressional sessions. The most recent version was H.R. 3090, the Health Equity and Accountability Act of 2009, which tackled disparities on several levels, from the root causes to obstacles to access, to inequities in the healthcare system itself.

Why we still need the HEAA
Minority health advocates are committed to ensuring the ACA is implemented and funded to the fullest extent possible. The ACA made historic gains in extending access to health insurance coverage to millions of uninsured Americans. Yet health insurance coverage is only a prerequisite for accessing high quality care and is by no means a guarantee. In fact, the evidence shows that health and health care disparities are pervasive even when people have insurance. These disparities are exacting a prohibitive toll on the nation in the form of avoidable loss of life and limb, lower productivity, and skyrocketing health care costs.

As advocates for our communities, we feel it is important that our Congressional representatives offer a principled, comprehensive, and strategic plan for achieving health care equity to build on the progress made by health care reform, and complement HHS' strategic plans to eliminate health disparities. Achieving health equity—the highest level of health for everyone—requires Congress to introduce federal legislation that specifically addresses health and health care disparities elimination.

The Scope of HEAA 2011
The HEAA Community Working Group, in collaboration with Tri-Caucus staff, is engaging in an ongoing process to revise the most recent iteration of the Health Equity and Accountability Act (H.R. 3090) so that it aligns with and builds upon the foundation for health equity laid by the ACA and the American Recovery and Reinvestment Act (ARRA), which incorporated the Health Information Technology for Economic and Clinical Health (HITECH) Act. Our overarching goal is to develop an updated and improved HEAA that maximizes the ACA's health equity impact, comprehensively addresses persistent health and healthcare disparities, and represents the best current thinking on how to achieve and sustain health and healthcare equity.

Through a broad and collaborative process, we have developed several recommendations for an updated HEAA 2011. Using H.R. 3090 as the floor, our proposed legislation includes 10 titles, including critical new titles that focus on Health Information Technology, high minority impact diseases, mental and behavioral health, and community-level prevention.