

July 1, 2009

NATIONAL HEALTH EQUITY COALITION

The Honorable George Miller, Chairman
Committee on Education and Labor
US House of Representatives
Washington, DC 20515

The Honorable Charles Rangel, Chairman
Committee on Ways and Means
US House of Representatives
Washington, DC 20515

The Honorable Henry A. Waxman, Chairman
Committee on Energy and Commerce
US House of Representatives
Washington, DC 20515

Re: ***Health Reform Legislation and the Health Equity & Accountability Act of 2009***

Dear Chairmen Miller, Rangel, and Waxman:

I am writing on behalf of the National Health Equity Coalition to urge your leadership and support in eliminating racial and ethnic health disparities by incorporating the *Health Equity and Accountability Act of 2009* in the final health reform legislation. While the proposed Tri-Committee legislation introduces many critical reform elements, additional consideration must be given to the elimination of racial and ethnic health disparities. For this reason, we believe it is critical that the provisions in the Tri-Caucus bill be incorporated in the final legislation.

While the nation has made considerable progress in reducing the prevalence of chronic disease, African Americans, American Indians, Alaska Natives, Pacific Islanders, and some Asian American and Hispanic subgroups still suffer from disproportionately high rates of illness and disability. Although the national age-adjusted death rate has declined, racial and ethnic differences in mortality are stubbornly persistent. Health disparities are complex and stem from many causal factors including differences in health insurance coverage and access to high-quality healthcare. Comprehensive health reform is essential to improving the health of our country and must go beyond healthcare insurance. Health reform legislation presents a unique opportunity to address the deficiencies in our nation's health system and work towards the elimination of health disparities and the right to health care for all. We therefore urge you to incorporate and build upon the Tri-Caucus legislation in the final legislation to:

- **Sustain and support the role of traditional safety-net providers** such as community health centers and public hospitals and provide additional financial resources or other support where needed.
- **Ensure access to a medical home** including the management of chronic conditions, regular preventive screenings, and improved primary care.
- **Expand community-based prevention and wellness** by establishing Health Empowerment Zones; codifying the CDC's Racial and Ethnic Approaches to Community Health (REACH) program as an effective approach to community health; providing for grants and demonstration programs; and funding Community Health Workers.
- **Increase diversity among the health professions and institute financial incentives** to attract and retain health providers to practice in underserved and provider shortage areas; make health professional schools more affordable for

minority students; help health professional schools establish a diverse faculty; and better prepare primary and secondary minority students for college.

- **Incorporate universal adoption of cultural and linguistic competence in healthcare settings** not just those receiving federal funds and reward healthcare organizations that implement the CLAS standards.
- **Develop a strategy and standardized measures for collecting, monitoring and reporting data on health disparities.**
- **Improve interagency collaboration and implement health impact assessments.**
- **Assure environmental justice** by codifying the enforcement of Executive Order 12898.
- **Encourage the adoption of quality improvement programs that address the healthcare challenges and needs of underserved communities.**
- **Emphasize and provide incentives for efforts to improve the health of minorities and disparity populations living in rural and frontier communities.**
- **Establish an Office of Urban Health** within the Health Resources and Services Administration to administer grant programs and provide technical assistance and counseling to improve urban health and support urban health research.
- **Reduce barriers to enrollment in public health insurance programs including** eliminating, or at least ameliorating, citizenship documentation requirements in public programs.
- **Foster greater equality through the enforcement of civil rights laws that impact health** including ensuring all healthcare providers are aware of their obligations to comply with civil rights laws and the Office of Civil Rights is given sufficient resources to address both intentional and unintentional discrimination related to health disparities.

We would like to thank you once again for your leadership and commitment to eliminating health disparities. We also thank you for your thoughtful consideration of this request and offer our assistance in addressing this critical issue.

Sincerely,



Lark Galloway-Gilliam

On behalf of National Health Equity Coalition

CC: President of the United States Barack Obama
Speaker Nancy Pelosi
Majority Leader Steny Hoyer
Majority Whip James Clyburn
House Energy and Commerce Committee
House Energy and Commerce Committee, Subcommittee on Health
House Ways and Means Committee
House Ways and Means Committee, Subcommittee on Health

National Health Equity Coalition

July 1, 2009 Re: Tri-Caucus

House Education and Labor Committee
Congressional Asian Pacific American Caucus
Congressional Asian Pacific American Caucus Health Taskforce
Congressional Black Caucus
Congressional Black Caucus Health Braintrust
Congressional Hispanic Caucus
Congressional Hispanic Caucus Health and the Environment Taskforce