



c/o Community Health Councils, Inc
3731 Stocker St. Suite 201
Los Angeles, CA 90008
Ph. 323.295.9372 Fax 323.295.9467
www.nationalhealthequitycoalition.org

March 19, 2010

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
235 Cannon House Office Building
Washington, DC 20515

The Honorable Harry Reid
Senate Majority Leader
U.S. Senate
522 Hart Senate Office Building
Washington, DC 20510

Dear Madam Speaker and Senator Reid:

The undersigned members and supporters of the National Health Equity Coalition (NHEC), a policy and advocacy network committed to the elimination of racial and ethnic health disparities and the achievement of health equity, urge you to do everything you can to pass comprehensive health reform legislation without further delay. The current legislation, H.R. 3590, may not be the perfect solution, but it represents an enormous step forward towards preventing and reducing health disparities.

Inequalities in health status and health care exact a significant human and economic toll on the nation. Their persistence means that millions of Americans and their families suffer needlessly from a disproportionately higher burden of illness and mortality. With projections indicating that nearly 1 in 2 people living in the U.S. by mid-century will be a person of color, our nation's health status clearly depends on our ability to improve the health of our fastest-growing communities.

Health reform legislation must include provisions that will eliminate disparities and achieve health equity. We strongly support the current legislation because it will significantly expand access to quality health insurance and health care and public health services for millions of racial and ethnic minorities, including women of color and people of color with disabilities, as well as other disadvantaged populations. In particular, H.R. 3590 includes several critical provisions that NHEC has been supporting throughout the health reform debate, including:

1. Expanding federally qualified health centers, school-based health clinics, and nurse-managed health care and wellness services in medically underserved areas, which are important parts of our traditional health safety-net.
2. Improving enrollment of eligible individuals in public health insurance programs by establishing health information technology enrollment standards and funding community health workers to provide outreach and education regarding enrollment.
3. Increasing access to medical homes by establishing grants for community health teams to implement patient-centered medical homes and help primary care practices coordinate and improve quality of care.
4. Expanding effective community-based approaches to preventing and reducing health disparities by providing state and local governments and community-based organizations community transformation grants to improve opportunities for physical activity, eating nutritious foods, smoking cessation, and healthy living.
5. Prohibiting discrimination in any health program or activity that receives Federal financial assistance or is administered by an Executive agency.
6. Reauthorizing and expanding effective programs that improve the diversity and distribution of the health care and public health workforce.

7. Improving cultural competence among health professionals by requiring the dissemination of research, demonstration projects and model curricula for cultural competence and public health competence to be used in health professions schools and continuing education programs.
8. Ensuring data collection on health disparities by requiring all federally conducted or supported programs to collect and report data on race, ethnicity, sex, primary language, disability status, socioeconomic status, geography, and other demographic factors using standardized measures.
9. Improving quality of care by requiring a National Strategy for Quality Improvement in Healthcare with priorities to improve the nation's health and health care services, including reducing health disparities.
10. Establishing a Patient-Centered Outcomes Research Institute to support and disseminate research on the effectiveness of health care services while considering potential differences among racial and ethnic minorities and other subpopulations.
11. Developing quality measures to improve the assessment of health outcomes, quality of care, the meaningful use of health information technology, the equity of health services, and health disparities across health disparity populations.
12. Establishing a Community Preventive Services Task Force to review scientific evidence and develop recommendations on best-practices for community prevention interventions, including changes in the social, economic, and physical environment that can have broad effects on the health of populations and health disparities among sub-populations and age groups.
13. Expanding the authority and resources of the Office of Minority Health by transferring it to the Office of the Secretary of Health and Human Services to be headed by the Deputy Assistant Secretary for Minority Health and establishing individual Offices of Minority Health within HHS.
14. Re-designating the National Center on Minority Health and Health Disparities as the National Institute on Minority Health and Health Disparities and providing it expanded research endowments by including centers of excellence.

We strongly support passing health reform legislation with these and other critical provisions that will improve the health of communities experiencing health disparities. We look forward to working with you to make sure racial and ethnic health disparities are addressed both in further legislative improvements and subsequent implementation of the law. Thank you for your continued work on this issue and please do not hesitate to contact us if we can assist you in your efforts.

Sincerely,

Agenda for Children Tomorrow
American Nurses Association
American Public Health Association
Asian & Pacific Islander Caucus of Public Health
Association of Black Cardiologists
Association of Clinicians for the Underserved
Association of Minority Health Professions Schools
B Free CEED Coalition: National Center of Excellence in the Elimination of Hepatitis B Disparities (New York, NY)
Black Women for Wellness
Black Women's Health Imperative
Bronx Independent Living Services
Brooklyn Perinatal Network, Inc.
California Religious Coalition for Reproductive Choice
Center for Independence of the Disabled (NY)

Charles Drew University
Commission on the Public's Health System
CommonHealth ACTION
Community Health Councils, Inc.
DeVany Industrial Consultants
Families USA
Family Voices
Flint Odyssey House Inc., Health Awareness Center
Harlem Independent Living Center
Healthy LIifestyle La Plata
Hidalgo Medical Services
Highbridge Community Life Center
HIV Medicine Association
Khmer Health Advocates, Inc
La Fe Policy Research and Education Center
Medicaid Matters New York
Meharry Medical College
Morehouse School of Medicine
National AHEC Organization
National Alliance of State & Territorial AIDS Directors
National Council for Diversity in the Health Professions
National Health Law Program (NHeLP)
New Hampshire Minority Health Coalition
New York Association on Independent Living
New York Lawyers for the Public Interest
Orange County Asian and Pacific Islander Community Alliance (OCAPICA)
Out of Many, One
Papa Ola Lokahi
Partnership for Prevention
Portland Public Health and Human Services Department, Minority Health Program
Public Health-Seattle & King County
Seattle & King County REACH Coalition
Society for Public Health Education
South Los Angeles Health Projects
Summit Health Institute for Research and Education, Inc.
Trust for America's Health
Ward Economic Development Corporation
YOUR Center (Flint, MI)

Cc: Rep. Henry Waxman
Rep. George Miller
Rep. Sander Levin
Sen. Tom Harkin
Sen. Max Baucus
Sen. Christopher Dodd
Rep. Barbara Lee
Rep. Nydia Velázquez
Rep. Michael Honda