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Minority Health Improvement Touches Each Government Branch-Federal and State



By Lloyd Pierre-Louis

While the Patient Protection and Affordable Care Act's (ACA) primary goal is to provide access to insurance coverage to 30 million people, it also includes provisions on disparities reduction, data collection and reporting, quality improvement and prevention.¹ The ACA, which withstood its most serious challenge before the US Supreme Court in 2012,² mandates priorities to improve health care delivery and to bring prevention and wellness to the forefront of national policy.

Towards those ends, the US Department of Health and Human Services' Action Plan to Reduce Racial and Ethnic Health Disparities details several initiatives to improve health conditions in minority communities. The stated goals include transforming health care, strengthening the nation's health and human services infrastructure and workforce, and advancing health, safety and well-being.³

One component to the ACA that touched minority health in Ohio directly was Medicaid expansion, which now includes individuals under 65 years old with incomes below 133% of the Federal poverty line.⁴ Recall that Ohio's Governor and General Assembly sparred over whether Ohio should expand in 2013 – an arrangement in which the Federal Government would pay 100 percent of the costs of covering newly eligible individuals for three years through 2016, and 90 percent of costs through 2020 and beyond for approximately 275,000 adults. The General Assembly attempted to block expansion in the biennium budget,⁵ but the Governor vetoed the language,⁶ then used administrative powers and a legislative oversight committee to expand it.

In December, the Ohio Supreme Court rejected an attempt by a small number of legislators and special interest groups to block expansion, reminding the plaintiffs that their only remedy was through a veto override – an extraordinary Constitutional measure rarely successful in Ohio.⁷ The Court viewed the lawsuit as an attempt to circumvent the Constitution and separation of powers. As a result, the expansion is applicable in Ohio.⁸

The ACA continues to be the most significant healthcare reform legislation of this generation, continuing to accept enrollees for private insurance coverage. The deadline for open enrollment for insurance coverage remains March 31 – HOWEVER, the Administration announced deadline extensions for several categories of applicants, including those who attest that they attempted to enroll timely. The bottom line is simple: get coverage.

¹ACA, Section 4302

²Nat'l Fed'n of Independent Business v. Sebelius, (June 28, 2012), US Sup. Case No. 11-383.

³US Department of Health and Human Services' Action Plan to Reduce Racial and Ethnic Health Disparities, A Nation Free of Disparities in Health and Health Care

⁴42 USC 1396a(a)(10)(A)(i)(8).

⁵Am.Sub.H.B.59

⁶June 30, 2013 Veto Message from Governor of Ohio

⁷State, ex rel. Cleveland Right to Life v State of Ohio Controlling Board, 2013-Ohio-5632, 138 Ohio St.3d 57.

⁸Id.

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