



Society for Public Health Education's

## 18TH ANNUAL ADVOCACY SUMMIT

# SUPPORT S. 1903/ H.R. 3285

**REQUEST: Support S. 1903/ H.R. 3285, the Reducing Disparities Using Care Models and Education Act of 2015.** This bill requires the Department of Health and Human Services (HHS) to contract with the National Academy of Medicine (formerly known as the Institute of Medicine) to study health disparities, existing programs and policies intended to reduce disparities, and priorities for, and expansion of, programs targeting disparities.

**H.R. 3285 was introduced by Rep. Bill Pascrell, Jr. (D-NJ 9) in July 2015 and has 22 cosponsors. S. 1903 was introduced by Sen. Cory Booker (D-NJ) and has one cosponsor. The legislation will strengthen existing evidence on eliminating costly health disparities and support testing of new care models and payment approaches to improve health equity.**

### Economic Impact of Health Disparities

Racial health disparities are estimated to cost the nation \$35 billion in excess health care expenditures, \$10 billion in illness-related lost productivity and nearly \$200 billion in premature deaths.

Disparities in health and health care also limit overall improvements in quality of care and health for the broader population and result in unnecessary costs. As the United States becomes more diverse it is increasingly important to address health disparities.

### Why this Legislation is Needed

This legislation fills the gap in existing policies by:

- Addressing the extent of health disparities in the type and quality of preventive interventions, health services, and outcomes in *all* populations, including children
- Identifying and addressing underlying factors that may contribute to inequities in such disparities in all populations, including children;
- Calling for HHS to develop guidelines for entities to develop and implement programs to reduce health disparities. HHS must incorporate these guidelines into its activities and may award grants for programs to reduce health disparities.
- Directing CMS' Center for Medicare and Medicaid Innovation to test a payment and service delivery model that enhances the quality of health and health care, reduces cost through

improvement, and includes incentives for reducing health disparities.

- Provides an excellent opportunity for evidence-based health education interventions to be studied and implemented on a large scale.

### How Can Health Education Specialists (HES) Contribute to Health Equity?

HES have training and expertise in behavior modification, cultural competency, policy/systems change, community engagement, and bridging health care and community resources to help address root causes of racial/ethnic health disparities in rural and urban communities. Many HES are certified through a rigorous testing process, attesting to their unique educational competencies and continuing education requirements.

HES advocate for policies that respond to local health disparities. For example, HES strategies to reduce tobacco and secondhand smoke exposure in the community might include adopting smoke-free policies in multi-unit housing, stronger local tobacco ordinances, and increased access to smoking cessation services.

Cost and economic data for HES interventions are needed. Including HES in CMMI new care models and payment approaches represents one new opportunity to reduce health disparities and improve the quality of health and health care.