OLHA POLICY BRIEF · COVERAGE & QUALITY

ACCESS TO QUALITY CARE

A Bipartisan Policy Agenda for the 119th Congress

OLHA
Organization for LATINO HEALTH ADVOCACY

Healthcare access is a foundation of opportunity.

Latinos contribute more than $4.2 trillion to U.S. GDP and represent the country's fastest-growing workforce, yet they hold the highest uninsured rate of any population group — driven largely by concentration in low-wage jobs without employer-sponsored coverage. Expanding affordable coverage is both a fiscally responsible investment and a precondition for a productive workforce.

Language access is patient safety, quality of care, and cost reduction.

More than one in four Latino adults has limited English proficiency (LEP). Language discordance is recognized by the Agency for Healthcare Research & Quality as a leading driver of medical errors, lower treatment adherence, and avoidable emergency department use — all of which raise costs across the healthcare system. Qualified medical interpretation needs to be a standard quality-of-care measure — not optional accommodation.

Rural America depends on access to care.

Latinos make nearly three fourths of the U.S. agricultural workforce — the labor force that feeds the nation. Yet rural communities face the steepest access barriers in the country: healthcare consolidation has thinned provider networks and incentivized rural hospital closures, while the digital divide constrains telehealth access.

Highest Uninsured Rate
OF ANY POPULATION GROUP

1 in 4
WITH LIMITED ENGLISH PROFICIENCY

73%
OF AGRICULTURAL WORKFORCE

THE LANDSCAPE OF THREATS

STATE MEDICAID BUDGET SHORTFALL

HR. 1 shift costs from the federal government onto states. States may have to cut provider reimbursement rates, restrict eligibility, or eliminate benefits.

MEDICAID WORK RULES & 6-MONTH RENEWALS

New Medicaid work requirements disproportionately affect low-income workers in informal or seasonal employment and drive coverage loss.

ACA ENROLLMENT BARRIERS

HR. 1 mandates shorter annual open enrollment periods, eliminates auto re-enrollment, and makes it harder for consumers to qualify for a special enrollment period (SEP).

HOME & COMMUNITY-BASED SERVICES

The elimination of staffing protections and reduced Medicaid funding threatens quality & access to home and community-based care (HCBS) for older Americans and children with disabilities.

EQUITABLE TELEHEALTH

Telehealth expansion is critical to rural care delivery and home-based services, including for individuals with limited English proficiency.

LANGUAGE ACCESS

Inconsistent use of language access services leads to reduced treatment adherence, poorer health outcomes, and increases in costly medical errors.

POLICY PRIORITIES

Bipartisan solutions for the 119th Congress

THE PROBLEM	THE SOLUTIONS
STATE MEDICAID FINANCE AUTHORITY HR. 1 restricts states' authority to levy taxes on hospitals, nursing homes, and insurers- a core Medicaid financing tool.	♦ **Restore** states' ability to levy taxes on health care entities which states have relied upon for decades to bridge budget gaps.
ACA ENROLLMENT CMS discontinued the SEP for low-income consumers, initiated new income and SEP verification requirements, and shortened the annual open enrollment period.	♦ **Reinstate** SEP for our low-income families. ♦ **Restore** states' ability to extend their open enrollment periods and continue auto enrollment practices to keep people covered.
MEDICAID CONTINUITY H.R. 1 eligibility requirements create administrative burdens that push eligible beneficiaries off coverage.	♦ **Repeal** 6-month renewal cycles and eliminate Medicaid work requirements.
LANGUAGE ACCESS Section 1557 of the ACA mandates qualified medical interpreter services but implementation remains uneven, especially in rural settings.	♦ **Enforce** Section 1557 language access across all federally funded settings. ♦ **Report** use of medical interpreters as a quality-of-care measure, including American Sign Language.
MEDICAID HOME HEALTH Medicaid funding cuts threaten access to HCBS that allow elderly and disabled Americans to receive long-term care by a family caregiver in their home- often at a lower cost than in a nursing facility.	♦ **Expand** 1915(c) Medicaid waivers to give states flexibility to deliver home health as an alternative to institutional care. ♦ **Reimburse** family caregivers through Medicaid and the Caregiver Tax Credit.
TELEHEALTH Medicare coverage for telehealth is extended through December 31, 2027, facing another reauthorization cliff.	♦ **Permanently Authorize** telehealth flexibilities, reducing in-person requirements and geographic restrictions, including audio-only coverage.
DIGITAL DIVIDE & RURAL PROVIDER NETWORKS Rural communities face inadequate provider networks and broadband infrastructure to access telehealth.	♦ **Expand** broadband infrastructure and insurance provider networks in rural and medically underserved communities.

ABOUT OLHA · The Organization for Latino Health Advocacy (OLHA) is a nonpartisan 501(c)(3) nonprofit dedicated to advancing health equity for medically underserved communities across the United States.

Sources cited linked here: latinohealthadvocacy.org/policy-priorities.