This Black History Month, HHS is highlighting some of its efforts to enhance Black health and wellbeing by improving health outcomes, lowering health care costs, expanding access to health care, and strengthening supports for children and families.

Every day, the U.S. Department of Health and Human Services (HHS) works to ensure that individuals, families, and communities — including those in the Black community — can go to sleep at night with the peace of mind that comes with having access to quality, affordable health care and other forms of care.

During Black History Month, HHS celebrates the progress it has made to advance health and wellbeing in the Black community and recommits to building on this progress in order to deliver on the promise of health equity for communities that are underserved and under-resourced.

**LOWERING HEALTH CARE COSTS**

Thanks to President Biden’s lower cost prescription drug law — the Inflation Reduction Act — Black Americans enrolled in Medicare are saving money on their prescription drugs.

- Capping the cost of insulin to $35 a month and making recommended preventative vaccines free of charge: The President’s Inflation Reduction Act is already saving Medicare enrollees money now, including the estimated 5.8 million Black Americans enrolled in the Part D program, by capping the out-of-pocket cost of a monthly supply of each covered insulin product at $35 a month and offering recommended preventive vaccines free of charge under Medicare Part D. In 2020, about 158,000 Black enrollees would have benefited from the law’s $35 insulin cap and in 2021, about 266,000 enrollees would not have had any out-of-pocket costs for recommended Part D covered adult vaccines.
Negotiating the price of prescription drugs: Medicare is now able to negotiate the price of some of the costliest prescription drugs covered under Medicare Part D, which is the prescription drug plan for 5.8 million Black Americans. HHS, through the Centers for Medicare & Medicaid Services (CMS), last year announced the first ten drugs covered under Medicare Part D selected for negotiations, and all ten drug companies decided to participate in negotiations. Medicare enrollees paid a total of $3.4 billion in out-of-pocket costs in 2022 for these drugs. These drugs treat serious conditions such as blood clots, diabetes, cardiovascular diseases, heart failure, autoimmune conditions, and chronic kidney disease. Black Americans are disproportionately to have these conditions, often more likely to develop and die from them than their white counterparts.

- Over 5 million Medicare enrollees report affordability challenges in obtaining their prescription medications, with the share of Black and Latino enrollees reporting affordability challenges about 1.5 to 2 times higher than their White counterparts.
- Of the 10 drugs covered under Part D selected for Medicare drug price negotiations, the share of enrollees using these drugs who are Black is higher for Januvia, used to treat diabetes (16 percent); Farxiga, used to treat diabetes, heart failure, and chronic kidney disease (16 percent), Entresto, used to treat heart failure (18 percent), and NovoLog/Fiasp, used to treat diabetes (17 percent).

RECORD EXPANSION OF HEALTH CARE COVERAGE

A historic 21.3 million Americans have selected an Affordable Care Act Insurance Marketplace plan during the 2024 Open Enrollment period, more than any time in history.

Quality Affordable Health Care: HHS has continued its commitment to making health insurance available and affordable to everyone, including Black Americans. Thanks to the Inflation Reduction Act and the American Rescue Plan, 4 out of 5 people can find coverage for $10/month or less.

Reaching the Black Community: For this past enrollment cycle, the Administration issued almost $100 million in Navigator Awards, allowing organizations to hire staff who are trained to help consumers find affordable, comprehensive health coverage. Navigators, as they are known, have been key to reaching consumers where they are, and helping them enroll in quality health insurance plans in every Marketplace state. While data disaggregated by race for the 2024 Open Enrollment period will be available in the coming weeks, we know, based on the historic number of enrollees and the work Navigators have done at the community and neighborhood level, that many of the Americans who have enrolled are Black or brown.

IMPROVING HEALTH OUTCOMES

HHS is committed to addressing health disparities in the Black community and advancing health equity.

Protecting Black Maternal Health: Ensuring that Black women and their babies survive childbirth is an ongoing commitment of the Biden-Harris Administration.
• Last year, the Administration announced $486 million in funding opportunities through several programs to close the gap and address disparities in maternal and infant health.

• Through the Centers for Medicare & Medicaid Services (CMS), the Administration announced innovative actions to improve maternal health and birth outcomes for pregnant and postpartum women and their infants through the new Transforming Maternal Health (TMaH) Model. The model will support participating state Medicaid agencies (SMAs) in developing and implementing a whole-person approach to pregnancy, childbirth, and postpartum care for women with Medicaid and Children’s Health Insurance Program (CHIP) coverage.

• Additionally, the Biden-Harris Administration has urged all states and territories to provide a full year of continuous postpartum coverage through Medicaid and CHIP under the American Rescue Plan Act. To date, CMS has approved these postpartum coverage extensions in 43 states, plus Washington, D.C., and the Virgin Islands.

• Through the Newborn Supply Kit pilot, HHS is working to give every new infant an equal and good start. Today, newborn supplies can cost an average of $1,000 a year for each diapered child at home. Additionally, nearly 1 in 8 women — regardless of age, income, or race — will suffer from some form of postpartum anxiety or depression, with that number on the rise for women in America. To address some of these anxieties and financial strains, HHS, in partnership with Baby2Baby, created a Newborn Supply Kit pilot in three states with high maternal health vulnerability and need. Initial results show promising effects of the Kits on the health and well-being of new parents, including, decrease in financial stress for recipients of the Kit.

Addressing and Improving Outcomes for Sickle Cell Disease: Sickle Cell Disease (SCD) is the most common inherited blood disorder in the United States, affecting more than 100,000 Americans and disproportionately affecting Black Americans.

• From data collection and research to the approval of new therapies, HHS is answering the call, and supporting programs critical for helping people with SCD live healthier lives. Ongoing efforts include expanding the Sickle Cell Data Collection program; releasing a Sickle Cell Disease Action Plan; continuing research on treatment; supporting programs that span across the SCD system of care, such as, newborn screening, diagnosis, access to treatments, and early intervention; and evaluating treatments for SCD as part of the cell and gene therapy model being developed by the CMS’s Innovation Center.

Investing in the Health Care Workforce and Caregivers: Physicians, nurses, dentists, behavioral health care providers, community health workers, caregivers, peer support specialists, and many others have dedicated their careers to improve the nation’s health and wellbeing. HHS is committed to supporting, strengthening, and growing the health workforce.

• Last year, HHS launched the HHS Workforce Initiative, a coordinated Department-wide effort to identify opportunities to improve health
workforce recruitment and retention, and career advancement, with equity at the center of this work, including through the $2.7 billion workforce investment proposed in the President’s Fiscal Year 2024 Budget for the Health Resources and Services Administration’s (HRSA) workforce training, scholarship, loan repayment and well-being programs.

- As child care workers, home health aides, and nurse aides in long-term care facilities, low-income women of color are predominantly represented in the direct care workforce, earning low wages with few health care or other benefits. Through proposed policies and regulations involving Head Start programs, home and community-based services offered through Medicaid, and proposed minimum staffing standards in nursing homes, HHS actions will improve both job quality for these workers and care for American families. HHS efforts will also support the 53 million Americans, including more than 5 million Black women, who are unpaid family caregivers and are too often forced to forgo wages or leave the workforce to support loved ones.

- Through the American Rescue Plan, HHS provided an additional $36.8 billion in Medicaid funding for home and community-based services, nearly $5,000 per beneficiary. These dollars will go towards rate increases for direct care workers, expansion of benefits, and quality improvement activities.

**Supporting Black Mental Health:** Only one in three Black adults who need mental health care receive it. Additionally, the suicide rate among Black youth has been found to be increasing faster than any other racial/ethnic group. Due to stigma, lack of culturally competent providers, mistrust of medical providers due to historical abuse, cost or a lack of insurance, and/or limited options in their area, Black adults and youth often experience multiple barriers to care.

- The 988 Lifeline is available to provide immediate crisis counseling with trained counselors who can help people experiencing suicidal, substance use, and/or mental health crisis or any other kind of emotional distress. The service is available 24/7, free, and can be accessed through phone, text and chat. Additionally, 988, has LGBTQI+ adult and youth, deaf and hearing impaired, and Spanish language, trained counselors available to answer calls, texts and chats.

- Last year, HHS, through the Substance Abuse and Mental Health Services Administration, announced that it had awarded nearly $130 million to expand Certified Community Behavioral Health Clinics (CCBHCs) across the Country. CCBHCs must serve anyone who requests care for mental health or substance use conditions, regardless of their ability to pay, place of residence, or age. People being served by CCBHCs experience less homelessness, less illegal substance use, and reduced use of jails, prisons, emergency rooms and hospitals for behavioral health issues.

**Safeguarding Free COVID-19 Vaccination for the Uninsured or Underinsured:** The COVID-19 pandemic disproportionately harmed communities of color, including members of the Black community.

- Thanks to the Biden-Harris whole-of-government approach, we are now at a better place in our response than at any point in the pandemic. As we
enter a new phase, HHS has implemented the **HHS Bridge Access Program** for COVID-19 Vaccines and Treatments Program to ensure that all Americans, including the uninsured and underinsured, can continue to receive the COVID-19 vaccine free of charge to them through a $1.1 billion public-private partnership.

**Strengthening Nondiscrimination in Health Care:** Ensuring equal access to health care is a priority of the Biden-Harris Administration. HHS, through the Office for Civil Rights, **proposed a rule** to implement Section 1557 of the Affordable Care Act (Section 1557), which prohibits discrimination on the basis of race, color, national origin, sex, age, and disability in certain health programs and activities. This proposed rule restores and strengthens civil rights protections for patients in certain federally funded health programs and activities and HHS programs after the 2020 version of the rule limited its scope to cover fewer programs and services.

- HHS believes that everyone deserves to be protected against environmental hazards. Last year, HHS and the Department of Justice (the Departments) announced an **interim resolution agreement** stemming from an environmental justice investigation into the Alabama Department of Public Health (ADPH) and the Lowndes County Health Department. The eighteen-month investigation addressed concerns related to ADPH’s enforcement of sanitation laws, revealing a pattern of inaction and its disproportionate impact on Black residents in Lowndes County. It was determined that the ADPH’s conduct violated Title VI of the Civil Rights Act of 1964 (Title VI) and Section 1557. Under the agreement between the Departments and ADPH, it agreed to take a number of actions to address public health in Lowndes County, including collaborating with the CDC to measure the level of health risk, adopting public health recommendations from the CDC, launching a public health awareness campaign, and creating a sustainable public health and infrastructure improvement plan.

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