nority health and health disparities at the National Institutes of Health.

But most importantly, the laws will expand coverage for millions of Americans who are currently uninsured, Ms. Sebelius said.

"In almost every case, populations who are currently underserved get relief [under the new laws], whether it's minority Americans, women, early retirees, rural Americans, or Americans with disabilities," she said.

The 2009 quality report showed that overall quality is improving at a rate of about 2.3% annually. The speed of improvement varied across settings of care: Hospitals are improving more rapidly, at a median rate of change of about 5.8%, whereas outpatient settings improved at a median rate of change about 1.4%.

'While the Affordable Care Act isn't a cure, we think it's one of the most effective treatments we've had for these problems in a long time.'

As a result, improvements in prevention and chronic disease management are lagging behind improvements in acute care.

For example, of the nine process measures tracked in the report that worsened, eight related to either preventive services or chronic disease management, including mammography, Pap testing, and fecal occult blood testing.

"Although the trend is going in the right direction, which is good, the pace is unacceptably slow," said Dr. Carolyn Clancy, director of the Agency for Healthcare Research and Quality, which produced the reports.

On the disparities side, the report showed that many disparities have not decreased over time. For example, from 2000 to 2005, disparities in colorectal cancer screening have grown between American Indians and Alaska Natives vs. whites, increasing at a rate of 7.7% per year.

Additionally, blacks and Hispanics had worsening disparities in colorectal cancer mortality from 2000 to 2006. ■

The two reports are available online at www.ahrq.gov/qual/qrdr09.htm.

HHS Begins Setting Up High-Risk Pools

State-based high-risk health insurance pools are among the first programs to be implemented under health reform, Health and Human Service department officials announced April 2.

These state-based pools, designed to provide coverage to uninsured adults with preexisting conditions, are scheduled to be up and running within 90 days and will operate until Jan. 1, 2014.

At that time, the new state-based health insurance exchanges would open, and coverage would be available to all individuals regardless of preexisting conditions.

"When it's up and running, the new high-risk pool program provides immediate relief to potentially millions of Americans with preexisting conditions like diabetes or high blood pressure who have been shut out of the insurance system," HHS Secretary Kathleen Sebelius said during a news conference.

The same day, Ms. Sebelius sent a letter to governors and state insurance commissioners asking how they plan to participate in the temporary high-risk pool program. Under the law, HHS has $5 billion in federal funds to set up pools on its own or collaborate with states. HHS is asking states to respond with their plans by the end of April.

States will have a number of options for participation. For example, states that don't currently operate a high-risk insurance pool could establish one with federal help. Those that do have a pool in place could set up a companion high-risk pool that meets the new federal standards. States also could contract with an insurer to provide subsidized coverage for eligible residents. In states that choose to do nothing, HHS will operate the program on their behalf.

More than 30 states currently have high-risk insurance pools, according to HHS, with premiums 25%-100% higher than standard rates. Under the health reform law, the federal government would require new high-risk pools to set premiums at a standard rate, which would vary by state. The standard rate should be equivalent to what a typical person shopping on the individual market would be offered, according to HHS.

—Mary Ellen Schneider