



The Honorable Henry Waxman
 Chairman
 Committee on Energy and Commerce
 U.S. House of Representatives
 2204 Rayburn House Office Building
 Washington, DC 20515

The Honorable Joe Barton
 Ranking Member
 Committee on Energy and Commerce
 U.S. House of Representatives
 2109 Rayburn House Office Building
 Washington, DC 20515

The Honorable Charles B. Rangel
 Chairman
 Committee on Ways and Means
 U.S. House of Representatives
 341 Cannon House Office Building
 Washington, DC 20515

The Honorable Dave Camp
 Ranking Member
 Committee on Ways and Means
 U.S. House of Representatives
 341 Cannon House Office Building
 Washington, DC 20515

The Honorable George Miller
 Chairman
 Committee on Education and Labor
 U.S. House of Representatives
 2181 Rayburn House Office Building
 Washington, DC 20515

The Honorable John Kline
 Ranking Member
 Committee on Education and Labor
 U.S. House of Representatives
 2101 Rayburn House Office Building
 Washington, DC 20515

Dear Representatives Waxman, Barton, Rangel, Camp, Miller and Kline:

Re: *Draft of House Health Care Reform bill*

It's clear that the U.S. healthcare system is broken and we need reforms that remove barriers to getting needed care. Almost 50 million Americans are uninsured, including one in six Asian Americans and one in four Native Hawaiians and Pacific Islanders. Millions more are under-insured. We agree with President Obama that we must act now to fix our health care system and we need to consider all options. It's urgent that we reform our health care system now to save us money in the long-run.

We, the undersigned organizations, share a common interest in eliminating health inequities and disparities, and are deeply appreciative of your leadership in advancing guaranteed affordable health care for all and for your work in getting health care reform done this year.

Judging by the initial draft of the House Health Care Reform Bill, we are poised to move decisively into a new era of health security and improved quality. We would like to especially thank you for your continued strong support for a public insurance option, strengthening of public health, and promotion of high quality primary care and prevention.

We would like to call to your attention a few areas where we believe the Health Care Reform bill could be strengthened.

Access to Coverage

We believe that guaranteed affordable health coverage is fundamental to the success of health care reform and strongly support the creation of a Health Insurance Exchange and a new public health insurance option. We were pleased to see the protections for low-income families and individuals, but remain concerned that high-level out-of-pocket spending could continue to be a significant financial hardship for moderate and low-income families.

- For these reasons, we urge you to assure no premiums below 150 percent Federal Poverty Level (FPL); to provide premium and cost-sharing credits to individuals and families with incomes up to 500 percent FPL; and to assure Medicaid eligibility for all individuals to 150 percent of the federal poverty level.
- We also urge you to assure that there is meaningful coverage for families by eliminating waiting periods for all lawfully present individuals to access programs such as Medicaid and the Children's Health Insurance Program and assure access for lawfully present individuals in any new public program that is created.
- We urge you to make equitable coverage available for the U.S. Territories under all federal programs and we support the increase in Federal Medical Assistance Percentages (FMAP) for U.S. territories.
- Finally, we also urge you to include language services as part of a basic benefits package for all coverage plans. Language services (interpretation and translation) should be available to any individual in the process of obtaining coverage and receipt of care. We support the full federal reimbursement for language services in Medicare, Medicaid, and the Children's Health Insurance Program.

Quality of Care

We support the proposals set forth to reduce health disparities and help ensure that people get the right care at the right time and place, regardless of income, race, ethnicity or primary language. We support your efforts to develop standards for coverage and benefits, as well as the development of performance improvement measures. We view the proposed *Health Benefits Advisory Committee* as the means to assure coverage for the provision of quality health care.

- We recommend that explicit language be added to the definition of "quality health care" to make sure that the provision of care is culturally competent and linguistically appropriate.
- We strongly recommend that the bill should explicitly require all public and private insurers and providers to meet cultural and linguistic standards as specified by the United States Office of Minority Health.

We strongly support efforts to ensure that medical interpretation and translation is available to limited English proficient populations. We support the call for a study to examine the availability of language services for Medicare beneficiaries and recommend that the study also examine the quality

of language services provided. And we applaud the call for an Institute of Medicine report on the impact of language services for limited English proficient populations.

We support the development of a *Center for Comparative Effectiveness Research*. Comparative effectiveness research should account for our nation's diverse population and ensure that unbiased effectiveness research is produced.

- We strongly urge that the scope of research be expanded to include public health and behavioral interventions that address the socio-environmental determinants of health.
- We urge that an independent comparative effectiveness research commission have diverse representation that includes representatives from minority populations and suggest the addition of behavioral scientists and clinical scientists who are not associated with pharmaceutical or device manufacturers.

In health reform, it is critical that insurers enrolling people in underserved communities be required to include local health care providers in their networks, especially community health centers and other primary care safety net providers. We applaud the Committee's inclusion of network adequacy standards for all Exchange-participating health plans, to ensure the participation of health centers and other essential community providers.

Health Equity

We support the draft legislation's investments in Community Health Centers and efforts to confront today's workforce challenges: primary care professional shortage, diversity, and the maldistribution of providers through programs such as the National Health Service Corps and the Primary Care Training Program.

- For the workforce, we recommend that participants of programs such as the National Health Service Corp and the Primary Care Training Programs reflect diverse populations – especially populations with health disparities – to address the need for a culturally competent and linguistically appropriate healthcare workforce.
- We support adequate and reliable primary care provider reimbursement by all public and private payers to reflect the value – in system-wide savings – that primary care physicians and other health professionals provide.
- We support the development of a *Center for Quality Improvement* and urge that culturally competent and linguistically appropriate care be included as a priority in the initial quality improvement activities and initiatives, to not only improve the quality of care but also to reduce medical errors and ultimately reduce health disparities.
- We strongly recommend that health disparities language guided by the priorities of the Health Equity and Accountability Act of 2009, specifically the Title I (culturally and linguistically appropriate health care), Title II (health workforce diversity), Title III (data collection and reporting) and Title IV (accountability and evaluation).

Representation of Diverse Populations

We applaud your efforts to assure that there is evidence-based programming and delivery of care. Central to this work will be new advisory groups, councils, and/or commissions.

- We urge each committee to ensure that each new entity created has diverse representation that includes members from minority populations.
- We also urge each of the new entities to account for the health care needs of diverse segments of the population in framing their guidance and recommendations.

Once again, we thank you for your extraordinary leadership, not only past but current, as we work to realize our mutual and long-held goal of quality affordable health care for all. We hope that you will find these suggestions as constructive contributions to your deliberations.

Sincerely,



Ho Luong Tran, MD, MPH
President and CEO
Asian & Pacific Islander American Health Forum



Jeffrey Caballero, MPH
Executive Director
Association of Asian Pacific Community Health Organizations



Dexter Louie, MD
Chair
National Council of Asian Pacific Islander Physicians