

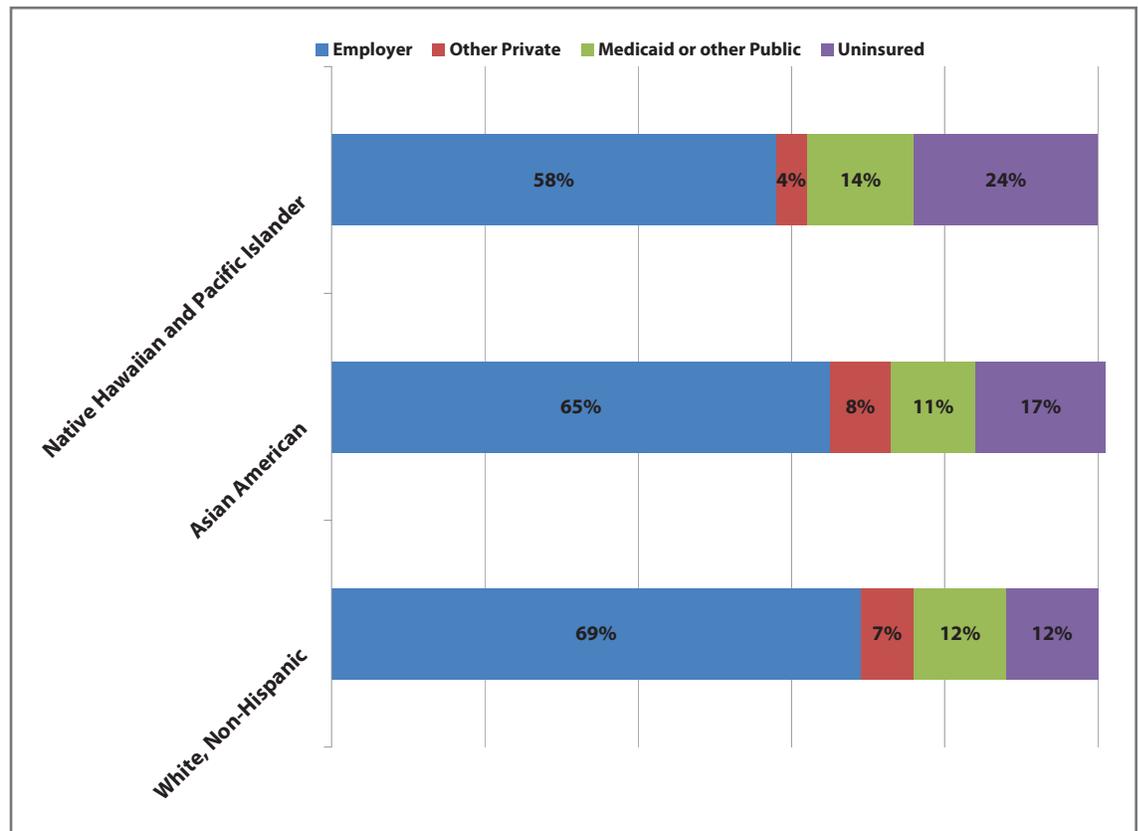
THE IMPACT OF HEALTH CARE REFORM ON HEALTH COVERAGE FOR ASIAN AMERICANS, NATIVE HAWAIIANS, AND PACIFIC ISLANDERS

OVERVIEW

Health care reform will provide coverage to countless uninsured and underinsured Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NHPs). More than one in six Asian Americans and one in five Native Hawaiians and Pacific Islanders are uninsured. An expanded Medicaid program, new Health Insurance Exchanges, the Pre-existing Condition Insurance Plan (also known as the High Risk Pools), the Small Business Health Options Program Exchange, and the extension of coverage for young adults to remain on their parent's health plan until age 26, offers our communities new options for affordable, quality care.

CURRENT COVERAGE LANDSCAPE

Presently, there are 2.3 million Asian Americans and 162,000 Native Hawaiians and Pacific Islanders who are uninsured.



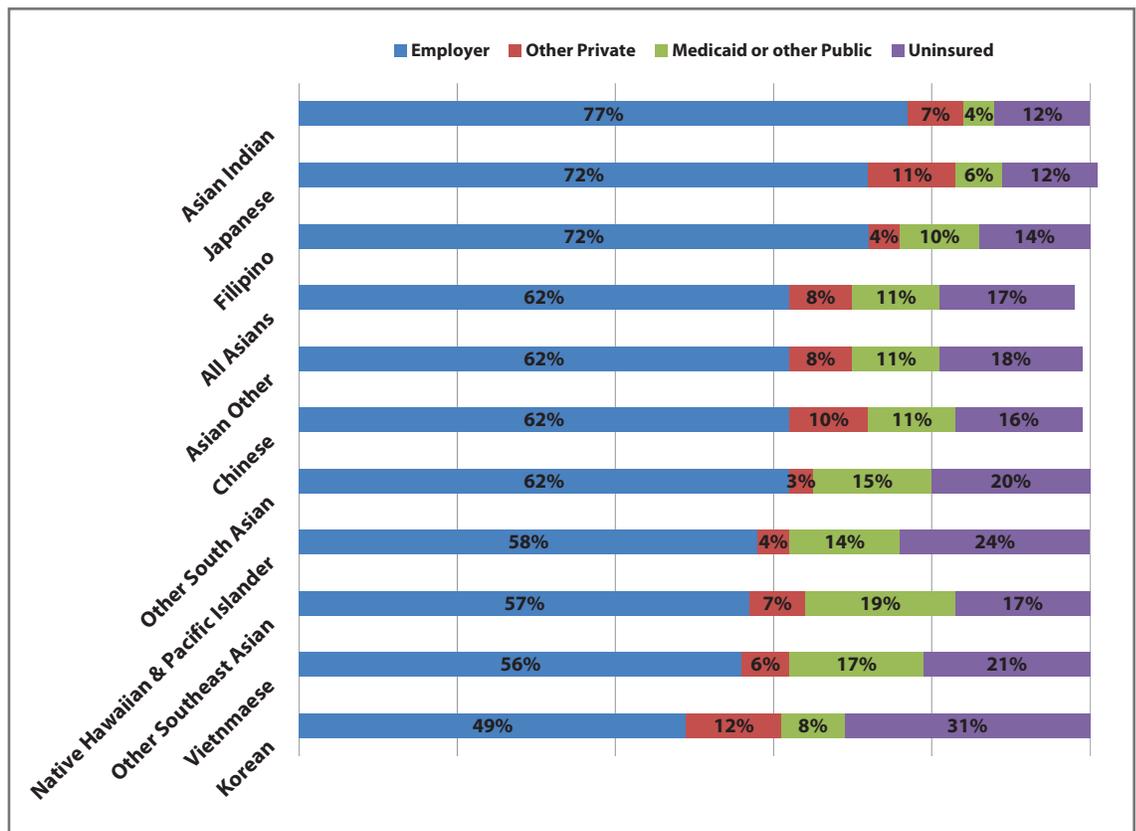
Source: Kaiser Family Foundation and Asian & Pacific Islander American Health Forum (2008).

Most Americans get their health coverage through their employer. AAs and NHPs are less likely to have employer-sponsored coverage compared to non-Hispanic Whites, and are more likely to be uninsured. Native Hawaiians and Pacific Islanders are more likely to be uninsured and more likely to be on Medicaid than both Asians and non-Hispanic Whites.

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Source: Kaiser Family Foundation and Asian & Pacific Islander American Health Forum (2008).

There is wide variation in health coverage among AA and NHPI ethnic subgroups, which correlates with type of employment. Employer coverage rates range from as low as 49 percent among Koreans, almost two-thirds of whom work in small businesses, to a high of 77 percent among Asian Indians.

Reliance on Medicaid and other public coverage ranges from 4 percent among Asian Indians to 19 percent among Southeast Asians, and uninsured rates range from 12 percent among Asian Indians to 31 percent among Koreans.

MEDICAID EXPANSION

Beginning in 2014, Medicaid will be expanded to cover eligible children and families with incomes at or below 133 percent of the Federal Poverty Level, including childless adults. Currently, nearly one in 10 Asian Americans and one in four Native Hawaiians and Pacific Islanders are enrolled in Medicaid. Nearly half of the current uninsured population, or 21 million people, would be eligible for coverage under this expansion. It is difficult to estimate how many AAs and NHPIs would be newly eligible for Medicaid, but the expansion is expected to provide the largest increase in the number of people with health insurance than any other coverage expansion measure in the law. In California alone, it is estimated that over 140,000 Asian Americans, Native Hawaiians, and Pacific Islanders would be eligible for coverage under an expanded Medi-Cal program (the state's Medicaid program).

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HEALTH INSURANCE EXCHANGES

Each state will create its own Health Insurance Exchange (HIE), or the federal government will operate one for them. The HIE will serve as a one-stop marketplace for purchasing insurance coverage, with all plans containing an “Essential Benefits Package,” which sets the minimum benefits to be provided. Starting in 2014, individuals and families with incomes between 133 and 400 percent of the Federal Poverty Level will be eligible for subsidies to buy health insurance in the Exchange. Nearly one in five families who are currently uninsured will be eligible for subsidies in the Exchange.

PRE-EXISTING CONDITION INSURANCE PLAN

Health care reform established the Pre-existing Condition Insurance Plan (also known as the High-Risk Pools). Prior to health care reform, insurance companies could deny health coverage to individuals with pre-existing conditions. Now, insurance companies are prohibited from this type of discrimination, allowing individuals living with chronic conditions to access the life-saving testing and treatment services that have been inaccessible to them in the past.

Currently, eligible individuals with chronic diseases can apply for coverage under the “Pre-existing Condition Insurance Plan.” Today, nearly one in five adults with a chronic condition lacks health insurance coverage. Among Asian Americans, three in 10 are living with asthma, diabetes or hypertension. AAs and NHPs are also disproportionately affected by certain chronic diseases. About 1.3-1.5 million people in the U.S. are chronically infected with Hepatitis B, the leading cause of liver cancer, with AAs and NHPs accounting for over 50 percent of the chronic Hepatitis B cases. An estimated 9.4 percent of Asian Americans have diabetes, with Japanese, Chinese, Filipinos, and Koreans exhibiting higher prevalence rates than the non-Hispanic White population. In addition, while AAs and NHPs have lower cancer rates than non-Hispanic Whites, they experience higher rates of certain kinds of cancer including lung, breast, cervical, liver and stomach.

It is unknown how many AAs and NHPs have been denied coverage because of a pre-existing condition, but the Pre-Existing Condition Plan will provide an affordable, quality coverage option to those who are living with Hepatitis B, diabetes, cancer, heart disease or other chronic conditions.

SMALL BUSINESS HEALTH OPTIONS PROGRAM EXCHANGE

Many small businesses struggle to provide health coverage for their employees. More than three-quarters of small business employees in businesses with less than 100 workers are currently uninsured. Starting in 2014, small businesses with up to 100 employees will be able to buy health coverage through a state-based Small Business Health Options Program (SHOP) Exchange. The SHOP Exchange will offer better health coverage options at a lower price for small businesses than what is currently available. Nearly 18 million small business employees could gain coverage through the SHOP Exchange.

Health care reform also establishes tax credits to help small businesses pay for health coverage for their employees. An estimated 4 million small businesses are eligible for these credits.

Both the SHOP Exchange and small business tax credits will provide relief for the more than 1.5 million Asian American, Native Hawaiian, or Pacific Islander-owned businesses in the U.S.

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Under health care reform, parents can elect to keep their young adult children on their health plans until age 26. Before health care reform, adult children could be kicked off their parent's health plan at age 19 (older if the child was a full-time student). Currently, nearly one in four Asian American and three in ten Native Hawaiian and Pacific Islander young adults (18-24 year olds) are uninsured. More than 300,000 AA and NHPI young adults could gain insurance under this reform.

REFERENCES

U.S. Census Bureau, Current Population Survey, 2007 to 2010 Annual Social and Economic Supplements.

Kaiser Family Foundation and Asian & Pacific Islander American Health Forum (2008). "Race, Ethnicity, and Health Care."

Asian & Pacific Islander American Health Forum (2010). "Native Hawaiian and Pacific Islander Health Disparities."

Collins, Sara R. (2010) "How the Affordable Care Act of 2010 Will Help Low- and Moderate-Income Families." The Commonwealth Fund.

California Pan-Ethnic Health Network (2010). "Equity Through Implementation." Available at: <http://www.cpehn.org/pdfs/Implementing%20Reform.pdf>.

The Kaiser Commission on Medicaid and the Uninsured (2010). "The Uninsured: A Primer – Supplemental Data Tables." Available at: http://www.kff.org/uninsured/upload/7451-06_Data_Tables.pdf.

Russell, Lesley (2010). "Easing the Burden: Using Health Care Reform to Address Racial and Ethnic Disparities in Health Care for the Chronically Ill." Washington, D.C: Center for American Progress.

United States Department of Health and Human Services (2007). Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey.

United States Department of Health and Human Services (2011). Centers for Disease Control and Prevention. Health Disparities and Inequalities Report – United States - 2011.

Asian & Pacific Islander American Health Forum (2009). "Asian American, Native Hawaiian and Pacific Islander Population Demographics."

Small Business Majority and Families USA (2010). "A Helping Hand for Small Businesses: Health Insurance Tax Credits."

Minority Business Development Agency. "Minority-Owned Business and Global Reach." U.S. Department of Commerce. Available at: http://www.mbda.gov/sites/default/files/Minority-OwnedBusinessGrowthandGlobalReach_0.pdf.

For more information about the health care reform law, please visit our Health Care Reform Resource Center at www.apiahf.org/hcr.

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