

WHY PROTECTING MEDICAID MATTERS FOR ASIAN AMERICANS, NATIVE HAWAIIANS AND PACIFIC ISLANDERS

WHAT'S AT STAKE?

The deficit reduction process under the Budget Control Act poses several threats to Medicaid. The “super committee” charged with creating a budget plan has broad authority to recommend changes and cuts to Medicaid that could permanently disable the program. A number of program-changing proposals could end up in whole or in part as elements of a final budget deal, such as slashing federal Medicaid funding; converting Medicaid into a block grant program or imposing arbitrary dollar caps on federal spending; and creating a “blended rate” for federal matching funds. While these plans would result in savings to the federal government by shifting the costs of caring for Medicaid enrollees to the states, such cost shifting could hurt the program and those that rely on it. Changing the structure of Medicaid will derail the expected gains in coverage when the program expands in 2014, and may have the effect of dramatically altering Medicaid as it currently exists by reducing state government support for the program.

For Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) communities, the potential changes to the Medicaid program could be particularly devastating because nearly 1 in 10 Asian Americans and more than 1 in 8 Native Hawaiians and Pacific Islanders are projected to gain Medicaid coverage when the program expands in 2014. Altering the program would deny thousands of low-income AAs and NHPIs the opportunity to enroll in Medicaid, and jeopardize coverage for the 1.7 million currently enrolled in the program.

MEDICAID WORKS FOR ASIAN AMERICANS, NATIVE HAWAIIANS AND PACIFIC ISLANDERS

Medicaid is a federal and state partnership program that provides health care coverage and services for 60 million low-income Americans. Currently in the United States, Medicaid is the primary source of health insurance for low-income and other vulnerable populations such as racial and ethnic minorities, women, people with disabilities and seniors.

More than 1 in 10 Asian Americans and 1 in 7 Native Hawaiians and Pacific Islanders are currently enrolled in Medicaid. Reliance on Medicaid and other public programs ranges widely among Asian American ethnic subgroups, from 4 percent among Asian Indians to 19 percent among Southeast Asians. Medicaid provides an invaluable safety net to the most vulnerable in our communities, covering more than 850,000 AA and NHPI children and 180,000 Asian seniors.

On an already lean budget, the program provides access to a broad range of health care services such as:

- In-patient and outpatient treatment for people living with HIV
- Chronic care coordination for low-income people with conditions such as heart disease and diabetes
- Prenatal care for pregnant women and comprehensive pediatric care for low-income children
- Long term care for the elderly and people with disabilities, often enabling people to remain in their homes.

THE AFFORDABLE CARE ACT STRENGTHENS MEDICAID

The Affordable Care Act (ACA) makes significant expansions to Medicaid that will benefit many uninsured Asian Americans, Native Hawaiians and Pacific Islanders. In 2014, Medicaid will be expanded to make coverage available to eligible individuals, including all adults under age 65, with an income of up to 133% of the Federal Poverty Level (about \$30,000 for a family of four in 2011).

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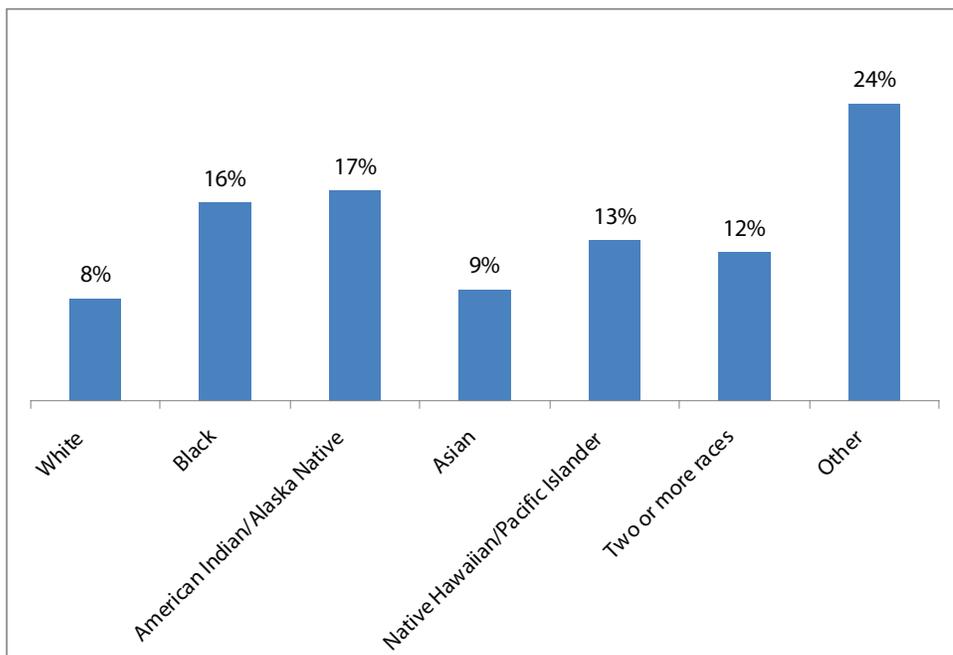
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Expanding Medicaid eligibility has the potential to reduce the uninsured rate among AA and NHPI adults, for whom the uninsured rate is currently over 30% in some subpopulations. Importantly, childless, non-elderly, and non-disabled adults both male and female will for the first time be able to gain Medicaid coverage. This is significant because AA and NHPI adults suffer disproportionately from chronic diseases such as heart disease, obesity, and diabetes, and would be able to receive preventive care and maintenance treatment when enrolled in Medicaid under the expansion.

In the U.S. Territories, where the Medicaid program is currently capped, the governments of Guam, American Samoa, the U.S. Virgin Islands and Puerto Rico have continually struggled to find adequate funds to provide the necessary benefits and provider payments for their residents. Through the ACA, the territories saw a 30% increase in Medicaid funding caps as well as an increase in the federal matching percentage for Medicaid expenditures from 50% to 55%, which will enable territorial governments to provide assistance to more residents in need.

PROJECTED MEDICAID GAINS BY RACE



Source: 2009 American Community Survey

Medicaid provides a vital lifeline for millions of Asian American, Native Hawaiian and Pacific Islanders in communities across the states and territories. At this critical time, legislators should not consider cutting or altering the Medicaid program by shifting costs to states or to struggling individuals, families, or the providers who serve them.

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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