APIAHF
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM

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

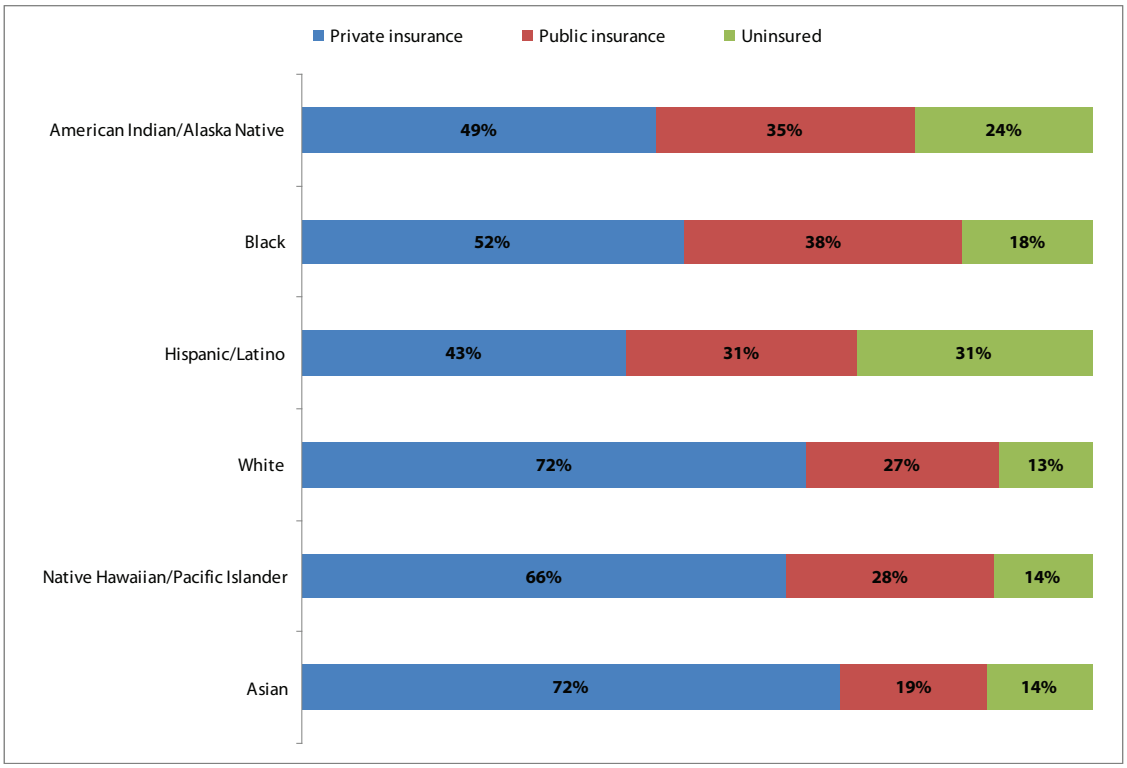
OVERVIEW

Health care reform will provide coverage to countless uninsured and underinsured Asian Americans, Native Hawaiians, and Pacific Islanders (AAs and NHPIs). Nearly one in seven Asian Americans and 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 OF COVERAGE BY RACE



Source: 2009 American Community Survey 1-Year Estimates
Note: Totals may exceed 100% because individuals may have both private and public insurance.

Most Americans are enrolled in private insurance. While AAs and NHPIs have comparable rates of private insurance compared to Whites, they are more likely to be uninsured. Native Hawaiians and Pacific Islanders are also more likely to be enrolled in public insurance than both Asians and Whites.

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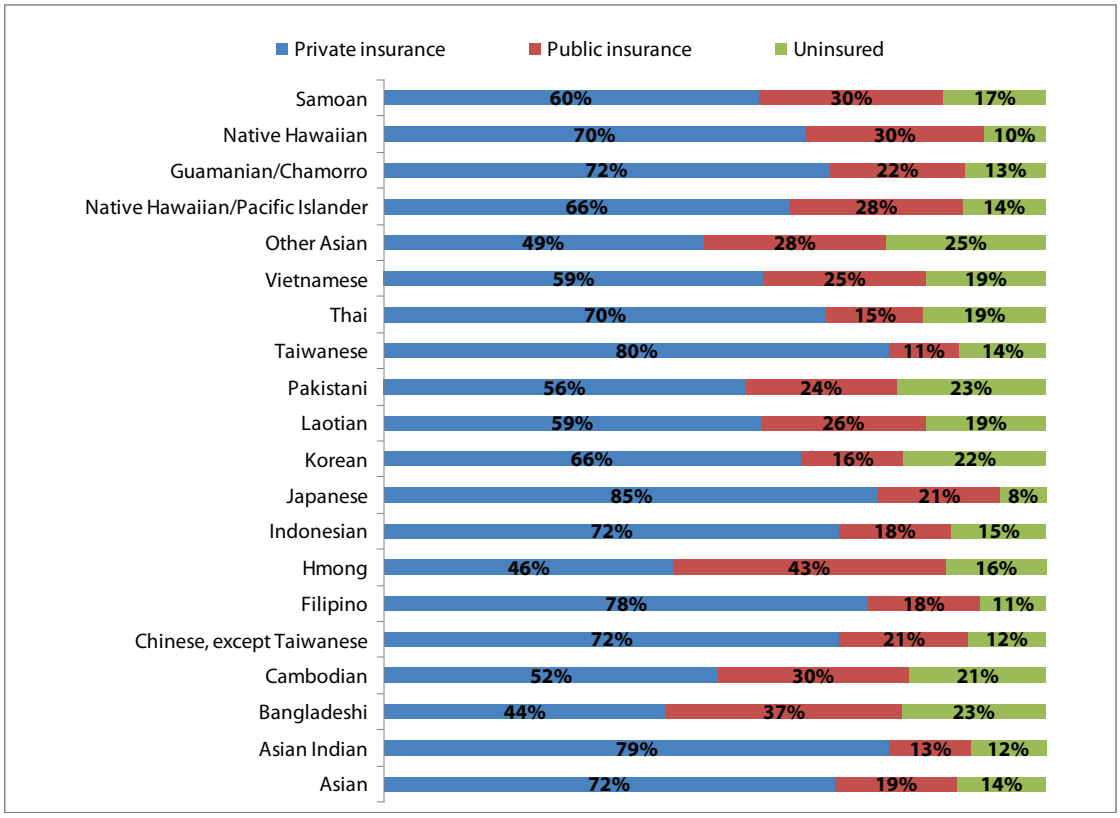
SOURCE OF COVERAGE BY AA AND NHPI ETHNIC GROUP

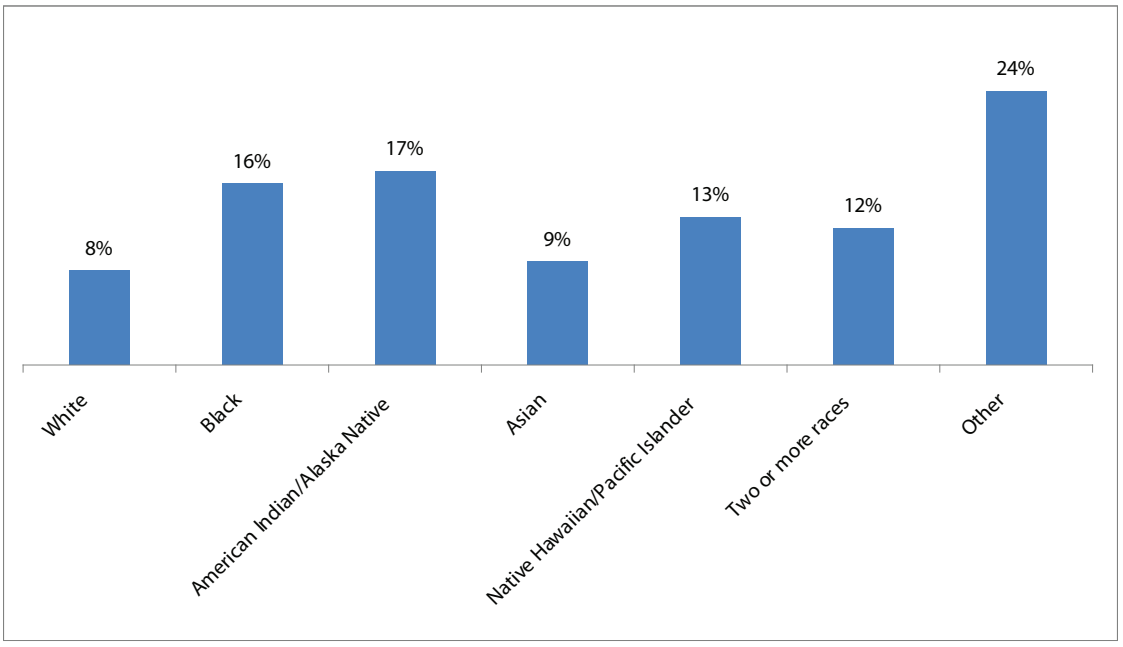


Source: 2009 American Community Survey 1-Year Estimates
Note: Totals may exceed 100% because individuals may have both private and public insurance.

There is wide variation in health coverage among AA and NHPI ethnic subgroups. Private insurance rates range from as low as 44 percent among Bangladeshis to a high of 85 percent among Japanese. Reliance on public coverage ranges from 11 percent among Taiwanese to 43 percent among Hmong, and uninsured rates range from 8 percent among Japanese to 23 percent among Pakistanis. The Japanese are the least likely to be uninsured at 8 percent while more than two in five Bangladeshis, Cambodians, Koreans and Pakistanis are uninsured.

MEDICAID EXPANSION

PROJECTED MEDICAID GAINS BY RACE



Source: APIAHF analysis of 2009 American Community Survey Public Use Microdata Sample (PUMS)

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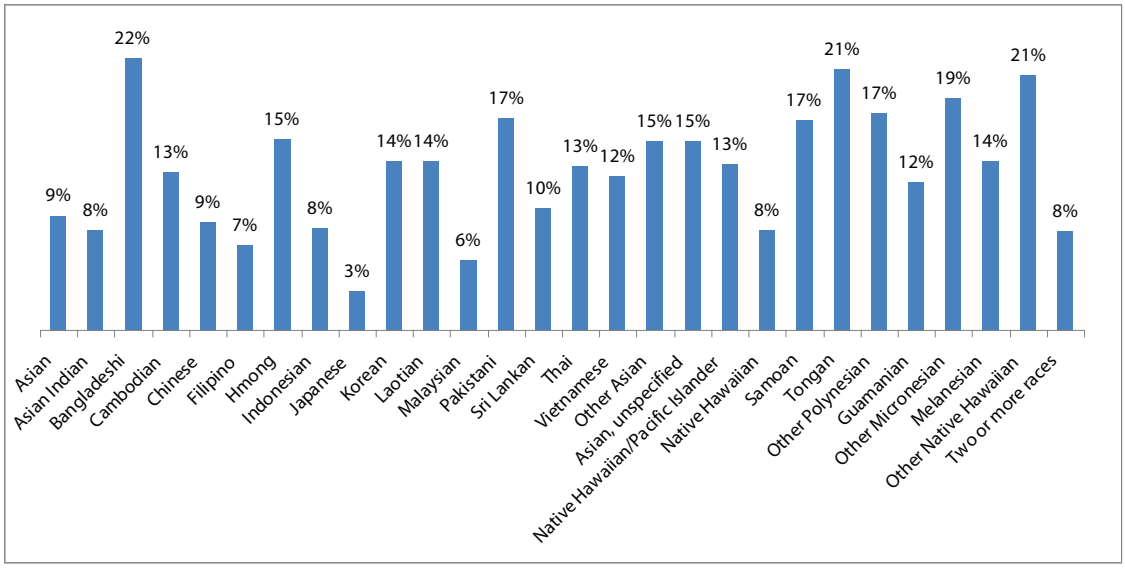
Beginning in 2014, Medicaid will be expanded to cover eligible children and families with incomes at or below 133 percent of the Federal Poverty Level, including childless adults. Currently, nearly one in 10 Asian Americans and one in seven Native Hawaiians and Pacific Islanders are enrolled in Medicaid. Nearly half of the current uninsured population, or 21 million people, would be eligible for coverage under this expansion. The Medicaid 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, with nearly one in 10 AAs and more than one in eight NHPIs projected to gain Medicaid coverage. The gains in coverage will be even more pronounced for certain ethnic subgroups; more than two in five Bangladeshis and Tongans are projected to gain coverage under an expanded Medicaid program. 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).

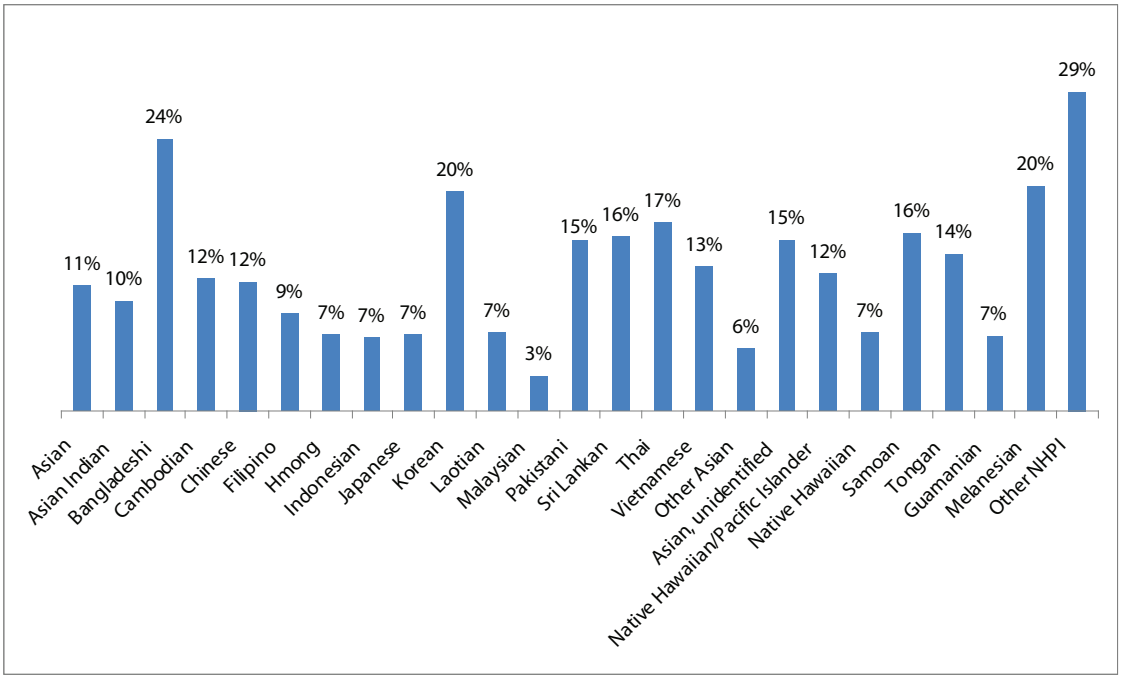
PROJECTED MEDICAID GAINS BY AA AND NHPI ETHNIC GROUP



Source: APIAHF analysis of 2009 American Community Survey Public Use Microdata Sample (PUMS)

HEALTH INSURANCE EXCHANGES

PROJECTED EXCHANGE SUBSIDY ELIGIBILITY BY AA AND NHPI ETHNIC GROUP



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Under the health reform law, 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 private insurance coverage, with all plans containing an "Essential Benefits Package," a minimum set of 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. More than one in ten AA families and one in eight NHPI families are expected to be eligible for subsidies in the Exchange. For certain AA and NHPI ethnic groups, subsidies will have a significant impact on closing the coverage gap, with nearly one in four Bangladeshis and one in five Koreans and Melanesians projected to be eligible for subsidies.

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 ten are living with asthma, diabetes or hypertension. AAs and NHPIs 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 NHPIs accounting for over 50 percent of the chronic Hepatitis B cases. An estimated 9.4 percent of Asian Americans have diabetes[xi], with Japanese, Chinese, Filipinos, and Koreans exhibiting higher prevalence rates than the non-Hispanic White population. In addition, while AAs and NHPIs 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 NHPIs 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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YOUNG ADULT COVERAGE

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.

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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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