

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

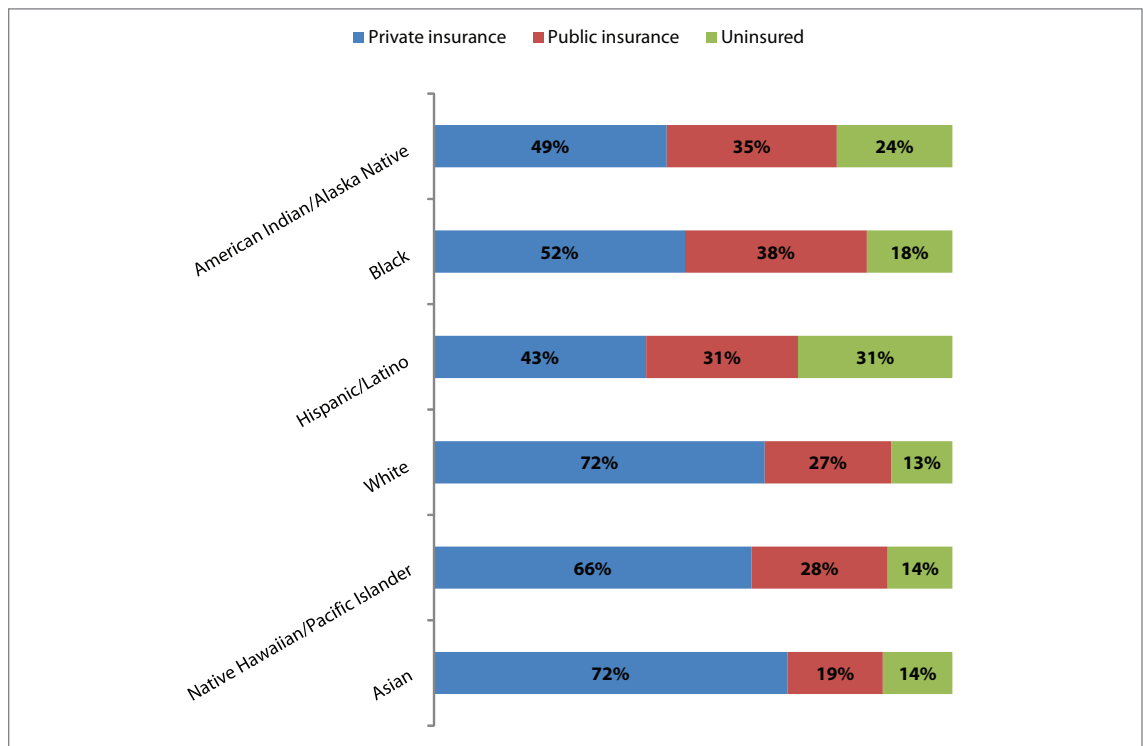
## OVERVIEW

Asian Americans, Native Hawaiians and Pacific Islanders represent 4.9 percent of the population in the United States. According to the 2010 Census, this population grew faster than any other group between 2000 and 2010 with an increase of 43 percent.<sup>i</sup> Health care reform will provide coverage to countless uninsured and underinsured Asian Americans, Native Hawaiians and Pacific Islanders (AAs and NHPIs). Estimates from RAND suggest by 2016, 2.0 million Asian Americans will gain or be eligible for health care under the provisions found in the Affordable Care Act.<sup>ii</sup> An expanded Medicaid program, new Health Insurance Exchanges, the Pre-existing Condition Insurance Plan, 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<sup>iii</sup>

Presently, nearly one in seven, or 2.8 million Asian Americans and 162,000 Native Hawaiians and Pacific Islanders are uninsured.<sup>iv</sup>

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.

### Headquarters

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 San Francisco, CA 94108  
 (P) (415) 954-9988  
 (F) (415) 954-9999

### National Policy Office

1828 L Street, NW, Suite 802  
 Washington, DC 20036  
 (P) (202) 466-7772  
 (F) (202) 466-6444

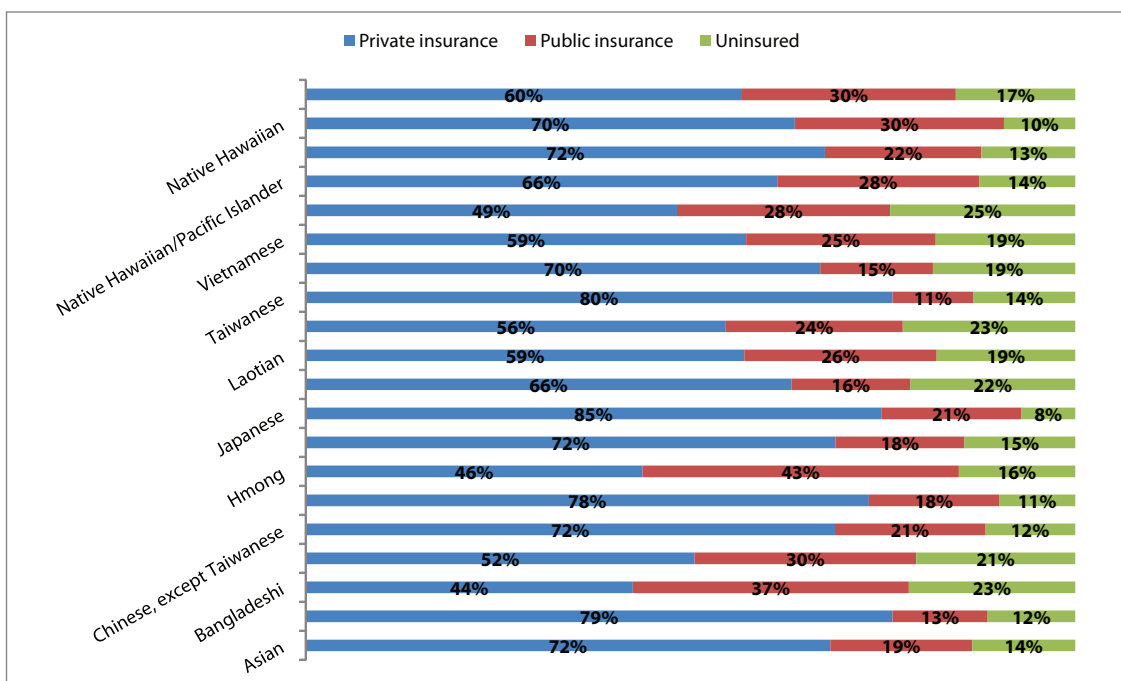
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SOURCE OF COVERAGE BY AA AND NHPI ETHNIC GROUP

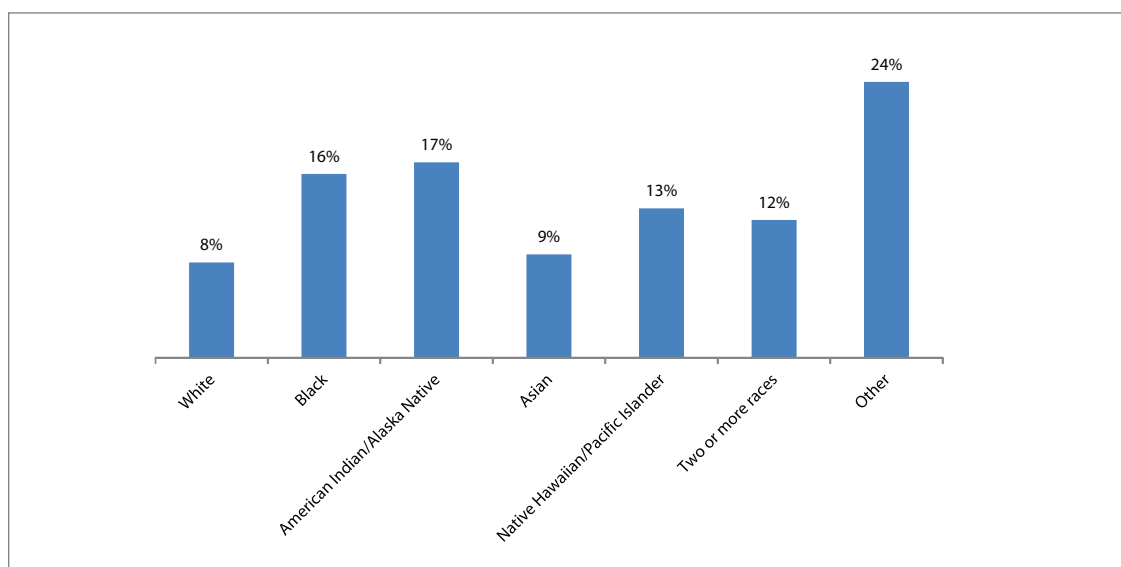


Source: 2009 American Community Survey 1-Year Estimates  
 Note: Totals may exceed 100% because individuals may have both private and public insurance.

There is a 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 80 percent among Taiwanese. 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 7 percent, while more than two in five Bangladeshis, Cambodians, Koreans and Pakistanis are uninsured.<sup>v,vi</sup>

MEDICAID EXPANSION

PROJECTED MEDICAID GAINS BY AA AND NHPI ETHNIC GROUP



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

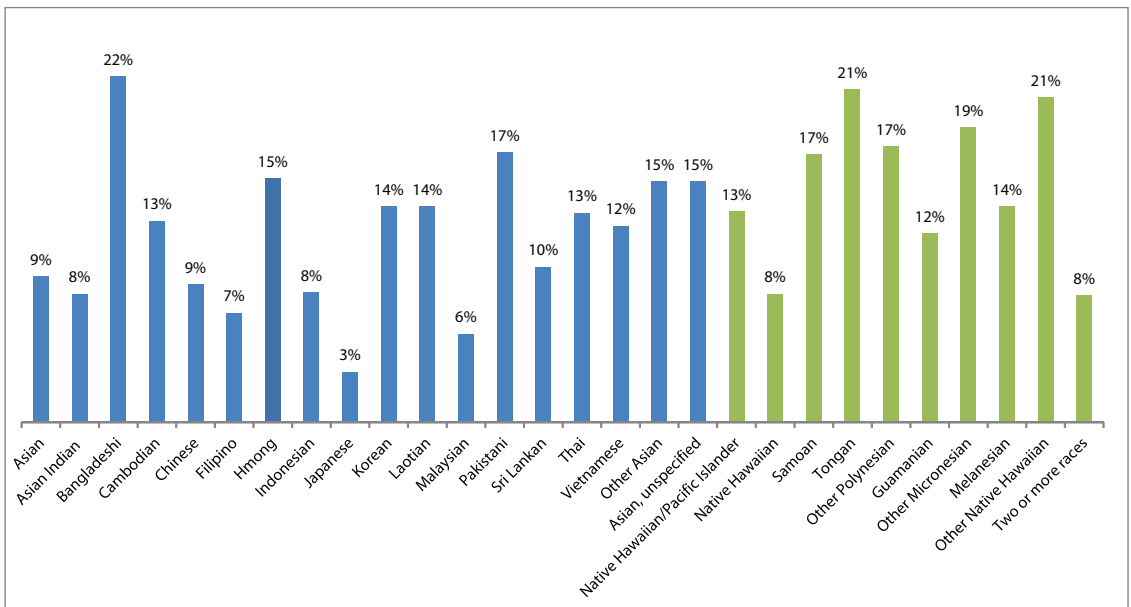
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Beginning in 2014, Medicaid will be expanded to cover eligible children and families with incomes at or below 133 percent of the Federal Poverty Level, including childless adults. Currently, nearly one in ten Asian Americans and one in seven Native Hawaiians and Pacific Islanders are enrolled in Medicaid.<sup>vii</sup> Nearly half of the current uninsured population, or 21 million people, would be eligible for coverage under this expansion.<sup>viii</sup> The Medicaid expansion is expected to result in the largest increase in the number of people with health insurance than any other coverage expansion measure in the law, with nearly one in ten 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.<sup>ix</sup> 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).<sup>x</sup>

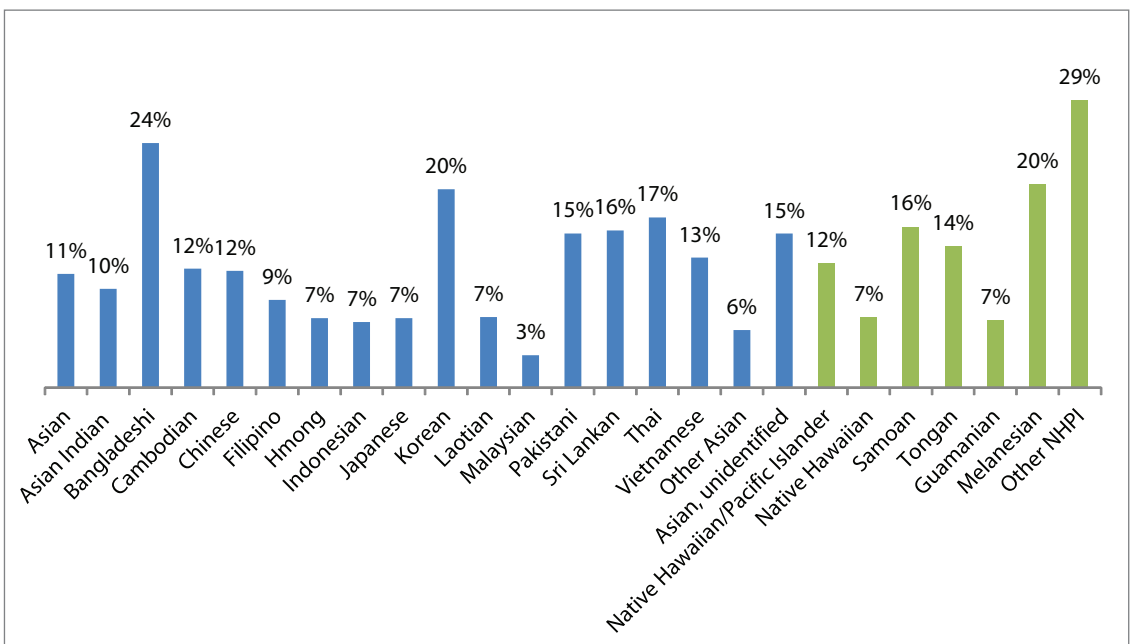
**PROJECTED MEDICAID GAINS BY AA AND NHPI ETHNIC GROUP**



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**



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

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 San Francisco, CA 94108  
 (P) (415) 954-9988  
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 1828 L Street, NW, Suite 802  
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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 health care services that must be covered by the plans. Starting in 2014, individuals and families with incomes between 133 and 400 percent of the Federal Poverty Level will be eligible for subsidies in the form of premium tax credits and cost-sharing reductions to buy health insurance in the Exchange. More than one in ten AA families and one in eight NHPI families are expected to be eligible for these 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

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,” a new health coverage program for individuals that have been denied coverage due to a pre-existing condition. The program will provide coverage until 2014 when open enrollment will begin for the Exchanges. Today, nearly one in five adults with a chronic condition lacks health insurance coverage.<sup>xi</sup> Among Asian Americans, three in ten are living with asthma, diabetes or hypertension.<sup>xii</sup> 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 891,000 Asian Americans have diabetes,<sup>xiii</sup> with Japanese, Chinese, Filipinos, and Koreans exhibiting higher prevalence rates than the non-Hispanic White population.<sup>xiv</sup> The percentage of NHPIs with diabetes over the age of 18 is 24 percent compared to 8 percent in the non-Hispanic white population a 3 to 1 ratio.<sup>xv</sup> 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 provides 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 50 or 100 employees (depending on the state) 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.<sup>xvi</sup>

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.<sup>xvii</sup>

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San Francisco, CA 94108  
(P) (415) 954-9988  
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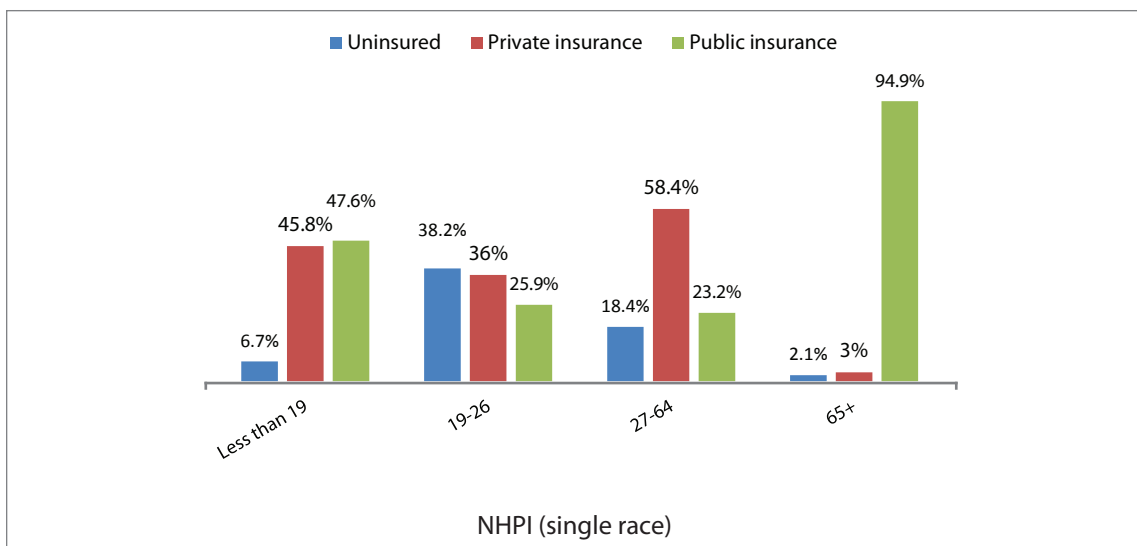
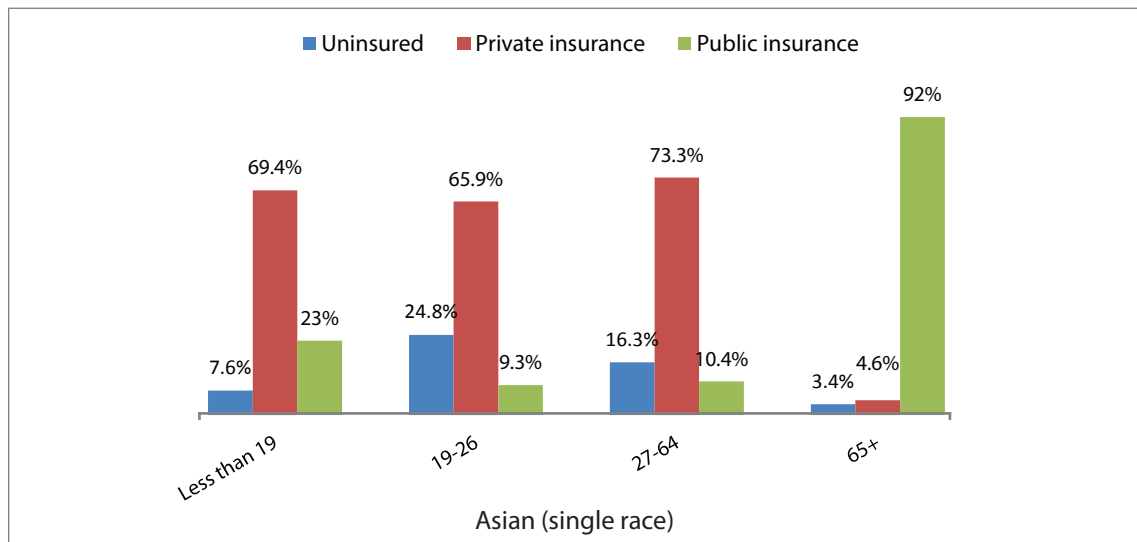
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COVERAGE BY AGE



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

Currently, nearly one in four Asian American and four in ten Native Hawaiian and Pacific Islander young adults (19-26 year olds) are uninsured, representing the highest rate of uninsurance for any age group. Under health care reform, parents can elect to keep their young adult children on their health plans until the age of 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). However, with this provision 2.5 million young adults have received health care, 97,000 of which are Asian American and Pacific Islanders.<sup>xviii</sup>

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<sup>i</sup>Rose Chu, Kenneth Finegold, Wilma Robinson, and Daniel Wong, "The Affordable Care Act and Asian Americans and Pacific Islanders." ASPE Office of Health Policy, Department of Health and Human Services, May 2012 (p.2). (Accessed at <http://aspe.hhs.gov/health/reports/2012/ACA&AsianAmericans&PacificIslanders/rb.pdf>).

<sup>ii</sup>Rose Chu, Kenneth Finegold, Wilma Robinson, and Daniel Wong, "The Affordable Care Act and Asian Americans and Pacific Islanders." ASPE Office of Health Policy, Department of Health and Human Services, May 2012 (p.2). (Accessed at <http://aspe.hhs.gov/health/reports/2012/ACA&AsianAmericans&PacificIslanders/rb.pdf>).

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

<sup>iv</sup>Rose Chu, Kenneth Finegold, Wilma Robinson, and Daniel Wong, "The Affordable Care Act and Asian Americans and Pacific Islanders." ASPE Office of Health Policy, Department of Health and Human Services, May 2012 (p.2). (Accessed at <http://aspe.hhs.gov/health/reports/2012/ACA&AsianAmericans&PacificIslanders/rb.pdf>).

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<sup>vi</sup>APIAHF analysis of 2009 American Community Survey Public Use Microdata Sample.

<sup>vii</sup>Asian & Pacific Islander American Health Forum (2010). "Native Hawaiian and Pacific Islander Health Disparities."

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

<sup>ix</sup>APIAHF analysis of 2009 American Community Survey Public Use Microdata Sample.

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

<sup>xi</sup>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.

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

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

<sup>xiv</sup>Asian & Pacific Islander American Health Forum (2009). "Asian American, Native Hawaiian and Pacific Islander Population Demographics."

<sup>xv</sup>National Health Interview Survey, NHIS CDC 2010. Summary Health Statistics for U.S. Adults: 2010. Table 8. [http://www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_252.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_252.pdf)

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

<sup>xvii</sup>Minority Business Development Agency. "Minority-Owned Business and Global Reach." U.S. Department of Commerce. Available at: [http://www.mbdba.gov/sites/default/files/Minority-OwnedBusinessGrowthandGlobalReach\\_0.pdf](http://www.mbdba.gov/sites/default/files/Minority-OwnedBusinessGrowthandGlobalReach_0.pdf).

<sup>xviii</sup>Rose Chu, Kenneth Finegold, Wilma Robinson, and Daniel Wong, "The Affordable Care Act and Asian Americans and Pacific Islanders." ASPE Office of Health Policy, Department of Health and Human Services, May 2012 (p.3). (Accessed at <http://aspe.hhs.gov/health/reports/2012/ACA&AsianAmericans&PacificIslanders/rb.pdf>).

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