

# The Health Care Law and You:

How does the ACA help Asian Americans, Native Hawaiians and Pacific Islanders in Region 5 (Ohio, Michigan, Wisconsin, Minnesota, Indiana and Illinois)?

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# Health Care Reform and the Affordable Care Act



# The Problem

- Insurance companies could take advantage of consumers and discriminate against the 129 million Americans with pre-existing conditions.
- Premiums had more than doubled over the last decade, while insurance company profits were soaring.
- Fifty million Americans were uninsured, tens of millions more were underinsured, and those that had coverage were often afraid of losing it.
  - 18.1% of Asian Americans and Pacific Islanders are uninsured



# The Critical Need for Health Reform

- U.S. spent more than 16% of its Gross Domestic Product (GDP) on health care in 2009
- 72 Americans die each day, 500 Americans die every week and approximately 2,175 Americans die each month, due to lack of health insurance (*Dying for Coverage*, Families USA, June 2012)



# The Health Care Law

In March 2010, President Obama signed into law the Affordable Care Act.



# The Affordable Care Act

- Expands coverage
- Offers new consumer protections and consumer choice
- Makes health care more affordable
- Improves quality
- Improves prevention and public health
- Puts budget and economy on a more stable path



## The Law Stops Insurance Companies from Taking Advantage of You

### *Patient's Bill of Rights*

It is now illegal for insurance companies to:

- Deny coverage to children because of a pre-existing condition like asthma and diabetes.
- Put a lifetime cap on how much care they will pay for if you get sick.
- Cancel your coverage when you get sick by finding a mistake on your paperwork.
- And more...



## The Law Makes Health Care More Affordable

**BEFORE**, many insurance companies spent as much as 40 cents of every premium dollar on overhead, marketing, and CEO salaries.



**TODAY**, we have the new 80/20 rule: in most states, insurance companies must spend at least 80 cents of your premium dollar on your health care or improvements to care.



If they don't, you get money back.



## The Law Makes Health Care More Affordable

**BEFORE**, insurance companies could raise your premiums by double digits without justification.

**TODAY**, insurance companies must publicly justify their actions if they want to raise premiums by 10 percent or more. And states have more power to block them.



# The Law Makes Health Care More Affordable

**“Anthem Withdraws Rate Increases”**

*-- San Francisco Chronicle*

**“Blue Shield Cancels Insurance Rate Increase”**

*-- Los Angeles Times*

**“Connecticut Rejects Insurance Rate Increase”**

*-- The New York Times*





# The Law Increases Your Access to Affordable Care

Young adults under the age of 26 can now stay on their parents' health plans.

*"I honestly don't know what we would have done.... There was no way we could have afforded it. I might not be here right now."*

*--Kylie L., 23, in Illinois, who credits the health care law for enabling a life-saving heart transplant*



## The Law Increases Your Access to Affordable Care

There are new plans in every state for people who have been locked out of the insurance market because of a pre-existing condition like cancer or heart disease.

*"When I was diagnosed, they told me I had a 60 percent chance of being cured. That's pretty good odds, but I was also terribly worried about finances. Now I don't feel like we can't afford the treatment."*

*--Gail O. in New Hampshire*

For more, visit [www.PCIP.gov](http://www.PCIP.gov).



# The Law Increases Your Access to Affordable Care

In many cases, you can get preventive services for free:

- ✓  Cancer screenings such as mammograms & colonoscopies
- ✓  Vaccinations such as flu, mumps & measles
- ✓  Blood pressure screening
- ✓  Cholesterol screening
- ✓  Tobacco cessation counseling and interventions
- ✓  Birth control
- ✓  Depression screening
- ✓  And more...



Visit [www.healthcare.gov/prevention](http://www.healthcare.gov/prevention) for a full list.



## The Law Strengthens Medicare

- Many free preventive services such as mammograms and colonoscopies and a free annual wellness visit.
- A 50% discount on covered brand-name medications for those in the prescription drug donut hole – an average savings of nearly \$600 per person in 2011. The donut hole will be closed in 2020.
- Strong anti-fraud measures, including tougher penalties for criminals.
- Makes sure your doctors can spend more time with you and improve care coordination – just like they do at hospitals such as the Mayo Clinic and Cleveland Clinic.



## More Improvements to Come

In 2014:

- Discriminating against anyone because of a pre-existing condition will be illegal.
- Insurance companies won't be able to charge women more than men.
- Middle class tax credits will make buying insurance more affordable.
- There will be new State-based marketplaces – called Affordable Insurance Exchanges – where private insurers will compete for your business. Members of Congress will have to buy insurance there, too.

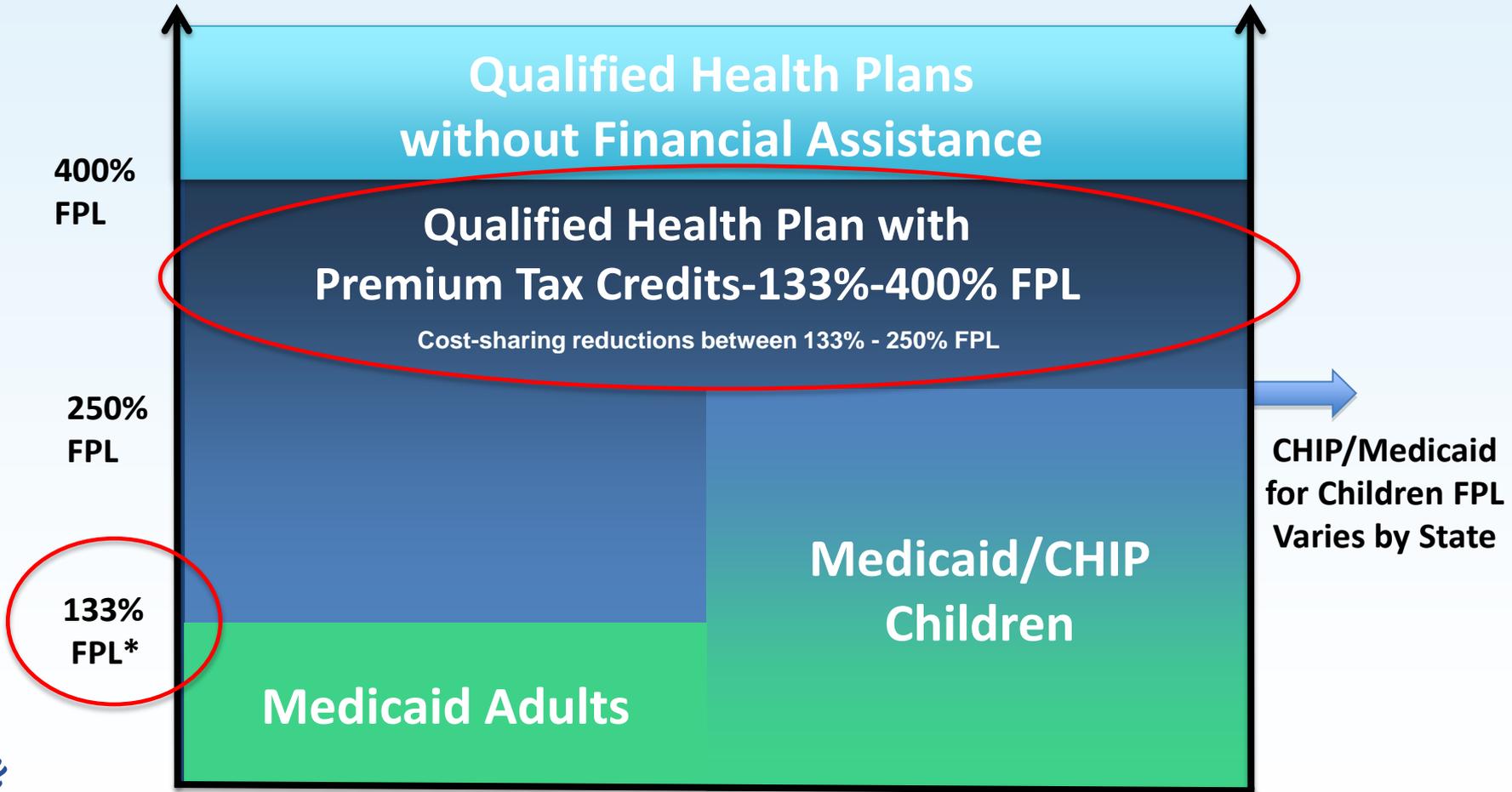


## What is an Exchange?

- Organized marketplace for buying health insurance
- Exchanges will create:
  - Lower costs
  - One stop shopping for consumers
  - Greater benefits and protections
  - Increased competition through comparative shopping and more informed consumers
- Authorized by the Affordable Care Act
- State must apply for approval by November 16, 2012/operational by January 1, 2014



Exchanges: Coverage/Affordability Programs



Please note there is a 5% income disregard required by section 1902(e)(14)(I) of the Social Security Act

\*Source: Kaiser Family Foundation



# ACA & Health Disparities: Improving Health Equity



- **Coordinated Care:** New investments in community health teams to manage chronic disease
- **Diversity and cultural competency.** Initiatives to increase racial & ethnic diversity in the health workforce; strengthen cultural competency training for all health care providers
- **Data collection:** Any ongoing or new Federal health program must collect info on how women and racial and ethnic minorities experience the health care system, leading to improvements for these groups.



# ACA & Health Disparities: Improving Health Equity

- Providing preventive care
- Ending insurance discrimination
- Expanding the healthcare workforce
- Increased funding for Community Health Centers
- HHS Action Plan to Reduce Racial and Ethnic Health Disparities



## Without the Affordable Care Act...

- **3.1 million young adults** would lose their insurance coverage
- Nearly **105 million Americans** vulnerable again to having lifetime limits
- **Nearly 74.8 million Americans** would not know if they are receiving value for their health insurance premium dollars
- **over 5.1 million Americans on Medicare would not have saved over \$3.2 billion** on prescription drugs
- **Over 16 million American on Medicare would not have received preventive services** without a co-pay in 2012 alone.
- **Americans would not have the resources** to crack down on unreasonable insurance premium increases

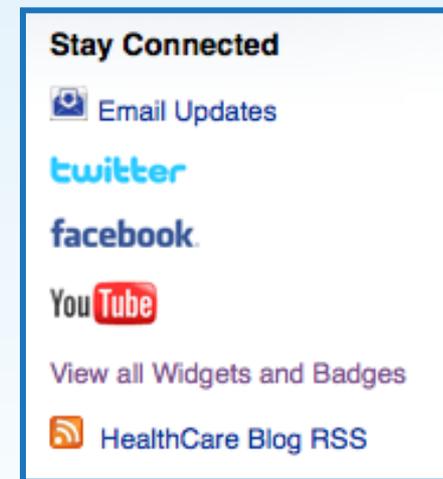


# Learn More

<http://www.healthcare.gov/>



## Social Networks



## Questions:

Email Regional Director Kenneth Munson at

[Kenneth.munson@hhs.gov](mailto:Kenneth.munson@hhs.gov)

or External Outreach Specialist Lina Rashid at

[Lina.choudhryrashid@hhs.gov](mailto:Lina.choudhryrashid@hhs.gov)







**Asian Services In Action, Inc.**

# History and Mission

- Founded in 1996 by four immigrant women
- Mission: to empower and advocate for Asian Americans/Pacific Islanders (AAPIs); and to provide AAPIs access to quality, culturally, and linguistically appropriate information and services

# Community Health Promotions

- Interpreting and Translation
- Testing, screenings, and immunizations:
  - breast and cervical cancers
  - Type 2 diabetes
  - HIV
  - Childhood lead
  - H1N1 and seasonal flu
  - Hepatitis B
- Education and Outreach:
  - Diabetes prevention, hepatitis B

# The Affordable Care Act

- HRSA BPHC FQHC Planning Grant
- Community Transformation Grant (CTG)
- Partnership with Universal Health Care Action Network of Ohio (UHCAN) on implementation of Health Insurance Exchange (HIE)

# HRSA BPHC FQHC Planning Grant



- Clients traveling to NYC on regular chartered buses
- The county-run health clinic announced its plan to relocate
- Asian Services embarked on this route to become a Federally Qualified Health Center and received a planning grant to do so
- Opening the doors to ASIA-Int'l Community Health Center - October 2012

# CTG Sub-Recipient

- Asian Pacific Partners for Empowerment, Advocacy and Leadership ([www.appealforcommunities.org](http://www.appealforcommunities.org))
- CDC CTG focused on the development of a national network
- Palau, Long Beach, Washington, Texas, Ohio, New York and DC
- Increase awareness of culturally/linguistically specific CTG strategies through effective **collaboration, dissemination, and communication** amongst cross-cultural and multi-sectoral partners
- July 13 Summit with the White House Initiative on AAPIs



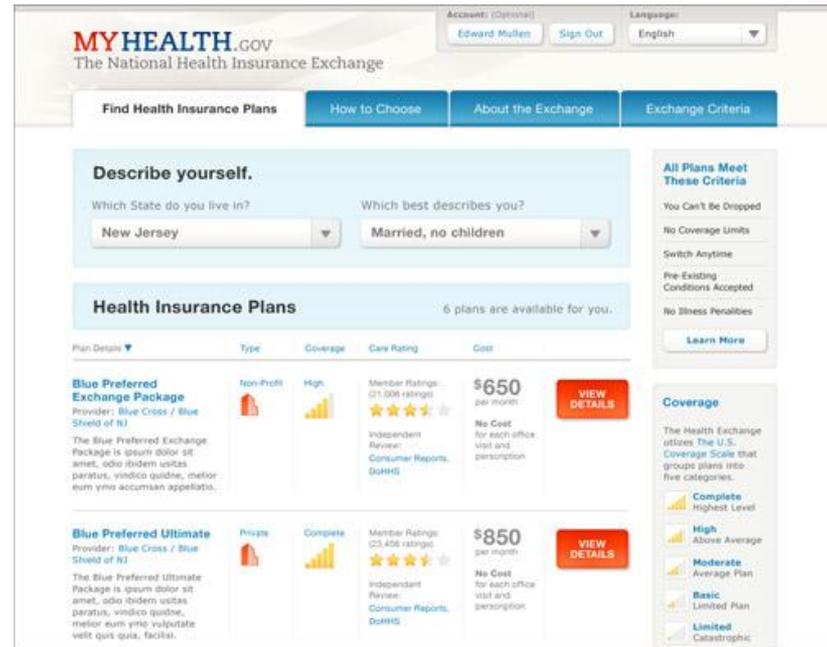
# Partnership with UCHAN on Health Insurance Exchange

- Partnered with Universal Health Care Action Network of Ohio (UHCAN), who received funding from Community Catalyst
- ASIA's role:
  - Contribute AAPI-specific strategies and recommendations to UHCAN's advocacy network
  - Engage AAPIs in the process of creating the Health Insurance Exchange (a Travelocity for purchasing health insurance)



# The Health Insurance Exchange

- The Exchange will be a competitive **health insurance marketplace** for individuals and small businesses.
- Like **Travelocity for insurance**, It should have an **easy-to-use website** built for **comparison shopping** of health plans.
- The Affordable Care Act calls on **each state** to establish its own Exchange **by 2014**.



# The Health Insurance Exchange

In order to reduce AAPI health disparities, we believe that Ohio's Exchange should:

- Be **run by Ohio**
- Provide **multilingual access**
- Have a **pro-consumer governing board**
- Have **effective regulation**



# ASIA Outreach to AAPIs on Ohio Health Insurance Exchange

From February – June 2012:

- Identified and trained key AAPI leaders to publicly advocate for a consumer-friendly, culturally competent Exchange
- Reached ~240 people through presentations on the Exchange



# ASIA Outreach to AAPIs on Ohio Health Insurance Exchange

## From February – June 2012:

- Developed fact sheets on the ACA and Exchange in English, Chinese, Korean, Laotian, Punjabi, Cambodian, and Vietnamese.
  - “The New Health Care Law & the Ohio Health Insurance Exchange”
  - “How Does the ACA Benefit AAPIs?” (English only)
- Letters to the editor in local and ethnic media.

# The Exchange in Ohio

- Legislation to establish a state-run exchange (SB 277) remains pending in the Ohio legislature.\*
- Lt. Governor and Insurance Commissioner Mary Taylor: “At this point, we are not going to set up a state-based exchange.” (July 10, 2012)\*\*
- Unlikely that Ohio will declare intent to establish an Exchange by Nov. 16, 2012 deadline.
- Federal government will probably set up Ohio’s Exchange by Jan. 1, 2014.

\*<http://healthreform.kff.org/State-Exchange-Profiles/Ohio.aspx>

\*\*<http://www.toledoblade.com/State/2012/07/10/Lt-Gov-Taylor-Ohio-will-not-establish-state-run-health-insurance-exchange.html>

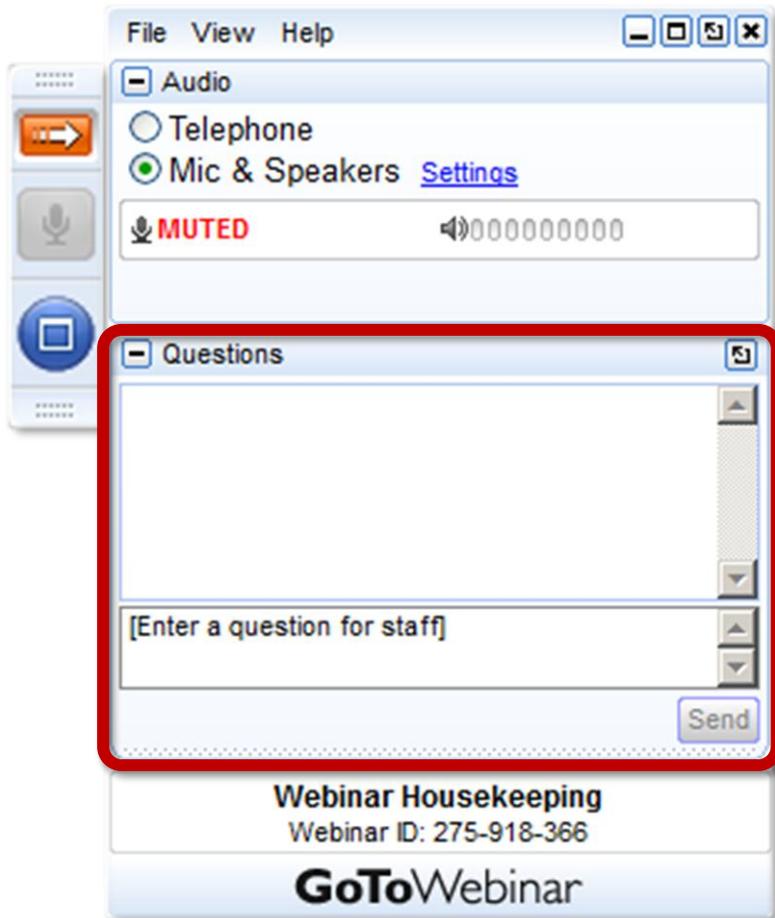


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# GoToWebinar Housekeeping: Time for Questions



## Your Participation

- Please submit your text questions and comments using the Questions Panel

**Note:** Today's presentation is being recorded.

**Thank you!**

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