

The Health Care Law and You:

How does the ACA help Asian Americans, Native Hawaiians and Pacific Islanders in Region 10 (Alaska, Idaho, Oregon and Washington)?



APIAHF
ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM

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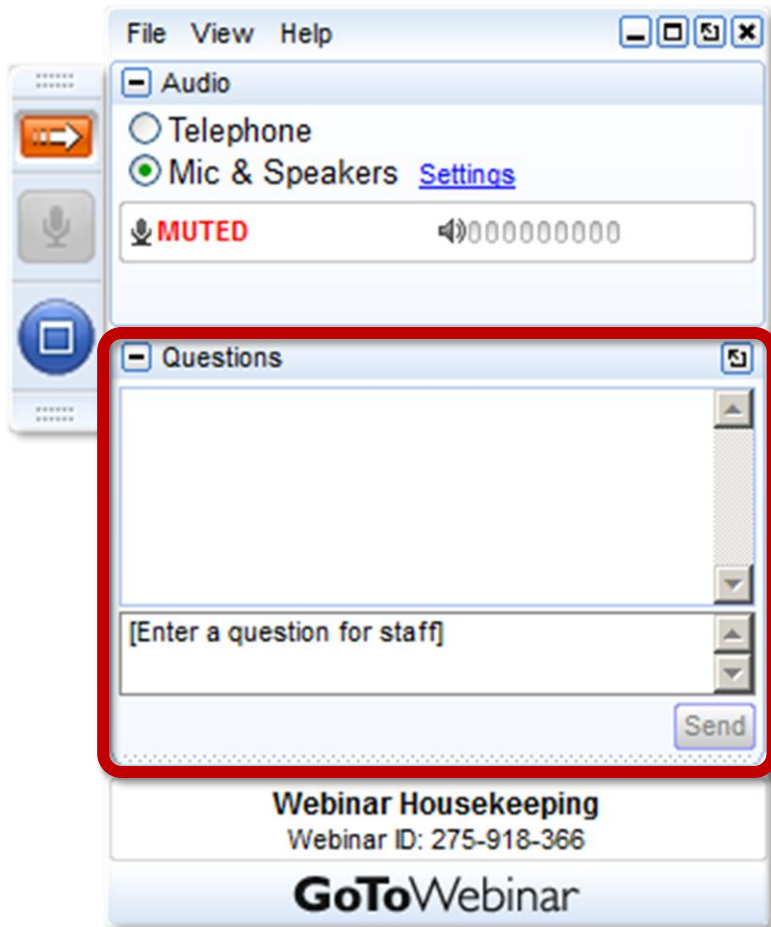
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GoToWebinar Housekeeping: Time for Questions



Your Participation

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

Note: Today's presentation is being recorded.

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

BEFORE, small businesses paid an average of 18 percent more for health insurance than large companies.

TODAY, small businesses can get tax credits to help pay for coverage for their employees.

“In 2010, we paid close to \$11,000 for employees’ health insurance. The tax credit cut our costs by over \$2,000. For a small business struggling to keep health coverage, that makes all the difference. We were actually considering dropping our insurance, but the tax credit tipped the balance and helped us maintain coverage.”

--Matt H. in Montana



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.



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 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.

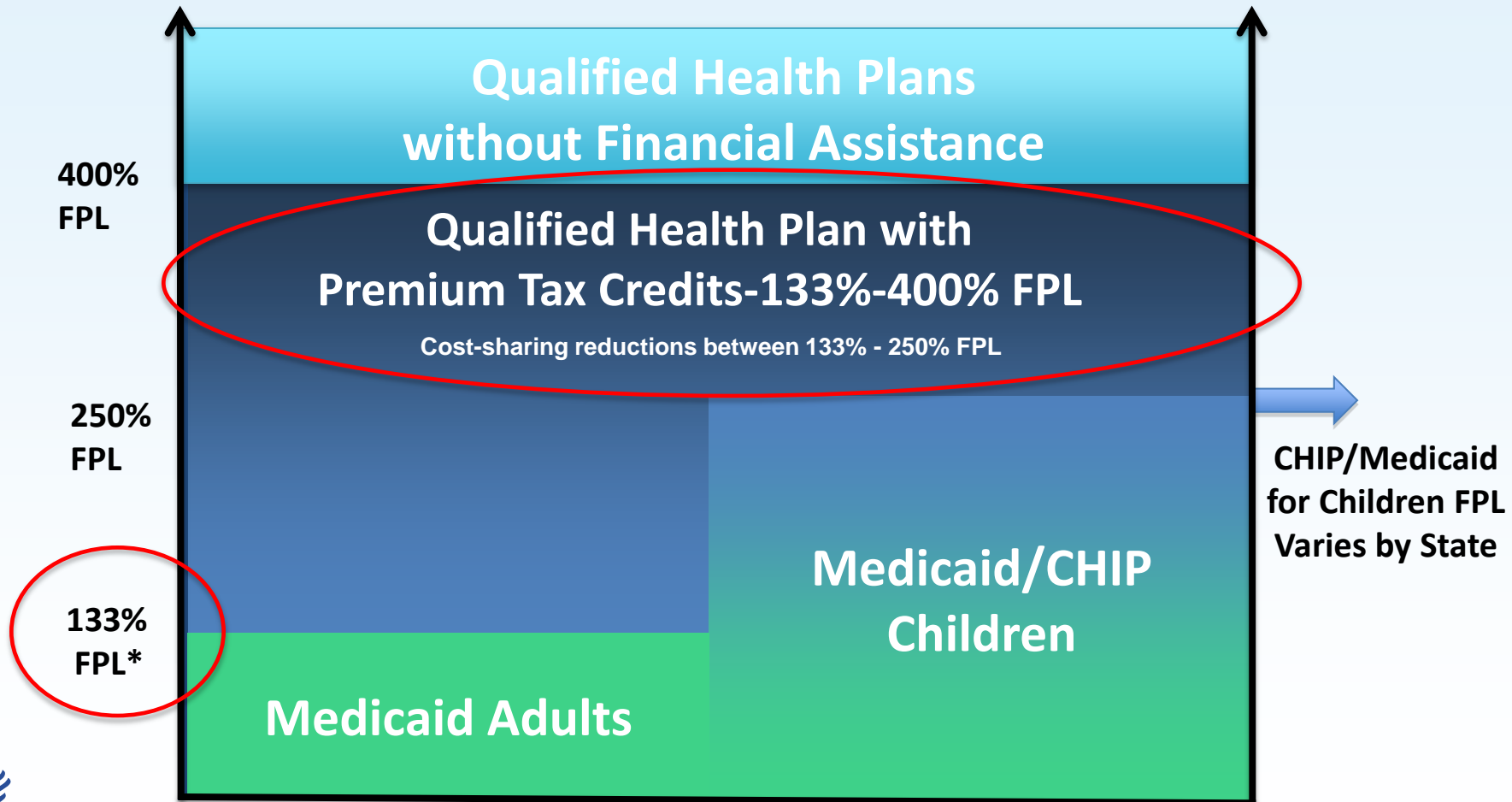


What is an Exchange?

- 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

The screenshot shows the HealthCare.gov homepage. At the top, it displays the date "October 6, 2011" and navigation links for Home, Blog, Newsroom, Videos, FAQs, Glossary, Text Size (A A A), and En Español. The main header includes the "HealthCare.gov" logo and the tagline "Take health care into your own hands". Below the header is a search bar and a row of five navigation buttons: "Find Insurance Options", "Get Help Using Insurance", "The Health Care Law & You", "Comparing Care Providers", and "Prevention & Wellness". The central content area features a large image of a diverse group of people. To the left of the image is a blue box titled "Explore your coverage & pricing options" with a "Pick Your State" dropdown menu and a "GO" button. To the right of the image is a section titled "Your Health Care, Explained" with the text "Need help? Get **consumer assistance** in your state" and a "Learn More" button. Below this is a yellow box titled "The Affordable Care Act of 18 Months" with a sub-headline and a link to "Read the latest report on health reform at 18 months."

The screenshot shows the "Stay Connected" section. It features a blue header with the text "Stay Connected". Below the header are several social media and communication options: "Email Updates" with an envelope icon, the "twitter" logo, the "facebook" logo, the "YouTube" logo, and a link "View all Widgets and Badges" with a right-pointing arrow. At the bottom is the "HealthCare Blog RSS" link with an RSS icon.

Questions:

Email Regional Director Susan Johnson at Susan.Johnson@hhs.gov
or Regional Outreach Specialist Elizabeth Arjun at Elizabeth.Arjun@hhs.gov

More information:

[The Affordable Care Act and Asian Americans and Pacific Islanders](#)

ASPE Report (April 2012)





Impact of the ACA on Asian and Pacific Islanders in Oregon

**Rev. Joseph Santos-Lyons,
Development & Policy Director, APANO**

APANO Background

- Formed in 1996
 - 1500 members
 - 30 organizational partners
 - Vision: We envision a just and equitable world where Asians and Pacific Islanders are fully engaged in the social, economic and political issues that affect us.
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The Case for Health Equity & Reform

- Race matters - Over 2.3 million Asian Americans are uninsured nationally. Highest among Koreans (31%), Pacific Islanders (24%), Vietnamese (21%) and South Asians (20%)
 - Language matters - Nearly 9 out of 10 English speakers (88%) lack proficiency in health literacy
 - Culture matters - Health care access problems are exacerbated in API communities by immigration status, language barriers, cultural stigmas regarding public benefits, and low utilization of primary and preventative care
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Advocacy Agenda

- Start with Equity by improving cultural competency, accessibility and affordability
- Passage of Health Insurance Exchange and Coordinated Care Organization Legislation
- Policy, Environment and System Change that improves the Social Determinants of Health



ACA Implementation in Oregon

- Oregon legislation creates state-run Health Insurance Exchanges for 600,000 uninsured Oregonians (2011)
 - Oregon legislation establishes Coordinated Care Organizations for 600,000 medicaid members (2011)
 - Federal Government promises \$1.9 billion over 5 years to support CCO development
 - Oregon DHS-OHA Race, Ethnicity and Language Data Policy
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Impact of ACA on Asian and Pacific Islanders in Oregon

- Extend health care to over 20,000 uninsured Asian and Pacific Islanders
- Language Accessible Services
- Improved Data Collection and Analysis
- Building a more diverse workforce
- Increase cultural competency

Oregon Advocacy Coalitions

- APANO
 - Oregon Health Equity Alliance
 - HOPE Regional Equity Coalition
 - Health Care Reform Collaborative
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What's Next?

- Essential Benefits and Accessibility for ORHIX (Oregon Health Insurance Exchange)
 - Train Community Health Workers as part of Coordinated Care Organizations
 - Study and implement improved data collection and analysis
 - Foster cultural competency continuing education for health professionals
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Thank you!

Please email webinar@apiahf.org with any questions, comments or concerns.



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