



**WRITTEN STATEMENT FOR THE RECORD**

**FOR THE HEARING ENTITLED “OBAMACARE EMERGENCY: STABILIZING THE INDIVIDUAL HEALTH INSURANCE MARKET.”**

**UNITED STATES SENATE HEALTH, EDUCATION, LABOR, AND PENSIONS COMMITTEE**

**FEBRUARY 1, 2017**

**BY THE  
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM**

The Asian & Pacific Islander American Health Forum (APIAHF) submits this written testimony for the record for the February 1, 2017 hearing before the Senate Health, Education, Labor, and Pensions Committee entitled “Obamacare Emergency: Stabilizing the Individual Health Insurance Market.”

As the nation’s oldest and largest health policy and public health organization working with Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) communities, APIAHF provides a voice in the nation’s capital for AA and NHPI communities. APIAHF works toward health equity and health justice for all by influencing policy, mobilizing communities, and strengthening programs and organizations to improve the health of the over 20 million AAs and nearly 1 million NHPIs in the United States.

This hearing seeks to address concerns about the effect the Affordable Care Act (ACA) has had on the individual health insurance market. The record of evidence demonstrates that the ACA has successfully done what it was designed to do – reduce the number of uninsured persons in the U.S. To date, 20 million Americans have coverage they can afford and rely upon<sup>1</sup>, including nearly 2 million AAs and NHPIs who are eligible for coverage under the ACA.<sup>2</sup>

APIAHF has worked to protect and implement the ACA since its passage. Since 2012, APIAHF and partners have worked to outreach, educate and enroll nearly 1 million consumers through Action for Health Justice, a national collaborative of more than 70 AA and NHPI national and

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<sup>1</sup> Department of Health and Human Services, *20 million people have gained health insurance coverage because of the Affordable Care Act, new estimates show*, March 3, 2016, available at: <https://www.hhs.gov/about/news/2016/03/03/20-million-people-have-gained-health-insurance-coverage-because-affordable-care-act-new-estimates>.

<sup>2</sup> Rose Chu, et al., *The Affordable Care Act and Asian Americans and Pacific Islanders*, HHS ASPE Research Brief, April 1, 2012, available at: <https://aspe.hhs.gov/sites/default/files/pdf/37346/rb.pdf>.

local community-based organizations and health centers. These community-based partner organizations are located in over 20 states and hear the real effects of AAs and NHPIs gaining coverage through the ACA.

### **The ACA Has Expanded Access to Essential Care for AAs and NHPIs**

The ACA's coverage expansions reduced the overall rate of uninsured AAs from 15.7 to 7.8 percent and the percentage of NHPIs without insurance fell from 17.4 to 9.9 percent.<sup>3</sup> Health coverage is critical for AAs and NHPIs who experience a number of barriers to accessing affordable health insurance and care. The AA and NHPI community speaks over 100 different languages and traces their heritage to more than 50 different countries. As of 2016, 11% of AAs and 23% of NHPI families live below the poverty line.<sup>4</sup> Language barriers, lack of cultural competency, poverty, and immigration status all affect the ability of AAs and NHPIs to access coverage and care.

Eight in 10 AAs and NHPIs qualify for financial assistance under the ACA.<sup>5</sup> Prior to the ACA, high costs caused many AAs and NHPIs to either forgo care entirely or sell everything they had to afford care. People like Trieu, a young adult from Pennsylvania, had to forgo care and hoped he did not get sick until he got coverage thanks to the ACA's financial help.

The ACA's financial assistance saved the life of Jirapon in Georgia. Jirapon is a single mom with three children who works as a cook. Thanks to a local community based organization, she was able to enroll in health care for the first time. She qualified for subsidies as well as Medicaid for her youngest child. After getting covered, Jirapon went for a general screening and was diagnosed with breast cancer. She was able to access affordable surgery, reconstruction, and long-term care because of the ACA.

Falani and his wife, Teuloi, from Utah went uninsured for 15 years prior to the ACA, even though Falani was battling stomach cancer and diabetes. Without coverage, he resorted to home remedies and emergency care when things got really bad. The ACA changed their lives when they realized they could afford a plan for \$45 a month and finally get much needed dialysis.

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<sup>3</sup> American Community Survey Table S2701. (2015 and 2010). United States Census.

<sup>4</sup> Samantha Artiga, et al., *Key Facts on Health and Health Care by Race and Ethnicity, Section 1: Demographics*, Kaiser Family Foundation, June 7, 2016, available at: <http://kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-section-1-demographics/>.

<sup>5</sup> Minh Wendt, et al., *Eligible Uninsured Asian Americans, Native Hawaiians, and Pacific Islanders: 8 in 10 Could Receive Health Insurance Marketplace Tax Credits, Medicaid, or CHIP*, HSS ASPE Research Brief, March 18, 2014, available at: [https://aspe.hhs.gov/sites/default/files/pdf/180311/rb\\_UninsuredAANHPI.pdf](https://aspe.hhs.gov/sites/default/files/pdf/180311/rb_UninsuredAANHPI.pdf).

The ACA's consumer protections and financial assistance have given 4.3 million Asian Americans access to free routine preventive care.<sup>6</sup> This is especially important for diagnosing and treating chronic conditions amongst AAs and NHPs. The risk of diabetes for AAs is 18% higher than for Whites.<sup>7</sup> Additionally, AAs and NHPs are the only racial group for whom cancer is the leading cause of death.<sup>8</sup> Early routine care is essential for treating these chronic conditions. Lup, a senior-citizen in Louisiana, got coverage for the first time because the ACA. She and her husband can now rely on preventive care to stay healthy and she no longer has to live with the constant anxiety that a huge medical emergency would ruin them.

## **The Health Insurance Market is Strong Under the ACA**

Under the ACA, 10.2 million Americans are eligible to enroll in qualified health plans.<sup>9</sup> Marketplace enrollment has grown every year since the ACA was enacted, resulting in a larger and more diverse risk pool. Despite concerns about increasing premiums, a report by Standard & Poor found that the individual market is headed toward stabilization at the end of 2016, with a study projecting more improvement in 2017.<sup>10</sup> This suggests that the premium increases in some states are the result of insurers correcting course as they adjust to a more diverse risk pool compared to pre-ACA underwriting. Nationally, the ACA has lowered overall health expenditures and slowed the growing cost of health care.<sup>11</sup>

In summary, the ACA has substantially improved access to both coverage and care for 20 million Americans, including millions of AAs and NHPs. These coverage gains benefit the entire nation, providing life-saving care and financial security for those who would otherwise have no or limited coverage.

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<sup>6</sup> *Increased Coverage of Preventive Services with Zero Cost Sharing Under the Affordable Care Act*, HHS ASPE Research Brief, June 27, 2014, available at: <https://aspe.hhs.gov/pdf-report/increased-coverage-preventive-services-zero-cost-sharing-under-affordable-care-act>.

<sup>7</sup> Centers for Disease Control, *National Diabetes Fact Sheet*, 2011, available at: [https://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2011.pdf](https://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf).

<sup>8</sup> Barry A. Miller, et al., *Cancer incidence and mortality patterns among specific Asian and Pacific Islander populations in the U.S.*, November 2007, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2268721/>.

<sup>9</sup> Department of Health and Human Services, *The Affordable Care Act is Working*, 2015, available at: <https://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-is-working/index.html?language=es>.

<sup>10</sup> Deep Banerjee, *The ACA Individual Market: 2016 Will Be Better Than 2015, But Achieving Target Profitability Will Take Longer*, S&P Global Ratings, December 22, 2016, available at: <https://morningconsult.com/wp-content/uploads/2016/12/12-22-16-The-ACA-Individual-Market-2016-Will-Be-Better-Than-2015-But-Achieving-Target-Profitability-Will-Take-Longer.pdf>.

<sup>11</sup> White House Council of Economic Advisors, *The Economic Record of the Obama Administration: Reforming the Health Care System*, Pg. 80, December 2016, available at: [https://obamawhitehouse.archives.gov/sites/default/files/page/files/20161213\\_cea\\_record\\_health\\_care\\_reform.pdf](https://obamawhitehouse.archives.gov/sites/default/files/page/files/20161213_cea_record_health_care_reform.pdf).