



WRITTEN STATEMENT FOR THE RECORD

FOR THE HEARING ENTITLED “PATIENT RELIEF FROM COLLAPSING HEALTH EXCHANGES.”

**UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH**

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**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 House Subcommittee on Health entitled “Patient Relief from Collapsing Health Exchanges.”

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 NHPs 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 upon¹, including nearly 2 million AAs and NHPs who are eligible for coverage under the ACA.²

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

¹ 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>.

² 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 NHPs gaining coverage through the ACA.

The ACA Has Expanded Access to Essential Care for AAs and NHPs

The ACA's coverage expansions reduced the overall rate of uninsured AAs from 15.7 to 7.8 percent and the percentage of NHPs without insurance fell from 17.4 to 9.9 percent.³ Health coverage is critical for AAs and NHPs who experience a number of barriers to accessing affordable health insurance and care. The AA and NHP 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 NHP families live below the poverty line.⁴ Language barriers, lack of cultural competency, poverty, and immigration status all affect the ability of AAs and NHPs to access coverage and care.

Eight in 10 AAs and NHPs qualify for financial assistance under the ACA.⁵ Prior to the ACA, high costs caused many AAs and NHPs 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.

³ American Community Survey Table S2701. (2015 and 2010). United States Census.

⁴ 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/>.

⁵ 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.

The ACA's consumer protections and financial assistance have given 4.3 million Asian Americans access to free routine preventive care.⁶ 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.⁷ Additionally, AAs and NHPs are the only racial group for whom cancer is the leading cause of death.⁸ Early routine care is essential for treating these chronic conditions. Lup, a senior-citizen in Louisiana, got coverage for the first time because of 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.⁹ 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 2017.¹⁰ 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.¹¹

Proposed Replacements for the ACA Would Not Provide Access to Comprehensive Care

The ACA provides consumer protections, the financial means to afford coverage, and mandates to ensure protection for the market. APIAHF opposes repealing the ACA without a replacement. Any replacement plan must, at minimum, do not harm and maintain comprehensive, affordable coverage for the 20 million Americans currently enrolled and those eligible for coverage under the ACA and maintain consumer protections and civil rights.¹²

⁶ *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>.

⁷ Centers for Disease Control, *National Diabetes Fact Sheet*, 2011, available at: https://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf.

⁸ 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/>.

⁹ 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>.

¹⁰ 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>.

¹¹ 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.

¹² 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>.

The replacements offered in the four proposed bills are not comprehensive coverage and not a replacement for the ACA. Special enrollment periods (SEP) are not being abused, but rather underutilized and are a necessary component for individuals facing changes in life circumstances. Only five percent of SEP eligible consumers enrolled in 2015.¹³ Adding an additional burden to accessing coverage would hinder eligible people from enrolling.¹⁴

Three-month grace periods are important for low and moderate income families whose finances fluctuate regularly. A study from 2016 showed that these families had a twenty-five percent income drop for 2.7 months of the year and an income increase for another 2.7 months of the year.¹⁵ These families would lose health coverage under the shortened grace period simply because they struggle on a monthly basis.

Additionally, when lower income families' finances drop, they could be forced off of coverage by a reduced grace period. They would then also fall prey to the proposed continuous coverage limitation if they have a preexisting condition. In addition, protecting consumers from preexisting condition exclusions is not sufficient to guarantee access to coverage without financial assistance. This is why the ACA's consumer protections and guaranteed issue provisions are coupled with financial help for the majority of persons eligible for coverage.

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. APIAHF opposes repealing the ACA without a replacement plan that allows all enrolled and eligible people to maintain their coverage with financial help and maintains consumer and civil rights protections.

¹³ Stan Dorn, *Helping Special Enrollment Periods Work under the Affordable Care Act*, Urban Institute, June 2016, available at: <http://www.urban.org/sites/default/files/publication/81806/2000834-Helping-Special-Enrollment-Periods-Work-Under-the-Affordable-Care-Act.pdf>.

¹⁴ *Id.*

¹⁵ Julia B. Isaacs, et al., *Stabilizing Children's Lives when Family Income Fluctuates from Month to Month*, Urban Institute, December 8, 2016, available at: <http://www.urban.org/urban-wire/stabilizing-childrens-lives-when-family-income-fluctuates-month-month>.