

August 31, 2017

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*National Advocates for  
Asian American,  
Native Hawaiian &  
Pacific Islander Health*

The Honorable Orrin Hatch  
Chairman, Senate Finance Committee  
219 Dirksen Senate Office Building  
Washington, DC 20510

The Honorable Lamar Alexander  
Chairman, Senate Committee on  
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The Honorable Richard Neal  
Ranking Member, House Ways and Means  
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The Honorable Frank Pallone  
Ranking Member, House Energy and  
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2322A Rayburn House Office Building  
Washington, DC 20515

Dear Chairman Hatch, Ranking Member Wyden, Chairman Alexander, Ranking Member Murray, Chairman Brady, Ranking Member Neal, Chairman Walden and Ranking Member Pallone:

On behalf of the Asian & Pacific Islander American Health Forum (APIAHF), we write to you in your roles as leaders of the committees of jurisdiction over health in our nation. We believe it is time for Congress to put aside attempts to repeal the Affordable Care Act (ACA) and instead take needed steps to ensure that all Americans are able to afford and access health insurance that meets their needs. APIAHF is the nation's leading policy organization working to advance the health and well-being of over 20 million Asian Americans (AA), Native Hawaiians and Pacific Islanders (NHPI) across the U.S. and territories. From our work with AA and NHPI communities, we understand the role the ACA has played in improving access to health insurance. Since 2010, the uninsured rate has fallen from 15.1 percent to 7.5 percent in 2015 for AAs and from 14.5 percent to 7.8 percent for NHPs, higher than any other racial group.<sup>1</sup> Therefore, we are writing to you with our priorities for legislation to stabilize and strengthen access to affordable, quality coverage in the ACA marketplaces.

**Fund Consumer Outreach and Assistance**

The results of the ACA's four open enrollment periods have demonstrated that health insurance enrollment is not always straight forward particularly for populations who may never have had coverage before, are new to private coverage or the U.S. healthcare

<sup>1</sup> American Community Survey Table S0201, (2010 and 2015 1 year estimates).

system, and/or have limited English proficiency or health literacy. These communities, due to higher poverty, lower English proficiency levels and other disparities, face barriers to both knowledge about their health insurance options and more complex eligibility scenarios when they enroll. For example, 47 percent of uninsured eligible AAs and NHPs were limited English proficient before the first ACA open enrollment period.<sup>2</sup>

Since 2012, APIAHF and partners have outreached to, educated and enrolled nearly 1 million AAs and NHPs in more than 56 languages through Action for Health Justice, a national collaborative of more than 70 AA and NHP national and local community-based organizations and health centers. We and our partners have seen firsthand that assistance is critical to encouraging enrollment, particularly for younger and healthier populations who may not seek out health insurance by themselves.<sup>3</sup> The Navigator program, in particular, plays a critical role in providing enrollment assistance to populations who would otherwise not know about the ACA or have the knowledge or skills needed to enroll in coverage. In this way, the Navigator program helps to ensure stable marketplaces by maximizing enrollment. Therefore, we urge Congress to robustly fund Navigators and other outreach, enrollment assistance and advertising efforts by the U.S. Department of Health and Human Services. Congress should ensure that, in addition to improved funding for outreach and enrollment, CMS specifically uses some of those funds for outreach to racial and ethnic minorities and to those who are limited English proficient.

### **Permanently Fund Cost Sharing Reduction Payments**

The ACA's Cost Sharing Reductions (CSR) for lower-income consumers in the marketplace have been critical to ensuring deductibles and copays are not barriers to care for those who cannot afford them. 65 percent of AAs and 70 percent of NHPs uninsured in 2010 and eligible by income for subsidies, were also eligible for CSRs.<sup>4</sup> The Congressional Budget Office estimates that ending CSR payments to insurance companies would add uncertainty in the insurance market and increase premiums by as much as 25 percent, particularly for unsubsidized consumers.<sup>5</sup> Congress must take immediate action to permanently appropriate funds for CSR payments.

### **Improving Affordability**

While the ACA has led to nearly 20 million people gaining coverage, including 11 million from communities of color, we still have work to do to make sure health insurance is affordable for everyone.<sup>6</sup> Many AA and NHP groups struggle with poverty compared to whites. For example,

Pakistanis (16.6 percent poverty rate), Hmong (26.1 percent poverty rate), and Marshallese (40.6 percent poverty rate) all had higher rates of poverty compared to whites (12.9 percent) in 2015.<sup>7</sup> Given

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<sup>2</sup> Wendt, Minh et al, "Eligible Uninsured Asian Americans, Native Hawaiians, And Pacific Islanders: 8 In 10 Could Receive Health Insurance Marketplace Tax Credits, Medicaid Or Chip," Department of Health and Human Services Offices of Minority Health and the Assistance Secretary for Planning and Evaluation. (March 18, 2014).

[https://aspe.hhs.gov/system/files/pdf/180311/rb\\_UninsuredAANHPI.pdf](https://aspe.hhs.gov/system/files/pdf/180311/rb_UninsuredAANHPI.pdf)

<sup>3</sup> Asian & Pacific Islander American Health Forum et al, "Improving the Road to ACA Coverage: Lessons Learned on Outreach, Education, and Enrollment for Asian American, Native Hawaiian, and Pacific Islander Communities," (Sept 2014).

[http://www.apiahf.org/sites/default/files/2014.10.14\\_Improving\\_percent20the%20Road%20to%20ACA%20Coverage\\_National%20Report.pdf](http://www.apiahf.org/sites/default/files/2014.10.14_Improving_percent20the%20Road%20to%20ACA%20Coverage_National%20Report.pdf)

<sup>4</sup> APIAHF calculation of 2010 ACS PUMS data.

<sup>5</sup> Congressional Budget Office, "The Effects of Terminating Payments for Cost-Sharing Reductions." (August 15, 2017).

<https://www.cbo.gov/publication/53009>

<sup>6</sup> Garrett, Bowen and Anuj Gangopadhyaya, "Who Gained Health Insurance Coverage Under the ACA, and Where Do They Live?," Urban Institute. (Dec 2016). <http://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf>

<sup>7</sup> APIAHF analysis of 2015 ACS data

these continuing barriers, Congress should take a number of steps to improve affordability in the private market:

- Resolve the “Family Glitch” that bars access to tax credits to families where employer sponsored insurance is affordable for individual policies but unaffordable for dependent coverage.
- Increase access to lower deductible plans, such as by increasing the value of tax credits for higher metal plans or by increasing the income threshold eligibility for cost sharing reductions.
- Create a stabilization fund that offsets the risks of expensive patients for insurance companies, encouraging greater competition in the marketplace.

### **Renew Funding for the Children’s Health Insurance Program (CHIP)**

Funding for CHIP expires on September 30, 2017. We urge Congress to fund CHIP for five years, as recommended by the Medicaid and CHIP Payment and Access Commission, with no policy riders reducing access to health care.<sup>8</sup> Failing to continue CHIP funding will put 3.7 million children at risk of losing their CHIP coverage.<sup>9</sup> CHIP is an important program for AA and NHPI communities, and alongside Medicaid, covers 28 percent of AA children and 40 percent of NHPI children. In large part due to these programs, AA and NHPI kids have achieved a 95.9 percent insured rate.<sup>10</sup> Access to quality medical and preventive care through CHIP is essential for children from these communities. For example, AA children are 60 percent more likely to develop diabetes than white children, while NHPI children are three times more likely.<sup>11</sup>

As health care leaders, we look to you to ensure consumers are able to find and enroll in affordable health coverage. In addition to these priorities, we strongly believe that civil rights in health care must be protected. As you work to improve the stability of the health insurance markets, we urge you to also continue to ensure access to health care is not denied due to discrimination on the basis of race, gender, national origin, gender identity, sexual orientation or age. Congress must conduct strong oversight to ensure that existing federal civil rights protections, including Section 1557 of the ACA and Title VI of the Civil Rights Act of 1964, among others, are enforced. We look forward to working with you on solutions to move our nation’s health forward.

Sincerely



Kathy Ko Chin  
President/Chief Executive Officer

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<sup>8</sup> Medicaid and CHIP Payment and Access Commission, “MACPAC Recommends 5-Year CHIP Funding Extension,” (Dec 15, 2016). <https://www.macpac.gov/news/macpac-recommends-5-year-chip-funding-extension/>

<sup>9</sup> Medicaid and CHIP Payment and Access Commission, “Report to Congress on Medicaid and CHIP, March 2017, (March 2017). <https://www.macpac.gov/wp-content/uploads/2017/03/March-2017-Report-to-Congress-on-Medicaid-and-CHIP.pdf>

<sup>10</sup> Elizabeth Cornachione, et al., “Children’s Health Coverage: The Role of Medicaid and CHIP and Issues for the Future, Kaiser Family Foundation,” Kaiser Family Foundation, (June 27, 2016). <http://www.kff.org/health-reform/issue-brief/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future/>

<sup>11</sup> Lenna L. Liu, MD, MPH, et al., “Type 1 and Type 2 Diabetes in Asian and Pacific Islander U.S. Youth”, *Diabetes Care*, Vol. 32 (Suppl 2). (March 2009). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647693/>