



**WRITTEN STATEMENT FOR THE RECORD**  
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**FOR THE HEARING ENTITLED “GRAHAM-CASSIDY-HELLER-JOHNSON PROPOSAL”**

**UNITED STATES SENATE  
COMMITTEE ON FINANCE**

**SEPTEMBER 25, 2017**

**BY THE  
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM  
1629 K STREET NW, SUITE 400  
WASHINGTON, DC 20006**

The Asian & Pacific Islander American Health Forum (APIAHF) submits this written testimony for the record for the September 25, 2017 hearing before the Senate Committee on Finance entitled “Graham-Cassidy-Heller-Johnson Proposal.”

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 for communities of color across the nation. Since 2010, the uninsured rate has fallen from 15.1 percent to 6.5 percent in 2016 for AAs and from 14.5 percent to 7.7 percent for NHPs, higher than any other racial group. In addition, the uninsured rate fell from 17.8% to 9.4% for African Americans, 30.9% to 18% for Latinos, and 24.2% to 14.4% for American Indians and Alaska Natives.<sup>1</sup>

As an organization that has worked for over 30 years at the federal, state, and local levels to advance sensible policies that reduce health disparities and promote health equity, we are deeply troubled by the Graham-Cassidy proposal and its potential impact on the nation’s health system. It would remove an estimated \$215 billion in federal health care funding to

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<sup>1</sup> American Community Survey Table S0201, 2010 and 2016 1 year estimates.

states through 2026, forcing them to make difficult and likely harmful decisions about providing for their residents.<sup>2</sup>

Millions of Americans, including AAs and NHPs, who rely on coverage under the ACA will be worse off under the Graham-Cassidy repeal bill. Under the guise of flexibility, this plan would end Medicaid as we know it by phasing in per-capita caps and ending its expansion. Under the guise of access, the bill would completely eliminate financial support that is currently allowing millions of low- and moderate-income Americans to afford their monthly premiums. More than eight in 10 previously uninsured AAs and NHPs qualify for financial assistance through the ACA.<sup>3</sup> In short, Graham-Cassidy is a major repeal not only of the ACA, but a serious threat to the stability of the nation's insurance markets.

### **Graham-Cassidy Would End Medicaid**

As proposed, Graham-Cassidy would end Medicaid's guarantee as a safety net to the poor, elderly and disabled, capping Medicaid funding to the states. As such, the repeal bill would effectively end Medicaid as we know it, breaking the over 50 year promise and partnership between the federal government, states and its most vulnerable citizens. By eliminating the Medicaid Expansion, which has drastically reduced uninsured in the states that took up the option, and replacing the current funding formula with per-capita caps, the bill represents an overall major net loss for states.<sup>4</sup> In the absence of federal funding, states would have to make harsh choices, to either limit eligibility, benefits, services or reimbursements. In total, the very people whom the program is designed to protect and serve, low-income Americans, would be harmed.

This includes people like Mee Pwa, a mother of four struggling to support not only her family, but her parents as well. Mee's daughter has a lifetime disability and requires monthly hospital visits to check on her kidneys and constant care at school. Her nurse changes her catheter every three hours. Medicaid pays for these hospital visits, the medical supplies, and care that her daughter receives. Medicaid keeps her child alive.

And then there are families like Tuyet from New Orleans, Louisiana. After her husband died a premature death from lung cancer, she became the sole provider for her 6 children. Like all parents, Tuyet sacrificed her health for that of her children and was lucky to be able to rely on Medicaid to keep them healthy. Tuyet's son, Quynh Vo, has down syndrome and counts

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<sup>2</sup> Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States By \$215 Billion, Avalere Health, September 20, 2017. Available at: <http://go.avalere.com/acton/attachment/12909/f-04e3/1/-/-/-/-/avalere%20CAP%20Graham%20Cassidy%20Bill%20Analysis.pdf>

<sup>3</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, Office of the Assistant Secretary for Planning and Evaluation, March 18, 2014. <https://aspe.hhs.gov/pdf-report/eligible-uninsured-asian-americans-native-hawaiians-and-pacific-islanders-8-10-could-receive-health-insurance-marketplace-tax-credits-medicaid-or-chip>

<sup>4</sup> Greater Drop in Uninsured Rate Among Adults in Medicaid Expansion States, Center on Budget and Policy Priorities. Available at: <https://www.cbpp.org/greater-drop-in-uninsured-rate-among-adults-in-medicaid-expansion-states>

on Medicaid. Without Medicaid, how would Tuyet afford a home for herself and her son? In her words:

***“Sometimes I lay awake at night wondering what will happen to Quynh Vo after I pass. If Medicaid is taken away from him, how will he go see a doctor or pay for hospital stays?”***

Graham-Cassidy would eliminate the Medicaid program and cut funding for people with disabilities by 15 percent.<sup>5</sup> It would also eliminate the health and well-being and threaten the very ability to survive for the over 74 million Americans counting on Medicaid.<sup>6</sup> Such changes would be particularly devastating to communities of color who rely on Medicaid, including 33.4% of African Americans, 30.7% of Latinos, 16.9% of Asian Americans, 34% of Native Hawaiians and Pacific Islanders and 34.1% of American Indians and Alaska Natives.<sup>7</sup> NHPIs match American Indians as the racial community with the highest percent of its population on Medicaid. Medicaid’s role in covering the nation’s most vulnerable populations, whom are disproportionately people of color, means that any cuts to Medicaid will hurt efforts to improve health equity.

### **Graham-Cassidy Would Result in Discrimination in Healthcare for the at Least 50 million Americans with a Pre-existing Condition<sup>8</sup>**

Racial and ethnic minorities, including AAs and NHPIs, disproportionately experience a number of chronic conditions due to factors including poverty, inability to afford quality coverage, and challenges accessing culturally competent care, among others. 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>9</sup> Language barriers, lack of cultural competency, poverty, and immigration status all affect the ability of AAs and NHPIs to access coverage and care.

Graham-Cassidy would deepen those disparities by turning back the clock on coverage gains that have substantially reduced uninsurance amongst communities of color. In addition, the

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<sup>5</sup> Graham-Cassidy-Heller-Johnson Bill Would Reduce Federal Funding to States By \$215 Billion, Avalere Health, September 20, 2017. Available at: <http://go.avalere.com/acton/attachment/12909/f-04e3/1/-/-/-/-/avalere%20CAP%20Graham%20Cassidy%20Bill%20Analysis.pdf>

<sup>66</sup> Total Monthly Medicaid and CHIP Enrollment, Kaiser Family Foundation, June 2017. Available at: [www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D](http://www.kff.org/health-reform/state-indicator/total-monthly-medicaid-and-chip-enrollment/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D)

<sup>7</sup> Summary Health Statistics: National Health Interview Survey, 2015, National Center for Health Statistics, available at: [ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/NHIS/SHS/2015\\_SHS\\_Table\\_P-11.pdf](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2015_SHS_Table_P-11.pdf).

<sup>8</sup> At Risk: Pre-existing Conditions Could Affect 1 In 2 Americans, Assistant Secretary for Planning and Evaluation, November 1, 2011. Available at: <https://aspe.hhs.gov/basic-report/risk-pre-existing-conditions-could-affect-1-2-americans>

<sup>9</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/>.

repeal bill would permit states to eliminate pre-existing condition protections, disproportionately impacting AAs and NHPs.

AAs and NHPs have a higher likelihood of suffering from a number of chronic conditions requiring routine access to care and underscoring the importance of early prevention. NHPs have the highest age-adjusted percentage of people with diabetes (20.6%), more than 3 times that of Whites (6.8%).<sup>10</sup> AAs and NHPs are the only racial group for whom cancer is the leading cause of death.<sup>11</sup> Certain AA and NHP subpopulations suffer from even greater health disparities. Fourteen percent of Indian Americans have diabetes, a rate higher than that of nearly all other racial groups.<sup>12</sup> Vietnamese women have cervical cancer rates five times higher than White women.<sup>13</sup> NHPs are 30% more likely to be diagnosed with cancer than whites.<sup>14</sup> Allowing insurance companies to discriminate and deny coverage on the basis of a pre-existing condition would make coverage cost prohibitive for these individuals.

### **Graham-Cassidy Would Eliminate Coverage for Tens of Millions**

By eliminating the ACA's Medicaid expansion, ending Medicaid, and repealing the ACA's financial assistance, the bill would likely end health coverage for tens of millions of Americans, rendering it unaffordable. The result would be predictable consequences seen prior to passage and implementation of the ACA, including increased uncompensated care and delays in accessing critical care amongst the uninsured. Prior to the ACA, 59% of the uninsured delayed health care.<sup>15</sup> This majority included people like Tuyet from New Orleans, Louisiana. In 2004, Tuyet's husband was diagnosed with stage four lung cancer and died soon thereafter, leaving her as the sole provider and parent to their six children, then aged 9 through 18. Tuyet still wonders if they would have caught her husband's cancer earlier if he had health coverage.

Without financial assistance, millions of Americans would not be able to afford private coverage through the ACA's Marketplaces. This includes Fangyu Wu from Ohio, a successful business woman and mom of five. In her words:

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<sup>10</sup> Asian and Pacific Islander American Health Forum, *Native Hawaiian and Pacific Islander Health Disparities*, 2010, available at: [www.apiahf.org/sites/default/files/NHPI\\_Report08a\\_2010.pdf](http://www.apiahf.org/sites/default/files/NHPI_Report08a_2010.pdf)

<sup>11</sup> Heron, Melonie, *Deaths: Leading Causes for 2014*. *National Vital Statistics Reports* Volume 65, Number 5. United States Centers for Disease Control, 2016.

<sup>12</sup> Spanakis, Elias and Sherita Hill Golden, *Race/Ethnic Difference in Diabetes and Diabetic Complications*. *Curr Diab Rep.* 13(6), 2013, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3830901/>

<sup>13</sup> Miller BA et al., *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, 1996, available at: <https://seer.cancer.gov/archive/publications/ethnicity/>

<sup>14</sup> *Cancer and Native Hawaiians/Pacific Islanders*, U.S. Department of Health & Human Services: Office of Minority Health, Last updated March 29, 2016, available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=76>.

<sup>15</sup> Brown, Alyssa, *Costs Still Keep 30% of Americans From Getting Treatment*, Gallup, December, 9 2013, available at: [www.gallup.com/poll/166178/costs-keep-americans-getting-treatment.aspx](http://www.gallup.com/poll/166178/costs-keep-americans-getting-treatment.aspx)

***“It [Affordable Care Act] has helped me a lot. I have less to worry about and feel much better. Now I am able to focus on being a mom, building my business, and enjoying my new beginning.”***

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 skip 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.

The Graham-Cassidy bill would eliminate coverage for these individuals and millions of others, create chaos in the marketplace and drastically reduce funding for states. As such, APIAHF strongly opposes the bill.

For questions contact Amina Ferati, Senior Director of Government Relations & Policy [aferati@apiahf.org](mailto:aferati@apiahf.org) (202-466-3550).