



WRITTEN STATEMENT FOR THE RECORD

**FOR THE HEARING ENTITLED “THE CHILDREN’S HEALTH INSURANCE PROGRAM:
THE PATH FORWARD”**

**UNITED STATES SENATE
COMMITTEE ON FINANCE**

SEPTEMBER 7, 2017

**BY THE
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The Asian & Pacific Islander American Health Forum (APIAHF) submits this written testimony for the record for the September 7, 2017 hearing before the Senate Committee on Finance entitled “The Children’s Health Insurance Program: The Path Forward.”

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 continued funding for the Children’s Health Insurance Program (CHIP). APIAHF strongly urges the Committee to follow the Medicaid and CHIP Payment and Access Commission (MACPAC) guidance and extend funding for CHIP for 5 years, through fiscal year 2022.¹ Over 8.9 million children rely on CHIP, and states need the security of knowing CHIP funding will be set for the next 5 years.²

¹ *Recommendations for the Future of CHIP and Children’s Coverage*, MACPAC, March 2017, available at: <https://www.macpac.gov/publication/recommendations-for-the-future-of-chip-and-childrens-coverage-2/>.

² *Children’s Health Insurance Program (CHIP): FY 2016 Children’s’ Enrollment*, Medicaid.gov, February 15, 2017, available at: <https://www.medicaid.gov/chip/downloads/fy-2016-childrens-enrollment-report.pdf>.

CHIP funding has dramatically reduced the coverage gap for children of color.

Over the course of twenty years, CHIP, together with Medicaid, has led to historic coverage rates for children of color. As of 2015, 95.9% of AA and NHPI children, for example, have coverage thanks to the combined efforts of CHIP, Medicaid, and the ACA.³ Importantly for this Committee, 28% of AA children and half of NHPI children rely on CHIP and Medicaid for their coverage.⁴ Similarly, 56% of Latino/a children, 58% of African American children, and 50% of American Indian Alaska Native children are covered by CHIP and Medicaid.⁵

Despite these coverage gains, communities of color remain more likely to be uninsured than whites.⁶ This coverage disparity is due to many factors, including poverty, health and English literacy and proficiency and immigration based restrictions. CHIP is vital for continuing to close this coverage gap because it specifically seeks to cover low-income working families. The program covers children and pregnant women that make too much to qualify for Medicaid, but not enough to afford private insurance. It also includes protections that are designed to directly serve low-income enrollees, including restrictions on cost-sharing. This coverage is critical for working families of color, who comprise 60% of all working families in this country.⁷

Children of color experience higher rates of chronic health conditions and CHIP provides access to quality preventive care to prevent and treat those conditions.

Children of color face higher rates of health disparities due to a multitude of factors including poverty, living in less environmentally healthy areas, lack of access to fresh healthy food, and lack of health coverage. CHIP coverage is uniquely situated to address these disparities because it requires a broad scope of coverage and links children to continuous preventive care.⁸

³ Joan Alker and Alisa Chester, *Children's Health Coverage Rate Now at Historic High of 95 Percent*, Georgetown University Health Policy Institute: Center for Children and Families, October 2016, available at: <https://ccf.georgetown.edu/wp-content/uploads/2016/11/Kids-ACS-update-11-02-1.pdf>.

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

⁵ Elizabeth Cornachione, et al., *Children's Health Coverage: The Role of Medicaid and CHIP and Issues for the Future*, Kaiser Family Foundation, June 27, 2016, available at: <http://kff.org/health-reform/issue-brief/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future/>.

⁶ Samantha Artiga, et al., *Health Coverage by Race and Ethnicity: Examining Changes Under the ACA and the Remaining Uninsured*, Kaiser Family Foundation, November 4, 2016, available at: <http://www.kff.org/disparities-policy/issue-brief/health-coverage-by-race-and-ethnicity-examining-changes-under-the-aca-and-the-remaining-uninsured/>.

⁷ Deborah Povich, et al., *Low-Income Working Families: The Racial/Ethnic Divide*, The Working Poor Families Project, 2015, available at: http://www.workingpoorfamilies.org/wp-content/uploads/2015/03/WPFP-2015-Report_Racial-Ethnic-Divide.pdf.

⁸ *CHIP Benefits*, Medicaid.gov, available at: <https://www.medicaid.gov/chip/benefits/index.html>.

Preventive care is important for AA and NHPI children who suffer from high rates of diabetes compared to other groups. AA children are 60% more likely to develop diabetes than white children, and NHPI children are three times more likely to develop diabetes than white children.⁹ CHIP coverage helps to reduce the burden of expensive and life-changing chronic conditions for AA and NHPI children by offering access to routine preventive care to screen early for conditions like diabetes, obesity, and cancer.

Similarly, African American children are four times more likely to die from asthma than white children, even though this condition is easily treated with regular care.¹⁰ By diagnosing conditions early and keeping children in treatment, CHIP helps to identify health challenges before they arise, and contributes to better health outcomes across the child's lifespan.

In conclusion, 8.9 million children are at risk of losing coverage if CHIP is not extended. If Congress does not act, children of color will be particularly impacted given that almost half are enrolled in CHIP or Medicaid.¹¹ States need to know that CHIP will remain as a major source of coverage with secure funding in order to effectively continue to plan enrollment and operate their programs. Therefore, APIAHF strongly urges the adoption of the MACPAC five year continued funding plan for CHIP.

For questions contact Amina Ferati, Senior Director of Government Relations & Policy afferati@apiahf.org (202-466-3550).

⁹ 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, available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2647693/>

¹⁰ *Children's Environmental Health Disparities: Black and African American Children with Asthma*, Environmental Protection Agency, 2014, available at: https://www.epa.gov/sites/production/files/2014-05/documents/hd_aa_asthma.pdf.

¹¹ Elizabeth Cornachione, et al., *Children's Health Coverage: The Role of Medicaid and CHIP and Issues for the Future*, Kaiser Family Foundation, June 27, 2016, available at: <http://kff.org/health-reform/issue-brief/childrens-health-coverage-the-role-of-medicaid-and-chip-and-issues-for-the-future/>.