



**WRITTEN STATEMENT FOR THE RECORD**  
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**FOR THE HEARING ENTITLED “PROTECTING AMERICANS WITH PRE-EXISTING CONDITIONS”**

**UNITED STATES HOUSE OF REPRESENTATIVES  
COMMITTEE ON WAYS AND MEANS**

**JANUARY 29, 2019**

**BY THE  
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM  
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The Asian & Pacific Islander American Health Forum (APIAHF) submits this written testimony for the record for the January 29, 2019 hearing before the House Ways & Means Committee “Protecting Americans with Pre-existing Conditions.”

The Affordable Care Act has served not only as one of the most transformational laws in our nation’s public health, expanding coverage to nearly 20 million people, but as a civil rights law protecting the health and well-being of the most vulnerable. APIAHF is the oldest and largest health policy and public health organization working with Asian American (AA), Native Hawaiian and Pacific Islander (NHPI) communities across the nation and its Pacific jurisdictions. With more than 150 community-based organizational partners in over 28 states and territories, APIAHF provides a voice in the nation’s capital for underserved AA and NHPI communities and works toward health equity and health justice for all.

For over 6 years, APIAHF has partnered with organizations helping consumers enroll in health coverage, including Affordable Care Act (ACA) Marketplace plans, Medicaid and the Children’s Health Insurance Program (CHIP). As part of these efforts, we co-founded *Action for Health Justice* with the Association of Asian Pacific Community Health Centers (AAPCHO), Asian Americans Advancing Justice and Asians Americans Advancing Justice – Los Angeles. As part of *Action for Health Justice*, we worked with 72 community based organizations and health centers and countless local assistors to inform efforts by the U.S. Department of Health and Human Services to reduce barriers for AA and NHPI individuals navigating an often deeply complex enrollment process.

Our experience in working with partners as part of *Action for Health Justice* and successive enrollment periods has provided real stories that relay the impact the ACA has had on the lives

of countless AAs and NHPs. Through this experience, and others first hand, we know both the importance of health insurance for individuals who have complex chronic conditions and who may be low-income, immigrant or limited English proficient.

From our work with AA and & NHP communities, we understand the role the ACA has played in improving access to health insurance for communities of color across the nation. Prior to the ACA, people of color were much more likely to be uninsured than whites. Since 2010, the uninsured rate has fallen from 15.1 percent to 6.4 percent in 2017 for AAs and from 14.5 percent to 8.3 percent for NHPs, higher than any other racial group.<sup>1</sup> Individual subgroups of AAs and NHPs have experienced their rates of uninsurance being cut by at least half, including Nepalese, Samoan, and Hmong Americans.<sup>2</sup>

As an organization that has worked for over 32 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 District Court's ruling in *Texas vs. U.S.*, challenging the constitutionality of the ACA and its protections for persons with pre-existing conditions. In the nearly nine years since the ACA became law, millions have gained coverage and the law has touched the lives of nearly every American, providing critical protections against insurance company practices, protecting seniors from high cost-sharing in Medicare, improving the quality of care and strengthening civil rights protections. These provisions could be overturned if the ACA were to be found unconstitutional and would send a shockwave through the U.S. healthcare system. At least 20 million Americans could lose their coverage.

### **At Risk: Stories from the Community**

Millions of AAs and NHPs could be at risk for losing coverage and their connection to health care if the ACA's pre-existing conditions were overturned. These include people like:

Mr. Nguyen and his family of four in Alabama. Mr. Nguyen had been living with diabetes for years prior to the ACA and always struggled to keep his condition in check because he couldn't afford a doctor. That changed when he was able to afford a plan under the ACA and one that offered him coverage for his pre-existing condition: diabetes.

Prior to the ACA, Ms. Lejjena, a mother of three in Oregon, "used to hesitate seeking medical attention until it was an emergency and I ended up hospitalized. Obamacare offered us the opportunity to obtain medical insurance for the first time and peace of mind that we can seek medical care for our children and selves." All that could change if the ACA's protections were overturned as Ms. Lejjena, like so many Americans, overcame a bout of pneumonia years ago, a deniable condition before the ACA.

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<sup>1</sup> Comparison of American Community Survey 2011-2015 5-year estimates to 2017 American Community Survey 1-year estimates.

<sup>2</sup> *Id.*

And there is Khamsay Chanthasaly, who in December 2015, was diagnosed with a rare case of breast cancer in men. It started on Christmas Eve, when he was admitted to hospital following an unbearable pain in his back and legs. “At first, I was depressed and hopeless. We didn’t have enough money to pay for the treatments. Even before I was diagnosed with breast cancer, we could barely cover the living cost with the money that we earned.” He was able to enroll in Medicaid coverage thanks to the ACA.

Marina Wena in Arkansas lives paycheck-to-paycheck. She also lives with heart disease, type 2 diabetes and a kidney condition that requires ongoing dialysis. Before the ACA, she often went to the emergency room for dialysis treatment as she couldn’t afford coverage.” The ACA gives me hope. Since I was covered by the ACA, I haven’t missed taking my medications. I am a very healthy person nowadays and friends that meet me are surprised to see how healthy I am. This is the story of my life with health insurance!”

These are just examples of the lives that have changed thanks to the ACA and what is at risk if those protections are overturned.

### **Overturing Pre-Existing Condition Protections Would Disproportionately Harm Racial and Ethnic Minorities**

Living with a pre-existing condition is a fact of life for more than 130 million Americans, including millions of AAs and NHPs – the fastest growing groups in the country.<sup>3</sup> The Kaiser Family Foundation had previously estimated that 27% of adults under age 65 have health conditions that would lead them to be likely uninsurable under pre-ACA rules.<sup>4</sup>

Racial and ethnic minorities, including AAs and NHPs 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 NHP community speaks over 100 different languages and traces their heritage to more than 50 different countries. Language barriers, lack of cultural competency, poverty, and immigration status all affect the ability of AAs and NHPs to access coverage and care.

Overturing the ACA’s protections for pre-existing conditions would deepen those disparities by turning back the clock on coverage gains that have substantially reduced uninsurance amongst communities of color by locking individuals with health conditions out of coverage.

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, diagnosis

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<sup>3</sup> Center for American Progress, *Number of Americans with Medical Conditions by Congressional District, 2017*, available at: <https://www.americanprogress.org/issues/healthcare/news/2017/04/05/430059/number-americans-pre-existing-conditions-congressional-district/>.

<sup>4</sup> Kaiser Family Foundation, *Pre-Existing Conditions and Medical Underwriting in the Individual Insurance Market Prior to the ACA*, 2016, available at: <https://www.kff.org/health-reform/issue-brief/pre-existing-conditions-and-medical-underwriting-in-the-individual-insurance-market-prior-to-the-aca/>.

and connection to treatment. NHPs have the highest age-adjusted percentage of people with diabetes (20.6%), more than 3 times that of Whites (6.8%).<sup>5</sup> Fourteen percent of Indian Americans have diabetes, a rate higher than that of nearly all other racial groups.<sup>6</sup>

AAs and NHPs are the only racial group for whom cancer is the leading cause of death.<sup>7</sup> Certain AA and NHPI subpopulations suffer from even greater health disparities. Vietnamese women have cervical cancer rates five times higher than White women.<sup>8</sup> NHPs are 30% more likely to be diagnosed with cancer than whites.<sup>9</sup> Allowing insurance companies to discriminate and deny coverage on the basis of a pre-existing condition would make coverage prohibitive for these individuals.

Discriminating against people with pre-existing conditions like HIV/AIDS wouldn't just hurt the people living with the condition and their families, it could interfere with and even discourage people from getting tested and linked to treatment – which could be deadly. Of the 15,800 AAs estimated to be living with HIV in the United States in 2015, only 80 percent had received a diagnosis, a lower percentage than for any other race/ethnicity.<sup>10</sup> 1 in 33 NHPI men will be diagnosed with an HIV infection in their lifetime, compared to 1 in 102 white men.<sup>11</sup> 1 in 5 AAs living with HIV does not know they have it, compared to 1 in 7 for all groups.<sup>12</sup> Of AAs living with HIV in 2014, 57% received HIV medical care, 46% were retained in HIV care, and 51% had achieved viral suppression.<sup>13</sup> Removing protections for pre-existing conditions could threaten public health efforts by creating delays and barriers in testing and linkage to care.

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<sup>5</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>6</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>7</sup> Heron, Melonie, *Deaths: Leading Causes for 2014*. *National Vital Statistics Reports* Volume 65, Number 5. United States Centers for Disease Control, 2016.

<sup>8</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>9</sup> U.S. Department of Health & Human Services: Office of Minority Health, *Cancer and Native Hawaiians/Pacific Islanders*, March 29, 2016, available at: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=76>.

<sup>10</sup> Centers for Disease Control and Prevention, *HIV Among Asians*, available at: <https://www.cdc.gov/hiv/group/raciaethnic/asians/index.html>

<sup>11</sup> *Id.*

<sup>12</sup> *Id.*

<sup>13</sup> *Id.*