



WRITTEN STATEMENT FOR THE RECORD

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FOR THE HEARING ENTITLED “STRENGTHENING OUR HEALTH CARE SYSTEM: LEGISLATION TO LOWER CONSUMER COSTS AND EXPAND ACCESS”

**UNITED STATES HOUSE OF REPRESENTATIVES
COMMITTEE ON ENERGY AND COMMERCE, SUBCOMMITTEE ON HEALTH
MARCH 6, 2019**

**BY THE
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM
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WASHINGTON, DC 20006**

The Asian & Pacific Islander American Health Forum (APIAHF) submits this written testimony for the record for the March 6, 2019 hearing before the House Committee on Energy and Commerce, Health Subcommittee titled “Strengthening Our Health Care System: Legislation to Lower Consumer Costs and Expand Access.”

APIAHF endorses the three pieces of legislation being reviewed in this hearing: H.R. 1425, The “State Health Care Premium Reduction Act,” H.R. 1425, the “State Health Care Premium Reduction Act,” and H.R.1386, the “Expand Navigators’ Resources for Outreach, Learning, And Longevity (ENROLL) Act.” All three of these bills will help to improve the health care system, by allowing states to innovate with reinsurance programs, renewing the federal government’s commitment to support states in establishing their own health insurance exchanges, and funding and improving the Navigator program under the Affordable Care Act. This testimony focuses on the ENROLL Act, for which we deeply appreciate Representatives Castor, Blunt Rochester, Wilson and Crist for introducing.

With more than 150 community-based organization (CBO) partners in 28 states and territories, APIAHF provides a voice in the nation’s capital for Asian American (AA), Native Hawaiian and Pacific Islander (NHPI) communities, who comprise the fastest growing racial and ethnic groups in the country. APIAHF works toward health equity and health justice for all communities, from Arizona to Washington. Since 2012, APIAHF and partners have worked to outreach to, educate and enroll nearly 1 million consumers through Action for Health Justice (AHJ), a national collaborative of more than 70 AA and NHPI national and local community-based organizations and health centers.¹ These efforts have helped to bring down

¹ AHJ was co-founded by the Asian & Pacific Islander American Health Forum, Association of Asian and Pacific Community Health Organizations and Asian Americans Advancing Justice – LA.

the uninsured rates of AAs and NHPIs to their lowest levels ever, reducing disparities for some groups and even eliminating them for others.²

Given this experience, we believe that the ENROLL Act takes an important step in addressing the need for consumers to have access to unbiased, in-person assistance in learning about and enrolling in affordable health insurance. Many of our community based organization (CBO) partners have received Navigator and other funding to enroll consumers. Some of our partners have directly felt the impact of the 80% cut to Navigator funding made by the Trump Administration over the past two years and have been forced to dramatically reduce or end their outreach and enrollment efforts. These cuts have had a detrimental impact on the communities we serve.

We wish to emphasize the unique role that Navigators and other in-person assistance programs play in ensuring consumers have access to accurate and unbiased information about their health care options. Our partners used their connections to communities, typically immigrant, low-income or limited-English proficient, who are difficult to reach by other means, to help them understand the Affordable Care Act and how to enroll in it. Over 6 open enrollments, they have built expertise in helping to address complex enrollment situations, like resolving identity verification problems on Exchange applications or helping mixed-status households determine how to input their income. Many of their staff speak multiple languages, ensuring that limited English proficiency is not a barrier to health. This is a professionalized and skilled workforce that deserves more recognition and resources.

Some, including the Trump Administration, have indicated that private actors, such as brokers and agents, can fill the same roles as Navigators. Our experience, and that of our partners, tells a different story. Unlike Navigators, brokers and agents are not required to deliver services in a culturally competent manner, nor are they required to demonstrate that they have or can build connections to the community they serve. While some may do both, our partners tell us their clients come to them because they know for sure that they can be trusted for unbiased advice. A survey from the Kaiser Family Foundation found that, compared to assister programs like Navigators, brokers serve fewer uninsured, fewer people with limited internet, fewer people who qualified for Medicaid and fewer people needing language assistance.³

We have expressed our concern to the Department of Health and Human Services (HHS) that the decision to cut Navigator funding was based on flawed data, as verified by the Government Accountability Office.⁴ HHS has painted a false picture of Navigators being a poor investment for the money, failing to take into account the myriad of responsibilities they perform, often with very

² According to APAHF analysis of 1-year American Community Survey Estimates, since the law's passage, the percent of uninsured AAs has dropped from 15.1 percent in 2010 to 6.5 percent in 2016. For NHPIs, that drop was from 14.5 percent in 2010 to 7.7 percent in 2016. However, we are concerned that for the first time since the law's passage, in 2017, the uninsured rate for AAs was stagnant at 6.4 percent, while the rate for NHPIs worryingly increased to 8.3 percent.

³ Pollitz, Karen, Jennifer Tolbert, and Ashley Semanskee, "2016 Survey of Health Insurance Marketplace Assister Programs and Brokers," Kaiser Family Foundation. (June 8, 2016). Available at: <https://www.kff.org/health-reform/report/2016-survey-of-health-insurance-marketplace-assister-programs-and-brokers/>.

⁴ Letter from advocacy groups to Secretary Alex Azar. (August 31, 2018). Available at: <https://www.apiahf.org/wp-content/uploads/2018/09/Concerned-Organizations-Letter-to-Secretary-Azar-GAO-Open-Enrollment-Report.pdf>

short staff. HHS's decision to cut funding for Navigators was based on performance targets for enrollment of consumers in QHPs that had previously never been used for funding decisions, and did not include other activities that Navigators perform, such as outreach and education. In addition, our partners tell us that an enrollment appointment takes at a minimum two hours to complete, and often longer or over multiple appointments because so many of their clients require additional documents to verify identity, income, immigration status and other required details. Many of their clients end up being Medicaid or CHIP eligible. Yet those clients are not accounted for in published HHS data for Navigators, nor are clients who may start and not complete enrollments with Navigators.

It is for these reasons that we strongly support the ENROLL Act and urge Congress to pass it. This legislation would undo the funding cuts by this Administration, providing \$100 million a year for Navigators, paid for by the user fees that were included in the Affordable Care Act for these purposes. It ensures that Navigator entities are required to have a physical presence in the state they serve, a requirement that used to be in regulation until the Trump Administration removed it. The bill also recognizes that Navigators do play a role in helping consumers access Medicaid and CHIP, by making it part of their statutory responsibilities. And finally, it ensures that Navigators are not required to promote low-quality plans that are not compliant with the Affordable Care Act.

Thank you for organizing this hearing to examine how Congress can act to expand access to health care. We deeply believe it is the responsibility of policy makers to ensure that not only is affordable health insurance available to all people in the United States but that the government puts sufficient resources into making sure all people know how to enroll and use their coverage. We urge the committee to mark up and pass this legislation so that it can be considered by the full House.

For questions, please contact Ben D'Avanzo, Senior Policy Analyst at bdavanzo@apiahf.org or 202-706-6767.