

March 20, 2020

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

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Chuck Schumer
Democratic Leader
U.S. Senate
Washington, DC 20510

Dear Leader McConnell, Speaker Pelosi, Leader Schumer and Leader McCarthy:

As you assemble expected and swiftly needed legislation to address the COVID-19 pandemic, I write to urge the inclusion of immigrants and limited English Proficient (LEP) communities within those efforts. These populations are often excluded, both in practice and systematically, from emergency response efforts. As we face a national crisis that demonstrates that public health has no boundaries, efforts by Congress must address all Americans and avoid perpetuating existing barriers. Excluding or otherwise failing to address the needs of all communities, including immigrant and LEP communities, threatens to undermine our national response.

The Asian & Pacific Islander American Health Forum 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. With more than 150 community-based organization (CBO) partners in 28 states and territories, we have already documented stories about lack of knowledge and access barriers for immigrant and LEP communities. Given our expertise in AANHPI health, including serving as a Centers for Disease Control and Prevention (CDC) grantee during the Zika and H1N1 outbreaks to connect AANHPI communities to resources, we urge you to take these concerns seriously.

Due to existing restrictions in federal law, millions of immigrants are ineligible for Medicaid and other public health insurance programs. For example, individuals living in the U.S. under the Compacts of Free Association with the Republic of the Marshall Islands, Federated States of Micronesia and Republic of Palau are categorically ineligible for Medicaid, as are those without green cards or those who have had legal permanent resident status for less than five years. As a result, 31% of noncitizens are uninsured, compared to 8% of naturalized citizens and 7% of native born citizens. **Any expansion of coverage for testing or treatment of COVID-19 must include all immigrants, regardless of status.**

Existing federal law and regulation requires protections for LEP communities, which is critical for the 25 million Americans, including over 6 million AAs and over 100,000 NHPs who speak English less than very well. These protections include Title VI of the Civil Rights Act of 1964, Executive Order 13166, Section 1557 of the Affordable Care Act

and the Language Access Plans generated by agencies, including FEMA and the U.S. Department of Health and Human Services. In practice, however, due to lack of available resources, few documents are translated into other languages and interpreters are rarely available. Currently, CDC has only translated COVID-19 documents into Spanish and Chinese. In order to ensure information is available to everyone, Congress must include resources to ensure the availability of quality translations and interpretations.

Specifically, we believe legislation must, at a minimum, include:

- Language that ensures inclusion of all immigrants, regardless of status, in coverage of testing and treatment in a way that will not negatively impact their current or future immigration status, preferably by referencing Emergency Medicaid and by retroactively addressing their exclusion from the Families First Coronavirus Response Act.
- Inclusion of all immigrants in any other supports or stimulus, including nutrition aid and tax rebates or similar approaches.
- Language that assures families that they should not fear immigration enforcement for going to the doctor or hospital by including H.R. 1011, the Protecting Sensitive Locations Act and by fully suspending the Departments of Homeland Security and Department of State Public Charge regulations.
- Adequate funding for Community Health Centers, which are the backbone providers of care for immigrant communities.
- Earmarked funding directly for translating COVID-19 written materials into at least the 19 languages described as most encountered during emergencies in the FEMA Language Access Plan.
- Provide for grants or contracts with community and faith based organizations in relationship with LEP and immigrant communities for the purposes of culturally-tailored outreach, language assistance and connections to services.
- Funding for health providers to have on-site interpretation services at testing and treatment centers.

We are happy to work with your staff on recommendations for specific language to implement these provisions. Please contact myself and Ben D'Avanzo, Senior Policy Analyst at jchoi@apiahf.org and bdavanzo@apiahf.org. Thank you for your leadership amid this difficult time.

Sincerely,

Juliet K. Choi
Executive Vice President

A handwritten signature in blue ink, appearing to read 'JKC', with a stylized flourish at the end.