



Health Reform for Asian Americans and Pacific Islanders

Lower Costs

✓ **Insurance Industry Reforms that Save Money**

- Prohibits lifetime limits on how much insurance companies cover if beneficiaries get sick, bans insurance companies from dropping people from coverage when they get sick, and regulates the use of annual limits to ensure access to necessary care until 2014, when annual limits are prohibited.
- In 2014, caps what insurance companies can require families to pay in out-of-pocket expenses, such as co-pays and deductibles, for all new plans and all plans purchased through a health insurance Exchange.

✓ **Financial Relief**

- Provides a \$250 rebate to Medicare beneficiaries who do not receive Medicare Extra Help and hit the donut hole in 2010. Provides a 50 percent discount on brand name drugs purchased in the donut hole by the same beneficiaries starting in 2011. Completely fills in the donut hole by 2020.
- Cracks down on excessive insurance overhead starting in 2011 by applying standards on how much insurance companies can spend on non-medical costs, such as bureaucracy and advertising, and provides consumers a rebate if non-medical costs are too high.
- Provides sliding scale tax credits, starting in 2014, for those who cannot afford quality health insurance.

Greater Choices

✓ **Eliminating Insurance Company Discrimination**

- Provides people who have health problems, but who lack access to health insurance, access to a plan that protects them from medical bankruptcy, within 90 days of enactment. This high risk pool is a stop-gap measure that will serve as a bridge to a reformed health insurance marketplace.
- Prohibits insurance companies from denying coverage or charging more based on a person's medical history, including genetic information, and limits premium variation due to age, beginning in 2014.

✓ **More Affordable Choices and Competition**

- Creates state-based health insurance Exchanges to provide a variety of choices, including private options, co-ops, and multi-state plans, to foster competition and increase choice.
- Expands Medicaid coverage to all individuals with incomes under 133 percent of the federal poverty level (\$29,300 for a family of four this year), and gives states flexibility to establish basic health programs for low-income individuals, including legal immigrants, who are not eligible for Medicaid.

✓ **Greater Support for Asian American and Pacific Islander Small Businesses**

- Provides tax credits, starting this year, to help small businesses with the costs of providing health insurance to their employees. Credits are available on a sliding scale, with the full credit of 35 percent of the cost of coverage during 2010 – 2013, and 50 percent of the cost of coverage in 2014 and after, going to businesses with 10 or fewer employees and average annual wages of up to \$25,000, while firms with up to 25 employees and average annual wages of up to \$50,000 will also be eligible for a credit.

✓ **One-Stop Shopping**

- Provides standardized, easy-to-understand information on health insurance plans available through the Exchanges so Americans can easily compare prices, benefits, and performance of health plans to choose the quality, affordable option that is right for them. Those who purchase health insurance on their own and small businesses will be able to purchase health insurance through the Exchange, when they open in 2014.

✓ **Insurance Security**

- Ensures that families always have guaranteed choices of quality, affordable health insurance if they lose their jobs, switch jobs, move, or become sick and provides premium tax credits to those who can't afford insurance, which will significantly reduce disparities in accessing high-quality health care. Asian Americans and Pacific Islanders have among the lowest rate of uninsurance, but this uninsured rate varies among Asian subgroups, at 13 percent for Vietnamese, 13.6 percent for Filipino, 12 percent for Chinese and 13.2 percent for other Asian groups. [CDC, [12/09](#); Department of Health and Human Services, [10/21/09](#)]

Strong Focus on Minority Health

✓ **National Institute of Minority Health**

- Elevates the National Center on Minority Health and Health Disparities at the National Institutes of Health from a Center to a full Institute, reflecting an enhanced focus on minority health.

✓ **Office of Minority Health**

- Elevates the Office of Minority Health within the Department of Health and Human Services (HHS) to the Office of the Secretary and codifies into law a network of minority health offices within HHS, to monitor health, health care trends, and quality of care among minority patients and evaluate the success of minority health programs and initiatives.

Quality, Affordable Health Care

✓ **Preventive Care for Better Health**

- Ensures that all Americans have access to free preventive services through new health insurance plans to prevent illness and disease before they require more costly treatment. This is of particular benefit to Asian Americans and Pacific Islanders, who are often less likely to receive preventive care. For example, just 65 percent of Asian women received a pap smear during the last three years, the lowest screening rate among all racial and ethnic groups. [CDC, [2009](#)]

✓ **Controlling Chronic Disease**

- Invests in care innovations such as community health teams to improve the management of chronic disease, which is of particular importance to Asian Americans, who face a high prevalence of chronic obstructive pulmonary disease, hepatitis B, HIV/AIDS, tuberculosis, and liver disease. [HHS, [12/21/09](#)] In Hawaii, Native Hawaiians have more than twice the rate of diabetes as whites and are more than 5.7 times as likely to die from diabetes as whites living in Hawaii. [HHS, [12/21/09](#)]

✓ **Promoting Primary Care**

- Invests in the primary care workforce to ensure that all Americans have access to a primary care doctor so they stay healthier, longer. Strengthens the system of safety-net hospitals and community health centers to ensure high-quality, accessible care. More than seven percent of Asian American children lack a usual source of health care, compared with less than six percent of all children. [CDC, [2009](#)]

✓ **Fighting Health Disparities**

- Expands initiatives to increase the racial and ethnic diversity of health care professionals and strengthen cultural competency training among health care providers.
- Moves toward elimination of disparities that minorities currently face both in their health and in their health care by investing in data collection and research about health disparities, with a particular focus on identifying differences among Asian Americans and Pacific Islanders by country of origin and ethnicity. Asian Americans have infrequent medical visits, may struggle with language or cultural barriers in accessing health care, are most at risk for certain types of cancer, heart disease, and stroke, and face a high prevalence of certain diseases, such as chronic obstructive pulmonary disease, hepatitis B, and others. [HHS, [10/21/09](#)] Data by country of origin and ethnicity will help to discern differences among the diverse populations that are typically aggregated into a single group.

Support for the Territories

✓ **Affordable, Accessible Health Care**

- Includes \$6.3 billion in new Medicaid funding for the Territories, including American Samoa, Guam, and Puerto Rico. In addition, the Territories may establish an Exchange and receive \$1 billion to make coverage more affordable for qualifying individuals and families who participate in the Exchange.