



NCAPIP Position Statement: Impact of Medicare and Medicaid Reform Proposals on the Health of Asian Americans, Native Hawaiians and Pacific Islanders May 2011

NCAPIP stands with all Americans in supporting the need to safeguard the fundamental rights to life, liberty, and the pursuit of happiness for future generations. These fundamental rights include access to quality and affordable health care, particularly if one is elderly, poor, or otherwise disadvantaged. Many in American Asian, Native Hawaiian, and Pacific Islander (AA and NHPI) communities face marginalized access to high quality health care in our present health care system.

The Ryan proposal represents changes to the fundamental precepts of the social contract that our country has adopted, which is to provide health security to the most vulnerable in our society. It would be a major setback to the advances we have worked for and made in improving care to AA and NHPI and other minority populations.

The Ryan proposal establishes a block grant for Medicaid and a voucher system for seniors to purchase Medicare insurance coverage, both would have a negative impact on the health of vulnerable populations.

- AA and NHPI groups are among populations most likely to report not receiving medical care when they need it (Commonwealth Fund, 2006). Under a voucher Medicare system, with the consolidation of large health insurers who are less likely to include community-based, small practices in their networks, there will be fewer providers who are bicultural and bilingual available to seniors.
- AA and NHPI have the largest proportion of worsening health indicators of all the major racial groups, as reported by the Agency for Health Care Research and Quality (AHRQ). This suggests that more needs to be done to establish culturally appropriate approaches to customizing health care and prevention measures. A voucher system would subject seniors to choosing among a handful of health insurance companies, rather than providing seniors with a reasonable choice of providers who understand their needs.
- Seniors with low health literacy and limited English proficiency would face barriers in understanding their rights and benefits in a voucher system of purchasing coverage from large health insurers.
- Under Medicaid expansion contained within the Patient Protection and Affordable Care Act, AA and NHPI groups will see a 50% increase in Medicaid coverage, more than any other ethnic and racial group (Kaiser Family Foundation), representing the largest expansion of coverage for AA and NHPI groups ever extended under law. However, if a Medicaid block grant approach is adopted, states, particularly those that have budget problems, are unlikely to sustain this commitment in coverage and benefits to Medicaid recipients.
- Federally Qualified Health Centers are critical points of access for low income AAPI communities. They are dependent on Medicaid revenues for survival, particularly since the states are obligated to provide them with a payment sufficient to support the additional enabling and social services they provide to the community. Under a state block grant plan, FQHCs would face diminishing revenues because the overall federal support for Medicaid would decline dramatically and states would have to make up the difference.

These are only some of our concerns as the NCAPIP considers the impact of this and similar draconian proposals. Other aspects of health care so vital to the AA and NHPI community, including workforce development, provision of benefits to the Pacific Basin territories, care to the frail, elderly and poor would be negatively affected. For these reasons, the NCAPIP believes that should these or similar proposals become law, the health and well being of our communities would suffer.

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