



ESSENTIAL HEALTH BENEFITS POSITION STATEMENT

November 14, 2011

The **National Council of Asian Pacific Islander Physicians (NCAPIP)** represents physicians committed to the advancement of the health and well-being of Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs) and their communities.

NCAPIP believes that one's health is valuable, and that each person should be provided with fair opportunities to attain optimal health to the greatest extent possible. NCAPIP recognizes that many AANHPI populations are underserved and vulnerable, have limited or no access to quality healthcare, and are easily overlooked because of the "Model Minority" myth. NCAPIP also recognizes the need to balance coverage and cost as we end health disparities.

NCAPIP supports the Patient Protection and Affordable Care Act (ACA) as well as additional national and state reforms which address the disparities AANHPI populations face in accessing quality care and which would improve the overall health care system in the U.S. The ACA established and defined certain categories of benefits as "Essential Health Benefits," which must be covered by all health insurance plans sold through state exchanges and by all Medicaid State plans by 2014. The Essential Health Benefits package being developed will directly impact AANHPI patient access to quality care.

NCAPIP believes that the Essential Health Benefits package can and must meet diverse AANHPI patient needs in terms of population health and should therefore:

- 1. Enrollment:** Provide equal access to care by providing the necessary assistance in enrollment processes, including internet-based portals, to patients with limited English proficiency (LEP) and those with lower health literacy, for obtaining Medicaid and other health insurance coverage;
- 2. Culture, Language Interpretation and Translation:** Meet the cultural and limited English proficiency (LEP) needs of patients of AANHPI descent, in order to ensure access to quality care, including both interpretation and translation services; the expectation is that with greater patient compliance, use of preventive services, and medication adherence, there can be cost reduction in a sustainable manner;
- 3. Safety Net:** Ensure individuals access to racial and ethnic minority physicians, with specific attention to Medicaid providers who have at least 30% Medicaid patients or 20% Medicaid pediatric patients who should be defined as "essential community providers". These minority physicians who provide cultural competence and language access should be included in the provider networks of qualified health plans offering health insurance coverage through the state health insurance exchanges;
- 4. Pricing Discrimination:** Should exclude high cost specialty pharmacy tiers that require high co-insurance payments, as these specialty tiers are discriminatory and run counter to the ACA's goals and provisions for consumer access, nondiscrimination, affordability, and transparency with regard to insurance coverage and cost.