



## 東北醫療中心

The Honorable Nancy Pelosi  
Speaker of the House  
235 Cannon HOB  
Washington, DC 20515

November 6, 2009

Dear Speaker Pelosi:

Thank you for your continued leadership and efforts to advance health care reform legislation. We, North East Medical Services (NEMS), commend the House for taking the historic step of introducing the *Affordable Health Care for America Act* (H.R. 3962). We are pleased that the bill incorporates several crucial components to reforming our nation's health care system and achieving quality health outcomes for our communities, as we've detailed below.

### Inclusion of Public Option

We are pleased that the House bill includes a public health insurance option. With premiums rising at twice the rate of wages, working class families require an affordable health insurance option that will provide comprehensive benefits and quality health care services. The public option would provide critical competition and choice for consumers purchasing health insurance in the Exchange, and help ensure accountability and transparency in this new insurance market. The public option will also help drive down costs among all competing health insurance plans in the Exchange, ensuring that the uninsured and underinsured can access affordable health insurance for themselves and their families. Accordingly, we commend the inclusion of a public health insurance plan option, and strongly support its inclusion in any health reform legislation.

### Expands Medicaid Coverage and Programs

H.R. 3962 will leverage the strength of the Medicaid program and expand Medicaid access. Medicaid is a particularly vital source of care for low-income Asian Americans, Native Hawaiians and other Pacific Islanders (AAs & NHOPIs), and for women of reproductive age. Nearly one in four Southeast Asians, Native Hawaiians and other Pacific Islanders live in poverty, and only 15% of poor AAs & NHOPIs have employer-based coverage. In 2006, 7.3 million women in America of reproductive age relied on Medicaid for their health care coverage, including 37% of those with family incomes below the federal poverty level.

By expanding Medicaid eligibility to individuals under age 65 (i.e. children, pregnant women, parents, and adults without dependent children) with incomes up to 150% of the federal poverty level, and offering Medicaid to all newborns, the House bill promises to offer quality health care coverage to a broader class of the population.

We are also glad that the House bill further extends Medicaid coverage to citizens of the Federated States of Micronesia (FSM), Republic of the Marshall Islands (RMI), and the Republic of Palau (RP) who reside in the United States. The current House bill restores Medicaid benefits to citizens of the Freely Associated States and provides an exception to the five-year waiting period for Medicaid. Thus, this provision of the bill ensures the fair treatment of compact residents.

### Investment in New Public Health Investment Fund

We are also pleased the House bill authorizes an additional \$12 billion increase to the Community Health Center program over 5 years through the Public Health Investment Fund, which will allow health centers expansion to serve up to 20 million new patients by 2015. The recently released George Washington University report indicates that increasing health center capacity by 20 million new patients will generate \$212 billion in additional health system savings. The Federal Medicaid savings from this expansion would exceed \$59 billion. These estimated savings does not include the savings for the 19 million patients already being served by the health center program. The commitment to the health center program helps ensure every American with access to comprehensive, affordable quality care.

### Fair Treatment of Immigrants

The House bill rightly adopts the existing verification requirements used under Medicaid and Children's Health Insurance Program (CHIP) for participants to qualify in the Health Exchange. Over 60% of Asian Americans and 4% of Native Hawaiians and other Pacific Islanders are foreign-born, compared to just over 11% of all people in the U.S. Our communities account for over 25% of the nation's foreign-born population.<sup>1</sup> Accordingly, any additional verification or identification requirement would have a significant, and possibly detrimental, impact on AA & NHOPI communities.

Health care reform must focus on promoting greater access to health care coverage and avoid instituting systems that would create additional barriers that prevent minority and immigrant communities from receiving the care they need. Current citizenship verification measures have already prevented many Americans from accessing Medicaid. Studies have shown that such requirements have a disparate impact on American citizens who are low-income individuals,

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<sup>1</sup> National Council of Asian Pacific Americans, Platform for Asian American and Pacific Islander Policy Priorities 12 (2008), available at <http://www.ncapaonline.org/images/Documents/Publication/NCAPA2008Platform.pdf>.

minorities, women, or elderly—populations that lack ready access to proper citizenship documentation or photo identification. Thus, we are pleased that the House bill does not do more harm to these communities by imposing additional verification requirements for participants in the Exchange.

However, we are disappointed to see that the House bill does not eliminate the five-year waiting period imposed on legal immigrants to access Medicaid and other public benefits, such as CHIP. Legal immigrants contribute to this nation's workforce, pay their fair share of taxes, and work towards achieving citizenship. Providing this population with access to affordable, quality care will mean a stronger national workforce and less reliance on emergency room visits, the costs of which would be shifted to all others with health insurance.

### Aims to Eliminate Health Disparities

We commend the House for including provisions that address racial and ethnic disparities in health outcomes. Health disparities continue to persist in AA & NHOPI communities. Hepatitis B occurs at a disproportionately high rate within the Asian American population, and the CDC in 2008 reported that HIV infection is usually diagnosed during later stages of the disease for many Asian Americans and Pacific Islanders due to low testing rates. These disparities demonstrate how critically important it is to ensure that health reform includes provisions designed to eliminate health disparities among racial and ethnic minorities.

More than a third of Asian Americans and 12% of Pacific Islanders are limited English proficient (LEP). We are glad that the House bill includes provisions to address language barriers that reduce access to health care, jeopardize the quality of care and increase the risk of medical errors and adverse outcomes. H.R. 3962 provides an increase in the federal share of payments for adults in Medicaid for language services, and includes a study on the feasibility of developing Medicare payment systems for language services. The bill also provides demonstration grants to explore how Medicare can pay for culturally and linguistically appropriate services, and requires uniform standards for the collection of data on race, ethnicity, and primary language. We commend the House for its efforts to reduce racial and ethnic disparities.

### Meaningful Insurance Industry Reform

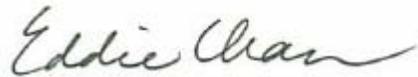
Finally, we are pleased to see that the House bill includes provisions to meaningfully reform the health insurance industry to focus more on patients rather than profits. The House bill bars many common practices within the insurance industry, such as using gender and health status as premium rating factors. The elimination of gender rating will especially advance the health of our communities, as 24% of Asian American, Native Hawaiian and other Pacific Islander women under age 65 are uninsured. Moreover, with studies reporting that Asian American women suffer from the highest fatality rates due to domestic violence, we are pleased that the House bill specifically prohibits insurers from treating domestic violence as a preexisting condition for the

purpose of determining an applicant's eligibility for health insurance coverage. We commend the House bill for outlawing these types of discriminatory practices within the insurance industry.

As you continue to develop health care reform legislation, we urge you to ensure that any proposal takes these important steps to expand access to affordable health care choices and improve the health of AA & NHOPI communities. We stand ready to join with you in pushing for enactment of such reform this year.

NEMS is one of the largest community health centers in the United States. NEMS provides linguistically and culturally competent medical, dental, and ancillary health care services to all members of the San Francisco Bay Area community, especially low-income, uninsured or underinsured, immigrant, and monolingual Asian populations. No one is denied services due to inability to pay. In 2008, NEMS provided care to 38,740 patients and 198,226 patient visits. Since its doors first opened in 1971, an estimated 175,000 people have received comprehensive primary and preventive health care services at a NEMS clinic.

Sincerely,

A handwritten signature in cursive script that reads "Eddie Chan".

Eddie W. Chan

President & CEO