

The Affordable Care Act Promotes Equal Opportunity for Asian Americans, Native Hawaiians and Pacific Islanders

Access to quality health care is a fundamental civil and human right, but the current system of health care in the U.S. denies this right to the most vulnerable segments of society. The Affordable Care Act promotes opportunity for millions of uninsured persons to participate in the life of our nation. It achieves this objective by making health insurance, and ultimately, health care itself more affordable. This, in turn, alleviates the severe financial burdens that fall on the uninsured, which have a disproportionate negative impact on communities of color, low-income persons, and other disadvantaged populations.

The burdens of costly health care are not distributed evenly. Rather, they fall disproportionately on disadvantaged populations, which are more likely to experience higher rates of unemployment, to have jobs that do not provide health insurance, and to have lower incomes that put higher insurance premiums out of their financial reach.

- Racial and ethnic minorities are much more likely to be uninsured than Whites. They constitute about one-third of the U.S. population, but make up more than half of the 50 million people who are uninsured.¹
- Presently there are 2.3 million Asian Americans and 162,000 Native Hawaiians and Pacific Islanders who are uninsured.²
- There is wide variation in health coverage among Asian American, Native Hawaiian, and Pacific Islander ethnic groups, ranging from 8 percent among Japanese Americans to 23 percent of Bangladeshi, Pakistani, Cambodian and Korean Americans being uninsured.

The uninsured have higher rates of illness and suffer the effects of lost educational, employment, and other social and civic opportunities.

- Better health status in childhood is associated with higher incomes, higher wealth, more weeks worked, and a higher growth rate in income.³
- Conversely, being uninsured correlates with poor education outcomes, such as failing to graduate from high school or to enroll in college. The uninsured often amass significant debt as a result of unforeseen medical expenses, leading to a downward, destabilizing financial spiral, including poor credit, bankruptcy, lost wages, lower annual earnings, and unemployment. These associated effects of being uninsured are more likely to affect racial minorities.
- There are some notable chronic conditions that disproportionately affect the Asian Americans, Native Hawaiians and Pacific Islanders. For example, three in ten Asian Americans are living with asthma, diabetes or hypertension. Additionally, Asian Americans, Native Hawaiians and Pacific Islanders account for more than 50 percent of all Hepatitis B cases in the United States.

¹ Kaiser Family Foundation. *The Uninsured: A Primer, Key Facts About Americans Without Health Insurance*. October 2007.

² Asian & Pacific Islander American Health Forum. "The Impact of Health Care Reform on Health Coverage for Asian Americans, Native Hawaiians and Pacific Islanders." December 2011. http://www.apiahf.org/sites/default/files/PA-Factsheet12-2011.pdf.

³ James A. Baker III Institute for Public Policy of Rice University. *The Economic Impact Of Uninsured Children On America*. June 2009. <u>http://www.bakerinstitute.org/publications/HPF-pub-HoShortUninsuredChildren-060309.pdf</u>.

• Cancer is the leading cause of death for Asian Americans. Asian Americans, Native Hawaiians and Pacific Islanders experience higher rates of certain kinds of cancer including lung, breast, cervical, liver and stomach compared to non-Hispanic Whites.

Primary and secondary prevention are important parts of maintaining a healthy population, but the uninsured are less likely to receive preventive care.

- Even after adjusting for age, insurance and income, communities of color are less likely than their white counterparts to have a usual source of health care. Recent data show that nearly two-thirds of CHC patients are non-White.⁴
- Asian Americans are less likely to receive preventive care and physician counseling, compared to the non-Hispanic White population. These tests include smoking cessation counseling, pap tests and colon cancer screening.⁵
- More than half (54 percent) of Asian Americans with chronic conditions were not given plans to manage their condition at home, compared with 31 percent of the non-Hispanic White population.⁶

By facilitating affordable health care, the Affordable Care Act integrates the uninsured more fully into the life of our nation and helps them to participate on a more equal footing with the rest of society.

The Leadership Conference has joined the NAACP Legal Defense and Educational Fund and the American Civil Liberties Union in filing <u>an amicus brief with the Supreme Court arguing that the</u> <u>minimum coverage provision of the Affordable Care Act is clearly constitutional</u> and, in fact, advances equal opportunity and liberty for millions of disadvantaged Americans.

The Leadership Conference on Civil and Human Rights has also signed <u>a friend-of-the-court brief in</u> <u>support of the Medicaid Expansion Provision of the Affordable Care Act</u>. The brief outlines U.S. obligations under international treaties to address disparities in both access to and quality of coverage and care.

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⁴ Joint Center for Political and Economic Studies. *Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations.* July 2010. Pg. 10.

⁵ Ngo-Metzger M.D., M.P.H., Quyen. Cooper, M.D., M.P.H., Lisa A. "Racial and Ethnic Health Disparities Issue." August, 2004.

http://www.commonwealthfund.org/~/media/Files/Publications/In%20the%20Literature/2004/Feb/Asian%20Ameri cans%20Reports%20of%20Their%20Health%20Care%20Experiences/ngo%20metzger_jgim%20pdf.pdf.

⁶ Beal, Anne C., Doty, Michelle M., Hernandez . Susan E., Shea , Katherine K., and Davis, Karen. *Closing the Divide: How Medical Homes Promote Equity In Health Care.* June 2007.

http://www.commonwealthfund.org/~/media/Files/Surveys/2006/The%20Commonwealth%20Fund%202006%20% 20Health%20Care%20Quality%20Survey/Closing_divide%20pdf.pdf