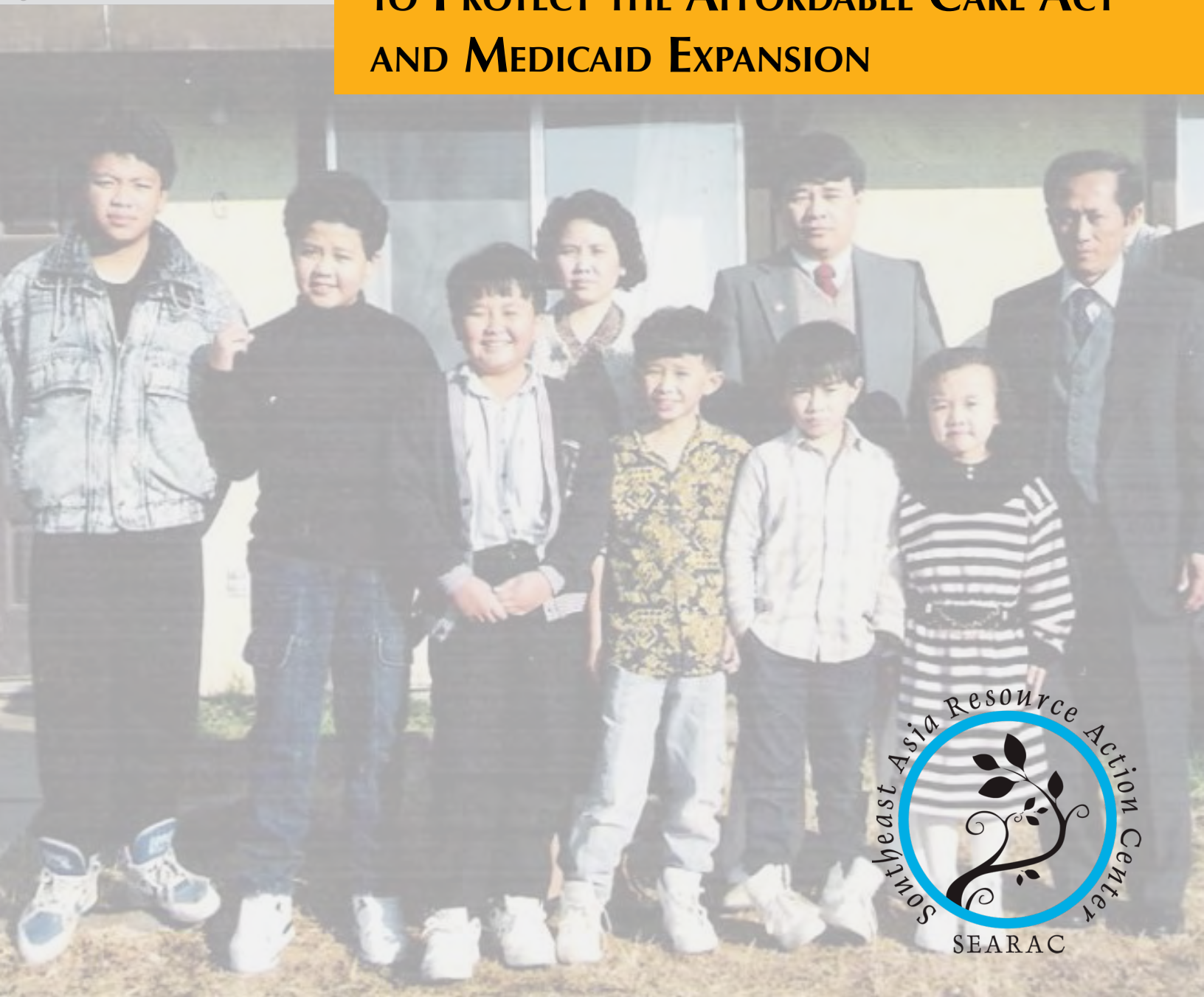
I am a survivor of cambodian genocide. I am thankful to have health coverage. If not i wouldn't be alive now … I have been working part-time jobs, and odd jobs, not allowing me access to health insurance through work … Before the Medicaid expansion I was without health insurance for a long time and was only

SOUTHEAST ASIAN AMERICANS SPEAK OUT

TO PROTECT THE AFFORDABLE CARE ACT AND MEDICAID EXPANSION



Southeast Asia Resource Action Center
SEARAC

Contents

Acknowledgements

SEARAC would like to thank the community-based organizations and individuals who assisted in collecting comments from Southeast Asian American community members regarding the need to protect access to affordable health care. Without their commitment and tireless work reaching out to, translating for, and serving the Southeast Asian American community, this project would have not been possible.

Special Thanks to the Following Organizations

Cambodian Family of Santa Ana

California State University, Sacramento - Community Health and Wellness Fair

Dignity Health - Families in Good Health

Fresno Interdenominational Refugee Ministries

Fresno Center for New Americans

Having Our Say Coalition

Hmong Health Alliance

Hmong Lifting Underserved Barriers (H.L.U.B.) Clinic

Iu-Mien Community Services

Lao Assistance Center of Minnesota

Southeast Asian Assistance Center

Stone Soup Fresno

University of California, Davis – Hmong Student Union

University of California, Davis – Southeast Asians Furthering Education

VietLead

About SEARAC

The Southeast Asia Resource Action Center (SEARAC) is a national civil rights organization that empowers Cambodian, Laotian, and Vietnamese American communities to create a socially just and equitable society. SEARAC was founded in 1979 to foster the development of non-profit organizations led by and for Southeast Asian Americans. As representatives of the largest refugee community ever resettled in the United States, SEARAC stands together with other refugee communities, communities of color, and social justice movements in pursuit of social equity. SEARAC builds powerful, vibrant, thriving Southeast Asian American communities across the United States. Rooted in our shared history of trauma and survival, we honor our legacy of refugee resilience as we fight for self-determination and justice for all generations.

Executive Summary

According to the Congressional Budget Office, efforts to repeal the Patient Protection and Affordable Care Act (ACA) in 2017 would have left 15-32 million more people uninsured by 2026.[1] Repeal efforts have included the following failed Congressional bills: **American Health Care Act (AHCA), Obamacare Repeal Reconciliation Act, Better Care Reconciliation Act (BCRA), and Health Care Freedom Act (HCFA).**

These bills all called for cuts to health care that would have been devastating to our communities. In response, the Southeast Asia Resource Action Center (SEARAC) collected comments from Southeast Asian Americans (SEAAs) across the United States advocating to protect access to affordable care for the Southeast Asian American community by demanding Congress protect the ACA/Medicaid expansion.

With the support of community-based organizations and individuals, a total of 365 comments from Southeast Asian Americans were collected from the District of Columbia and 15 states: California, Maryland, Massachusetts, Michigan, Minnesota, New Jersey, New York, North Carolina, Ohio, Oregon, Pennsylvania, Rhode Island, Texas, Virginia, Washington, and Wisconsin. These states have populations of SEAAs ranging from 10,000 to 979,500.

Community members expressed three major benefits they have received from the ACA and Medicaid expansion	1. Access to affordable health care coverage, especially for those with pre-existing conditions. 2. Access to life-saving care for chronic or urgent conditions. 3. Access to essential benefits, especially related to women's health and mental health care.

In addition to these comments, data about ACA enrollment showed that by 2015, uninsured rates for SEAAs were reduced by half as access to both public and private health insurance increased for the SEAA community. This enrollment data along with comments collected demonstrate that SEAAs overwhelmingly support the ACA and Medicaid expansion. Based on these comments, SEARAC strongly recommends that legislators and policymakers improve SEAA health by:

- Protecting the ACA and Medicaid for SEAAs
- Implementing Medicaid expansion in more states to cover more uninsured SEAAs
- Investing in understanding local SEAA communities to learn about state-specific SEAA health disparities

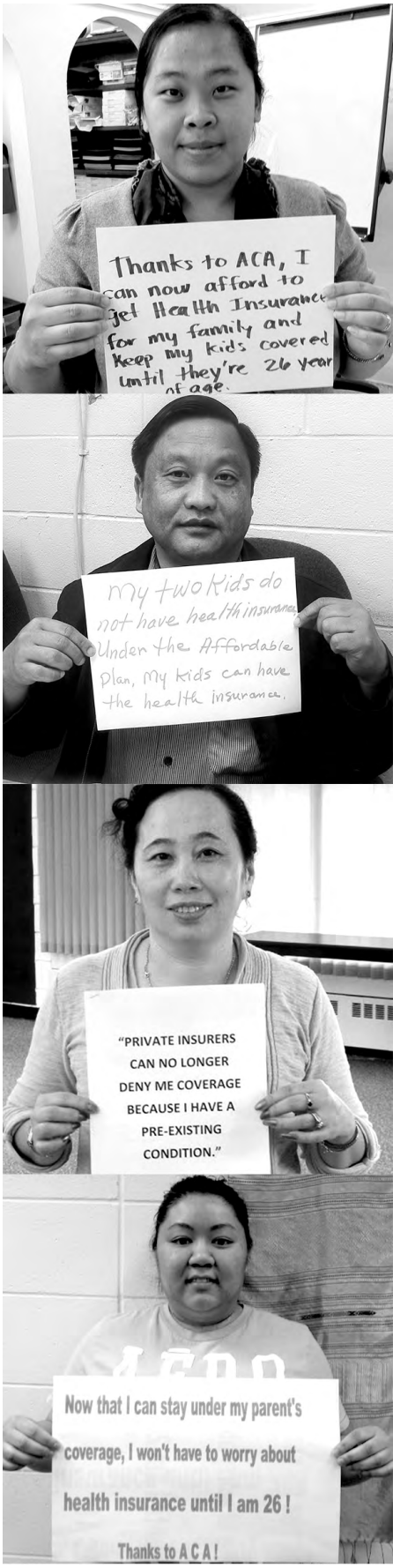
Introduction

The Southeast Asian American (SEAA) community is the largest refugee population ever to be resettled in the United States, totaling over 1 million refugees. Today, more than 3 million SEAAs call the United States home, with the largest SEAA populations residing in California (979,356), Texas (277,234), Washington (128,535), Minnesota (123,186), and Florida (92,821).[2] The traumatic experiences of war, genocide, and displacement left many SEAAs with physical and mental health conditions that have gone untreated. SEAAs suffer disproportionately from Hepatitis B, which can lead to cirrhosis, liver cancer, and liver failure.[3] Hmong and Vietnamese women are at higher risk of cervical cancer than other racial/ethnic groups.[4,5] Because so many community members are limited-English proficient and low income, many families struggle to access the care they need to treat these urgent and chronic conditions.

The Patient Protection and Affordable Care Act (ACA) in 2010 greatly increased access to affordable health care for SEAAs, along with the diligent advocacy and outreach of SEAA-led and serving community-based organizations and advocates to connect families to care. By 2015, uninsured rates were reduced by half as access to both public and private health insurance increased for the SEAA community.

In 2017, Congress introduced four health care bills that would have had a devastating impact on health care access for the SEAA community. According to the Congressional Budget Office, efforts to repeal the ACA in 2017 would have left 15-32 million more people uninsured by 2026.[6] Repeal efforts included the following failed Congressional bills: **American Health Care Act (AHCA), Better Care Reconciliation Act (BCRA), Obamacare Repeal Reconciliation Act, and Health Care Freedom Act (HCFA).**

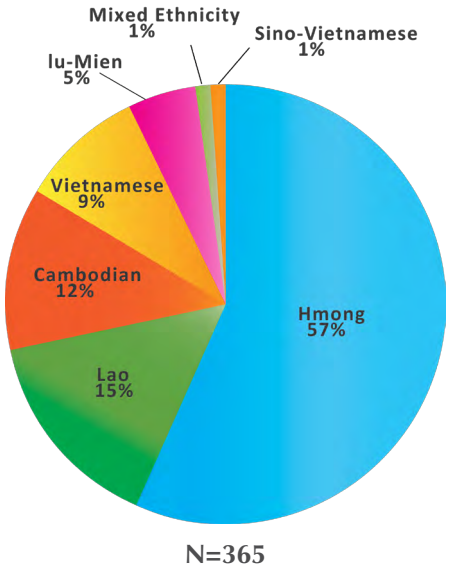
In response, the Southeast Asia Resource Action Center (SEARAC) went to our community to collect stories and comments about how important the ACA and Medicaid expansion have been for our health.



We believe the people most impacted by policy change must lead and drive this work.

SEARAC partnered with SEAA-led and serving community-based organizations and individual community members to disseminate and collect comment cards from the SEAA community to learn how the ACA has impacted community members, provide a platform for community members to communicate their views with their legislators, and demand that these legislators protect access to affordable health care, the ACA, and Medicaid expansion. SEARAC and community partners transcribed and translated comments from community members who responded in a language other than English, providing an avenue for them to communicate directly with their legislators.

FIGURE 1. ETHNICITY OF RESPONDENTS

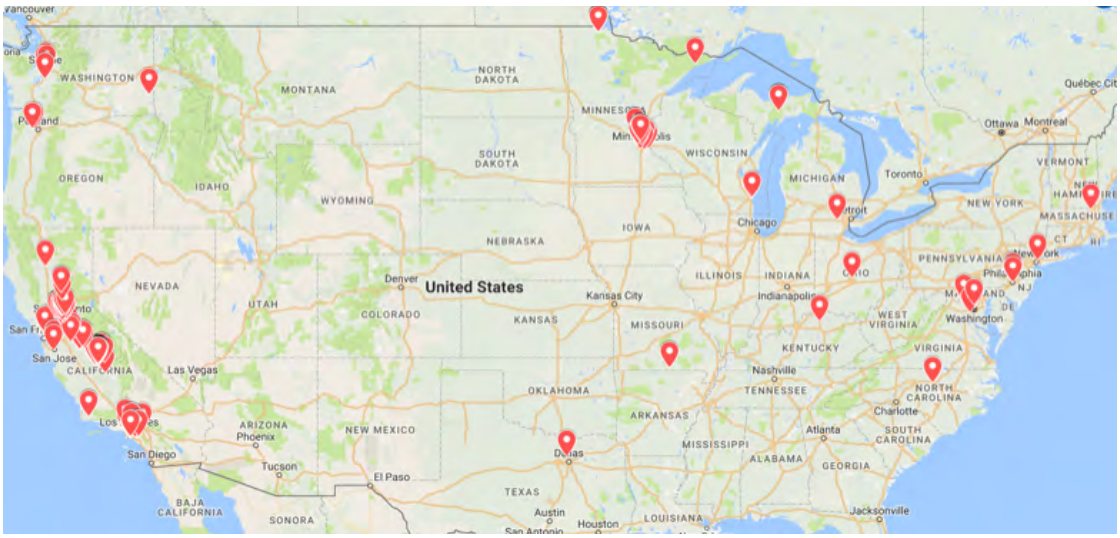


N=365

Respondents were from various SEAA communities [see Figure 1] including Hmong, Lao, Cambodian, Vietnamese, and Iu-Mien. SEARAC received the highest volume of comments from California (282), Minnesota (47), and Washington (10), all states where SEARAC has strong partnerships with community-based organizations [see Figure 2].

SEARAC used the comments to amplify the benefits of the ACA and the need for congressional champions to protect the ACA during repeal attempts.

FIGURE 2. MAP OF SEAA RESPONDENTS BY ZIP CODE



The campaign enabled SEAA constituents to apply pressure on their policymakers, which together with a strong nationwide health equity movement was critical to stopping repeal efforts.

In May 2017, the House passed the AHCA along political party lines. At the end of June, SEARAC sent comment cards to 96 legislators: 32 Senators, 63 Representatives, and the Washington, DC, delegate [see Figure 3]. Community advocates also dropped off physical comment cards to California Senators Kamala Harris and Dianne Feinstein, as well as Minnesota Senators Al Franken and Amy Klobuchar. Seventeen Republican members of Congress received comments, and Republican Devin Nunes (CA-22) received a total of 98 comments. Through SEARAC's comment cards, SEAA constituents told their Republican members why they opposed these lawmakers' support for the AHCA.

In July 2017, the Senate failed to pass a repeal of the ACA through any of the proposed bills: the BCRA, ORRA, or the HCFA. Thanks to the efforts of community members across the country who took a stand and demanded that policymakers protect access to affordable health care for everyone, the ACA remains intact.

FIGURE 3. COMMENT CARDS SENT TO 96 LEGISLATORS

	REPUBLICAN	DEMOCRAT	TOTAL
Senators	7	25	32
Representatives	15	48	63
DC Delegate	0	1	1
Total	22	74	96

Comment Card Campaign

Community members expressed three major benefits they received from the ACA and Medicaid expansion:

- Access to affordable health care coverage, especially for those with pre-existing conditions
- Access to life-saving care for chronic or urgent conditions
- Access to essential benefits, including maternity care and mental health care

AFFORDABILITY AND ACCESS TO HEALTH CARE COVERAGE

SEAA communities have historically faced significant barriers to accessing affordable health insurance and culturally and linguistically appropriate health care. Prior to the ACA, SEAAs experienced some of the highest uninsured rates in the nation: 1 in 5 of our community members had no health insurance.[7] By 2015, uninsured rates were reduced by half as access to both public and private health insurance increased [see Figure 4]. The increase in insurance coverage rates can be attributed to many provisions under the ACA: Medicaid expansion, non-discrimination of pre-existing conditions, and a regulated health care marketplace that made health care more affordable and accessible for SEAA families.

Medicaid expansion was critical for reducing uninsured rates for SEAAs. In 2015, the Census Bureau reported that 19.9% of Cambodian, 24% of Hmong, 15.2% of Laotian, and 14% of Vietnamese lived under the Federal Poverty Level, which correlates with the 36.8% of Cambodian, 42.7% of Hmong, 30% of Laotian, and 30.9% of Vietnamese Americans that depend on public health insurance as their primary health insurance.[8] 46% of comment card respondents reported they received health care through Medicaid [see Figure 5]. Through the Medicaid expansion provision of the ACA, SEAAs under the age of 65 with incomes up to 133% of the Federal Poverty Level can now be covered under Medicaid. Expanding Medicaid eligibility directly translated to lower uninsured rates for SEAAs by minimizing the financial burden of health insurance for SEAAs who barely earned above the poverty line.

Additionally, the ACA's Employer Shared Responsibility Provision provided additional avenues to affordable health care. The employer mandate pushed employers to offer affordable health coverage to their employees, which increased options for community members. 30% of comment card respondents reported that they accessed health insurance through their employer.

Figure 4. SEAA Health Insurance Coverage Rates 2011 & 2015

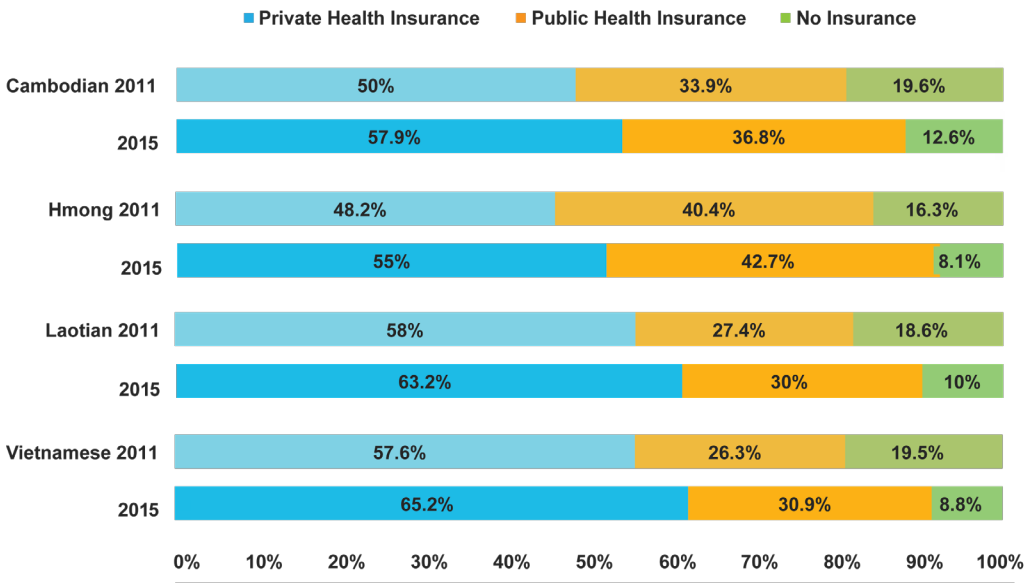
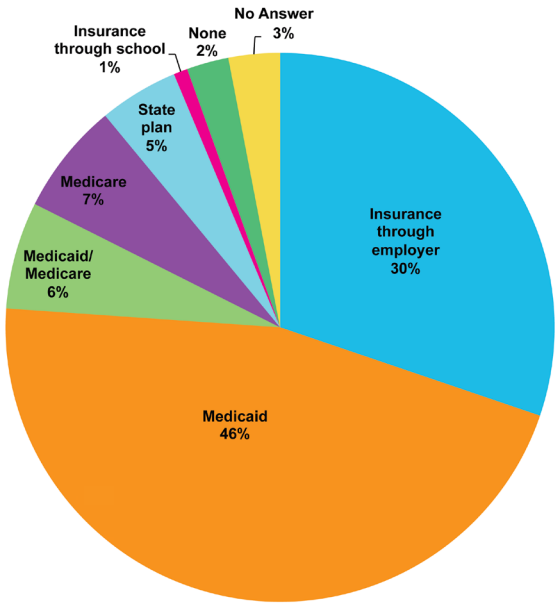


Figure 5. Respondents' Health Insurance Coverage



N=365

My son was born with only one kidney, resulting in multiple check-ups before and even after we [took] our son home. I wanted my son to be healthy, but I also couldn't help worrying about the medical expenses of each check-up. I had health insurance through my employer, but the co-pay for each visit was more than we could afford. Desperate to find affordable health coverage for my son and I, I applied for [Medicaid] and was granted coverage immediately. I felt relieved after that and didn't have any [more] suicidal thoughts...

– SEAA respondent

ACCESS TO LIFE-SAVING CARE

After the implementation of the ACA, many more SEAAs could afford health insurance to seek necessary life-saving preventative care and address chronic health conditions or emergencies without worrying about the cost. 32% of responses specifically cited the ACA as a key factor in improving or saving the lives of their loved ones. Before the ACA, emergency rooms served as last-resort health care providers for uninsured SEAAs whose health conditions had deteriorated to the point where they were much more challenging to treat.

Before the ACA, SEAAs with pre-existing conditions could be denied health insurance, making it impossible for many to access affordable care.

SEAAs are impacted by certain health conditions at considerably higher rates than other communities. For example:

- Vietnamese American women have the highest incidence and death rates from cervical cancer — five times higher than rates for White women.[9]
- Vietnamese American men have the highest rates of liver cancer compared to all other ethnic groups.[10]
- Laotian and Hmong men are far more likely to be diagnosed with liver cancer at more advanced stages, with a median survival rate of just one month.[10]

Please protect access to affordable health coverage. The Medicaid expansion helped my family take care of my dad's medical bills when he was in and out of the hospital after being diagnosed with liver cancer. The experience itself was traumatizing enough, and we are thankful that with his Medi-Cal and Medicare benefits, we did not have to worry about having enough money to see him live the rest of his days with dignity. My dad was able to transition on comfortably.

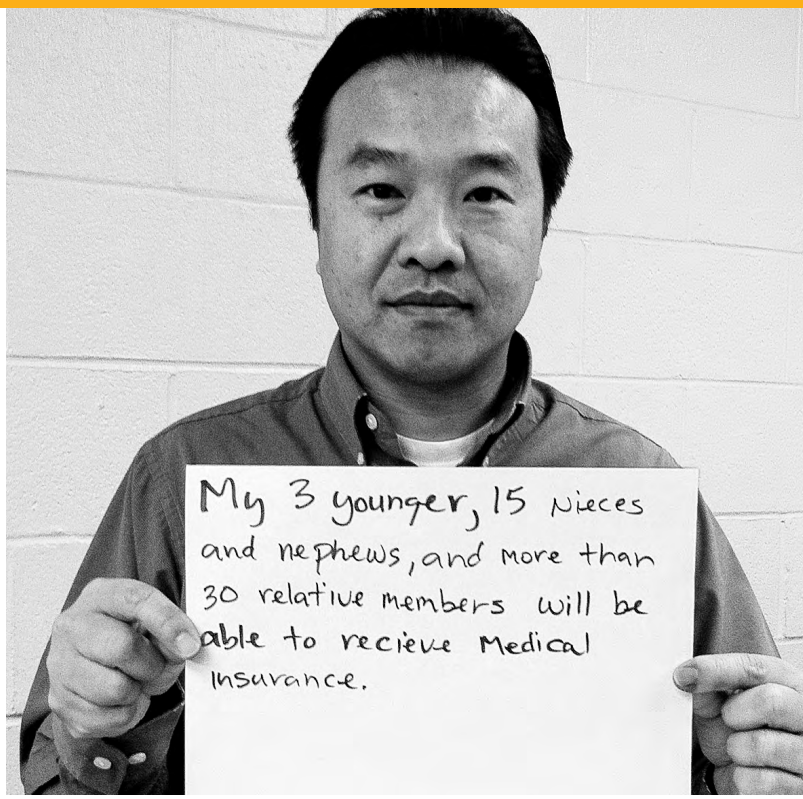
– SEAA respondent

Before and After Implementation of the ACA

Access to affordable health care is a matter of life or death for many in the SEAA community.

Repeal efforts that attempted to eliminate preventative care and discriminate against those with pre-existing conditions would have resulted in devastating impacts on the SEAA community.

SEAA community members with pre-existing conditions shared that greater access to health insurance through the ACA has directly translated to better health and has prolonged their lifespan.



Before the Medicaid expansion, I was without health insurance for a long time and was only able to access the free health clinics in the East Bay to address this recurring stomach issue that I had. I would be in immense pain. With the Medicaid expansion, I have been able to see a doctor and receive regular check-ups regarding my illness. I know that having Medi-Cal has prolonged my lifespan.

– SEAA respondent

ACCESS TO ESSENTIAL HEALTH BENEFITS

SEAAs have benefitted from the ten essential health benefits (EHB) mandated under the ACA.

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use disorder services including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Preventative and wellness services and chronic disease management
9. Laboratory services
10. Pediatric services including oral and vision care[11]

17% of respondents specifcally cited essential health benefits as key factors in improving their health and wellness. Many respondents expressed their gratitude to the EHB mandate under the ACA, which has specifically improved access to women's health like maternity, prenatal care, contraceptive coverage, and woman-specific preventative care.

Mandating preventative care under the ACA has been critical in improving the quality of life and health care for SEAAs. Prior to the ACA, mental health and substance abuse services were not considered essential for an individual's health and well-being. The individual health insurance markets rarely covered mental and substance use disorder care, and existing coverage generally limited the extent of these benefits.[12]

Additionally, the ACA's mandate to provide mental health support has been critical for refugee communities like SEAAs who experience unique mental health challenges due to experiences of war, genocide, and displacement. SEAAs experience particularly high rates of post-traumatic stress disorder (PTSD) and other mental health challenges compared to the general population. A 2005 study in Long Beach found that 62% of older Cambodian adults experienced symptoms of PTSD and 51% had major depression,

> I began taking oral contraceptives in 2002 – I spent roughly $1,440 on oral contraception, at least $160 on well-woman visit co-pays, and the cost of the HPV vaccinne (which was strongly recommended) from the age of 14. My mother, sister, and I have been able to access well-woman visits free of charge since ACA, which also covered birth contol for myself and my sister.
>
> – SEAA respondent

compared to 3% of the general population in the United States who experience PTSD and 7% who experience major depression.[13] Due to cultural stigma, many SEAA refugees avoid discussing their trauma and rarely access professional mental health services. When emotional wounds are left unhealed, the pain carries over to their children and future generations.[14]

The ACA requires that health care plans cover mental health and substance abuse services, deeming these services to be critical for achieving equitable health care outcomes.

Repeal efforts that aimed to eliminate the EHB mandate would have denied essential care for SEAA community members.

The AHCA and BCRA proposals allowed states to apply to waive the requirement to provide these EHBs, stripping away critical care from SEAAs. Instead of expanding these essential benefits, repeal efforts aimed to reverse this mandate and the progress that was made through the ACA.

SEAA respondents shared what access to these essential benefits has meant for their holistic well-being.

> I am a survivor of Cambodian genocide. I have mental problems, diabetes, heart disease, high blood pressure, asthma, and stomach problems. My overall health is not great because of these health problems, but I am thankful to have health coverage. If not I wouldn't be alive now.
>
> – SEAA respondent

> I have been working part-time jobs, and odd jobs, not allowing me access to health insurance through work. I've dealt with depression and with the Medi-Cal expansion, I have been able to finally access some sort of mental health care. We were barely getting somewhere and cannot allow this cut.
>
> – SEAA respondent

Protect the ACA & Medicaid Expansion for SEAAs

SEARAC makes the following recommendations to legislators and policymakers as they discuss changes to the ACA:

WE ASK THAT LEGISLATORS AND POLICYMAKERS:

Protect both Medicaid and the ACA against future repeal efforts to ensure that SEAA communities have access to quality, affordable, and life-saving health services.

The ACA is a stepping stone to obtaining the highest access and quality of care for SEAAs.

Although the most recent efforts to repeal the ACA failed, the fight for affordable, high quality, and culturally and linguistically appropriate health care for SEAAs is not over.

While Congress was not successful in passing a bill to repeal the ACA, the GOP continues to push for budget cuts to Medicaid. The ACA has significantly benefitted SEAAs by improving access and affordability of life-saving health care. Instead of focusing efforts on repealing the ACA, policymakers should focus their efforts on strengthening the ACA by increasing affordability and access.

It is imperative that community members, advocates, and legislators work together to ensure SEAAs do not lose the health care they need.

Implement Medicaid Expansion in More States to Cover More Uninsured SEAAs

WE ASK THAT LEGISLATORS AND POLICYMAKERS:

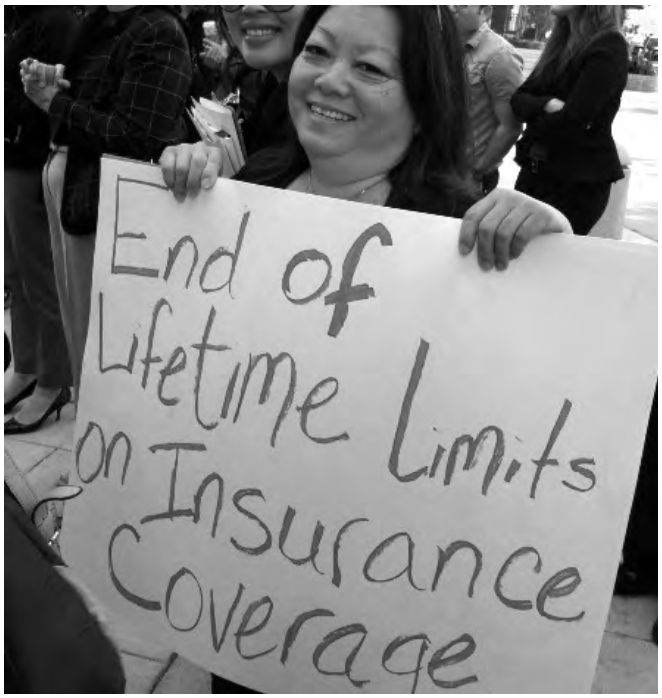
Expand Medicaid in states that have not already done so by expanding eligibility to any qualifying resident under the age of 65 with incomes up to 133% of the Federal Poverty Level.

The ACA has cut uninsured rates in half for SEAA, but 8-12% of SEAAs remain uninsured for various reasons.[15]

SEARAC's comment card campaign revealed that some states' unwillingness to expand Medicaid continues to be a barrier to coverage. A majority of respondents were from California, a state that has expanded Medicaid, providing many low income SEAAs access to affordable healthcare.

Some states with large SEAA populations, such as Texas and Virginia, have failed to expand Medicaid,[16] leaving SEAAs who now qualify for Medicaid in these states in a coverage gap.

> NC didn't expand Medicaid and as a result, one of my sisters is without health insurance because she is in the gap - not eligible for Medicaid and not being able to afford [private] health insurance.
>
> – SEAA respondent



Invest in Understanding SEAA Communities

WE ASK THAT LEGISLATORS AND POLICYMAKERS:

- **Engage meaningfully with SEAA constituents to learn more about SEAA-specific needs and to inform policy decisions.**
- **Support policies to expand and report disaggregated Asian American, Native Hawaiian, and Pacific Islander data and target resources to address long-standing disparities in health care.**

The comment card campaign revealed narratives that may be new to many legislators.

While our comment card campaign was able to reach 16 states, many more SEAA voices and communities are waiting to be heard.

As demonstrated through SEARAC's comment card campaign, learning about the SEAA community requires intentional initiation and follow-up to gain trust. Therefore, SEARAC strongly recommends that policymakers and legislators mindfully engage with their SEAA constituents to gain insight on their specific needs. In learning more about their SEAA constituents, policymakers and legislators can better address disparities in these communities and inform policies that promote better health care for SEAAs.

Additionally, our country's outdated data collection systems still render our community's experience invisible, even though SEAAs resettled in the United States 40 years ago.

Currently, data on SEAAs are collected and reported aggregately under the "Asian" category, which hides glaring disparities across diverse Asian American communities. By aggregating Asian American, Native Hawaiian, and Pacific Islander data, most data sources erase significant health disparities unique to each ethnic community. When policymakers can't see these health disparities, they continue to go unaddressed and are perpetuated with each new generation. By disaggregating Asian American, Native Hawaiian, and Pacific Islander community data, policymakers can be armed with much more accurate information to drive targeted interventions to address health disparities.

End Notes

1 Congressional Budget Office, "H.R. 1628, American Health Care Act of 2017," accessed September 22, 2017, at https://www.cbo.gov/publication/52752

2 U.S. Census Bureau, 2015 American Community Survey, 1-Year Estimates.

3 "Asian American Health Assessment," Asian American Resource Center Nonprofit, 2014, accessed September 22, 2017, http://austintexas.gov/sites/default/files/files/Communications/Asian_American_Health_Assessment_document_2014-.pdf

4 "Status of Vietnamese Health: Santa Clara County, California 2011," Santa Clara County Public Health Department, 2011, https://stanfordhealthcare.org/content/dam/SHC/about-us/public-services-and-community-partnerships/docs/chna-implstrat.pdf

5 Nancy K. Herther, Zha Blong Xiong, Karen Ritsema, Rebecca Vang, and Ri Zheng,"Health Disparities Research in the Hmong American Community: Implications for Practice and Policy," Hmong Studies Journal no. 13.2 (2010): 1-31.

6 Congressional Budget Office, "H.R. 1628, American Health Care Act of 2017," accessed September 22, 2017, at https://www.cbo.gov/publication/52752

7 U.S. Census Bureau, 2009 American Community Survey, 1-Year Estimates.

8 U.S. Census Bureau, 2015 American Community Survey, 1-Year Estimate.

9 "Status of Vietnamese Health: Santa Clara County, California 2011," Santa Clara County Public Health Department, 2011, accessed September 22, 2017, at https://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/VHA%20Full%20Report,%202011.pdf

10 Sandy L. Kwong, Susan L. Stewart, Christopher A. Aoki, and Moon S. Chen Jr., "Disparities in Hepatocellular Carcinoma Survival among Californians of Asian Ancestry, 1988-2007," Cancer Epidemiology, Prevention, and Biomarkers, 2010.

11 U.S. Centers for Medicare and Medicaid Services, "Information on Essential Health Benefits (EHB) Benchmark Plans," accessed September 22, 2017, at https://www.cms.gov/cciio/resources/data-resources/ehb.html

12 Richard Frank, Kirsten Beronio, and Sherry Glied, "Behavior Health Parity and the Affordable Care Act," Journal of Social Work in Disability & Rehabilitation 13, no. 0, (2014): 31–43, accessed September 22, 2017, at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4334111/

13 Grant N. Marshall, Terry Schell, Marc N. Elliot, Sarah Megan Berthold, and Chi-Ah Chun, "Mental Health of Cambodian Refugees 2 Decades After Resettlement in the United States," JAMA, The Journal of the American Medical Association 294, no. 5, (2005): 571-579.

14 The National Center for Post-Traumatic Stress Disorder, "PTSD Research Quarterly," vol. 8, no. 1: Winter 1997, accessed September 22, 2017, https://www.ptsd.va.gov/professional/newsletters/research-quarterly/v8n1.pdf

15 U.S. Census Bureau, 2015 American Community Survey, 1-Year Estimates.

16 http://familiesusa.org/product/50-state-look-medicaid-expansion.

I was without health insurance for a long time and was only able to access the free health clinics in the East Bay … I applied for [Medicaid] and was granted coverage immediately. I felt relieved after that and didn't have any [more] suicidal thoughts…Prior to the ACA, SEAAs experienced some of the highest uninsured rates in the nation: 1 in 5 of our community members had no health insurance … I had health insurance through my employer, but the co-pay for each visit was more than we could afford … With the Medicaid expansion, I have been able to see a doctor and receive

Southeast Asia Resource Action Center

SEARAC

www.searac.org
searac@searac.org

Washington, DC Office
1628 16th Street, NW
Washington, DC 20009
Phone: (202) 601-2960
Fax: (202) 667-6449

California Office
1225 8th Street, Suite 590
Sacramento, CA 95814
Phone: (916) 428-7769
Fax: (916) 428-7293