



June 17, 2016

Mr. Reince Priebus
Chair
Republican National Committee

Honorable Debbie Wasserman Schultz
Chair
Democratic National Committee

2016 BOARD OF DIRECTORS

Executive Committee

Gail Mukaihata Hannemann
Chairperson

Walter Tsou, MD, MPH
Vice Chairperson & Secretary

Diane Paloma, MBA, PhD
Treasurer

Elizabeth M.S. Krause, ScM
At-large

Gayle Tang, MSN, RN
At-large

Kathy Ko Chin
President & CEO

Debbie I. Chang, MPH

Jacob Fitisemanu Jr., MPH

Oliver Kim, LLM, JD

Minh Thanh Nguyen

Payal Shah, JD

Matt Shiraki, MPP

Lori Villarosa

H. Sook Wilkinson, PhD

Dianne Yamashiro-Omi

Headquarters:

One Kaiser Plaza
Suite 850
Oakland, CA 94612
Main 415-954-9988
Fax 510-419-0263
www.apiahf.org

Washington D.C. Office:

1629 K Street N.W.
Suite 400
Washington, D.C. 20006
Main 202-466-7772
Fax 202-466-6444

*National Advocates for
Asian American,
Native Hawaiian &
Pacific Islander Health*

RE: APIAHF statement on 2016 platforms

The Asian & Pacific Islander American Health Forum (APIAHF) is the oldest and largest health policy and public health organization working with Asian American (AA), Native Hawaiian and Pacific Islander (NHPI) communities across the nation and its Pacific jurisdictions. APIAHF influences policy, mobilizes communities and strengthens programs and organizations to improve the health of over 18 million and rising AAs and NHPIs. With more than 30 community-based organizational partners in over 20 states and territories, APIAHF provides a voice in the nation’s capital for underserved AA and NHPI communities and works toward health equity and health justice for all communities. As a nonpartisan organization, APIAHF does not endorse or support any candidate for public office or political party.

APIAHF’s comments are designed to ensure health equity for all Americans, regardless of income, geographic location, immigration status or any of the other factors that impact or impede access to affordable, quality health coverage and care. AAs and NHPIs are the fastest growing racial and ethnic groups in the nation and as such, health access and quality must reflect the needs of these diverse communities.

Comprehensive immigration reform: America’s immigration system is broken and separates far too many families who live in fear of deportation or who must wait decades to be reunited with their families. America needs an immigration system that is fair and inclusive and respects the values of community, particularly for communities such as Asian Americans who are over 60% foreign born.

Remove federal legal restrictions to health coverage on the basis of immigration status: Immigration status is one of the leading social determinants of health— affecting everything from whether or not a person can buy health insurance, whether a sick child can see the doctor, and whether a low-income worker can afford the treatment they need. All communities benefit when everyone, regardless of their immigration status or date of entry has access to affordable, quality health care.

- *Make the Affordable Care Act available for all:* Everyone should have access to the Affordable Care Act’s (ACA) health insurance Marketplaces, including those who are undocumented or DACA-mented. In addition, DACA-mented persons and those who may be DAPA eligible should be considered lawfully present for eligibility for the ACA’s tax credits, subsidies, Medicaid and CHIP.
- *Remove the Five-year Bar:* The five-year bar under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) that restricts eligibility for lawful permanent residents should be removed as it creates an arbitrary time limit that impedes access to care for new Americans.

- *Restore Medicaid eligibility for COFA communities:* The United States government maintains a critical relationship with our allies in the Pacific including the Freely Associated States (FAS) of the Federated States of Micronesia, the Republic of the Marshall Islands and the Republic of Palau. This special relationship, known as Compacts of Free Association, give America exclusive military control over nearly 2 million square miles of Pacific Ocean, a critical piece of our current national security infrastructure, as well as post-World War II military radiogenic testing. In exchange, COFA citizens are permitted to freely work, live and travel to the United States without restriction. Yet, Micronesians residing in the United States are locked out of the same federal dollars their tax dollars support. As a result, the Federal government has failed to live up to its duty and commitment to the Pacific jurisdictions. Medicaid eligibility for COFA migrants should be restored as they were inadvertently barred from coverage under PRWORA.

Protect civil rights: Discrimination on the basis of national origin, which encompasses discrimination on the basis of limited English proficiency (LEP), creates unequal access to health care. Twenty-five million Americans are LEP, including 32% of Asian Americans, meaning that English is not their primary language and they have a limited ability to read, write, speak or understand English.

Discrimination on the basis of English proficiency has no place in federally supported health programs, activities or recipients of federal financial assistance. Studies have documented the consequences of language barriers in health care and APIAHF's experiences working with partners over three ACA enrollment periods found that language was as substantial barrier to learning about, enrolling and using public and private health coverage. APIAHF supports robust enforcement of federal civil rights protections, including Title VI of the Civil Rights Act of 1964, Section 1557 of the ACA and Executive Order 13166.

Support robust disaggregated data collection and reporting: Consistent, accurate and standardized data collection and reporting is an essential aspect of identifying racial and ethnic health and health care disparities and protecting civil rights. Section 4302 of the ACA presents an opportunity to standardize HHS data collection activities, contribute to a more uniform and accurate collection and reporting system and help to understand how multiple demographic variables affect one's health status. APIAHF supports disaggregated data and reporting across HHS surveys and activities to inform public health.

Support robust investments in public health: Federal investments must support the nation's public health and ensure that the needs of all Americans are met. This includes funding for the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services and related offices, including the Office of Minority Health and Office for Civil Rights. HHS and its operating divisions serve critical roles in protecting the nation's health and investing in prevention, treatment and response to chronic conditions, including HIV/AIDS, viral Hepatitis and tuberculosis, all of which impact AA and NHPI communities in discrete ways and require tailored interventions and sustained investments.

In closing, APIAHF thanks you for the opportunity to submit our priorities for consideration in the 2016 platforms.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kathy Ko Chin', with a long horizontal line extending to the right.

Kathy Ko Chin
President & CEO
Asian & Pacific Islander American Health Forum