

PROJECT CHARGE

a health collaborative of 15 partners that have come together to address health access for Asian Americans in NYC

Asian Americans for Equality

Asian Outreach Clinic,
Child Center of New York

Asian & Pacific Islander
Coalition on HIV/AIDS

NYU Center for the Study of
Asian American Health

Charles B. Wang Community
Health Center

Chinese-American Planning
Council

Coalition for Asian American
Children and Families

Family Health Project

Henry Street Settlement

Kalusugan Coalition

Korean Community Services of
Metropolitan New York, Inc.

MAAWS for Global Welfare,
Inc.

New York Asian Women's
Center

South Asian Health Initiative

Dr. John Chin – Hunter College

Project CHARGE
c/o CACF
50 Broad Street, 18th Floor
New York, NY 10004
www.cacf.org
www.facebook.com/projectcharge
twitter: @projectcharge
namendoza@cafc.org
212.809.4675 x. 106
212.785.4601

PROJECT CHARGE

Public Forum on the Design of New York's Health Insurance Exchange
New York State Insurance Department
May 18, 2011

Testimony of Project CHARGE **(Coalition for Health Access to Reach Greater Equity)**

Hello, my name is **Noilyn Abesamis-Mendoza** and I am here today on behalf of the Coalition for Asian American Children and Families and Project CHARGE (Coalition for Health Access to Reach Greater Equity). I would like to thank Governor Cuomo's Executive Chamber and the New York State Insurance Department for providing us this opportunity to share our recommendations for New York's Health Insurance Exchange.

CACF is the nation's only pan-Asian children's advocacy group. We are dedicated to improving the health and well-being of Asian Pacific American (APA) children and families in New York City. CACF has a membership of over 45 community and social service organizations serving a multitude of different Asian ethnic communities in New York City.

We are the coordinating agency of Project CHARGE, a collaborative of 15 organizations dedicated to addressing health access for the Asian American community in New York City.

ASIAN AMERICANS IN NEW YORK

Asian Americans are by percentage the second fastest growing group in New York State, nearly doubling every decade since 1970. Over 63% of Asian American in New York State call the 5 boroughs of New York City home and make up close to 13% of the City's population. In fact, NYC has the largest Asian American population of any U.S. city. Of the over 1 million Asian Pacific Americans in NYC:

- 2 out of 3 Asian Pacific Americans are foreign born.
- 1 out of 3 Asian Pacific Americans are linguistically isolated, meaning that no one over the age of 14 in a household speaks English well.
- 1 out of 4 Asian Pacific Americans lives in poverty.
- 1 out of 8 Asian Pacific Americans does not have health insurance with over 83% of the uninsured being foreign-born.

Asian Americans play a vital role in making New York one of the most vibrant places in the world. They pay taxes and are an essential part of New York's workforce and economic growth. The children of these immigrants represent our state's future and are critical to the vitality and growth of the labor force in coming decades.

IMPACT OF HEALTH CARE REFORM ON ASIAN AMERICANS

March 23, 2011 marked the 1-year anniversary of the Affordable Care Act (ACA). We joined thousands across the country to celebrate the promise that health care reform brings. The new law will lower the costs of health care, increase the health providers to choose from, holds health insurance companies accountable, improves the quality of health care and extends coverage to 32 million people, including approximately 62,400 Asian Americans in New York State. While many improvements and benefits will come from health care reform, there is still a long road ahead to ensure a truly inclusive and accessible health care system in which no one is left out. For the well-being of all New Yorkers, legislators must prioritize the integration and the preservation of programs that support Asian American workers and their families.

We want to ensure that the needs of Asian Americans are met in this new health system and offer the following priorities:

- **Develop culturally and linguistically responsive outreach strategies to inform communities about changes from health care reform & how to access the Exchange(s).**
- **Fill knowledge gaps by collecting and reporting health disparities data.**
- **Ensure meaningful community participation to guide implementation plan for health care reform in NYS.**
- **Preserve the safety net for those that will remain uninsured and continue to cover immigrants and low-income communities despite recession and budget deficits**

POLICY PRIORITIES & RECOMMENDATIONS

1. **Develop culturally and linguistically responsive outreach strategies to inform communities about changes from health care reform & how to access the Exchange(s).** There is a need for effective and continuous community education and outreach to reach eligible families and individuals as well as a need for a more streamlined enrollment and re-enrollment process so that they stay covered under this new healthcare system. These activities should integrate Culturally & Linguistically Appropriate Services (CLAS) standards as well as support consumer assistance and patient navigator programs that use community workers to ensure that individuals and families receive the resources and services they need in a culturally competent and linguistically accessible manner.

Recommendations:

Outreach: Continue to support the Community Health Advocate (CHA) initiative and expand and create other opportunities for community based organizations not part of CHA in high Asian American neighborhoods to build their capacity to be information centers in the months prior and during open enrollment.

- We recommend using the Census 2010 communications and outreach planning model. It incorporated Complete Count Committees of community leaders and organizations formed to support and promote the 2010 Census and in-language materials such as bilingual questionnaires, direct mail postcards, fact sheets, posters, key dates, and toolkits.
- *High Asian American Neighborhoods in NYC:* Lower Manhattan (Chinatown, Lower East Side), Brooklyn (Sunset Park, Bensonhurst, Midwood), Bronx (Kingsbridge), Queens (Woodside, Elmhurst, Jackson Heights, Bayside, Flushing, Richmond Hill, Jamaica)

One Exchange: Create 1 Exchange that merges Individual, Small Business Health Options Program, and public programs.

Language Access Unit: The Exchange should create a language access unit that will be the internal resource for accessing written translation and oral interpretation services for consumers. Additionally, the language access unit will ensure and monitor that language services are provided by qualified health plans in the Exchange.

Access Points & Language Access Plan: All consumer access points (phone, mail, website, and in-person) should provide meaningful access to Limited English Proficient individuals. Legislation must outline that:

- Exchanges and qualified health plans should follow federal guidelines and CLAS standards on language accessibility.
- Exchanges and qualified health plans should develop language access plans.
- Electronic and written materials should be translated into the most common languages in New York State and provide information on how to get interpretation services. We recommend that New York State use the Social Security Administration policy to translate documents into at least 15 languages as a guide. Of the 15 languages chosen, we recommend that these Asian languages are included based on frequency of request for interpretation services from Language Line: Mandarin, Cantonese, Bengali, Korean, and Urdu.

Streamline Process: Establish a “1-door” and “1-form” process to determine eligibility for the Exchange plans, public programs (Medicaid, FHP, Child Health Plus), tax credits/subsidies, exemptions, and financial assistance as well as general information.

- Make enrollment form culturally and linguistically accessible and in plain language.
- All qualified insurers in Exchange must translate outreach materials, coverage summaries, claims, and appeals process to the most common 15 languages in NYS.

Verification Requirements: Do not create burdensome verification requirements that deter eligible individuals, families, and small businesses from using Exchange.

- We recommend the use of existing verification used by Medicaid (Systematic Alien Verification for Entitlements – SAVE system) to determine eligibility for individuals and families.
- If there will only be 1 Exchange, legislation must outline that small businesses shouldn't be subjected to additional verification and documentation requirement (such as those for individuals) and should resemble the large employer group insurance market.

Confidentiality & Public Charge: Legislation must outline confidentiality policies within the Exchange that immigration status will not be shared to law enforcement or immigration officials and notify applicants of the policy. Additionally, the Exchange must have a clearly written statement addressing public charge – the concern that whether using health care or insurance impacts an individual's ability to adjust status to lawful permanent resident, green card holder, or naturalized citizen. These policies already exist and are currently done in New York's public health insurance programs.

2. **Fill knowledge gaps by collecting and reporting health disparities data.** The ACA requires the collection of demographic data on race, ethnicity, sex, primary language, and disability as well as oversampling of populations with traditionally low participation in research studies. Given the dearth of data on the health status of the diverse Asian American community, these provisions have a great potential to expand the understanding of the particular needs and concerns of our communities.

Recommendations:

Standardized Data: Legislation must outline standardized categories on race, ethnicity, and primary language for data collection and reporting activities conducted by Exchange and qualified health plans. We recommend using standardized categories developed by the U.S Census Bureau and the American Community Survey.

- *Race:* American Indian/Alaskan Native, Asian American, Black, Latino/Hispanic, Native Hawaiian or Other Pacific Islander, and White. Allow for marking “alone” or “in combination”.
- *Ethnicity (for Asian Americans):* Bangladeshi, Cambodian, Chinese, Filipino, Hmong, Indian, Indonesian, Japanese, Korean, Laotian, Malaysian, Pakistani, Sri Lankan, Taiwanese, Thai, and Vietnamese. Allow for multiple answers and fill-in for ethnicities not listed.
- *Primary Languages (for Asian Americans):* Bengali, Cantonese, Hindi, Japanese, Korean, Khmer, Malay, Mandarin, Nepali, Punjabi, Tagalog, Thai, Urdu, and Vietnamese. Allow for fill-in for languages not listed.

Language Assistance Request & Use: Legislation must outline that the Exchange and the qualified health plans collect and report primary language of applicants, enrollees, request for and use of language assistance services.

Annual Reporting: Legislation must outline that the Exchange and qualified health plans report demographic data annually (race, ethnicity, sex, disability, and primary language). This data must be collected at the application, enrollment, provision of services, and appeal processes

3. **Ensure meaningful community participation to guide implementation plan for health care reform in NYS.** Community based organizations, providers, advocates that serve the Asian American community as well as consumers can offer specific culturally appropriate and linguistically responsive recommendations on how to engage and address the challenges of hard to reach segments of the community.

Recommendations:

Stakeholder Feedback: Ensure meaningful participation of stakeholders to provide input, especially from consumers, advocates, and service providers:

- Create multiple feedback mechanisms to engage stakeholders such as hearings, legislator townhalls, and public comment periods that utilize innovative ways to encourage consumer participation like the 2008 Change.gov Community Health Care Discussions.
- Create specialized taskforces within the Governor’s Health Care Reform Advisory Committee that includes representation of New York’s diverse communities including, Asian Americans, African Americans, Latinos/Hispanics, Immigrants, LGBT, faith-based, and people with disabilities.
- Provide interpreters at any public event to ensure participation with Limited English Proficient consumers.
- Hold events at multiple venues across New York and ensure accessibility for participants (day, time, place).

4. **Preserve the safety net for those that will remain uninsured and continue to cover immigrants and low-income communities despite recession and budget deficits.** While the ACA will expand coverage to nearly 32 million individuals, there will be many that remain uninsured.

Recommendations:

Protect Safety Net: The funding of safety net providers must be protected as they will continue to offer affordable care for many low-income individuals and families that do not qualify for affordability credits.

- Many Asian Americans receive their care from public hospitals, small neighborhood hospitals and clinics, as well as community health centers.
- When these facilities or services are closed or reduced, it puts pressure on other providers and institutions that are already stretched for resources and staffing, particularly those that provide culturally competent and linguistically accessible programs and services for the diverse Asian American communities.

Coverage for Children & Immigrants: We ask that decisionmakers not retract on the promise and continue to coverage all children regardless of immigration status and ensure there is no 5-year bar for eligible immigrants to receive Medicaid and other public benefits in NYS.

- New York serves as an example for other states in its commitment to ensuring access to health for its many residents.

CONCLUSION

In celebrating the 1-year anniversary of health care reform, we are celebrating the progress we have made in creating a more affordable and just health care system. There is much more to come. Reverting to the status quo or dismantling parts of health care reform would be absolutely detrimental to the health and well-being of all Americans. We cannot afford to let this happen. The time is now to celebrate the promise of health care reform.