

The Honorable Nancy Pelosi
Speaker of the House
H-232, The Capitol
Washington, DC 20515

The Honorable Steny Hoyer
House Democratic Majority Leader
H-107, The Capitol
Washington, DC 20515

The Honorable Henry Waxman
Chairman
Committee on Energy and Commerce
U.S. House of Representatives
2204 Rayburn House Office Building
Washington, DC 20515

The Honorable Joe Barton
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
2109 Rayburn House Office Building
Washington, DC 20515

The Honorable Charles B. Rangel
Chairman
Committee on Ways and Means
U.S. House of Representatives
341 Cannon House Office Building
Washington, DC 20515

The Honorable Dave Camp
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
341 Cannon House Office Building
Washington, DC 20515

The Honorable George Miller
Chairman
Committee on Education and Labor
U.S. House of Representatives
2181 Rayburn House Office Building
Washington, DC 20515

The Honorable John Kline
Ranking Member
Committee on Education and Labor
U.S. House of Representatives
2101 Rayburn House Office Building
Washington, DC 20515

RE: Support for HR 3200

Dear Speaker Pelosi, Majority Leader Hoyer, Chairman's Waxman, Miller, and Rangel, and Ranking Members Barton, Camp and Kline:

Thank you for your leadership in introducing comprehensive legislation to reform our broken health care system that represents a critical down payment toward achieving the goal of guaranteed, affordable health care for all. Asian Americans, Native Hawaiians and Pacific Islanders are disproportionately represented among the 47 million Americans currently uninsured. Even with coverage, Asian Americans, Native Hawaiians and Pacific Islanders face barriers to accessing health care because of the lack of linguistically and culturally responsive health services. In addition, for several indicators of health care quality, Asian Americans, Native Hawaiians and Pacific Islanders experience lower quality of care than other groups.

HR 3200 includes several provisions that we strongly support that will address some of these disparities:

Expansion of Coverage

HIE and new public health insurance option: We strongly support the creation of a Health Insurance Exchange and a new public health insurance option that will compete with the private market and that will control costs. A new public plan is essential to true health care reform.

Small businesses: Many of the uninsured Asian Americans, Native Hawaiians and Pacific Islanders are either small business owners or are employed by small businesses that cannot afford coverage. HR 3200 will assist small businesses by allowing them to purchase better quality insurance at a reduced administrative cost through the Health Insurance Exchange. We support the provision to provide graduated credits according to payroll.

Medicaid: We were very pleased to see the expansion of Medicaid to include childless adults and low-income HIV infected individuals. We urge you to go further in guaranteeing health coverage for all individuals by eliminating the five year waiting period for Medicaid for lawfully residing immigrants. All lawfully residing immigrants should be treated the same as citizens as related to eligibility for federal benefit programs.

Medicare: We support the provisions that will eliminate the Medicare Part D coverage gap and that eliminates cost-sharing for preventive services.

Preservation and enhancement of the safety net: Because HR 3200 will not provide guaranteed, affordable health care for all, we believe the additional resources included in the bill for community and migrant health centers and other safety net providers, particularly in underserved communities, are essential.

Provision of culturally and linguistically appropriate services

Health plans: We support the provision that requires health plans to provide culturally and linguistically competent services.

Medicaid: We support the provision that enhances federal matching funds to reimburse the costs of language services for Medicaid services.

Medicare: We support the provisions creating a demonstration project to provide languages services in Medicare programs.

Workforce: We support the provision to create a grant program under HRSA to promote cultural and linguistic competence of health care professionals and the provision of cultural competency training for health care professionals.

Prevention

We support the provision creating a grant program at CDC to fund Health Empowerment Zones with at least 50% of the funds going towards services that reduce health disparities.

Thank you for supporting the identification of health disparities in the Prevention & Wellness Task Force. Additionally, we recommend that certain demographics should be identified, such as race, ethnicity, geographic location, age, gender, and primary language.

We suggest that Division C, Title III, Sec 2301 “Subtitle B – National Prevention & Wellness Strategy – Section 3121 (b2)” be amended to include “taking into account unmet prevention and wellness needs *by race, ethnicity, geographic setting, or other category determined appropriate by the Secretary*”

We support the Task Force on Clinical Preventive Services and the Task Force on Community Preventive Services including practitioners who have significant experience treating racially and ethnically diverse populations, have expertise in health disparities, and include a representative from the National Center on Minority Health and Health Disparities (NCMHD). We suggest that these task forces also represent such racially and ethnically diverse populations.

We support the draft legislation's investments in Community Health Centers and community-based prevention and wellness research grants.

- We urge the inclusion of the US affiliated territories that have health departments also be considered eligible for the community-based prevention and wellness research grants.
- We support a clarification that US affiliated territories are specifically included in the Prevention and Wellness Trust.

Research

We applaud your efforts to assure that there is evidence-based programming and delivery of care. Our community is very diverse and faces unique and distinct challenges that are not always represented in the evidence base.

- We urge the committee to ensure that where the evidence base is lacking or research is incomplete that promising community-based programs that serve our diverse populations are not penalized or have funding reduced.
- We also urge each of the new entities to account for the health care needs of diverse segments of the population in framing their guidance and recommendations. We recommend increased support for research and data collection of promising programs that target specific Asian American, Native Hawaiian, and Pacific Islander communities.

Once again, we thank you for your extraordinary leadership, not only past but current, as we work to realize our mutual and long-held goal of quality affordable health care for all. We hope that you will find these suggestions as constructive contributions to your deliberations.

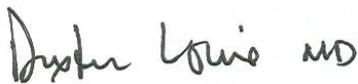
Sincerely,



Ho Luong Tran, MD, MPH
President and CEO
Asian & Pacific Islander American Health Forum



Jeffrey Caballero, MPH
Executive Director
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Dexter Louie, MD
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