



FACTS ABOUT

# \* H \* E \* A \* L \* T \* H \* COVERAGE AND ASIAN & PACIFIC ISLANDER WOMEN

**M**edicaid is the country's primary source of health insurance for low-income individuals and the largest source of public funding for family planning services. Women comprise over 70% of Medicaid beneficiaries, and 28 million low-income children receive their health coverage through Medicaid. An additional six million low-income children, pregnant women, and low-income parents receive health care through the State Children's Health Insurance Program (SCHIP), which expired on September 30, 2007 and must be reauthorized. This reauthorization is particularly important because SCHIP provides low-cost health insurance for children and limited health care services for pregnant women, including prenatal care.

## THE DIVERSITY OF API COMMUNITIES

Research on the health status of Asians and Pacific Islanders often analyzes the population as one, homogenous group. However, the API community includes more than 30 diverse ethnic subpopulations that vary by national origin, language, culture, citizenship, immigration status, and economic status. These intersecting issues have significant implications for provider health practices and access to health care.

## HEALTH INSURANCE COVERAGE

Seventeen percent of the nonelderly API population lives below the poverty line, compared to 13% of the overall

U.S. population, and are more likely to need public benefits such as Medicaid. Nearly 18% of Asian Americans and 24% of Native Hawaiians are uninsured while only 12% of the non-Hispanic, nonelderly white population are without insurance. Additionally, nearly 16% of Asian American children aged 12 to 17 lack health insurance.

### Percentage of Uninsured

ASIAN AMERICANS	18
NATIVE HAWAIIANS	24
NON-HISPANIC WHITES	12

Asians and Pacific Islanders are also less likely than whites to have job-based health insurance. Health coverage according to ethnic subgroups within the API community also varies widely.

- 31% of nonelderly Korean and 21% of nonelderly Vietnamese American adults are without health insurance, compared with 12% of the total population.
- 49% of South East Asians and 48% of Korean Americans lack job-based insurance coverage, compared to 27% of whites.

## MEDICAID SERVICES FOR API WOMEN

Medicaid provides a wide range of reproductive health care services to low-income women, including family planning, prenatal care and other pregnancy

related services, testing for sexually transmitted diseases, and screenings for breast and cervical cancer.

## PROFILE OF API WOMEN ON MEDICAID

Overall, despite their higher rates of poverty and uninsurance, Medicaid coverage for most API women remains low. In 2004, 6% of API women participated in Medicaid, compared to 21% of Latinas, 24% of African American women, and 49% of white women. In total, 10% of nonelderly Asian Americans use Medicaid and Medicare compared to 12% for whites. Only 13% of low-income Chinese Americans are enrolled in Medicaid, compared to 24% of low-income whites.

However, Medicaid funds critical health care services for certain API subpopulations and APIs concentrated in certain geographic areas. For example, approximately 20% of Southeast Asians receive Medicaid benefits, and in 1999, Medicaid covered 52% of API births in New York City.

## WHY AREN'T API WOMEN ACCESSING MEDICAID?

### Language/Cultural Differences

According to the U.S. Census Bureau, 40% of all API individuals speak English less than "very well." Thirty-nine percent of Asian Americans in California are Limited-English Proficient (LEP), which means one out of every twenty Californian is an LEP Asian



American. Studies reveal that lack of interpreters and bilingual services affect the level of health care that LEP individuals receive. Health care providers may be legally required to provide language assistance to LEP patients, and states can be reimbursed by the federal government for language services provided to Medicaid enrollees.

**Current Immigration Restrictions**

Under the 1996 Welfare Reform Act, legal immigrants who arrive in the U.S. after August 1996, are ineligible to receive health care coverage under Medicaid for five years. This requirement forces many immigrant API women to forgo necessary health care and reproductive services altogether, including vital prenatal care. Many immigrant women who are eligible for Medicaid still refrain from seeking care because they fear becoming a “public charge” and jeopardizing their residency status and possible deportation for themselves and their families.

**Transportation Barriers**

State Medicaid programs are required to provide necessary transportation to and from Medicaid related appointments and services. Lack of transportation is a critical obstacle to seeking and receiving care for low-income API women. In particular, inflexible work schedules, rigorous documentation

requirements, and limited child-care options prevent many API women from obtaining necessary services that affect their reproductive health, such as mammograms, Pap smears, and prenatal care. Additionally, lack of knowledge that Medicaid provides reimbursements for transportation costs also creates a barrier to accessing the Medicaid system for API women.

**POLICY RECOMMENDATIONS**

**Reauthorize the State Children’s Health Insurance Program (SCHIP)**

Without reauthorization, it is estimated that in 2007, 35 states will have insufficient federal funding to sustain their existing SCHIP programs. These states will be forced to cut SCHIP enrollment and assume the burden of providing health care for millions of families without sufficient government support.

**Pass the Legal Immigrant Children’s Health Improvement Act (ICHIA).**

H.R. 1308 and S. 764 would allow states to provide immigrant children and pregnant women health care without a waiting period under SCHIP or Medicaid. Immigrant children are three times more likely to lack a regular source of health care than native-born children, and immigrant women without prenatal care are four times more likely to have a low-weight

baby which, in the long run, makes medical costs much higher.

**Eliminate the Deficit Reduction Act documentation requirements.**

Before this Act went into effect in 2006, individuals could register for Medicaid with a social security number or a driver’s license. Since then, enrollees and recipients have been required to prove their citizenship with added documents such as a U. S. passport or an original birth certificate. Yet, a survey by the Center on Budget and Policy Priorities found that almost 10 percent of U.S.-born adults who earn less than \$25,000 possess neither a passport nor a birth certificate. Inability to meet these stricter requirements means delayed or denied health care for an estimated 3-5 million qualified citizens, including members of the API community where 14% of the total API population lives below the poverty line.

**Remove transportation barriers**

*Increase outreach and education to low-income API women regarding reimbursement services for transportation to and from Medicaid related appointments.* Removing transportation barriers will enable more API women to take advantage of and access critically important health care services. ♀

UPDATED APRIL 2008

**RESOURCES**

Asian Pacific Islander American Health Forum, Health Insurance Coverage: Asian Americans and Pacific Islanders (December 2006), Children’s Health Coverage (June 2007); Please visit <http://www.apiahf.org/> for related links.  
 The Center on Budget and Policy Priorities, The New Medicaid Citizenship Documentation Requirement: A Brief Overview (revised September 28, 2006), available at <http://www.cbpp.org/4-20-06health.htm#more>.  
 Coalition for Asian American Children & Families, Myths & Facts, available at <http://www.cacf.org/mythfacts>.  
 The Guttmacher Report on Public Policy, New SCHIP Prenatal Care Rule Advances Fetal Rights at Low-Income Women’s Expense (2002), available at <http://www.guttmacher.org/pubs/tgr/05/5/gr050503.html>  
 Institute for Reproductive Health Access & The National Health Law Program, Protecting Reproductive Health Care for Low-Income Women (2002).  
 Kaiser Family Foundation, Medicaid’s Role for Women (May 2006), available at <http://www.kff.org/womenshealth/upload/Medicaid-s-Role-for-Women-May-2006.pdf>  
 Kaiser Family Foundation and Asian & Pacific Islander American Health Forum, Health Insurance Coverage and Access to Care Among Asian Americans, Native Hawaiians and Pacific Islanders (April 2008), available at <http://www.kff.org/minorityhealth/upload/7745.pdf>  
 Lora Jo Foo, Asian American Women: Issues, Concerns, and Responsive Human and Civil Rights Advocacy, 19 (2007).  
 National Immigration Law Center, Facts about the ICHIA, available at [www.nilc.org](http://www.nilc.org).