

AAPI IMMIGRANT WOMEN AND ACCESS TO HEALTH CARE

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Asian Americans and Pacific Islanders (AAPIs) form a growing and diverse share of the United States population and are the fastest growing immigrant community in the country. Asian Americans are also the largest growing group of undocumented immigrants, with one in seven Asian Americans being undocumented.¹ However, current policies severely limit the ability of recent AAPI immigrants and their families to obtain affordable health insurance, which leads to higher rates of uninsurance and negative health outcomes for these populations, further exacerbating the growing inequities in access to health services.

The AAPI immigrant community, particularly AAPI immigrant women, a significant proportion of whom work in front-line health and essential services workforces, have also faced a disproportionate burden of the negative health and economic effects of the COVID-19 pandemic.² From March 2020 through February 2021, immigrant women experienced the largest unemployment rates of any group in the United States, including U.S.-born men, U.S.-born women, and immigrant men, resulting in a loss of health coverage that was previously tied to employment.³

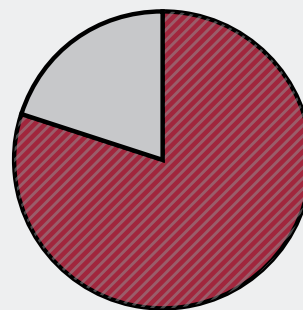
These factors together call for the need to protect, legitimize, and advance the rights of AAPI women. Ensuring equitable access to health care is one of the most important steps in this direction.

The Health Equity and Access under the Law (HEAL) for Immigrant Families Act of 2021 could significantly reduce inequities and improve health outcomes for AAPI immigrants by removing barriers to obtaining public health insurance coverage for eligible federally authorized immigrants and their families, allowing undocumented immigrants to purchase health insurance through the Affordable Care Act's (ACA) health insurance exchanges, and ensuring that Deferred Action for Childhood Arrivals (DACA) recipients are eligible for these programs.

Access to Health Care is a Top Priority for AAPI Women

Based on NAPAWF's survey of over 3,537 adult AAPI women across the nation on a fully representative sample, the largest nationwide poll ever conducted among AAPI women in the U.S., the number one concern and voting issue for AAPI women voters in 2020 was health care.

- 3 of the 4 top issues for AAPI women—both overall and among almost every demographic group—center on health care, with protections for those with pre-existing conditions and ensuring everyone has access being the top two.
- Ensuring women have the authority to make decisions about their bodies and having access to affordable birth control are among the top tier issue priorities for AAPI women.



8-in-10 AAPI women believe that having control over their reproduction produces more positive family outcomes.

- The top issues that AAPI women want to see the federal government address include but are not limited to: COVID-19 and rising health care costs.

Current Barriers to Affordable Health Insurance Coverage for AAPI Immigrant Women

In addition to race and national origin-based discrimination, which have seen a rise over the last few years fueled by the previous administration, AAPI immigrants also face major barriers to accessing basic and necessary public programs to which their tax dollars contribute, such as Medicaid and the Children Health Insurance Program (CHIP) and other means-tested benefits programs. Currently, lawfully residing immigrants who are otherwise eligible must wait at least five years in order to access Medicaid or CHIP benefits as a result of the Personal Responsibility and Work Opportunity and Reconciliation Act (PRWORA) of 1996.

Additionally, the categories of immigrants who are considered to be “lawfully residing” is both restrictive and outdated. The situation is even more grim for undocumented immigrants, who are not only ineligible for public benefits, but are not even permitted to purchase subsidized health insurance through the ACA marketplace.

As a result, newly-arriving immigrants, especially those who are in financially vulnerable positions, are left with few options to access health services unless they pay costly out-of-pocket fees. Newly arriving immigrants, especially immigrant women, experience much higher rates of uninsurance than U.S.-born whites. Based on NAPAWF’s analysis of data collected in the Medical Expenditures Panel Survey (MEPS), close to **17 percent of Asian, Native Hawaiian, and Pacific Islander women who had immigrated to the U.S. less than five years ago reported being uninsured as of December 31, 2019.**⁴ This uninsurance rate is almost 10 percentage points higher than the uninsurance rate for U.S.-born whites in the same time period, and it is estimated that the COVID-19 pandemic significantly increased uninsurance rates among noncitizens in the year 2020 due to an increase in unemployment rates.^{3,5} Medicaid coverage could significantly reduce the aforementioned uninsurance rates among newly arriving immigrant

women, but the current five-year waiting period prevents that from happening for many.

Under the CHIP Reauthorization Act of 2009, states were given the option to remove the five-year waiting period for lawfully residing pregnant women and children. However, this policy excludes immigrant women who are not pregnant, including those of reproductive age, as well as all other federally authorized immigrants. Additionally, 21 states have chosen not to exercise this option.

As a result of these policy barriers, AAPI immigrants who are not U.S. citizens are significantly more likely to lack any form of health insurance as compared to U.S. citizens, and researchers have noted that this lack of insurance is a critical reason for disparities in health care access and utilization between immigrants and U.S.-born individuals.^{6,7} On the other hand, health insurance coverage through Medicaid increases the utilization of preventive services, improves health outcomes, and helps reduce financial strain.⁸ Studies have found that expanding Medicaid eligibility significantly improves mental health outcomes for parents who are low-income, improves the utilization of medical services among children, and leads to increased early diagnosis of chronic conditions such as diabetes, which has higher prevalence in the AAPI population as compared to the white population and is one of the leading causes of death among AAPIs.^{9,10,11,12,13} Therefore, a more comprehensive, inclusive, and uniform law needs to be enacted at the federal level in order to improve health care access and outcomes for AAPI immigrants and their families, reduce rates of uninsurance in the U.S., and pave the way for a more equitable society.

HEAL for Immigrant Families Act of 2021

The HEAL for Immigrant Families Act of 2021 removes unnecessary and unethical barriers to accessing health insurance coverage for all immigrants and their families and allows otherwise eligible individuals to enroll in Medicaid, CHIP, or purchase subsidized insurance plans off the ACA exchanges. The key provisions of this bill include:

- **Restores enrollment to full-benefit Medicaid and the CHIP to all federally authorized immigrants who are otherwise eligible.** The bill removes the discriminatory legal barriers to health coverage for immigrants imposed by PRWORA. Specifically, the bill eliminates that 1996 law's restrictive five-year waiting period and outdated list of "qualified" immigrants for Medicaid and CHIP eligibility. Through these changes, the bill ensures all individuals granted federally authorized presence, including DACA recipients, are eligible for federally funded health care programs.
- **Removes the unjustifiable exclusion of undocumented immigrants from accessing health insurance coverage on the ACA's Health Insurance Exchanges.** The bill would allow all individuals' immediate eligibility to purchase qualified health insurance coverage, obtain premium tax credits and cost-sharing reductions, and enroll in the Basic Health Program, in accordance with existing income eligibility requirements. This access would be available for everyone, regardless of their documentation or status.
- **Ensures access to public and affordable health coverage for DACA recipients,** and ensures that those who will gain new forms of administrative relief via a deferred action program will not be similarly excluded from the health care programs their tax dollars support.

age, reducing disparities in health care utilization and outcomes, and building a healthier and more equitable U.S. society.

For more information and to find out about ways to support this legislation, please visit www.napawf.org/heal or contact Jennifer Wang, National Asian Pacific American Women's Forum, at jwang@napawf.org.

An overwhelming majority of Americans believe that the right to access care should not depend on an individual's income, race, gender, or country of origin.¹⁴ The HEAL for Immigrant Families Act of 2021 is a significant step towards universal cover-

Endnotes

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- 4 Based on NAPAWF’s analysis of the 2019 MEPS Full-Year Population Characteristics file. <https://www.meps.ahrq.gov/mepsweb/> (accessed April 2021).
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- 6 Carrasquillo et al, “Health insurance coverage of immigrants living in the United States: differences by citizenship status and country of origin” (2000). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446276/>
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