

December 3, 2019

SUBMITTED VIA MEDICAID.GEORGIA.GOV/PATIENTSFIRST

Georgia Department of Community Health (DCH)
2 Peachtree Street, NW
Atlanta, GA 30303

Re: Reconsideration of 1115 & 1332 Medicaid Waivers

To Whom It May Concern:

I write to you on behalf of the National Asian Pacific American Women's Forum (NAPAWF) in response to the proposed 1115 and 1332 Medicaid waivers. Access to healthcare is vital for the health and wellbeing of Asian Americans and Pacific Islanders (AAPIs) and other people of color. The proposed waivers, in lieu of full Medicaid expansion, would make even greater the struggle to access care. We strongly urge the Georgia Department of Community Health (DCH) to fully expand Medicaid instead.

NAPAWF is a national, multi-issue organization whose mission is to build a movement to advance the social justice and human rights of Asian American and Pacific Islander (AAPI) women and girls living in the U.S. To that end, we use policy advocacy and community organizing to advance reproductive health and rights, immigrant rights, and economic justice. As a national organization, we work in several different cities with full-time community organizers including, in Chicago, Atlanta, and New York. In addition, our membership comprises of local chapters based in eleven cities across the U.S.

At NAPAWF, we advocate through a reproductive justice lens. Reproductive justice is a framework rooted in the human right to control our bodies, our sexuality, our gender, and our reproduction. Reproductive justice will be achieved when all people, of all immigration statuses, have the economic, social, and political power and resources to define and make decisions about our bodies, health, sexuality, families, and communities in all areas of our lives with dignity and self-determination.

Access to health care is a critical issue in the fight for equality and reproductive justice for AAPI women. Nationally, almost 17 percent of Asian Americans and 34 percent of Native Hawaiians and Pacific Islanders rely on Medicaid for health coverage.¹ In Georgia, 17 percent of Asian Americans lack health insurance,² and data from 2017 shows that 9 percent of the nonelderly

¹ Asian & Pacific Islander American Health Forum, *Medicaid Work Requirements Will Harm Communities of Color*, January 2018, <https://www.apiahf.org/press-release/medicaid-work-requirements-will-harm-communities-of-color/>.

² Asian & Pacific Islander American Vote, *2018 State Factsheet Georgia*, 2018, <https://www.apiaivote.org/sites/default/files/GA-2018.pdf>.

AAPI population was covered by Medicaid.³ Further, 13 percent of Asian Americans and 27 percent of Native Hawaiians and Pacific Islanders live in poverty.⁴

The waivers would not adequately cover the AAPI population in Georgia. The current waivers would expend \$215 million to cover only 80,000 Georgians, while fully expanding Medicaid would expend \$213 million to cover 490,000 Georgians.⁵ We thus urge the Georgia Department of Community Health to not adopt the proposed waivers and rather fully expand Medicaid.

1115 Waiver

Like the other proposed waiver, the 1115 waiver falls short of providing access to care for Georgians, particularly AAPI Georgians. Five years after implementation, this proposal would only extend coverage to only 52,509 of the nearly 408,000 Georgians that are currently living under the poverty line and do not qualify for Medicaid.⁶ Additionally, this proposal imposes a work requirement on Medicaid recipients.⁷ Recipients must demonstrate that they are working in a qualifying activity for at least 80 hours a month.⁸ These activities include employment, on-the-job training, job readiness, community service, vocational educational training, and full-time enrollment in higher education.⁹ In order to qualify, enrollees must submit documentation like paystubs or transcripts to report their hours.¹⁰ These types of requirements make it especially difficult for women working in low-wage occupations which are usually ones with inconsistent work hours and/or are in the informal economy and do not provide proof of employment.¹¹ AAPI women are overrepresented in low-wage workforces making up 4.4 percent, despite only making up to 2.9 percent of the overall workforce.¹²

Additionally, Medicaid coverage will be suspended the first month that the reporting requirements are not met, and coverage will be wholly revoked if this requirement is not fulfilled for three months.¹³ Work requirements are based on historical stereotypes that stigmatize people of color and are a threat to AAPI women's reproductive health and economic security.¹⁴

³ Kaiser Family Foundation, *Medicaid Coverage Rate for the Nonelderly by Race/Ethnicity*, 2017, <https://www.kff.org/medicaid/state-indicator/rate-by-raceethnicity-3/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

⁴ *Id.*

⁵ Laura Harker, *State Health Care Proposals Fall Short and Undermine Comprehensive Health Plans*, November 2019, <https://gbpi.org/2019/georgia-health-care-proposals-fall-short-undermine-comprehensive-health-plans/>.

⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

¹⁰ Harker, *supra*.

¹¹ National Health Law Program, *Fact Sheet: Medicaid Demonstration Waivers & Reproductive Justice*, 2018, <https://healthlaw.org/resource/fact-sheet-medicaid-demonstration-waivers-reproductive-justice/>.

¹² Yeung, Miriam, *Overcoming the Model Minority Myth: AAPI Women Are Not Paid Equally*, American Association of University Women (2016).

¹³ Harker, *supra*.

¹⁴ National Health Law Program, *supra*.

Additionally, enrollees making between 50 and 100 percent of the federal poverty line will need to pay monthly premiums that range from \$7 to \$11 a month, as well as copayment up to \$30 for certain types of care.¹⁵ Enrollees who miss premium payments for two months have their coverage suspended, and those who miss their payments for three months have their coverage revoked.¹⁶

These changes have the potential to greatly harm AAPI communities. Medicaid work requirements disproportionately harm communities of color, who are more likely to face long-term unemployment and thus will struggle to meet these standards.¹⁷ Asian Americans, Native Hawaiians, and Pacific Islanders have the second-highest rate of long-term unemployment. Certain ethnicities also face particularly high rates, such as Vietnamese people (41.5 percent) and Filipino people (34.2 percent).¹⁸ Additionally, the burdensome documentation requirements to demonstrate participation in qualifying activities will be harder to meet for individuals with limited English proficiency, those working in informal jobs, and those who work as caretakers, disproportionately impacting AAPI communities.

1332 Waiver, Phase Two: Georgia Access

The Georgia Access phase of the proposed 1332 waiver would also negatively impact AAPI communities in Georgia. This waiver would increase costs for some consumers, particularly low- and middle-income families who qualify for financial help to purchase insurance.¹⁹ Additionally, it would eliminate the requirement that insurers cover mental health services in the same ways that they cover physical health services, as well as allow insurance companies to more easily offer second-rate plans that do not cover all health services.²⁰ Lastly, the proposed 1332 waiver allows outreach and enrollment to be conducted by web brokers and insurance companies, as opposed to the neutral federal exchange (healthcare.gov).²¹

These changes are particularly concerning for AAPI Georgians. In particular, removing coverage for mental health services has the potential to make this type of care even more inaccessible. For AAPIs, accessing mental health can be an even greater challenge than it is for others due to issues of language access and a lack of cultural competency among services providers, as well as stigma such as the model minority myth, or the assumption that all AAPIs experience educational success and economic stability.

Further, private entities such as insurance companies and web brokers managing outreach and enrollment in lieu of the federal exchange can create barriers to enrollment for AAPI communities, particularly immigrant communities, who may need assistance with language

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Asian & Pacific Islander American Health Forum, *supra*.

¹⁸ Asian & Pacific Islander American Health Forum, *supra*.

¹⁹ Harker, *supra*.

²⁰ *Id.*

²¹ *Id.*

access and with understanding how the healthcare system works in the United States. Instead of housing this information in one centralized, neutral location, the proposed waiver would leave outreach and enrollment to private entities, which will be more focused on selling their plans, as opposed to helping AAPI community members understand and access clear information. This is of particular concern for AAPI communities, as 42 percent of Asian adults and 25 percent of Asian youth have limited English proficiency.²²

Conclusion

The proposed waivers pose significant burdens on the AAPI community in Georgia. Instead of making Medicaid coverage more accessible, these plans instead impose greater challenges. For AAPI communities in particular, work requirements and language access issues can completely detract from their enrollment under both proposed waivers. A lack of coverage for mental health under the proposed 1332 waiver will also greatly impact AAPI communities, who already face barriers to mental health care access. Ultimately, these proposed waivers will harm AAPI communities and create greater obstacles in lieu of greater coverage under full Medicaid expansion. We urge the Georgia Department of Community Health to rescind these proposed waivers and instead fully expand Medicaid.

For more information, please contact:

Kimya Forouzan, MPH, Esq.*

**Licensed to practice in Pennsylvania*

Legal Fellow

National Asian Pacific American Women's Forum

kforouzan@napawf.org

²² Asian Americans Advancing Justice, *Why our Work Matters*, <https://advancingjustice-atlanta.org/page/7>.