2024 Policy Platform

Health

Everyone should have access to resources and benefits that enable them to live healthy lives. Yet, many AAs and NHPIs face persistent health disparities and are unable to access quality healthcare services. Healthcare providers, and systems as a whole, lack a comprehensive understanding of our communities' unique health needs. Many groups, such as Samoans, Koreans, and Vietnamese, continue to have disproportionately high uninsured rates as well.

Although many AAs and NHPIs experience serious mental health problems, our communities have the lowest utilization rates for mental healthcare among all populations. Moreover, many AAPIs are limited-English proficient and low-income, adding to existing barriers to accessing healthcare and behavioral health services. The following recommendations represent just a few policy solutions that can be put in place to help AAs and NHPIs live healthy lives.

Build on the Successes of the ACA, Medicaid, and Toward Universal Coverage

- Build on the successes of the Affordable Care Act (ACA), Medicare, and Medicaid toward ensuring universal healthcare coverage.
- Oppose any efforts to impose work requirements as a condition of eligibility for federal health and public benefit programs.
- Increase funding for the Navigator program to support community-based organizations that serve as trusted sources of information and assistance for communities.

- Improve affordability and access under the ACA by: (1) acting to fully cover preventative services; (2) championing legislation to lower the cost of healthcare premiums by making enhanced premium tax credits permanent; (3) investing in culturally appropriate and in-language consumer outreach and assistance; and (4) limiting the sale of short-term plans that do not provide comprehensive coverage.
- Urge states to utilize all of the flexibilities the federal government has presented to encourage and protect vulnerable communities to enroll in ACA or Medicaid coverage.

Ensure That Immigration Status Is Not a Barrier to Health

- Remove restrictive immigration requirements for the ACA, Medicare, and Medicaid eligibility, and expand the number and types of immigrants eligible for health insurance assistance.
- Remove barriers for Lawfully Permanent Residents (LPR) to Medicaid, CHIP eligibility, and other benefits programs required by the Personal Responsibility and Work Opportunity Act of 1996, including the 5-year bar that prevents lawfully present immigrants from enrolling in federal health programs for the first five years they are in the country.
- Invest in relevant language and culturally appropriate community outreach to address our community members' immigration-related fears, as well as to facilitate enrollment in and understanding of health programs – especially related to public charge. Implementing targeted language and culturally relevant programs can better educate individuals and families on the applicability of public charge and how it affects them.

NHPI Spotlight: Improve Native Hawaiian and Pacific Islander Health

- Improve Native Hawaiian healthcare access by making permanent the 100% Federal Medical Assistance Percentage for Native Hawaiians; linking the Native Hawaiian healthcare systems with other programs, such as the Veterans Community Care Program; specifying Native Hawaiian Organizations as eligible entities in competitive grant opportunities; and increasing culturally-centered programs and initiatives that increase access to healing practices.
- Establish formal engagement in statute for Native Hawaiian health so communities are consulted as meaningful stakeholders throughout the legislative and implementation processes.

- Remove inequitable Medicaid funding caps for the U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands); ensure states meet their legal requirement to enroll eligible individuals from the Freely Associated States into Medicaid by providing additional funding and training, and enforcement.
- Build on the success of what was signed into law as part of H.R. 4366, the Consolidated Appropriations Act of 2024. Implementation is key moving forward for COFA specific policies, including the Compact Impact Fairness Act of 2023 (CIFA), Compacts of Free Association (COFA) renewal, and the COFA Veterans Act.

Prioritize Data Equity, Language Access, and a Multilingual Workforce in Health Programs

- Ensure the timely implementation of SPD 15 improves detailed data collection, analysis and reporting of all public health insurance program data, including regularly published data disaggregated by race and ethnicity.
- Ensure detailed race and ethnicity data collection considers community perspectives and that the publishing of data includes hard to reach populations, such communities in the U.S. territories and Native Hawaiians.
- Oppose efforts to cut funding and support for culturally and linguistically appropriate health and mental health programs, such as the Centers for Disease Control and Prevention Racial and Ethnic Community Approaches to Health (CDC REACH) program.
- Support initiatives to enhance culturally and linguistically appropriate care and incentivize a diverse healthcare workforce by incentivizing the hiring and training of multilingual clinical and non-clinical staff. We encourage direct reimbursement of language access programs and expenses for interpretation and translation. Additionally additional investments are needed for programs that provide early career mentoring and support, tuition assistance and student loan forgiveness programs, and incentives to obtain language fluency.
- Support the work of community health workers and the adoption of community-developed evidence to better accommodate cultural responsiveness in all health services and service programs.

- Improve the data collection efforts for SAMHSA's National Survey on Drug Use and Health. Surveys are currently only collected in English and Spanish, which means that many LEP community members are excluded from these data. Additionally, data collection methodology should include collaboration with AA and NHPI CBOs so that data collection efforts are more accurately representative of AA and NHPIs.
  - Year after year, data covering NHPIs are largely marked with an asterisk and excluded from data tables. Lastly, NHPIs continue to be listed as "Native Hawaiian and Other Pacific Islanders (NHOPIs)," which is an offensive and inappropriate term, and should instead use "Native Hawaiian and/or Pacific Islanders."
- Support investments in a public health approach to domestic violence and sexual assault in communities of color, such as those in HHS' Office of Family Violence Prevention services.

Address Chronic Diseases That Disproportionately Affect AAs and NHPIs in the United States

- Increase federal funding aimed at addressing hepatitis B, including increased appropriations of at least $134 million in funding for the CDC's Division of Viral Hepatitis.
- Conduct outreach to support awareness and adherence to ACIP's recommendations for universal adult screening and vaccination.
- Increase federal funding aimed at addressing tuberculosis, including increased appropriations of at least $135 million for the CDC's Division of Tuberculosis Elimination.
- Increase federal funding aimed at addressing diabetes, including increased appropriations of at least $40 million to the CDC's National Diabetes Prevention Program and at least $2.3 billion for the NIH's National Institutes of Diabetes and Digestive and Kidney Diseases.
- Support efforts to address obesity by 1) increasing availability and coverage of nutritious foods in federal health programs, 2) requiring Medicare Part D to cover FDA-approved anti-obesity medications and intensive intensive behavioral therapy, and 3) creating a National Institute of Obesity in the National Institutes of Health.
- Support federally qualified health centers and expand access to preventive services, including vaccination, testing, treatment, linkage to care, and support for hepatitis B, tuberculosis, diabetes, obesity, HIV/AIDS, and cancer.
- Support Federal Drug Administration enforcement of its recommendation to restrict access to flavored tobacco products, which have been shown to disproportionately harm communities of color and are particularly attractive to youth.

Promote Health Access and Reproductive Rights

- Reduce racial and ethnic disparities in access to Sexual and Reproductive Health (SRH) services by implementing EO 13166 (focused on language access) and 1557 (focusing on non-discrimination) of the Affordable Care Act consistently across all medical disciplines, to include SRH education and services: contraception access, access to medical abortion, and ob-gyn services and providers.
- Support federal legislation that protects a person's right to access abortion and reproductive care.
- Continue to build upon and implement the Executive Order of Protecting Access to Reproductive healthcare Services.
- Advocate for an intersectional approach in reproductive freedom efforts, ensuring accessibility, language access and cultural competency; support legislation that provides and protects access to reproductive healthcare and oppose federal and state bans that deny abortion coverage in public and private health insurance; protect comprehensive access to medication abortion and other forms of contraception; and support gender affirming care.

Reproductive Justice

- Federal policies should consider state and local models focused on reproductive rights, especially those developed in close collaboration with community stakeholders and that have been included in State constitutions.
- Congress and federal policymakers should pass a federal bill to legalize abortion and ensure health access for immigrant women and girls by removing unnecessary and arbitrary bars to Medicaid and Medicare.
- Congress and federal policymakers should repeal the ban on the use of federal funds for abortion care.

Prioritize Efforts to End Gender-Based Violence

- Build upon the Violence Against Women Act Reauthorization Act of 2022 and pass the Family Violence Prevention Services Act (FVPSA) reauthorization, which strengthen community based victim services.
- Fund culturally and linguistically appropriate outreach, awareness, prevention, flexible financial assistance, and services to address gender-based violence.

- Restore asylum protections for victims of domestic violence, sexual assault, and other forms of gender-based violence by reversing administrative actions that limited the ability of these victims to apply for asylum in the U.S.
- Ensure that victims of domestic violence, sexual assault, and other crimes are safe from deportation while their visa applications are pending, e.g. support H.R. 5145, the Working for Immigrant Safety and Empowerment (WISE) Act.
- Administer sufficient resources and guidance for USCIS to timely process visas for victims of domestic violence, sexual assault, human trafficking, and other crimes and VAWA self-petition applications in a prompt and timely manner; provide access to employment authorization within six months of application.
- Invest in research on the prevalence of – and effective prevention and responses to – domestic violence, sexual assault and human trafficking in disaggregated AA and NHPI communities.

Improve Mental Healthcare Access, Substance Misuse Prevention and Intervention, and Quality of Care

- Require the Substance Abuse and Mental Health Services Administration (SAMHSA) to invest in, and develop partnerships with, local AA and NHPI advocacy, faith-based, cultural, and behavioral health organizations. This will build these organizations' capacity to engage in local, regional, and national work to improve mental health services and access for AA and NHPI communities. These efforts might look like, but are not limited to, increasing awareness of symptoms of mental illness common among AA and NHPI populations; offering linguistically and culturally appropriate interventions; and encouraging providers and communities to use a comprehensive public health approach when addressing mental and behavioral health.
- Pass H.R. 3680, the Stop Mental Health Stigma in Our Communities Act, to address mental health stigma and disparities within AA and NHPI communities; provide funding for culturally and linguistically appropriate outreach and education; and require research to disaggregate data so we can better understand and confront the unique problems all the diverse subgroups within our community face.
- Build on the successes of the Mental Health Parity and Addiction Equity Act by calling for parity between physical health and mental healthcare services, with a specific focus on telehealth for mental health services. Additionally, ensure culturally and linguistically appropriate mental health services and support groups defined by, and for, AA and NHPI communities to address mental health conditions – including PTSD, depression, substance use disorder, and gambling.

- Expand and enhance 988 Suicide & Crisis Lifeline Services, with specific funding allocated towards improving 988 services, language access, education, and outreach in AA and NHPI communities.
- Build and strengthen the behavioral health workforce to better serve AA and NHPI communities. Strengthen and reauthorize H.R. 7857/S.4917, the Minority Fellowship Program Reauthorization Act and H.R. 7212/S.2733, the Providing Empathetic and Effective Recovery (PEER) Support Act, to fund the recruitment, training, and support of AA and NHPI paraprofessionals, master's and doctorate-level students in the behavioral health workforce.
- Invest in robust, nationwide community education and outreach to AA and NHPI communities on effective harm reduction techniques. This will reduce substance misuse and deaths related to accidental drug overdose, and address stigma around mental health and substance misuse.
- Expand access to naloxone, which helps reverse opioid and fentanyl overdoses.
- Establish additional AA and NHPI Centers of Excellence (CoE) through SAMHSA. Our communities are incredibly diverse in culture, language, and immigration status, and tasking only one CoE to address all AA and NHPI mental health needs will not urgently meet the needs of our communities, especially when national data collected do not accurately represent what we know more intimately about our community members and their mental health.