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COMMITTEE ON WAYS AND MEANS
HEARING ON "ADDRESSING DISPARITIES IN HEALTH AND HEALTHCARE: ISSUES FOR REFORM"
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Thank you Chairman Stark and Ranking Member Camp for the opportunity to testify this morning on behalf of the Congressional Asian Pacific American Caucus on the health concerns and needs of the greater Asian and Pacific Islander American community.

Asian and Pacific Islander Americans (APIA) are one of the fastest growing populations in our country today. Over the last 18 years, the APIA community has more than doubled from seven million to over 15 million individuals and this is a community represented in every Congressional District across the country. Almost 81 percent of the 170,000 residents in my home district of Guam are Asian or Pacific Islander American, and as many as 12.8 percent of the 36 million residents of the State of California today are Asian or Pacific Islander American.

Nearly every American faces challenges today to accessing quality and affordable healthcare, but these challenges are unequally faced across the broader spectrum of our economically and ethnically diverse country. Asian and Pacific Islander Americans, like Latino Americans and African Americans, struggle with overcoming the additional obstacle of healthcare disparities.

Unlike other minority communities, however, the rapid growth and wide diversity in language and culture within the greater Asian and Pacific Islander American community presents its own unique healthcare challenges. "Asian" and "Pacific Islander" Americans encompass 49 ethnicities and over 100 individual and distinct languages and cultures.

As my distinguished colleagues before me have mentioned, the common needs of our communities led to the introduction of H.R. 3014, the Health Equity and Accountability Act. H.R. 3014 is the product of collaboration between the Congressional Black Caucus, the Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus, in comprehensively addressing from a public policy perspective the pressing issues resulting in and contributing today to identified healthcare disparities faced by communities of color in our country. This bill, which has now been introduced in three consecutive Congresses, demands our attention and this subcommittee's consideration. Its provisions have been scrutinized by the medical, health professional and academic communities and are based on Tri-Caucus facilitation with the advocacy community. I want to recognize the extraordinary leadership and work of our two dedicated colleagues who I have the privilege to join on this panel this morning: Congresswoman Donna Christensen, herself a physician and leading authority on healthcare in this Congress, and Congresswoman Hilda Solis. We have them to thank for the progress we as a Congress have made to date in developing and pursuing public policy to reduce and eliminate healthcare disparities. But we can achieve more, and that is what brings us back to H.R. 3014 and why we are here today. My colleagues have touched on different areas of the bill; however, I want to highlight the data collection title of the bill and also comment about broader access challenges.

Today, the federal government lacks complete, adequate, and up-to-date medical data for minorities, but because of its diversity the data gap for the APIA community is more glaring and consequential. Right now, if you search for diabetes information on the Centers for Disease Control and Prevention website, you will only find data categorized for "Black, White, and Hispanic or Non-White." The fact sheet prepared by the CDC states that, *"African Americans, Hispanic/Latino Americans, American Indians, and some Asian Americans and Native Hawaiians or Other Pacific Islanders are at particularly high risk for type 2 diabetes and its complications,"* but that *"The total prevalence of diabetes (both diagnosed and undiagnosed diabetes) is not available for Asian Americans or Pacific Islanders."*

Although this one example is drawn from an agency that is not under the direct jurisdiction of the Committee of Ways and Means, it nevertheless aptly illustrates the information gap for minorities, particularly for the APIA community. We as a Congress simply cannot address or rightly aim to correct the health challenges facing our citizens if we do not even know what they are or have some authoritative, sound measure of the extent of impact and contributing cause.

Equally disconcerting is the fact that is has now been over a decade since the Office of Management and Budget (OMB) established new standards for the collection of federal data on race and ethnicity, yet their full adoption and implementation by certain federal agencies remains outstanding. The Social Security Administration (SSA), for example, has made no revision to its Social Security Card application to take into account the news standards. The OMB race and ethnicity-developed categories are by no means burdensome to implement – they simply establish the minimum categories of race as American Indian/Alaska Native; Asian; Black or African-American; Hispanic/Latino; Native Hawaiian/Pacific Islander, and White. Without the use of these standards, inconsistency is in place across our government and we as policy-makers struggle to receive needed data and the work to make desired comparisons, measure correlation, and analyze data is compounded and made unreachable.

CAPAC believes that further disaggregation beyond the OMB standards established ten years ago is warranted today to accurately reflect the diversity of the APIA community. However, we know this step cannot logically be taken or fully pursued into the spirit of the 1997 changes are adhered to by our federal government. Therefore, compliance with the 1997 standards and additional collection of data on primary language is a priority— both of which are required by H.R. 3014 and Subtitle D of the CHAMP Act. Such compliance and additional data collection is imperative for tracking and eventually eliminating health disparities in the APIA community. The improper or insufficient collection of data by the Social Security Administration leaves a lasting impact on our ability to monitor the quality of care and eliminates our ability to rely on what would otherwise be invaluable indicators for effective administration of the Medicare and Medicaid programs.

Apart from standards, compliance and consistency in application, are other data collection priorities. Both H.R. 3014 and the CHAMP Act, for example, strengthen data collection and analysis by requiring that the data be collected from the parent or legal guardian of minors and reported to the Centers for Medicare and Medicaid Services and other relevant agencies for proper analysis. We urge the Subcommittee to hold the Social Security Administration accountable and to work with CMS and the agencies to ensure more robust data collection.

My last point is to underscore Congresswoman Solis' statements relative to cultural and linguistic competency in healthcare. This issue is vital for the APIA community. Roughly a third of Asian and Pacific Islander Americans live in linguistic isolation; 70% of Cambodians, 68% of Laotians, 61% of Vietnamese, 52% of Koreans, 51% of Chinese, 39% of Tongans, and 22% of Samoans are classified as Limited English Proficient (LEP) and interaction with healthcare providers and social service agencies is hampered because of these language barriers. These barriers have severe effects on healthcare access, such as patients' ability to understand diagnoses, ability to understand prescription directions, and likelihood to return for follow-up and preventive care in the future. People have and will continue to die as a result of misinformation or mistranslation.

It is for these reasons, and for all of the others that our colleagues beside me today have testified to and the ones for which we do not have the luxury of time to adequately detail, that we urge your attention to and focus on H.R. 3014. Health disparities for Asian and Pacific Islander Americans are very real; and people are suffering everyday from these disparities. As we move toward a model of universal coverage or universal care it is important that we address these disparities now. Thank you for the opportunity to testify on this important issue. We look forward to working with you and other members of the Committee on Ways and Means.