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Ethnic Health Organizations Celebrate Anniversary of Affordable Care Act

*After One Year, New Health Law Helps Increase Coverage,
Protect Consumers, and Diversify Workforce*

OAKLAND – One year ago, President Barack Obama signed the landmark Patient Protection and Affordable Care Act (ACA) into law. Six months after the law went into effect many of California’s eight million uninsured have benefited from provisions that expanded coverage, enhanced oversight of insurance companies to protect consumers, and limited the cost of care. The ACA’s newest provisions, which went into effect in January, have increased funding for community health centers, provided incentives for practitioners to work in underserved areas, and required insurers to disclose the percentage of premium dollars spent on medical care. California’s communities of color applaud these changes to the health care system and recognize this significant anniversary.

Some provisions that took effect on January 1, 2011:

- Community health centers receive funding to build new and expand existing facilities.
- Primary care practitioners have access to scholarships and loan repayments if they work in underserved areas.
- Insurers now must provide annual reports on the share of premium dollars spent on medical care as opposed to profits or administration and provide consumer rebates where less than 80 to 85 percent of dollars are used for benefits.

Some provisions that took effect September 23, 2010:

- Young adults up to age 26 can remain on their parents’ health insurance plans.
- New health plans must provide free preventive care.
- Insurers must cover any child with a pre-existing condition.
- Insurers can no longer drop coverage when members get sick.
- Health plans cannot place lifetime limits on how much they will have to pay for care.

“The ACA has already had a positive impact on the lives of hundreds of thousands of people of color in California,” said Ellen Wu, Executive Director of the California Pan-Ethnic Health Network. “We are continuing to work with state officials to ensure that all aspects of the law are implemented with respect to health equity and the cultural needs of California’s diverse population.”

The new regulations will strengthen workforce development in underserved areas by providing incentives for health care providers to work in these communities. In parts of the Central Valley for example, it can take hours to reach the nearest doctor. “Increasing funding for scholarships and loan repayments to encourage practitioners to work in underserved areas will have a tremendous impact

on Latino health care in California,” said Carmela Castellano, Interim Executive Director of the Latino Coalition for a Healthy California. “Latinos represent 38 percent of California’s population, but only 5 percent of private physicians. The new provisions in the ACA will help more Latinos enter the health care workforce and increase access to care for our communities.”

Also under the ACA, insurance companies must pay rebates to customers if they do not spend 80 to 85 percent of premium dollars on services. “Insurance rates keep going up and up without any accountability for where all that money is going,” said Darcel Harris, Executive Director of the California Black Health Network. A 2003 study found that about half (52%) of African Americans had medical debt problems, compared to a third (34% and 28%) of Latinos and Whites. “This kind of transparency has been sorely needed in the insurance industry and will ensure that providers are both protecting and efficiently meeting the needs of consumers. By requiring insurance companies to report on how their funds are distributed, the ACA will help protect consumers’ investment in their health.”

The ACA also provides funding to states to establish health insurance exchanges by 2014, enabling consumers to shop for affordable health insurance. California is one of the first states to begin implementation of its Health Benefit Exchange.

“When California leads, the nation often follows. We must continue to exercise this leadership in making sure that as our Health Benefit Exchange is implemented, we focus on increasing access through language services and culturally competent outreach,” said Kathy Lim Ko, President and CEO of the Asian & Pacific Islander American Health Forum. “With more than 40 percent of the state’s population speaking a language other than English at home, this is how we ensure that everyone truly has access to the Exchange.”

“The ACA has made significant improvements in its first year of existence,” said James Allen Crouch, Executive Director of the California Rural Indian Health Board, Inc. “Now that the federal government has provided the catalyst, it’s important that California continues to spearhead these provisions and serve the needs of its diverse population.”

The [Asian & Pacific Islander American Health Forum \(APIAHF\)](#) influences policy, mobilizes communities, and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians, and Pacific Islanders.

The [California Black Health Network \(CBHN\)](#) works to improve the health status of people of African descent in California.

The [California Pan-Ethnic Health Network \(CPEHN\)](#) works to eliminate health disparities by advocating for public policies and sufficient resources to address the health needs of communities of color.

The [California Rural Indian Health Board \(CRIHB\), Inc.](#) is devoted to the needs and interests of the Indians of Rural California.

The [Latino Coalition for a Healthy California \(LCHC\)](#) is committed to initiating and advancing policies that will increase access to health services and build healthy Latino communities in California.

For more information:

[Fact sheets in multiple languages](#) that examine how national reform efforts will impact California's diverse communities can be found at www.cpehn.org.

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