



## **“Affordable Health Care for America Act”**

The National Council of La Raza (NCLR), the largest national Hispanic civil rights and advocacy organization in the United States, reviewed the U.S. House of Representatives merged health care reform legislation, the “Affordable Health Care for America Act” (H.R. 3962). Upon evaluation, we believe that the legislation takes fundamental steps toward fixing health care for most Americans, making it more affordable and accessible. H.R. 3962 will improve the health care experiences of Latinos, who have the highest uninsurance rates in the country; however, the legislation needs improvements to enhance quality and coverage for Latinos. At the end of this debate, the legislation should be evaluated to determine whether or not it increases health care coverage for Latinos and improves the quality of care they receive. Below, NCLR highlights several provisions of the bill that meet these goals and others which, through their exclusion or poor design, stand in the way of achieving these goals. Several key provisions and recommendations are highlighted below.

*NCLR is encouraged by inclusion of the following provisions:*

**The vast majority of U.S. citizens and legal immigrants have access to affordability credits to make health insurance more affordable through an Exchange.** By incorporating a family-based application process for the Exchange and inserting some core protections in the verification process, the House will ensure that application and enrollment will be smooth and streamlined for the majority of Americans. NCLR and other stakeholders representing a variety of communities have warned Congress that excessive verification can cause undue harm to Americans. The provisions contained in H.R. 3962 strike the right balance by facilitating access to credits for eligible Americans rather than risking shutting them out. Furthermore, the House has ensured that households are treated equitably when determining the amount of affordability credit that a household receives. This ensures that no U.S. citizen or legal immigrant goes without the financial resources to purchase insurance because of who their family members are. Federal poverty level determinations are made equitably for American households.

**All individuals are allowed to purchase insurance in the Exchange on their own.** The administration’s position to exclude undocumented residents from purchasing private insurance with their own money in the new Exchange is harmful to the basic ideals of reform. The most damage is likely to be exacted on U.S. citizens and legal immigrants in these households, who will face roadblocks to health care due to the amount of bureaucracy that is required to carve undocumented immigrants out of full-priced health coverage. Denying access to the Exchange leaves these individuals uninsured and will force unnecessary delays in care. Health problems grow more urgent and their treatment more expensive. Individuals who are willing to purchase

health insurance in the Exchange on their own—without any taxpayer dollars—should be afforded that opportunity in health care reform legislation. NCLR applauds the House for resisting such a proposal and ensuring that reform fosters participation of individuals in the new Exchange, even when they are not eligible for federal support. It should be noted that the House of Representatives does not extend any generosity toward undocumented immigrants. They are excluded from all subsidies and federally-funded health insurance programs.

**Prevention is emphasized.** The House seeks to eliminate the nation’s current practice of “sick care” by beginning to shift the paradigm of health care to prevention and primary care. The new infrastructure would promote health through guaranteed coverage of preventive services, a robust set of resources for community health centers, and investment in the public health infrastructure to prevent the spread of disease. It ensures that illness and disease is detected at the earliest stages and that the healthy have the resources to stay that way. This approach is particularly important for Latinos who experience significant barriers to health care and information they need to maintain good health.

**Inequality in health care is confronted.** Poor quality and lack of access to health care have been deeply embedded in our health care system. These problems are exacerbated for communities of color, even when they have access to insurance. The House legislation goes far to improve health care delivery through a number of steps endorsed by the congressional Tri-Caucus. Access to health care will be enhanced through new resources to expand and diversify the workforce. A medical homes program will enable providers to find more holistic methods of addressing the various health needs of patients. Furthermore, the new system will require that culturally and linguistically appropriate care be integrated across aspects of the system. Finally, comprehensive data collection will ensure that care disparities continue to be identified within our health care system to inform our national leaders about gaps in our health care system.

**Civil rights are reaffirmed and protected.** The legislation prohibits discrimination based on personal characteristics, ensuring that people of different races, ethnicities, creeds, and colors have strengthened rights to fair treatment in health care settings. This is essential considering the ample evidence indicating that Latinos and other communities of colors face disparate treatment when accessing health care at all socioeconomic statuses. It is important that a new health care system will provide the undeniable right to health care without discrimination.

**Puerto Rico can expand health care for its citizens.** Puerto Rico and the U.S. territories are no longer left out of many of the new expansions of health care access in the legislation. Throughout the bill, Puerto Rico is included in numerous provisions designed to make health insurance more affordable and accessible. Most prominently, the House bill takes a critical step to improve health care for Puerto Rican residents by ensuring that the commonwealth has the option to participate in the Exchange. Puerto Rico will also receive an increase in its Federal Medical Assistance Percentage (FMAP), which is guaranteed for several years after the bill’s allotment, improving its ability to provide health care services to Medicaid-eligible Puerto Ricans.

*H.R. 3962 offers a promising road forward. However, NCLR remains concerned about the lack of action to fully integrate legal immigrants into the legislation and several weaknesses that could deeply impact Latinos' access to health care. We strongly urge Congress to move forward on H.R. 3962 but believe that we must make improvements to the bill that address the following:*

**Mandate the removal of the five-year bar.** To promote an equitable system for all, we must remove remaining restrictions for legal immigrants to access Medicaid, Medicare, and the Children's Health Insurance Program (CHIP), including the five-year bar that keeps lawfully present individuals from gaining access to affordable health coverage. Legal immigrants who have paid the same taxes as U.S. citizens should have access to programs that they have helped fund when they fall on hard times. Mandating coverage for legal immigrants would ensure that these individuals have the opportunity to fulfill their responsibility to obtain insurance and lead healthy lives.

**Improve affordability.** Through the House legislation, thousands more dollars are likely to stay in the pockets of individuals because of insurance premium caps that are stronger than those found in the Senate legislation. However, the House continues to include provisions that could cost many people as much as 10% of their income in insurance premiums, without regard to out-of-pocket costs. For the average individual, this is too expensive. We encourage the House to continue to revisit this proposal and identify ways to improve affordability. Ideally, for health care to remain affordable, total out-of-pocket costs for medical expenditures should not exceed 10% of income for middle-class Americans and 5% for low-income Americans.

**Remove roadblocks to insurance.** Paperwork and excessive verification can contribute to time delays and higher costs for people enrolling in insurance. There are numerous studies which show that while there is no evidence of abuse of our health care resources by ineligible immigrants, verification raises costs, provides barriers to health care, and has been proven to eliminate access to health coverage for many U.S. citizens. Health care reform should be as streamlined as possible to facilitate access to care. Protections should be incorporated that protect misuse of personal information when verification is implemented and ensure that all individuals are given the full opportunity to remain eligible throughout the application process. No one should be denied access to coverage because of a cumbersome and inefficacious verification process.