

Health Care Reform Becomes Law

March 2010

On Tuesday, March 23, 2010, President Obama signed into law the *Patient Protection and Affordable Care Act*. The new law alters America's health insurance system in many ways, most significantly expanding health insurance coverage to people without insurance and who had been barred from receiving insurance due to pre-existing conditions, while also increasing funding for community health centers, and requiring that health data reflect demographic information such as race and gender. While the package goes very far in terms of addressing the many problems with the health care system, there is still work that needs to be done to ensure that affordable and universal health care is a reality for all.

Below are answers to some frequently asked questions about the *Patient Protection and Affordable Care Act*.

How will this legislation affect South Asians?

Like all other Americans, South Asians stand to gain a range of benefits from the new health care reform package. 1 in 5 South Asians lack health insurance; approximately 40% of South Asians under the age of 65 report no regular source of care; and even among insured South Asians, 15% report no regular source of care. For South Asians who are uninsured or have obstacles in receiving care due to affordability or pre-existing conditions or other insurance-related barriers, this legislation will lead to significant changes as it becomes implemented.

What does the *Patient Protection and Affordable Care Act* do?

The new law will:

- Extend health-insurance coverage to an estimated 32 million Americans who are currently uninsured
- Expand Medicaid and the Children's Health Insurance Program coverage to more people
- Require most individuals to have health insurance
- Require employers with over 50 full-time employees to provide health care coverage to their employees, under penalty of fines
- Permit children to stay on their parents' health insurance plans through age 26

- Create 50 state-based health insurance 'Exchanges' for people to purchase health insurance that will have minimum benefit standards and caps on out-of-pocket costs
- Help seniors by closing the Medicare prescription drug gap (known as the doughnut hole)
- Revamp the federal student loan program by removing fees paid to banks that serve as intermediaries

If health insurance is required, how can low-income individuals pay for it?

The government will provide tax credits and subsidies based on income level, and employers may provide vouchers for employees to purchase plans on the Exchange.

What will health insurance companies have to do differently?

Insurance companies will not be able to place maximum lifetime coverage on individuals or deny coverage based on pre-existing conditions or cancel policies of individuals who get sick. Insurance companies will also be prohibited from gender rating (creating different costs based on gender) on policies.

How will the new law enhance care for communities?

The new law:

- Increases by \$11 billion funding for community health centers
- Increases the availability of culturally and linguistically appropriate health care
- Supports programs to diversify the health care workforce
- Requires health data collection to include details of race, ethnicity, gender, geographic location, language, socioeconomic status, and disability status

What are some problems or gaps in the new law?

While the law will bring a great many more people an increased array of benefits, there are still problems and gaps in it that warrant further attention. For example:

- Legal immigrants who entered the U.S. after 1996 are still required to wait five years before they become eligible for Medicaid



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- Individual states can ban reproductive choice services (including abortion) from their Exchanges, and require those that do participate to make two separate payments - one for the premium and one for abortion coverage
- Individuals do not have the option of choosing government-managed health care (more commonly known as the 'public option').
- Undocumented immigrants cannot benefit from the new law; over 200,000 undocumented South Asian Americans are undocumented in the U.S.

Want to learn more about health care and the South Asian community?

- Review SAALT's statement, "[Health Care Issues Affecting South Asians in the United States](#)" and the [Health Care](#) component of SAALT's National Action Agenda.
- Learn more about health care issues affecting immigrants by visiting the [APIA Health Forum](#), the [Asian American Justice Center](#), and the [National Immigration Law Center](#).

For additional information, contact SAALT at info@saalt.org.