

Health Care

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Maintaining and improving the health of individuals is key to a healthy society. Health is connected to every aspect of our lives, and affects our capacity to work, live, and play. The health of Americans is intrinsically tied to our health care system and is influenced by the way we have chosen to organize our social and economic resources. As the divide between the haves and the have-nots grows wider in our society, we all suffer. The United States currently spends \$2.5 trillion a year, 17.6% of our GDP, on healthcare, yet 45 million Americans are uninsured. Our nation cannot prosper without addressing health disparities and assuring that everyone has access to high quality, affordable health care.

Healthcare Reform

[Please visit my special website on Health care reform.](#)

Healthcare Disparities

Despite the dramatic achievements in health and health care over the past century, disparities in insurance coverage, access to health care, and quality of care continue to exist in many communities and are among the many factors producing inequalities in health status in the U.S. The persistence of health disparities impacts us all by escalating national health care spending and adversely affecting the health care system for everyone. The increasing diversity of our nation brings both opportunities and challenges for health care providers, health care systems, and policy makers to address these disparities. The health of every community is enhanced when we work to promote health care equity for everyone.

As Chair of the Congressional Asian Pacific American Caucus ([CAPAC](#)), I have been working closely with my colleagues in the Congressional Black Caucus (

[CBC](#)

), the Congressional Hispanic Caucus (

[CHC](#)

), and the Congressional Native American Caucus to address health disparities that affect many Americans of color.

On June 26, 2009, Representative Donna Christiansen introduced the Health Equity and

Accountability Act of 2009. Based on previous health disparities legislation and introduced with the strong support of the Congressional Asian Pacific American Caucus, the Congressional Black Caucus, the Congressional Hispanic Caucus, and other senior leaders in the House of Representatives, this bill will address the underlying causes of disparities in health status and health care in minority populations by expanding health coverage, removing language and cultural barriers, improving workforce diversity, supporting and expanding programs that will reduce health disparities, improving data collection, ensuring accountability, and strengthening health institutions that serve minority populations.

I am working with the other members of the TriCaucus to ensure that the healthcare reform bill that ultimately emerges from Congress incorporates many of our legislative solutions.

Medicaid

Medicaid provides primary, acute, and long-term care to more than 50 million Americans. Medicaid is more than just an insurer for low-income populations; it also provides coverage for essential public health services and financing of public hospitals and clinics, which improves the health status of program beneficiaries and the population as a whole. The health safety net - including the operation of health centers, public hospitals, community mental health providers, sexually transmitted infection clinics and school health centers - relies on Medicaid financing.

California's budgetary woes are adding further strain to the already overburdened California healthcare system. In an effort to save money, the Governor and legislators voted to cut Medi-Cal reimbursements by 10%, threatening the health of millions of children.

In 2007, a rule change went into effect for the Medicaid program which would require that all individuals applying for or using Medicaid benefits present evidence proving their citizenship status before they are given care. While I understand the need to insure the proper use of taxpayer dollars, this change has significantly and unnecessarily complicated access to healthcare for a number of vulnerable populations: homeless citizens and victims of disasters who have lost their identification information, elderly individuals born at home, and foster children who may not have access to their identification documents. Unfortunately, the rule change was finalized and California families now face additional barriers to care.

State Children's Health Insurance Program

The Balanced Budget Act of 1997 established the State Children's Health Insurance Program

(SCHIP). The program allows states to cover targeted low-income children without health insurance in families with income that is above 100% of the Federal poverty level – the Medicaid limitation. With so many families struggling with financial pressures, falling rates of employer sponsored health care, and spiraling premiums, SCHIP has become an important cornerstone in the fight to keep our children healthy.

The reauthorization of SCHIP has proven extremely contentious, polarizing, and difficult. Last year the House passed H.R. 3162, the Children's Health and Medicare Protection (CHAMP) Act of 2007. The CHAMP act was strongly supported by child health care advocacy organizations, physicians, and Medicare advocacy groups. The legislation would have expanded the SCHIP program to meet the increasing number of uninsured children and improved care for low-income seniors on Medicare. Unfortunately, the legislation was defeated in the Senate because of largely Republican objections to the increase in tobacco taxes that would have paid for the bill.

At the end of 2008, in an effort to preserve coverage for millions of children, Democratic Leadership passed the Medicare, Medicaid, and SCHIP Extension Act of 2007 which extended SCHIP provisions until 2009. Also, Congress has stepped in with short term funding for several states' SCHIP shortfalls. I and my Democratic colleagues look forward to next year as an opportunity to pass long-term, inclusive children's health care so we can move closer to our goal of ensuring that all children have access to care.

Prescription drug coverage

The cost of prescription drugs is skyrocketing. In 2004, the price of drugs commonly used by older Americans rose an average of 7.1 percent – more than twice the general rate of inflation of 2.7 percent. The high cost of prescription drugs is a serious health issue for seniors and those with chronic conditions who cannot afford to take the doses of prescription drugs that their doctors prescribe.

On January 1, 2006, Medicare began voluntary coverage of prescription drugs. The [Medicare Modernization Act of 2003](#) has made the biggest changes to Medicare in the program's four decade history. Unfortunately, this prescription drug benefit is costly for beneficiaries and threatens the future of Medicare. There is nothing in the measure that will slow down escalating prescription drug prices. And the drug benefit is meager, with high out-of-pocket costs and a huge gap in coverage; millions of seniors and people with disabilities will continue to find many prescription drugs simply unaffordable.

I have been receiving a steady increase in calls from seniors who are falling into the “doughnut hole” for the first time and experiencing the difficulties of paying full price for their medications. While some people have cobbled together temporary solutions to the unexpected hikes in drug prices, many look forward to next year and the years after with a deep sense of trepidation and uncertainty. The Democrats are working hard to change the inequities in this program and you can find more detailed information about our [Prescription for Change](#) .

For the first time in Medicare’s history, means testing will be imposed on beneficiaries along with an arbitrary cap on spending for Medicare. We will most likely exceed that cap because of the new drug benefit, and Congress will then be forced to cut spending by raising premiums or cutting benefits. Democrats are fighting for the Secretary of Health and Human Services to have the authority to negotiate for lower drug prices for seniors and people with disabilities.