

# SUBCOMMITTEE RECOMMENDATIONS

President's Advisory Commission on Asian Americans,  
Native Hawaiians, and Pacific Islanders Public Meeting

JULY 1, 2024





# **Belonging, Inclusion, Anti-Asian Hate, Anti-Discrimination**

**Co-Chairs:** Luisa Blue and Dr. Kamal Kalsi

**Members:** Teresita Batayola, Emily Chen, Daniel Dae Kim, Grace Huang, and Smita Shah

and **Non-Commission Member:** Madihha Ahussain

**DFO:** Judith Teruya

# Problem Statement #1:

On August 8, 2023, Maui's catastrophic wildfires killed at least 100 people and destroyed thousands of structures, most of them homes. Lahaina, Hawai'i, is a historically and culturally significant Native Hawaiian site and is home to a diverse population that includes a vibrant AA and NHPI community, as well as a significant number of Limited English Proficient residents. Maui and its residents, particularly in historic Lahaina, have struggled to recover amidst a severe housing crisis and inadequate support for non-English speaking populations.



# Recommendation #1:

The Commission recommends that executive branch agencies institutionalize and/or take the following new actions:

## 1. Housing Crisis Mitigation:

- FEMA should review and assess its actions to date in response to the Maui wildfires, particularly any impacts to housing costs and displacement of local residents. Actions under review should include adjustments to high rental payments for emergency housing, which displace long-term renters and drive up rental market values.
- FEMA should ensure that its memorandum<sup>i</sup> released on March 22, 2024, which amends the individual assistance program and policy guide, is fully implemented, including expanded aid for low-income renters and streamlined access to housing repair funds.

Endnote: Hagmaier, William C. “MEMORANDUM FOR: Regional Administrators.” *FEMA*, 22 March 2024, [https://www.fema.gov/sites/default/files/documents/fema\\_ifr-implementation\\_IAPPG-Amendment\\_Memo\\_03-22-2024.pdf](https://www.fema.gov/sites/default/files/documents/fema_ifr-implementation_IAPPG-Amendment_Memo_03-22-2024.pdf).



# Recommendation #1: Cont.

## 2. Homelessness and Unstable Housing:

- The U.S. Interagency Council on Homelessness should focus on Lahaina as a demonstration program, leveraging federal, state, and local resources to resolve homelessness exacerbated by the wildfires. This should align with the Biden-Harris Administration's *All In: The Federal Strategic Plan to Prevent and End Homelessness*, which aims to reduce homelessness by 25 percent by January 2025.

## 3. Language Access and Community Trust:

- Ensure federal agencies provide language access to AA and NHPI Limited English Proficient persons by translating documents, providing interpreters, and conducting outreach in multiple languages for disaster recovery assistance.
- Engage local influencers and community leaders to build trust and ensure effective communication with the AA and NHPI community.



# Recommendation #1: Cont.

## 4. Economic Recovery and Employment:

- As much as possible, FEMA should prioritize hiring from the community in Hawai‘i for reconstruction efforts and create job training programs to align with new job opportunities during reconstruction and recovery. These priorities should become part of FEMA’s ongoing disaster response and recovery procedures.
- Federal agencies should coordinate with local businesses and community organizations to support economic recovery and develop an economic recovery plan centered on the sustainability and long-term growth of the local community that is not limited to the tourism and entertainment sectors.



# Recommendation #1: Cont.

## 5. Long-Term Coordination and Leadership:

- The President should appoint a long-term Chief Federal Response Coordinator as part of the standard operating procedures in future disaster declarations.
- FEMA should create a local disaster relief committee of representatives from federal, state, and local governments; community stakeholders; and philanthropic organizations to streamline recovery and ensure a cohesive and efficient response.
- FEMA should institutionalize in its standard operating procedures the practice of establishing a long-term recovery office near the disaster site with cultural monitors. This will support culturally responsive decision-making and recovery.



# Recommendation #1: Cont.

## 6. Proactive Outreach and Support:

- FEMA should conduct proactive outreach to the community about available assistance and federal programs and the potential health and environmental safety risks from disasters. FEMA should also prioritize sharing new information about eligibility rules for COFA citizens.
- FEMA, in disseminating information and resources, should include diverse communication channels — like social media, community centers, and cultural events — and trusted community leaders.

## 7. Future Preparedness:

- FEMA should implement lessons learned from the Maui wildfires to improve disaster preparedness and response strategies, ensuring equity and accessibility for all affected communities, with a particular focus on underserved, undocumented, and marginalized communities.







## Discussion



# Language Access

**Co-Chairs:** Dr. Kimberly Chang and Victoria Huynh

**Members:** Simon Pang

**Ex-Officio Member:** Laureen Laglagaron

**DFO:** Erika Ninoyu

# Problem Statement #1:

Asian American, Native Hawaiian, and Pacific Islander individuals can face barriers accessing health care and insurance coverage, including language barriers. Often, health care services are not provided in languages for these communities, resulting in disparate health outcomes for AA and PI community members.



# Recommendation #1:

The U.S. Department of Health and Human Services (HHS) should engage in widespread outreach and education of healthcare providers, impacted AA and NHPI individuals, and other limited English-speaking communities about new language access obligations under recently issued Affordable Care Act section 1557 regulations. Such outreach and education should include in-language materials for impacted communities that inform limited English-speaking people about their expanded rights. Outreach and education efforts should also inform covered health entities about their obligations and support them in implementing these regulations.

HHS should prioritize development and dissemination of model policies in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care for various types of health entities, including State Medicaid agencies, emergency rooms and emergency care entities, in managed care programs, and behavioral health programs, among others. Access to accurate and accessible resources for the operationalization of their obligations would reduce hurdles to timely implementation.





## Discussion



# Data Disaggregation and Education

**Co-Chairs:** Dr. Raynald Samoa and Dr. Robert Underwood

**Members:** Emily Chen and KaYing Yang

**Non-Commission Members:** Dr. Joseph Keawe Kaholokula and  
Dr. Ninez Ponce

**DFO:** Erika Ninoyu

# Problem Statement #1:

AA and NHPIs face systemic inequities due to data obstacles such as data aggregation. Sexual and Gender Minority AA and NHPIs face layered oppression due to their intersectional identities that threaten the wellbeing, justice, inclusion and belonging in the U.S.



# Recommendation #1:

Appoint separate Queer and Trans Pacific Islanders (QTPI) and Asian American members to advisory boards such as the Sexual Orientation, Gender Identity, and Sex Characteristics (SOGISC) Subcommittee that advises the Federal Committee on Statistical Methodology (FCSM) currently under the Office of Information and Regulatory Affairs in the Office of Management and Budget (OMB) and that during the month of June, the Administration, in collaboration with WHIAANHPI, engage with AA and NHPI communities to celebrate LGBTQIA2S+ members of the AA and NHPI communities. We recommend that these communications specifically use the term "Queer and Trans Pacific Islanders" (QTPI) to refer to Pacific Islanders who identify with the LGBTQIA2S+ communities.





## Problem Statement #2:

AA and NHPIs face systemic inequities including access to mental health services. Sexual and Gender Minority AA and NHPIs face layered oppression due to their intersectional identities that threaten the wellbeing, justice, inclusion and belonging in the U.S.



## Recommendation #2:

To improve access for QTPI and AA LGBTQI+ individuals to federal mental health programs, we recommend agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA), hold listening sessions with QTPI and Asian American advocates to ~~increase access for~~ **optimize the engagement of** QTPI and Asian American LGBTQI+ individuals seeking mental health services.





## Discussion



# Health Equity

**Co-Chairs:** Teresita Batayola, Kerry Doi, and Mia Ives-Ruble

**Members:** Dr. Kimberly Chang, Dr. Kamal Kalsi, and Dr. Raynald Samoa

**Non-Commission Member:** Dr. Quyen Ngo-Metzger

**DFO:** Erika Ninoyu

# Problem Statement #1:

Federally qualified health centers (FQHCs) serve 30.5 million patients, half of whom are Medicare **Medicaid** recipients. Centers for Medicare & Medicaid Service (CMS) has not updated guidance related to FQHC reimbursement in the last decade, resulting in a lack of adequate funding and reimbursement to support underserved communities through FQHCs, including those serving AA and NHPI populations, with a significant proportion of patients who are limited English proficient. Federal, state, and local governments have relied heavily on FQHCs to reach and serve these communities during the COVID-19 pandemic (e.g., language and cultural outreach and access, addressing vaccine hesitancy, social determinants of health, prevention measures), but have not adequately accounted for how to continue these services in reimbursement structures going forward.



# Recommendation #1:

Centers for Medicare & Medicaid Service (CMS) should:

- Issue a State Health Officials (SHO) letter and a State Medicaid Directors Letter (SMDL) reinforcing states' obligation to evaluate the FQHC PPS (Prospective Payment System) under Medicaid every 3 years to exercise their enforcement and oversight over States to provide statutorily required reimbursement to FQHCs.
- Require language access and interpretation for all contracts with managed care organizations (MCOs) and state Medicaid departments, Medicare Advantage programs and providers, and require enhanced payment as a part of risk adjustment.
- Require Medicaid MCOs and Medicare Advantage plans to share patient claims data with providers, particularly primary care providers, so that they may be able to identify appropriate interventions to improve patient outcomes, support overall population health and to address health disparities in the patient populations that **area** being served.
- Require Medicaid MCOs and Medicare Advantage plans to collect Limited English Proficiency status, interpretation needs, and preferred languages used by managed care beneficiaries.

Cont.



# Recommendation #1: Cont.

- Through its oversight responsibilities over state procurement requirements for Medicaid MCOs bidding to receive a state Medicaid contract, and Medicare Advantage MCOs or other CMS contracts, work with GSA on procurement requirements to include provision of language access/interpretation and/or enhanced reimbursement strategies to providers.
- Provide reimbursement for language interpretation by:
  - Adjusting payment models, including Fee for Service and Value-Based Payment, to address limited English proficiency (LEP) as a social risk factor to optimize health outcomes and fairness;
  - Mandating all Medicare Advantage and Medicare plans to provide language access and interpretation at the provider level, with commensurate enhanced reimbursement for interpretation and translation services; and
  - Monitoring and tracking interpretation use, potentially through utilization of CPT code T1013 for Sign Language, or Oral Interpretive Services, per 15 minutes. This code should be activated by CMS for reimbursement.





## Discussion



## Problem Statement #2:

Artificial intelligence (AI) bias can exacerbate health disparities for AA and NHPI people through three ways: data bias, algorithmic bias, and implementation bias. In the wake of rapidly advancing AI technologies in healthcare, AA and NHPI communities face:

- 1) A lack of representation and poor disaggregation in data training sets;
- 2) A lack of transparency in the algorithm programming and development; and
- 3) A lack of access on the implementation side. Managing AI risk and promoting AI innovation requires effective AI governance to ensure that AA and NHPI are not harmed or left out in access to developing technology.



# Recommendation #2:

The President should direct the U.S. Department of Health and Human Services (HHS) to:

- Incorporate requirements into all procurement contracts for AI models in medicine to:
  1. Use diverse and representative datasets for training AI algorithms in medicine, by including data from the AA and NHPI populations, and communities that have historically been barred due to language or sociopolitical barriers. This can mitigate bias and ensure that AI systems provide accurate and equitable healthcare recommendations and treatments for all patients;
  2. Incorporate and report efforts that have been made to include disaggregated data of the AA and NHPI communities;
  3. Create, submit, and implement a plan for any contract to recruit and support development to improve the data representation of AA and NHPI communities.
  4. Ensure procurement contracts require **datasets and the** AI algorithms used in medicine be transparent and explainable to healthcare providers and patients. The purpose of the transparency is to ensure that patients and providers understand how AI systems are making decisions based on what factors. This can lead to more trust.

Cont.



## Recommendation #2: Cont.

- Establish federal governance and oversight bodies to hold AI companies accountable for the use of Medicaid and Medicare datasets, and other federal datasets (e.g., Health Resources and Services Administration Uniform Data System, Veterans Administration). These bodies should ensure representation from AA and NHPI communities.
- Ensure procurement contracts include quarterly performance audits so that marginalized communities are represented within training datasets, are transparent to communities, and have equitable access to AI initiatives.
- Ensure the Office of the National Coordinator for Health Information Technology (ONC) incorporates the above guidance into health IT vendor certification.





## Discussion



# Economic Equity

**Co-Chairs:** Ajay Bhutoria, Simon Pang, and Smita Shah

**Members:** Luisa Blue, Kerry Doi, and Kevin Kim

**DFO:** Judith Teruya

# Priority Issue Areas

## Opportunities for Small Businesses

- Increasing opportunities for small business, including exports
- Opportunities for small and community banks to participate in federal programs
- Access and awareness around grants, contracts, and loans

## Access to Job Training and Workforce Development

- Worker access to childcare, paid leave, and long-term care across all industries
- Living wages, access to benefits, and training opportunities
- Jobs of the future and workforce development

## Opportunities for AA and NHPI Workers

- Addressing income inequality and wage gap for AA and NHPI women
- Ensure the rights of workers to organize are respected.

## Compliance & Regulations

- Review compliance and regulations related to workforce development and apprenticeship programs
- Regulations regarding small businesses, job opportunities, and workforce development, should be inclusive of AA and NHPI issues



# Presenters

- **Van Tran, Deputy Associate Administrator for the Office of Business Development, U.S. Small Business Administration and Geraldine Aglipay, Region V Administrator, U.S. Small Business Administration:** Presented on the Small Business Administration's programs supporting socially and economically disadvantaged small businesses.
- **Jan Garth, Branch Chief of Strategic Planning and Governance Operations, Office of Policy Development and Research; Ayreen Cadwallader, Program Analyst, Office of Regional Management; Robert Olson, Data Scientist, Office of Policy Development and Research; and Allyson Parco, Workforce Analyst, Office of Policy Development and Research, Employment and Training Administration, U.S. Department of Labor:** Presented on the Workforce Innovation Act and how programs formed under this act reach AA and NHPI communities.





## Discussion





# Immigration and Citizenship Status

**Co-Chairs:** Grace Huang and KaYing Yang

**Members:** Ajay Bhutoria and Dr. Robert Underwood

**Ex-Officio Member:** Carol Wu

**DFO:** Judith Teruya

# Priority Issue Areas

- Universal legal representation for individuals facing removal
- Improving language access for individuals at risk of, or facing immigration proceedings, including detained individuals
- Reducing immigration-based visa backlogs
- Employment authorization for individuals in long visa backlogs
- Community-based alternatives to immigration detention
- Reducing the immigration court backlog
- Strengthening asylum processes
- Protection for undocumented API individuals
- Examining the impact of Controlled Application Review and Resolution Program (CARRP) on Immigration Status
- Securing access to benefits and resources



# Problem Statement #1:

Individuals from Asia and the Pacific face significant challenges in accessing asylum from the U.S. Department of Homeland Security (DHS) due to extensive wait times and language barriers in the application and interview process.



# Recommendation #1:

DHS should make the affirmative asylum process more just and equitable by increasing the U.S. Citizenship and Immigration Services (USCIS) **staff** capacity **and add technological resources** to address long processing times in the affirmative asylum backlog, and by issuing regulations that would provide for language interpreters during affirmative asylum interviews.





## Discussion

# Final Report Logistics

**Narrative Editing Process:** Writing Workgroup will edit to ensure:

1. Reoccurring themes are apparent
2. The Administration's policy milestones are uplifted and tied to Commission recommendations
3. Reoccurring points are consolidated, such as process-oriented descriptions on how subcommittees operated
4. The narratives end with a call to action

