

SUBCOMMITTEE RECOMMENDATIONS

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

September 23, 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

Priority Issue Areas

- Supporting leadership opportunities for AA and NHPI individuals in government, business, non-profit, and media
- Education about AA and NHPI communities
- Address educational equity and access to opportunity
- Standardizing hate crimes and hate incident definitions
- Addressing the needs of AA and NHPI communities in the aftermath of the Lahaina tragedy
- Increasing federal transparency on data regarding domestic terrorism and white supremacist organizations
- Alternative means of reporting hate crimes or hate incidents
- Improving federal data collection of hate crimes and hate incidents
- Prevention of anti-Asian hate in all spheres of life, including media, business, education, government and online forums
- Increasing resources for victims
- Preventing gun violence targeting AA and NHPI communities.



Presenters

- **Dr. Tsu-Yin Wu, Professor and Ph.D. Program Director, Eastern Michigan University School of Nursing:** Shared the current scholarship and her ongoing research on the intersections between discrimination and gun violence against AANHPI communities.
- **Dr. Frances M. Yang, Research Associate Professor, University of Kansas School of Nursing:** Shared the current scholarship and her ongoing research on the affects of mass shootings on AANHPI communities.



Problem Statement #1:

The Asian American and Native Hawaiian/Pacific Islander (AA and NHPI) communities in the United States have been disproportionately affected by both racially motivated violence and the broader public health crisis of gun violence. During the COVID-19 pandemic, AA and NHPI communities faced a surge in racially motivated violence, exacerbated by discriminatory rhetoric and misinformation about the origins of the virus. This rise in racism and violence led to an increase in firearm purchases among Asian Americans, with studies showing that 43% of Asian Americans who purchased guns during the pandemic were first-time gun owners. In addition, young AA and NHPI's have the fastest growing firearm related suicide rate of any racial/ethnic group. Given this context, it is critical for gun control policies to incorporate the unique challenges faced by the AA and NHPI communities. Addressing these challenges requires a culturally informed approach that recognizes the dual threats of racism and gun violence as well as barriers to access to mental health supports.



Recommendation #1:

The White House in conjunction with WHIAANHPI should convene an annual gathering to prevent gun violence. These gatherings shall include AA and NHPI representation and focus on bringing together community groups, organizations, healthcare providers, researchers, government agencies, **Judiciary branch representatives, representatives from the Surgeon General's office**, and other stakeholders for the purpose of creating policy recommendations and institutional change through informal committees focused on the following ideas:

1. The Centers for Disease Control's research into mass gun violence and effective prevention strategies should include disaggregated data for AA and NHPI communities regarding specific impacts caused by gun violence such as hate crimes, suicide, and other harmful effects.
2. The White House should prioritize a strong evidence-based, culturally appropriate, messaging campaign targeting the AA and NHPI communities, that includes translated materials on reducing gun violence.
3. The convening should discuss reframing gun violence prevention as an on-going exploding public health crisis and developing a whole-of-government, multi-disciplinary response.



Recommendation #1: Cont.

4. The convening should discuss systemic policy changes including:
 1. Engaging in AA and NHPI specific outreach on universal background checks on gun buyers.
 2. Establishing a national extreme-risk or “red flag” system (based on behaviors and actions) and conducting AA and NHPI specific education campaign about these systems.
 3. Banning sale of semi-automatic weapons and high capacity magazines to buyers younger than 21 years of age.
 4. Repealing the liability shield that has been in place since the 2005 passage of the Protection of Lawful Commerce in Arms Act (PLCAA).
 5. Incentivizing firearms manufacturers and owners to explore technologies such as fingerprint scanners, trigger locks, and safe storage.
 6. Closing loopholes for acquiring unregistered guns through means such as 3D printed guns, online purchases, and straw purchases, and more.

5. Discuss strategies to prevent and counter violent extremism and extremist ideologies.





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

Priority Issue Areas

- Ensure equitable data inclusion through data collection, analyzing and reporting, especially for marginalized AA and NHPI populations, consistent with how AA and NHPI communities define themselves
- Facilitate improved access for community advocates to use federal agency data to more effectively inform policy changes
- Foster impactful three-way dialogue between communities, academic researchers, and federal agencies for more consistent reporting
- Provide greater understanding of disproportionalities in education for AA and NHPI students in K-12 and higher education
- Ensure attention and equitable treatment for AANAPISI-eligible institutions and ANNHSIs





Discussion



Economic Equity

Co-Chairs: 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





Discussion



Immigration and Citizenship Status

Co-Chairs: Grace Huang and KaYing Yang

Members: 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





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

Priority Issue Areas

- Healthcare workforce
- Environmental justice
- Combating domestic, intimate, physical and/or sexual violence
- Impacts of artificial intelligence on AA and NHPI populations
- Human trafficking
- Aging within AA and NHPI populations
- Culturally and linguistically appropriate health outreach and education
- AA and NHPI anti-bullying resources



Problem Statement #1:

The current system of prior authorization and claim denials by medical insurance companies suffers from significant issues related to transparency and accountability, leading to delays and denials of necessary medical care. While Congress has been working on legislation for several years to help address this issue, it is important to note that these challenges disproportionately impact the Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) community, which already faces considerable barriers to healthcare access and utilization. As the fastest-growing racial/ethnic group in the United States, encompassing over 50 ethnicities and speaking 100 languages, AA and NHPIs have historically encountered significant health disparities. These include higher rates of chronic diseases, lower screening rates for certain cancers, and poorer quality care compared to other racial/ethnic groups.



Problem Statement #1: Cont.

Five primary areas of concern have been identified:

1. Denial Rates: According to a study by the Kaiser Family Foundation, 17% of in-network claims were denied in 2021, with denial rates varying widely among insurers, ranging from 2% to 49%.
2. Administrative Burden: Physicians spend an average of 16.4 hours per week on tasks related to prior authorization, contributing to significant delays in patient care.
3. Lack of Transparency: The federal government must urgently continue to expand and revise transparency data reporting requirements for several years, making it difficult for consumers to compare health plans based on denial rates.
4. Impact on Patient Care: Delays and denials of necessary care can lead to serious adverse events, including hospitalization, disability, and even death.



Problem Statement #1: Cont.

5. Economic Consequences: The administrative burden of prior authorization has significant economic implications for physician practices, with 40% of physicians reporting the need to hire staff exclusively for handling prior authorizations.

The lack of transparency in insurance coverage data reporting impedes hospitals and healthcare systems from effectively addressing claim denials. Moreover, the federal government has not expanded or revised these reporting requirements in years. The significant variability between health plans' prior authorization service lists and approval criteria, coupled with the intense administrative burden and high volume of services requiring prior authorization, frequently results in delays or denials of claims.



Recommendation #1:

To address these issues, it is imperative the Centers for Medicare & Medicaid Services (CMS) in collaboration with the Center for Consumer Information and Insurance Oversight (CCIIO) implement measures to increase transparency and accountability in the prior authorization and claim denial processes. We acknowledge that changes to reporting of metrics (including denials), decreasing decision timeframes further, requiring the use of electronic prior authorization, and other improvements may require change in federal statute. Recommended actions include:

- 1. Mandatory Disclosure of Denial Rates:** Require insurance companies to publicly disclose their denial rates for various medical services and procedures. By building on existing health equity frameworks, we advocate for more comprehensive reporting that includes denial rates for all services. **These reports should be categorized by claim type, geographic area, and demographic information to provide a clear picture of who is most affected by denial practices.**
- 2. Standardized Prior Authorization Process:** Fully standardizing the prior authorization process across all CMS health plans to reduce administrative burden on healthcare providers and ensure that necessary care is not delayed or denied. We urge CMS, where authorized, to expand these efforts and include all health plans, particularly Qualified Health Plans (QHPs), under the standardized prior authorization rules.



Recommendation #1: Cont.

3. An independent review process for denied claims: We recommend the creation of a new independent review process for denied claims across all categories, including specialty care, physical therapy, durable medical equipment, and more.

We recommend the Executive Branch direct CMS to develop a more effective independent review process that includes:

A. Comprehensive Data Collection and Reporting: Implement mandatory public reporting of denial trends across all insurance plans. These reports should be categorized by claim type, geographic area, and demographic information to provide a clear picture of who is most affected by denial practices.

B. Enhanced Oversight and Accountability: Empower the CCIIO with the resources and authority needed to conduct detailed analyses of denial patterns and ensure compliance among insurance providers across the board.



Recommendation #1: Cont.

- C. Regular Audits and Evaluations:** Establish routine audits to assess whether claim denials are justified based on medical necessity. These findings should be publicly available to enhance transparency and ensure accountability within insurance companies.
- D. Support for Underserved Populations:** Develop targeted initiatives aimed at supporting communities disproportionately affected by claim denials, ensuring equitable access to necessary healthcare services for vulnerable populations.



Recommendation #1: Cont.

4. **Increased Oversight:** We recommend significantly increasing independent federal oversight of insurance companies to ensure full compliance with transparency and accountability measures by implementing the following measures:
 - A. **Rigorous Monitoring of Insurer Practices:** Develop and enforce stricter monitoring protocols that regularly assess insurance companies' denial rates, **algorithms, AI utilization,** response times for prior authorizations, and overall adherence to transparency measures.
 - B. **Clear and Public Accountability Metrics:** Require insurance companies to publicly disclose their compliance with oversight regulations. This should include denial rates, processing times for prior authorizations, and metrics on how well insurers are serving underserved communities.
 - C. **Increased Penalties for Non-Compliance:** Strengthen penalties for insurance companies that fail to comply with transparency requirements or engage in discriminatory practices, ensuring there are real consequences for non-compliance.



Recommendation #1: Cont.

- D. Enforcement of Penalties:** Enhance the enforcement of penalties for unjustified denials across all health plans to strengthen accountability. This includes implementing consistent and transparent reporting mechanisms that ensure insurers are held to the same standards regardless of the type of plan.
- E. Regular Audits of Denial and Approval Practices:** Establish regular, mandatory audits of insurance companies' denial and approval practices to ensure that they are operating fairly and equitably, particularly in relation to underserved populations and vulnerable communities.



Recommendation #1: Cont.

- 5. Disaggregation of Data:** We recommend that insurance companies be required to publicly disclose disaggregated data on Asian American (AA) and Native Hawaiian and Pacific Islander (NHPI) communities to ensure transparency in how these populations are served.

We recommend that we take the following steps to ensure disaggregated data collection and reporting:

- A. Leverage Revised OMB Standards:** Utilize the minimum revised OMB standards as a starting point, to require insurance companies to collect and report disaggregated data on AA and NHPI communities. This is crucial for obtaining accurate data that reflects the specific healthcare challenges faced by these populations.
- B. Implement Clear Guidelines for Data Collection and Disclosure:** Develop clear, enforceable guidelines that ensure insurance companies collect disaggregated data ethically and transparently. These guidelines should include consent mechanisms for enrollees and ensure that sensitive data is disclosed responsibly and only in aggregate or appropriately anonymized forms when necessary.



Recommendation #1: Cont.

C. Mandate Regular Reporting on AA and NHPI Communities: Require insurance companies to publicly report on how AA and NHPI communities are impacted by denial rates, healthcare access, and service utilization. This data should be detailed and disaggregated to uncover disparities in care that are often obscured by aggregate reporting.

D. Address Legal and Ethical Concerns Proactively: Work with legal experts and stakeholders to navigate potential legal concerns regarding the disclosure of disaggregated data. This includes ensuring compliance with privacy laws while still achieving transparency and equity goals in healthcare reporting.





Discussion



Language Access

Co-Chairs: Dr. Kimberly Chang and Victoria Huynh

Members: Simon Pang

Ex-Officio Member: Laureen Laglagaron

DFO: Erika Ninoyu

Priority Issue Areas

- Increase outreach and engagement in communities with LEP populations
- Improve language access funding for health care to serve LEP families
- Prioritize and expand federal funding for AA and NHPI language access, including translated communications
- Address the needs of lesser diffusion language groups in the U.S.
- Support federal agency efforts to update and strengthen language access implementation; and strengthen training and accountability for federal grantees





Discussion