



# National Council of Asian Pacific Americans

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November 6, 2007

Dear Member of Congress:

The National Council of Asian Pacific Americans (NCAPA), a coalition of 22 national Asian Pacific American organizations, would like to express its strong opposition to the veto of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2007 and misinformation related to use of funding for undocumented immigrants. While not perfect, this legislation would keep SCHIP running for another 5 years and increase funding so that approximately 4 million more uninsured children can be covered.

In addition, this legislation would, for the first time, establish parity for mental health benefits by prohibiting financial requirements or treatment limitations that discriminate against mental health services. This is particularly critical given the fact that children from low income and uninsured households are at increased risk for mental health problems, which in turn impact their overall health outcomes. Other important additions include funding for Community Health Workers, guaranteed dental benefits, and enhancing the federal match for language assistance. All work towards reducing the health disparities in our communities.

As NCAPA members, we are particularly concerned about the continued misinformation and/or discriminatory practices surrounding health care for our immigrant population, including those who are here legally. The false allegations that undocumented immigrants would receive care under the CHIPRA has been used as a reason to favor the veto, when in fact current law prohibits undocumented immigrants from gaining access to health coverage through public programs. CHIPRA reiterates that position in Section 605, which states, "Nothing in the Act allows Federal payment for individuals who are not legal residents."

It is unfortunate that legal immigrants who pay taxes and should be entitled to the same benefits as their American-born counterparts are barred from enrolling in some federal programs until they have been in the U.S. for five years, even if they meet all other eligibility requirements and have no other source of health coverage. It is difficult to comprehend the rationale for such short-sighted policies. Such discriminatory practices may, in fact, lead to the use of more costly services to treat illnesses that could have been prevented if the individual had access to affordable and culturally and linguistically competent services early on in his or her treatment.

It is particularly frustrating for those who work in the community to have to deal with the ongoing misperception that immigrants, both legal and undocumented, are a financial burden on this country's economy, when in fact the U.S. Social Security Administration has estimated that three quarters of undocumented immigrants (approximately 7 million) pay payroll taxes that contribute \$6-7 billion in Social Security funds that they cannot claim. Undocumented men come to the U.S. almost exclusively to work, and in 2003, over 90% of undocumented men worked—a rate higher than that for U.S. citizens or legal immigrants. The majority of undocumented women (62%) are also members of the U.S. labor force and tend to work in low-income sectors such as factories, service industries and private homes.

We further believe that capping the income levels of families that qualify for the program and denying states the opportunity to cover children at up to 300% of poverty is unwarranted. The vast majority of the 3.8 million children who will gain coverage under this bill—more than 75 percent—have incomes below twice the poverty level. Despite opponents' claims of a "crowd-out" effect, restricting eligibility will not reduce the chance of families substituting SCHIP for private coverage. Furthermore, moving childless adults out of the program within one year will not reduce the chances of families substituting SCHIP for private coverage. All it will substitute is SCHIP coverage for no coverage at all.

We strongly urge you to support the Children's Health Insurance Program Reauthorization Act of 2007, reject any language that would lessen health coverage for legal permanent resident children and pregnant women and not be influenced by misinformation about the financial burden created by undocumented immigrants. The NCAPA Health Committee would be happy to work with you in finding ways to provide coverage for the nation's most vulnerable population, uninsured and underinsured children and families. A few dollars well spent up front can save countless more dollars down the road and improve the quality of life in the process.

Please contact Mona Bormet ([mbormet@apiahf.org](mailto:mbormet@apiahf.org)) at the Asian & Pacific Islander American Health Forum or Priscilla Huang ([phuang@napawf.org](mailto:phuang@napawf.org)) at the National Asian Pacific American Women's Forum for assistance.

Sincerely,



Lisa Hasegawa  
Chair, National Council of Asian Pacific Americans

On behalf of the undersigned organizations

**NCAPA Members:**

Asian & Pacific Islander American Health Forum  
Asian American Justice Center  
Asian Pacific American Labor Alliance, AFL-CIO  
Association of Asian Pacific Community Health Organizations  
Hmong National Development  
Japanese American Citizens League  
KAC-DC (Korean American Coalition Washington DC Area Chapter)  
National Alliance of Vietnamese American Service Agencies  
National Asian American Pacific Islander Mental Health Association  
National Asian Pacific American Women's Forum  
National Coalition for Asian Pacific American Community Development  
National Federation of Filipino American Associations  
National Korean American Service & Education Consortium  
Organization of Chinese Americans  
Sikh American Legal Defense and Education Fund  
Southeast Asian Resource Action Center  
South Asian American Leaders of Tomorrow