



The Honorable Hal Rogers
Chairman
Committee on Appropriations
Room H-305, The Capitol
Washington, DC 20515

The Honorable Nita Lowey
Ranking Member
Committee on Appropriations
1016 Longworth House Building
Washington, DC 20515

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and
Human Services, Education and
Related Agencies
2467 Rayburn House Building
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and
Human Services, Education and
Related Agencies
2413 Rayburn House Building
Washington, DC 20515

Thursday, March 10, 2016

Dear Chairmen Rogers and Cole & Ranking Members Lowey and DeLauro:

We are writing on behalf of the Association of Asian Pacific Community Health Organizations (AAPCHO). AAPCHO is a national not-for-profit association of 35 community-based health care organizations, 29 of which are Federally Qualified Health Centers (FQHCs). AAPCHO members are dedicated to promoting advocacy, collaboration, and leadership to improve the health status and care access of medically underserved AA&NHPIs in the U.S., its territories, and its freely associated states. We thank the Subcommittee for the opportunity to share our priorities for FY 2016.

AAs and NHPIs are the fastest growing racial group in the United States with dozens of different cultures and languages.¹ Yet our community still suffers from challenges accessing safety net health care, a disproportionate burden of certain acute and chronic diseases, and lack of access to essential services. Lack of access for our community often speaks to broader health system challenges such as workforce shortages, cultural competency, and individual empowerment. In our clinics, we serve ¼ of all AA & NHPIs in poverty in the US, giving us a perspective of the needs of our safety net communities and how the health system can best serve growing AA & NHPI communities. Despite the fiscal constraints within the federal budget, we continue to advocate for priorities that increase access and improve quality, with the understanding that these programs are needed in our communities to reduce health disparities and achieve health equity.

AAPCHO FY 16 Requests

Department	Request
1. HRSA - Bureau of Primary Health Care – Health Center Program	Maintain Funding
2. CDC - Division of Viral Hepatitis (DVH)	\$62.8 million
3. OCR - Office for Civil Rights (HHS)	\$43 million
4. OMH- Office of Minority Health (OMH)	\$62 million

¹ “Between 2000 and 2010, the Asian American population grew faster than another other racial group, at a rate of 46%.”
Karthick Ramakrishnan, University of California Riverside & Taeku Lee, University of California Berkeley, *Public Opinion of a Growing Electorate: Asian Americans and Pacific Islanders in 2012, National Asian American Survey 3* (2012), <http://naasurvey.com/resources/Home/NAAS12-sep25-election.pdf>.

HRSA - Bureau of Primary Health Care – Health Center Program

AAPCHO Request: Continued Support

We want to thank the Subcommittee for your continued support and recognition of Health Centers as a longstanding bipartisan solution to the primary care access problems facing this country. During the Fiscal Year (FY) 2017 Appropriations process, we respectfully request that the Subcommittee continue to recognize Health Centers as providers of high quality, cost-effective primary care and that you work to ensure the continuation of the innovative, high-value health center model of care within the Departments of Labor, Health and Human Services, and Education, and Related Agencies legislation for FY2017.

CDC - Division of Viral Hepatitis (DVH)

AAPCHO Request: \$62.8 million

50% of all hepatitis B cases are found in Asian American and Pacific Islanders in the United States, and data shows that nationwide the majority of cases remain undiagnosed. The consequences of undiagnosed and untreated hepatitis include reduced life expectancy, cirrhosis, and liver cancer. AAPCHO clinics are leaders in fighting hepatitis B locally, but a national coordinated effort is needed. Hepatitis B is vaccine preventable and this budget request would boost outreach, screening, education, and medical management efforts. The over 5.3 million Americans with viral hepatitis, two million of which chronically infected with hepatitis B, deserve to be given the resources to fight back. This budget request would support surveillance, education, screening, and medical management efforts. Furthermore, specific funding would be focused towards the elimination of perinatal hepatitis B transmission, which is a "winnable battle" in the United States.

OCR - Office for Civil Rights (HHS)

AAPCHO Request: \$43 million

The Office for Civil Rights at HHS enforces federal laws that prohibit discrimination and promote and ensure equal access to federally funded health programs and activities. These laws include Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act, which ensure the provision of language assistance services for limited English proficient individuals. Interpreter and translation services are critical for over 30 percent of AAs and NHPs who do not speak English or speak English less than very well. Funding OCR is essential to enforcing the non-discrimination provisions of the Affordable Care Act and the privacy protections of the Health Insurance Portability and Accountability Act (HIPAA). The monitoring and enforcement powers of OCR require adequate personnel and resources and must be funded accordingly.

OMH - Office of Minority Health (OMH)

AAPCHO Request: \$62 million

The Office of Minority Health (OMH) is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. The work and programs conducted by OMH have dictated federal policies important to the health of AA and NHP communities. OMH's policies and programs promote informed, empowered individuals as a means for enabling community solutions to eliminate health disparities including hepatitis

B and diabetes, improve the diversity and cultural competency of the health care workforce, and ensure access to quality, culturally competent care.

Language Requests

HRSA- Bureau of Primary Health Care

Perinatal Transmission of Hepatitis B- The Committee is pleased that the Bureau of Primary Health Care has agreed to fund in HRSA funded health care settings an evaluation of intervention strategies to eliminate the perinatal transmission of Hepatitis B. This is consistent with the urgings of the Committee for the last four fiscal years. The Committee recognizes that a full evaluation of intervention strategies will require the training of health care professionals, followed by service delivery, data collection, and evaluation. The Committee therefore directs that the Bureau's funding plans accommodate these components and this necessary sequence of activities in order to accommodate a full evaluation of the recommended intervention strategies.

CDC – Division of Viral Hepatitis (DVH)

Hepatitis B- The Committee is concerned that even though there is a Hepatitis B vaccine that is 95% effective, CDC estimates that there are up to 2 million Americans infected with Hepatitis B, with over 19,500 new infections occurring each year and more than 10 deaths each day as a direct result of Hepatitis B. The Committee also notes that the Division allocates less than 5 % of its budget to projects specifically focused on Hepatitis B. In view of these facts the Committee directs that the allocation for Hepatitis B interventions be doubled.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jeffrey Caballero', with a stylized flourish at the end.

Jeffrey Caballero, MPH
Executive Director