



THE CPAC INFORMER

Political Issues Impacting the
Caribbean American Diaspora

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Affordable Care Act (ACA)

In this volume of the CPAC Informer, we respond to a series of frequently asked questions with general responses in nature for informational purposes about the Affordable care Act (ACA) and its impact on Caribbean nationals. More in depth answers to specific questions can be had in consultation with your care provider.

We also interviewed Congresswoman Donna Christensen (D-USVI) who will retire when the congressional term ends in December of 2014 after serving Congress for over 18 years. Congresswoman Christensen served on the powerful Energy and Commerce Committee (*which had jurisdiction over the overwhelming majority of the Affordable Care Act*) about her pivotal role on helping to craft language aimed at health equity in this key accomplishment of the Obama Administration. Congresswoman, Christensen earlier this year, defeated a crowded field of six candidates to win the Democratic primary for Governor of the Virgin Islands. A native of the U.S. Virgin Islands, she was a former physician and chair of the Congressional Black Caucus' Health Braintrust.

We round off this volume with highlights from our Annual Founding Patrons Luncheon which was held on Saturday, November 8th at the Hilton Hotel in Silver Spring MD. His Excellency Dr. Neil Parsan, Ambassador of the Republic of Trinidad and Tobago to the United States of America and Mexico & Permanent Representative of Trinidad and Tobago to the Organization of American States, gave the rousing Keynote Address.

ACT: WHAT CARIBBEAN NATIONALS NEED TO KNOW

What is the Affordable Care ACA?

On March 23, 2010, President Obama signed comprehensive health reform, called the Patient Protection and Affordable Care Act (ACA) also called Obamacare, into law. The ACA focuses on provisions to expand coverage, control health care costs, and improve health care delivery systems.

Depending on their legal status, uninsured Immigrants now have access to new health care marketplaces under the Affordable Care Act, which is more commonly known as Obamacare.

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Unfortunately, some immigrants will remain completely excluded while other immigrants will face eligibility restrictions for health coverage. To navigate through the varying degrees of access, this resource provides a breakdown of what Immigrants need to know about the ACA:

Are Businesses Affected?

ACA creates separate Exchanges through which small businesses can purchase coverage. This requires that employers pay penalties for employees who receive tax credits for health insurance through an Exchange. The only exceptions are for small employers with less than 50 employees.

Are Immigrants Allowed to Participate in the ACA?

Yes!! In fact with the establishment of the ACA, U.S. citizens and legal residents are required to have health coverage. Those without health coverage are required to pay a tax penalty of between \$695-\$2,085 per family or 2.5% of their household income. According to government regulations, the penalty will be phased-in based on the following schedule: \$95 in 2014, \$325 in 2015, and \$695 in 2016 for the flat fee or 1.0% of taxable income in 2014, 2.0% of taxable income in 2015, and 2.5% of taxable income in 2016. Beginning after 2016, the penalty will be increased annually by the cost-of-living adjustment. Exemptions will be granted for financial hardship, religious objections, American Indians, those without coverage for less than three months, undocumented immigrants, incarcerated individuals, those for whom the lowest cost plan option exceeds 8% of an individual's income, and those with incomes below the tax filing threshold (in 2009 the threshold for taxpayers under age 65 was \$9,350 for singles and \$18,700 for couples).

The ACA requires most U.S. citizens and legal residents to have health insurance. It also requires that all States (and jurisdictions such as Washington, DC) create state-based, American Health Benefit Exchanges through which individuals can purchase coverage, with premium and cost-sharing credits available to individuals/families with income between 133-400% of the federal poverty level. The poverty level was \$19,530 for a family of three – in 2013. It also calls for expanded Medicaid coverage to 133% of the federal poverty level.

Naturalized Citizens and legal permanent residents

Naturalized citizens and green card holders who have been in the country for five years or more, have the same access and requirements for affordable coverage as U.S.-born citizens. Those who do not have health coverage provided by their employers are expected to buy insurance through one of the state-based exchanges. These immigrants will also qualify for Medicaid, which is income-dependent. Medicaid coverage is available to people under the age of 65 who earn up to 138 percent of the federal poverty line.

Lawfully Present Immigrants

Legal permanent Immigrants who have lived here for less than five years with incomes up to 400 percent below the federal poverty level can qualify for subsidized health care coverage. Those who have been in the country less than five years do not qualify for Medicaid.

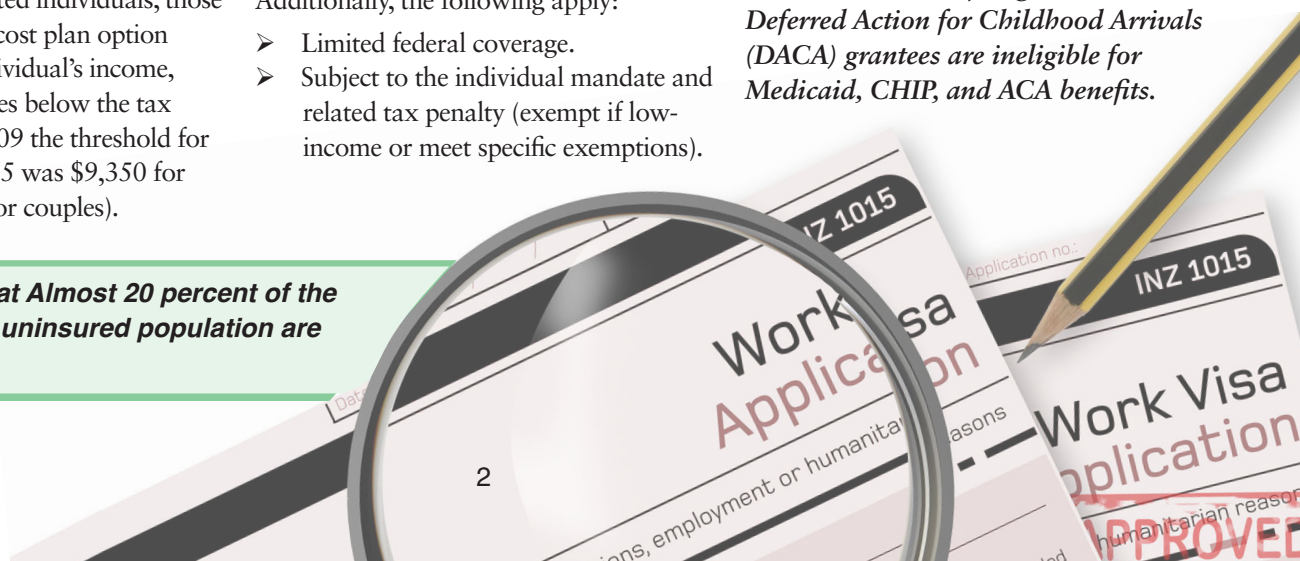
Additionally, the following apply:

- Limited federal coverage.
- Subject to the individual mandate and related tax penalty (exempt if low-income or meet specific exemptions).

- May enroll in a “qualified health plan (QHP)” from the state (or jurisdictions such as Washington, DC) insurance exchanges.
- Eligible for premium tax credits and lower co-payments.
- No waiting periods for enrolling in state insurance exchanges or premium tax credits.
- Eligible for the Pre-Existing Condition Insurance Plan (PCIP) and the Basic Health Plan (when available in a state or jurisdictions such as Washington, DC).
- Current federal immigrant eligibility restrictions in Medicaid maintained, including the five-year-or-more waiting period for most lawfully residing, low-income immigrant adults. Health care coverage may be available to other immigrants in some states or jurisdictions such as Washington, DC.
- Since April 2009, states can choose to provide Medicaid and Children's Health Insurance Program (CHIP) benefits to lawfully residing children and pregnant women without a waiting period. But in states or jurisdictions such as Washington, DC that do not elect this option, these children and pregnant women must still wait five years or more before they can get affordable health care coverage.
- Citizens of Compact Free Association states who reside in the U.S. are eligible for health care coverage under the Affordable Care Act but remain ineligible for federal Medicaid.

EXCEPTION: As of August 2012, Deferred Action for Childhood Arrivals (DACA) grantees are ineligible for Medicaid, CHIP, and ACA benefits.

(Did you know that Almost 20 percent of the total non-elderly, uninsured population are immigrants?)



Did you know that there are roughly 10 million immigrants who are here legally with green cards or visas, and the ACA requires many of them to have health care insurance?

Are there penalties for legal immigrants who do not participate in the new system and have no health insurance?

Yes, those who decide to remain uninsured are subject to fines from the Internal Revenue Service.

REFUGEES, ASYLEES, IMMIGRANTS EXEMPT ON HUMANITARIAN GROUNDS

All of these individuals qualify for health insurance coverage and Medicaid, even if they have lived in the United States for less than five years.

UNDOCUMENTED IMMIGRANTS

Under the health care law, immigrants who are in the country illegally are not eligible to receive insurance subsidies or to sign up for the program.

- Not allowed to purchase private health insurance at full cost in state insurance exchange(s).
- Not eligible for premium tax credits or lower co-payments.
- Exempt from individual mandate.
- Not eligible for Medicare, nonemergency Medicaid, or CHIP.
- Remain eligible for emergency care under federal law.
- Eligible for Emergency Medicaid if low-income.

Did you know that the over 11.7 million undocumented immigrants living in the United States are ineligible for healthcare coverage?

Citizen or lawfully present children of undocumented parents are eligible for ACA

This group of immigrants will still be unable to enroll in the health insurance exchange. However, their U.S. citizen and legal permanent resident children can qualify for health insurance coverage

and Medicaid. Separately, states, and jurisdictions like Washington, DC can choose to use state and federal Medicaid funds to cover pregnant women and other “lawfully present” children. They also have access to the following:-

- To purchase from the state insurance exchange.
- For premium tax credits and lower co-payments.
- For Medicaid or CHIP.
- To seek nonemergency health services at community health centers or safety-net hospitals.

Applicants are required to provide verification requirements which includes information about immigration status, Social Security number (SSN), etc to determine eligibility.

Will unauthorized immigrants still be able to get health care?

Yes, federal law requires that hospitals provide emergency room care to everyone, regardless of the ability to pay or immigration status. But the care is limited, costly and often too late to prevent minor health issues from becoming major problems. It is the least efficient way to deliver health care services. Many charitable organizations also intend to continue providing services to unauthorized immigrants.

Visit the following sites to learn more about the ACA

The best way is to visit the government’s website <https://www.healthcare.gov/> Or, call 1-800-318-2596. Small business owners can call 1-800-706-7893. <http://www.nilc.org/immigrantsshr.html>

Did you know that the government’s help line has provided speakers of 150 other languages?

An Interview with Congresswoman Donna M. Christensen of the US Virgin Islands



The U.S. Virgin Islands (USVI) are a U.S. territory, but their shared traditions, customs, and values are Caribbean in nature. And, congresswoman Christensen is considered a daughter of the Caribbean. I spoke with Congresswoman Christensen in her Capitol Hill office about her role in helping to insure universal healthcare for all Americans including Caribbean immigrants.

Can you share with us your role in the development of the ACA and why it is important to our nation?

I serve on the Energy and Commerce Committee which had jurisdiction over the overwhelming majority of the Affordable Care Act. My role as a physician, someone actually rendering care was pivotal to many aspects of drafting language for the bill. For example, I was instrumental in the drafting of the workforce development provisions and played a pivotal role in the community health center provisions as well as increasing the Medicaid monies that are allocated to the U.S. Territories. I also worked to ensure that the US Virgin Islands and other US territories were included in the bill that passed the House. Furthermore, as Chair of the Congressional Black Caucus (CBC) Health Braintrust, my colleagues really looked to me to inform every health disparity elimination and health equity provision in the bill. As a member of the Health Subcommittee, I sat at the table and directly contributed to the language included in the law. This was critical because it allowed me to ensure that whenever applicable, the law addressed the nation’s pressing health disparities that leave racial and ethnic minorities, low-income Americans, rural Americans, LGBT populations, legal immigrants and others in poorer health and without reliable access to care. Another key outcome of my role during this time was helping to elevate the existing Center on

Minority Health and Health Disparities to now become an Institute where more focused research can be done to improve the health of minorities nationwide. So, overall, I had a major role in the development of the ACA.

Research shows overall, immigrants have lower rates of health insurance, use less health care, and receive lower quality of care than U.S. born populations. In light of this, what should the ACA mean to Caribbean Nationals?

The ACA should mean a lot to Caribbean nationals. Most importantly, everyone can now have access to preventive health care and not wait until they are ill or in pain to see a health care provider. The health Exchanges- which are up and running in all 50 states and Washington, DC will continue to expand access to affordable health care insurance. The ACA changes the way that medicine is practiced- it puts a far greater emphasis on prevention and coordinated care. Furthermore, the ACA offers robust patient protections that put patients first and in so doing improve health outcome for the patient. This all results in improved quality of health care.

What should legal immigrants who are eligible for, but not enrolled, know about ACA and why should they participate?

They should know that they should enroll in coverage, absolutely! They also should know that the law protects them- insurance companies cannot deny care for pre-existing conditions, they cannot charge women more than men, parents can keep their

kids on their plans until the age of 26, there are no limits to care, and a greater proportion of their health care dollars must be spent on their health care. They should know that the law invests heavily in community health centers, which provide medical homes for millions of people in underserved communities.

They should know that the law seeks to address and reduce racial and ethnic, geographic, gender and other health disparities.

Are undocumented Caribbean immigrants allowed to participate in ACA? Why? Are there any exemptions?

Undocumented immigrants are not included in the ACA. While many members supported including them, an even greater number did not, and including them would have cost votes and would have defeated the passage of the ACA.

Although a territory of the United States, the cultural practices of the VI are mostly similar to those of the Caribbean. What challenges, if any, do you anticipate the island will face in implanting the ACA?

1. Overall, our health care system is in a precarious position and our health profile is worse than the national average. We have very high rates of poverty, high rates of chronic and acute diseases, high uninsurance, and health disparities that are not getting better. Therefore, there is a lot to "reform".
2. We are excluded from the Exchange, which already is causing major issues

in the US Virgin Islands and other territories. As a result, the individual insurance market in the US Virgin Islands has disappeared.

3. Even though we received a significant increase in Medicaid monies, and have tried to expand Medicaid, our Federal Medical Assistance Percentage (FMAP) and cap make it very difficult to spend those monies down.
4. We have provider shortages, which affects the implementation of the ACA.
5. Our hospitals are under-resourced and overwhelmed -which negatively affects implementation.
6. We also have a great deal of misinformation about the law- which negatively affects implementation.

Is this form of health coverage one the wider Caribbean should consider?

1. The wider Caribbean should consider making access to affordable, high quality health care coverage a reality for everyone.
2. The wider Caribbean should seek to aggressively reduce all forms of health disparities, as the ACA does.
3. The wider Caribbean should consider consumer protections to ensure that patients are put first.
4. The wider Caribbean should consider emphasizing prevention (as the ACA does) and strengthening community health centers so that individuals can establish medical homes.
5. Lastly, the data collection and reporting measures in the Affordable Care Act should be considered by the wider Caribbean because surveillance is vitally important.

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UPDATE ON C-PAC POLITICAL ENDORSEMENTS:

C-PAC extends its congratulations and continued support for the Washington DC Mayor elect, Muriel Bowser on her 2014 election victory. We thank you for your dedication, commitment and service, and wish you much success during your tenure.

In Maryland, C-PAC congratulates Delegate Shirley Nathan-Pulliam, the Democratic member-elect of the Maryland State Senate, representing District 44. Delegate Pulliam was

endorsed by C-PAC in her bid for Senate-District 44. Prior to her election Senator-elect Shirley Nathan-Pulliam served her 19th year in the Maryland House of Delegates. The Jamaican-born naturalized American citizen is the first Caribbean-born person and the first African-Caribbean Registered Nurse elected to the Maryland General Assembly.

C-PAC also endorsed Lt. Governor Anthony Brown for Governor and

Aisha Braveboy for Attorney General, in the Maryland 2014 elections as well as Congresswoman Donna M. Christensen for Governor of the U.S. Virgin Islands.

Moving forward in 2015, C-PAC hopes to continue supporting candidates who aspire to reach to public office and continue working with our endorsed candidates in office on seeking re-election.

!!THANK YOU!!

Mayor elect Muriel Bowser thanks CPAC for our endorsement.

“I want to thank CPAC for their vote of confidence to be the next mayor of this great city. We are a District of rich culture, extraordinary history, and strong, diverse neighborhoods, and while we’ve made great progress, I truly believe our best days are ahead of us. With the broad coalition of support I’ve received from groups like CPAC, I’m confident we will build a District that works for all eight wards.

I welcome CPAC’s endorsement and look forward to working with them as Mayor of the District of Columbia.”

Senator-Elect Shirley Nathan-Pulliam thanks CPAC for our endorsement.

Senator-Elect Shirley Nathan-Pulliam of Maryland’s 44th Legislative District thanks CPAC for their endorsement and contributions that helped make my strong win in this past election possible. “As

the first Caribbean born person to be elected to the Maryland General Assembly, I have served in the House for 20 years and have now again reached another first by being elected to the Maryland Senate. I am proud that CPAC has been established and has been working to help those of us who are of Caribbean descent. January 14, 2015 is the day I will be sworn in the Senate Chamber in Annapolis. Please feel free to come share in this special moment with me.”



CPAC Founding Patron's Luncheon

Celebrating its ninth year of its founding, the Caribbean-American Political Action Committee celebrated its Eighth Annual Founding Patron's Luncheon on November 8, 2014 in Silver Spring Maryland again this year.

The luncheon has dual function. One, to acknowledge the one hundred patrons who have played a pivotal role in the founding of the organization. And, two, to serve as a key marketing and membership renewal activity for the organization. It was in keeping with the well executed and enjoyable occasions of past years. This well attended annual event with many of the Caribbean's diverse population present was honored with the presence and participation of Caribbean Stalwarts to include Mr. Leo Edwards and his wife Mrs. Carmen Edwards; renowned physician Dr. JoÚ George; and Mrs. Derrice Deane, long time host of CaribnationTV. This year also hailed an increase in the population



Ambassador Neil Parsan of Trinidad and Tobago share a joke with Dr. John George, CPAC Founding Patron and Denys Vaughn-Cooke.

of young students from the various universities and colleges in the District of Columbia, Maryland and Virginia. All were acknowledged and enthusiastically shared their future goals with the gathering.

C-PAC attendees, in addition to the fine fare and steel-pan entertainment, were treated to a very thoughtful and engaging discourse by His Excellency Dr. Neil Parsan, Ambassador of the Republic of Trinidad and Tobago to the United States and Mexico and Permanent

Representative to the Organization of American States. Ambassador Parsan spoke eloquently and engagingly about the significance of the Diaspora to the respective "home" countries and the urgent need for us to get together in a collaborative manner to influence and impact issues of trade and culture and even those of curbing criminal activities impacting the Caribbean. "The work of organizations like C-PAC," he said, "is extremely critical to assisting in these various endeavors." Other distinguished speakers also spoke in the same vein as seeing C-PAC as important in promoting the cause of Caribbean influence.

The various annual reports given noted that the state of C-PAC is solid. To end it all, the silent auction and raffle had the group in a very festive mood with the plethora of prizes won. CPAC Founding patron Jaye Ann Lowe, Esq. served as the Mistress of Ceremonies for the 2014 C-PAC luncheon.



Ambassador Neil Parsan of Trinidad and Tobago share a joke with Dr. John George, CPAC Founding Patron and Denys Vaughn-Cooke, CPAC Vice President.