



Health Insurance Coverage Changes Since Implementation of the Affordable Care Act: Asian Americans and Pacific Islanders

Asian Americans and Pacific Islanders (AAPIs) experienced larger relative gains in health insurance coverage than any other racial group in the United States since the Affordable Care Act was fully implemented in 2014.

KEY POINTS

- Gains in health insurance coverage since 2014 have essentially erased the coverage disparity AAPIs experienced compared to non-Hispanic Whites prior to the implementation of the Affordable Care Act.
- The uninsured rate for the AAPI population decreased from 14.7 percent in 2013 to 6.8 percent in 2019. This 54 percent reduction in the uninsured rate was the largest improvement among any racial or ethnic group during this time period.
- Uninsured rates vary greatly among AAPI subgroups, ranging from 2.8 percent for Japanese Americans to 10.0 percent for Korean Americans and 12.3 percent for Native Hawaiians and Pacific Islanders in 2019.
- AAPIs enroll in Marketplace health insurance coverage at rates much higher than their share of the overall population.
- Under the American Rescue Plan, more than 150,000 uninsured AAPIs now have access to zero-dollar premium health plans on [HealthCare.gov](https://www.healthcare.gov) and 197,000 uninsured AAPIs have become newly eligible for premium savings.

INTRODUCTION

Asian Americans and Pacific Islanders (AAPIs) comprised 5.9 percent of the total U.S. population in 2019 and are the fastest growing racial group in the United States.¹ The AAPI population grew from 16.5 million to 19.2 million between 2013 and 2019, an increase of 16.5 percent, compared to 3.8 percent population growth for the nation as a whole.ⁱ The largest AAPI subgroups in 2019 were Chinese (4.4 million), Asian Indian (4.2 million), Filipino (3.0 million), Vietnamese (1.9 million), Korean (1.5 million), Japanese (0.8 million), and Native

ⁱ Population estimates combines the total number of Asians alone without another race and the total number of Native Hawaiian and Other Pacific Islanders alone. Throughout the brief, we use the term “Asian Americans and Pacific Islanders” for estimates encompassing both groups, and “Asian Americans” and “Native Hawaiians and Other Pacific Islanders,” respectively, for estimates for each of those groups separately. Some data sources refer to Asian Americans as “Asians,” and some data sources refer to Native Hawaiians and other Pacific islanders as “Pacific Islanders.” Some data sources that report data for Asian Americans do not report data for Native Hawaiians and Other Pacific Islanders due to small sample sizes and/or high standard errors for the latter population.

Hawaiian and Other Pacific Islanders (NHPI, 0.6 million). Almost one third (31.4 percent) of the U.S.'s 44.9 million immigrants were AAPI in 2019 and the number of AAPI immigrants increased by 80 percent between 2000 and 2019.²

This Issue Brief analyzes changes in coverage from 2013-2019 among AAPIs and AAPI subgroups, using a combination of data from the American Community Survey (ACS) and Marketplace data, including estimated impacts of the 2021 American Rescue Plan. This Issue Brief is the first in a series of reports examining the change in coverage rates from 2013 to 2019 among select racial and ethnic populations.

METHODS

The American Community Survey (ACS) conducted by the Census Bureau is the largest national survey of households. The Census Bureau surveys almost 300,000 households each month for the ACS and collects health insurance and racial/ethnicity demographic data, along with other types of information.

Our population estimates combine the total number of Asians alone without another race and the total number of Native Hawaiian and Other Pacific Islanders (NHPIs) alone. Throughout the brief, we use the term “Asian Americans and Pacific Islanders” for estimates encompassing both groups, and “Asian Americans” and “Native Hawaiians and Other Pacific Islanders,” respectively, for estimates for each of those groups separately. It is important to note that some data sources that report data for Asian Americans do not report data for NHPIs due to small sample sizes for the latter population.

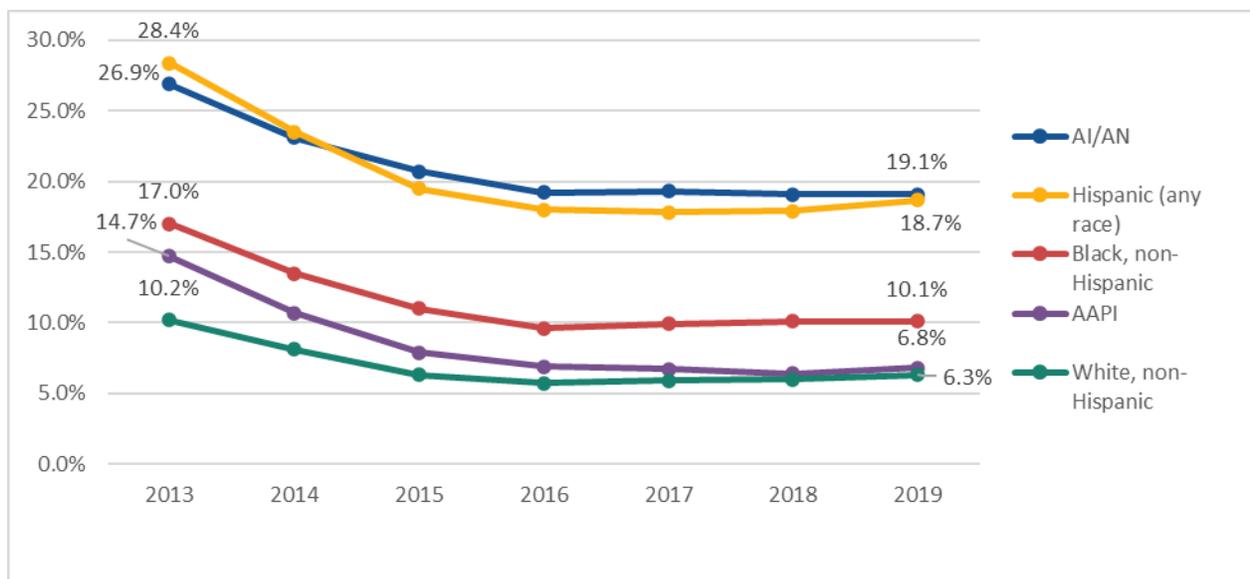
RESULTS

Health Coverage

The uninsured rate among the nation's AAPI population decreased from 14.7 percent in 2013 before the full implementation of ACA provisions to 6.8 percent in 2019, a drop of more than half (53.7 percent). This was the largest relative decreaseⁱⁱ in the uninsured rate from 2013 to 2019 among racial and ethnic demographic groups, followed by non-Hispanic Blacks (40.6 percent), non-Hispanic Whites (38.2 percent), Hispanics (34.2 percent), and American Indians and Alaskan Natives (AI/AN, 29.0 percent). An estimated 6.8 percent of AAPIs were uninsured in 2019, compared with 9.2 percent of the U.S. total, 6.3 percent of non-Hispanic Whites, 10.1 percent of non-Hispanic Blacks, 18.7 percent of Hispanics (all races), and 19.1 percent of AI/ANs for as shown in Figure 1.³ Nearly all of the coverage disparity between AAPIs and non-Hispanic Whites was eliminated between 2013 and 2019.

ⁱⁱ These percentage decreases show relative declines from 2013. In absolute percentage point reductions in uninsured rates, Hispanic and AI/AN populations, which had the highest uninsured rates in 2013, experienced the largest gains in coverage.

Figure 1. Uninsured Rates for Total US Population and by Race and Ethnicity, 2013-2019

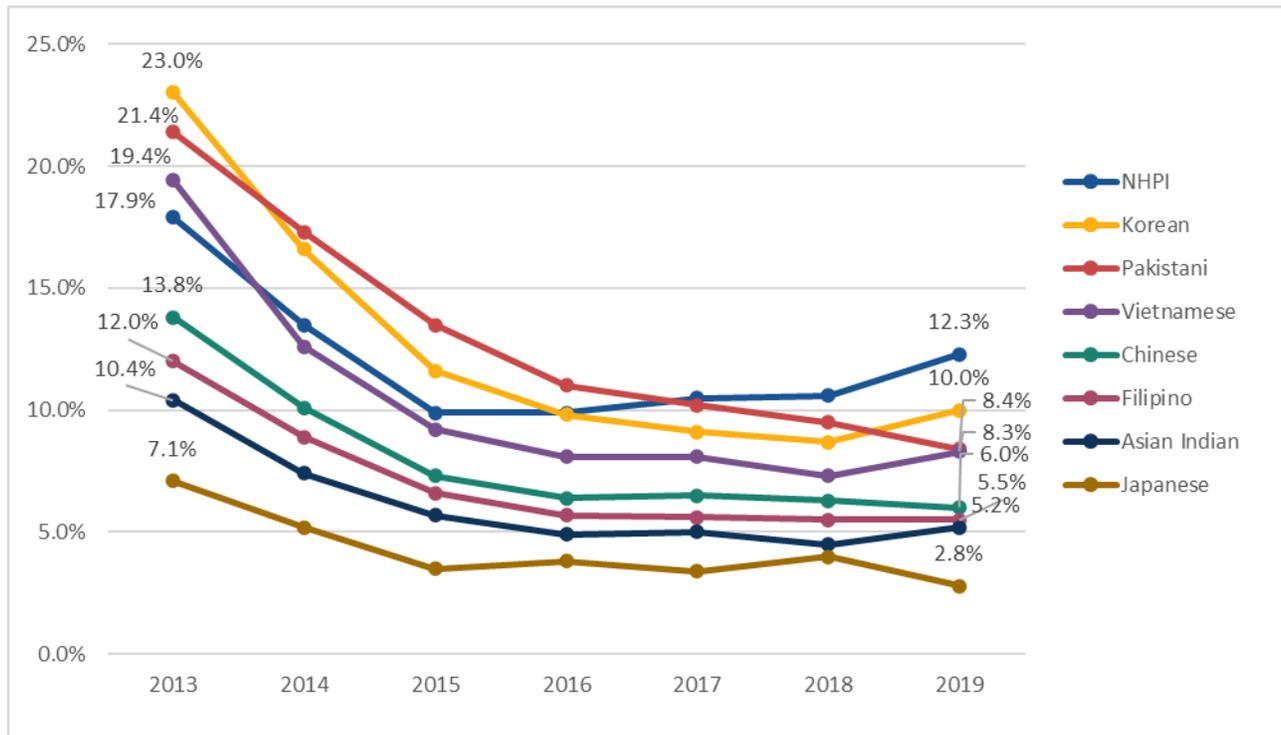


Source: 2013-2019 American Community Survey.

Note: AI/AN = American Indian/Alaskan Native and AAPI = Asian American and Pacific Islander.

Coverage rates vary considerably by AAPI subgroup, with uninsured rates of 2.8 percent for Japanese Americans, 5.2 percent for Indian Americans, 5.5 percent for Filipino Americans, 6.0 percent for Chinese Americans, 8.3 percent for Vietnamese Americans, 10.0 percent for Korean Americans, and 12.3 percent for Native Hawaiian and Other Pacific Islander Americans (NHPIs) in 2019.⁴ Differences among AAPI subgroups can be explained at least in part by variation in employment, employer size, and income.⁵ For example, Korean and Vietnamese Americans are more likely to be self-employed – 9.5 percent for Korean Americans and 8.3 percent for Vietnamese Americans, compared to 5.2 percent for Asian Americans, 3.7 percent for NHPIs, and 6.4 percent for non-Hispanic Whites.⁶ Currently, only Korean Americans and NHPIs have double-digit uninsured rates (10.0 percent and 12.3 percent respectively). This is a substantial change from pre-ACA data. In an earlier ASPE Issue Brief examining uninsured rates of AAPIs in 2010, all subgroups except for Japanese Americans had uninsured rates of at least 10 percent.⁷ All AAPI subgroups reduced their uninsured rates substantially between 2013 (e.g. before the implementation of the ACA Marketplace and Medicaid expansion) and 2019, as shown in Figure 2.

Figure 2. Uninsured Rates by AAPI Subgroup, 2013-2019



Source: 2013-2019 American Community Survey.
 Note: NHPI = Native Hawaiian and Other Pacific Islander.

Marketplace Coverage

AAPIs are enrolled in health plans through the Marketplace at rates far higher than their share of the U.S. population. In the 39 states using HealthCare.gov in 2019, AAPIs represented 4 percent of the total population but accounted for 11 percent of Marketplace health plan selections among those responding to questions on race in their applications.^{8,9iii}

AAPIs are similarly represented at high levels among Marketplace enrollees in several large states with state-based Marketplaces, among those who provided information on their race^{iv}:

- In California (home to more than 30 percent of the total U.S. AAPI population), AAPIs comprised 24 percent of the state Marketplace enrollees compared to 15 percent of the state population.¹⁰
- In New York (home to 9 percent of the total U.S. AAPI population), AAPIs comprised 12 percent of the state Marketplace enrollees compared to 8 percent of the state population.¹¹
- In Washington State (home to 4 percent of the total U.S. AAPI population), AAPIs comprised 15 percent of the Marketplace enrollees compared to 10 percent of the state population.¹²

Together the 39 states using the HealthCare.gov platform in 2019 plus California, New York, and Washington State comprised 92 percent of the total U.S. AAPI population. In these 42 states, an estimated 13 percent of Marketplace enrollees who provided information on race reported that they were AAPI, more than double the AAPI share of the population (6 percent) in those states.¹³

ⁱⁱⁱ The non-response rate for race was 30 percent in 2019 for the Healthcare.gov states.

^{iv} Non-response rates for race in these three states ranged from 19 to 21 percent.

The high enrollment rates of AAPIs in Marketplace health plans may be attributed in part to the efforts of AAPI nonprofit organizations and AAPI insurance agents that offer enrollment assistance in Asian languages.¹⁴ Almost three quarters of AAPIs speak a language other than English at home and 31 percent report speaking English as less than “very well.”¹⁵ For example, the Action for Health Justice, a network of national and local community-based organizations and Federally Qualified Health Centers, was established in July 2013 to reach and educate AAPIs about health insurance options under the ACA.¹⁶ The Action for Health Justice conducted outreach, education and enrollment assistance in 41 Asian languages and 1,255 media outlets. In California, AAPIs were the racial and ethnic group most likely to enroll through an insurance agent (54 percent in 2014 and 35 percent in 2019).¹⁷

Starting April 2021, the American Rescue Plan Act (ARP) offers more opportunity for premium savings through enhanced and expanded eligibility for Marketplace premium tax credits. Under these ARP provisions, an estimated 156,000 uninsured AAPIs have access to zero-premium plans, and 197,000 uninsured AAPIs have become newly eligible for premium savings for Marketplace plans.^{18,19}

Medicaid Coverage

Medicaid provides coverage to low income individuals including children, pregnant women, parents and caretaker relatives, adults, people with disabilities, the blind, and those age 65 and over. The ACA allowed states to expand Medicaid coverage to adults with incomes up to 138% of the Federal Poverty Level (FPL), which has decreased uninsured rates significantly. The average monthly number of Medicaid adult expansion enrollees was 15.9 million in 2019.²⁰ A study of low-income AAPIs showed that their Medicaid coverage gains in states that expanded Medicaid to adults were largely offset by their private coverage gains (mostly in Marketplace) in non-expansion states, and AAPIs had overall lower coverage gains associated with Medicaid expansion than Whites, Hispanics and Blacks.²¹

The vast majority (80 percent) of the nation’s AAPIs lived in the 34 Medicaid expansion states, as of 2019. In California, the state with almost one third (31.9 percent) of the total U.S. AAPI population in 2016, 19.9 percent of the 2016 Medicaid expansion adult population was AAPI, significantly higher than their 14.5 percent share of the state population.²²

Effective December 27, 2020, the Consolidated Appropriations Act, 2021 requires states and the District of Columbia to provide full Medicaid coverage to the citizens of the Freely Associated States living in the United States under the Compacts of Free Association (COFA) provided they otherwise meet Medicaid eligibility requirements. COFA is an agreement between the United States and the three Pacific Island sovereign states of Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau – known as Freely Associated States. Election of this coverage is optional for the U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands). The extension of full Medicaid benefits to COFA migrants will further increase access to healthcare coverage for this population. In 2018, an estimated 94,000 COFA individuals lived in the U.S. and its territories.²³

Community Health Centers

The ACA provided additional funding for community health centers, which serve patients with private health insurance and public health insurance such as Medicaid or Medicare, as well as patients without health insurance. The number of AAPI patients seen in community health centers increased from 1.08 million in 2013 to 1.28 million in 2018, an increase of 18.7 percent, compared to an increase of 13.5 percent for all patients.²⁴ The ARP awarded community health centers more than \$6 billion to expand health centers’ operational capacity during the pandemic and beyond.²⁵

Disparities in Health Outcomes

AAPIs have the lowest adjusted death rates, the lowest overall cancer incidence rates, and the lowest or second lowest rate of risk factors for heart disease of any racial group in the U.S.^{26,27,28} However, health disparities remain. While AAPIs had the lowest overall cancer incidence rate, research shows that they have high rates of liver cancer and stomach cancer.²⁹ AAPIs also have the highest hepatitis B-related mortality rate and incidence of tuberculosis (16.7 cases per 100,000 compared to 0.5 cases per 100,000 for non-Hispanic Whites, as of 2019).^{30,31}

Data on disease prevalence rates for specific AAPI subgroups are limited, but certain select studies demonstrate large health disparities among the subgroups. The rate of diagnosed diabetes was 9.2 percent for Asian Americans, compared to 7.6 percent for non-Hispanic Whites in 2017-18, but as high as 12.2 percent for Asian Indians and 10.4 percent for Filipinos and as low as 5.6 percent for Chinese.³² The rate of undiagnosed diabetes was 4.6 percent for Asian Americans, compared to 2.5 percent for non-Hispanic Whites in 2013-2016.³³ Cervical cancer incidence rates were 7 to 10 times higher for Vietnamese, Samoans, and Laotians, compared to non-Hispanic Whites in 1998-2002.³⁴

The Affordable Care Act (ACA) has helped address health disparities by expanding health coverage and requiring essential benefits. The ACA essential benefits make preventive services more affordable and accessible, requiring many health insurance plans to cover recommended prevention and wellness benefits with no cost-sharing.

CONCLUSION

Prior to the Affordable Care Act (ACA), AAPIs experienced significantly higher uninsured rates than Non-Hispanic Whites (14.7 percent uninsured rate for AAPIs compared to 10.2 percent for non-Hispanic Whites). Since the implementation of the ACA in 2014, overall coverage disparities for AAPIs compared to Whites have been eliminated due to coverage gains under Medicaid, the individual insurance market (both on and off the Marketplace), and employer-sponsored insurance.³⁵ Among AAPI adults, those with incomes between 138 percent and 400 percent of the FPL and who lived in Medicaid expansion states experienced the largest gains in coverage. More than one million AAPIs gained health insurance coverage in 2016 associated with the implementation of ACA.³⁶

Multi-lingual and culturally-competent outreach, in addition to policies that support pathways to coverage for immigrant communities, are essential in further expanding coverage and access to care in the AAPI population. However, more studies are needed to determine best practices for outreach, education and enrollment activities and how strategies could be improved for AAPIs and other groups. Additional research is also needed to assess the impact of Marketplace coverage and Medicaid expansion on utilization of health services and health outcomes among AAPIs. The passage of the ARP and other policies to bolster coverage may further improve health care access among AAPIs.

REFERENCES

- ¹ Estimates are from the 2013 and 2019 American Community Survey (ACS) using the U.S. Census Bureau's Advanced search tool, which can be accessed at <https://data.census.gov/cedsci/advanced>.
- ² 2019 American Community Survey and Campbell, J. and Jung, K. Historical Census Statistics on the Foreign-born Population of the United States: 1850-2000. U.S. Census Bureau. Working Paper no. 81, February 2006.
- ³ 2019 American Community Survey.
- ⁴ 2019 American Community Survey. We refer to AAPIs residing in the U.S. as Americans but some may be here temporarily and not consider themselves Americans.
- ⁵ Health Coverage and Access to Care among Asian Americans, Native Hawaiians and Pacific Islanders. Kaiser Family Foundation, April 2008. Accessed at: <http://kff.org/disparities-policy/fact-sheet/health-coverage-and-access-to-care-among/>. Obtaining insurance through an employer plan varied across Asian American and Pacific Islander subgroup, with Asian Indians, Japanese Americans, and Filipino Americans most likely and Vietnamese and Korean Americans least likely to have insurance through an employer health plan (and more likely to work in firms with fewer than 100 employees) and more likely to be uninsured in 2004 - 2006. Vietnamese Americans and Native Hawaiians and Pacific Islanders were more likely to be poor or near poor compared to other Asian Americans and Pacific Islanders, contributing to their high uninsured rates.
- ⁶ Estimates are from the 2019 American Community Survey (ACS) for subgroups of Asian alone and non-Hispanic Whites. ⁷ Chu, Rose, Wong, Daniel, Robinson, Wilma, and Finegold, Kenneth. The Affordable Care Act and Asian Americans and Pacific Islanders. ASPE Research Brief, April 1, 2012. Accessed at: <https://aspe.hhs.gov/pdf-report/affordable-care-act-and-asian-americans-and-pacific-islanders>.
- ⁸ Health Insurance Exchanges 2019 Open Enrollment Report. CMS Report. October 2018. Accessed at: <https://www.cms.gov/newsroom/fact-sheets/health-insurance-exchanges-2019-open-enrollment-report>. Data on race of enrollees was not available by state.
- ⁹ Wynia R. Hasnain, Clark K. Taylor, and Ayodola Anise. Collecting race, ethnicity, and language data to identify and reduce health disparities: perceptions of health plan enrollees. Medical Care Research and Review 68, no. 3 (2011): 367-381. National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. Office of Minority Health, U.S. Department of Health and Human Services, April 2013.
- ¹⁰ Membership Profile March 2019. Covered California. Accessed at: https://hbex.coveredca.com/data-research/library/active-member-profiles/CC_Membership_Profile-2019_03.xlsx.
- ¹¹ 2019 Open Enrollment Report. New York State of Health. Accessed at: <https://info.nystateofhealth.ny.gov/2019OpenEnrollmentReport>.
- ¹² QHP Enrollee Data. Washington Health Benefit Exchange. Accessed at: https://www.wahbexchange.org/wp-content/uploads/2020/02/HBE_EB_190531_Spring-2019-Enrollment-Report_190530_FINAL_Rev2.pdf.
- ¹³ California, New York, and Washington State have different methodologies on race/ethnicity than Healthcare.gov.
- ¹⁴ Ramakrishnan, Karthick and Ahman, Farah. State of Asian Americans and Pacific Islanders Series. Center for American Progress, September 14, 2014. Accessed at: <https://cdn.americanprogress.org/wp-content/uploads/2014/04/AAPIReport-comp.pdf>.
- ¹⁵ Estimates are from the 2019 American Community Survey (ACS) using the U.S. Census Bureau's Advanced search tool. ¹⁶ Improving the Road to ACA Coverage: Policy Recommendations for Enrollment Success. Action for Health Justice, September 2014. Accessed at: <http://www.apiahf.org/resources/resources-database/improving-road-aca-coverage-lessons-learned-outreach-education-and-enro>.
- ¹⁷ Executive Director's Report June 19, 2014. Covered California. Accessed at: http://board.coveredca.com/meetings/2014/6-19/PDFs/PPT%20-%20Executive%20Director%27s%20Report_June%202019,%202014.pdf. Membership Profile March 2019. Covered California. Accessed at: https://hbex.coveredca.com/data-research/library/active-member-profiles/CC_Membership_Profile-2019_03.xlsx.
- ¹⁸ Branham, D., Conmy, A., Deleire, T., Musen, J., Xiao, X., Chu, R., Peters, Ch., and Sommers, B. Access to Marketplace Plans with Low Premiums on the Federal Platform Part II: Availability Among Uninsured Non-Elderly Adults Under the American Rescue Plan. ASPE Issue Brief, April 1, 2021. Accessed at: <https://aspe.hhs.gov/system/files/pdf/265321/ASPE%20ACA%20Low%20Premium%20Plans%20Issue%20Brief%20II.pdf>.

- ¹⁹ Fact Sheet: American Rescue Plan: Reduces Health Care Costs, Expands Access to Insurance Coverage, and Addresses Health Care Disparities. Centers for Medicare & Medicaid, March 12, 2021. Accessed at: <https://www.hhs.gov/about/news/2021/03/12/fact-sheet-american-rescue-plan-reduces-health-care-costs-expands-access-insurance-coverage.html>.
- ²⁰ Adult Expansion Enrollment in 2019. Centers for Medicare & Medicaid. Accessed at: <https://www.medicaid.gov/dq-atlas/landing/topics/single/table?topic=g1m5&tafVersionId=8>.
- ²¹ Park, J.J., Sommers, B.D., Himble, S., Epstein, A.M., Colditz, G.A., and Koh, H.K. Medicaid and Private Insurance Coverage for Low-Income Asian Americans, Native Hawaiians, And Pacific Islanders, 2010-16. Health Affairs 38(11), November 2019.
- ²² Medi-Cal's Optional Adult Expansion Population. California Department of Health Care Services, October 2016. Accessed at: https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Expansion_Adults_201610.pdf. Month of Eligibility, Race/Ethnicity, and Age Group, by County, Medi-Cal Certified Eligibility, 2016 data. California Health & Human Services Agency. Accessed at: <https://data.chhs.ca.gov/dataset/medi-cal-certified-eligibles-tables-by-county-from-2010-to-most-recent-reportable-month/resource/29a8f949-5c12-4e42-92db-39fa5ea12b8e>.
- ²³ Compacts of Free Association: Populations in U.S. Areas Have Grown, with Varying Reported Effects. GAO Report GAO-20-491, June 15, 2020. Accessed at: <https://www.gao.gov/products/gao-20-491>.
- ²⁴ ASPE analysis of 2013 data from Health Resources and Services Administration (HRSA) Uniform Data System. "The Health of Asian Americans and Native Hawaiian and Pacific Islanders Served at Health Centers: UDS 2018", AAPHO, 2019. Accessed at: https://www.aapcho.org/resources_db/analysis-of-native-hawaiian-and-pacific-islander-health-outcomes-at-health-centers-uds-2018/.
- ²⁵ Biden Administration Invests More Than \$6 Billion from the American Rescue Plan into Community Health Centers Nationwide. Health Resources and Services Administration Press Release, April 1, 2021. Accessed at: <https://www.hrsa.gov/about/news/press-releases/health-center-program-american-rescue-plan>.
- ²⁶ Murphy, S., Xu, J., Kochanek, K., Arias, E., and Tejada-Vera, B. Deaths: Final Data for 2018. CDC, January 12, 2021. National Vital Statistics Report, January 2021.
- ²⁷ Annual Cancer Facts and Figures 2020. American Cancer Society. Accessed at: <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/incidence-and-mortality-rates-race-and-ethnicity-2012-2017.pdf>. Data from North American Association of Central Cancer Registries 2019 and CDC.
- ²⁸ 2019 Heart Disease Disparities. CDC, April 2019. Accessed at: <https://www.cdc.gov/nchs/hus/spotlight/2019-heart-disease-disparities.htm>.
- ²⁹ 2013 Cancer Types Grouped by Race and Ethnicity. Centers for Disease Control and Prevention (CDC). Accessed at: <https://nccd.cdc.gov/uscs/cancersbyraceandethnicity.aspx>.
- ³⁰ Surveillance for Viral Hepatitis, US 2014. Centers for Disease Control and Prevention (CDC). Accessed at: <https://www.cdc.gov/hepatitis/statistics/2018surveillance/pdfs/2018HepSurveillanceRpt.pdf>.
- ³¹ Trends in Tuberculosis. Centers for Disease Control and Prevention (CDC). Accessed at: <https://www.cdc.gov/tb/statistics/reports/2019/table2.htm>.
- ³² National Diabetes Statistics Report. Centers for Disease Control and Prevention (CDC), Appendix Table 3. Accessed at: <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.
- ³³ National Diabetes Statistics Report. Centers for Disease Control and Prevention (CDC), Table 1A. Accessed at: <https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf>.
- ³⁴ Miller, Barry A., Chu, K., Hankey, B., and Reis, L. Cancer incidence and mortality patterns among specific Asian and Pacific Islander populations in the U.S. Cancer Causes & Control, 2008 Volume 19: 227-256.
- ³⁵ Gunja, M., Baumgartner, J., Shah, A., Radley, D., and Collins, S. Gap Closed: The Affordable Care Act's Impact on Asian Americans' Health Coverage. Commonwealth Fund, July 2020. Accessed at: <https://www.commonwealthfund.org/publications/issue-briefs/2020/jul/gap-closed-aca-impact-asian-american-coverage>.
- ³⁶ Park, J. and Sommers, B. More than 1 Million Asian Americans, Native Hawaiians, and Pacific Islanders Have Gained Coverage Under the Affordable Care Act. AcademyHealth Blog Post, October 16, 2018. Accessed at: <https://www.academyhealth.org/blog/2018-10/more-1-million-asian-americans-native-hawaiians-and-pacific-islanders-have-gained-coverage-under-affordable-care-act>.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation

200 Independence Avenue SW, Mailstop 447D
Washington, D.C. 20201

For more ASPE briefs and other publications, visit:

aspe.hhs.gov/reports



ABOUT THE AUTHORS

Rose C. Chu is a Program Analyst in the Office of Health Policy in ASPE.

Benjamin D. Sommers is the Deputy Assistant Secretary for the Office of Health Policy in ASPE.

SUGGESTED CITATION

Chu, RC and Sommers, BD. Health Insurance Coverage Changes Since Implementation of the Affordable Care Act: Asian Americans and Pacific Islanders (Issue Brief No. HP-2021-11). Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. May 24, 2021.

COPYRIGHT INFORMATION

All material appearing in this report is in the public domain and may be reproduced or copied without permission; citation as to source, however, is appreciated.

DISCLOSURE

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Subscribe to ASPE mailing list to receive email updates on new publications:

aspe.hhs.gov/join-mailing-list

For general questions or general information about ASPE:

aspe.hhs.gov/about