



# APAMSA

**Policy Update  
May 2024**

## **U.S. Office of Management and Budget: Revisions to Standards for Federal Data on Race and Ethnicity**

<https://www.govinfo.gov/content/pkg/FR-2024-03-29/pdf/2024-06469.pdf>

The Office of Management and Budget (OMB) has updated its race and ethnicity data standards to use a single combined race and ethnicity question, add Middle Eastern or North African as a minimum reporting category, require the collection of disaggregated categories unless a federal department or agency receives an exemption from OMB (Chinese, Asian Indian, Filipino, Vietnamese, Korean, and Japanese for Asians, and Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, and Marshallese for Native Hawaiians and Pacific Islanders), and require Action Plans on Race and Ethnicity Data from all federal departments and agencies by March 2025. The revised standards are effective immediately, with full compliance across the federal government required by 2029.

## **AAPI Data: Strengthening the Federal Government's Data Disaggregation Pillar**

<https://aapidata.com/action/spd15-report/>

AAPI Data recommends that, in implementing its revised federal race and ethnicity data standards, the OMB publish an inventory of disaggregated race and ethnicity categories used in all federal datasets, reconvene the Interagency Committee on Race and Ethnicity to discuss the criteria for the exemption from using disaggregated categories and make recommendations for additional disaggregated categories, and proactively provide technical assistance to federal departments and agencies to support their implementation of the revised standards.

## **Centers for Medicare & Medicaid Services: Health Equity-Related Data, Definitions, Standards, & Stratification Practices**

<https://www.cms.gov/files/document/cms-2024-omh-data-definitions.pdf>

The Centers for Medicare & Medicaid Services (CMS) Office of Minority Health has issued this resource for collecting demographic data related to health and health care, referencing the updated OMB race and ethnicity standards and recommending categories for language, sex assigned at birth, gender identity, sexual orientation, disability, and rural residence. CMS has committed to the adoption of these data categories within its programs and services.

## **Compacts of Free Associations Renewed for 20 Years and \$7.1 Billion in Funding Approved**

<https://www.state.gov/on-the-enactment-of-compact-related-legislation/>

<https://crsreports.congress.gov/product/pdf/IF/IF12194>

The U.S. Congress has ratified and President Joe Biden has signed the renewal of the Compacts of Free Association (COFA) with the Freely Associated States (FAS) of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau for the next 20 years. The renewed Compacts reinforce military alliances and commit \$7.1 billion in U.S. funding for health, human services, education, infrastructure, and other supports to the FAS.

## **National Institutes of Health: Establishing the Native Hawaiian/Pacific Islander Health Research Office**

<https://appropriations.house.gov/sites/republicans.appropriations.house.gov/files/FY24-LHHS-Explanatory-Materials.pdf> (page 90)

Authorization and funding of \$5 million to establish a Native Hawaiian/Pacific Islander Health Research Office (NHPIHRO) at the National Institutes of Health was included in the final federal government appropriations for Fiscal Year 2024. The NHPIHRO will address Native Hawaiian and Pacific Islander (NHPI) health disparities, support the research of NHPI investigators, and develop partnerships with academic institutions with proven track records of working closely with NHPI communities and NHPI-serving organizations, and located in states with significant NHPI populations.

## **U.S. Department of Health and Human Service Office of Civil Rights: Updated Final Rule Implementing Affordable Care Act Section 1557 Prohibiting Discrimination in Health Programs and Activities**

<https://www.govinfo.gov/content/pkg/FR-2024-05-06/pdf/2024-08711.pdf>

The Office of Civil Rights has finalized its rule restoring expanded protections against discrimination based on age, sex, race, color, national origin (including language), and disability in federal health programs and activities enacted in the Affordable Care Act, reversing the narrow interpretations issued by the prior Administration. The final rule also adds new prohibitions against discrimination in the use of clinical algorithms, patient care decision support tools, and artificial intelligence.

## **Centers for Medicare & Medicaid: Final Rule Establishes Eligibility of Individuals with Deferred Action for Childhood Arrivals Status for Affordable Care Act Marketplace Insurance and Subsidies**

<https://www.govinfo.gov/content/pkg/FR-2024-05-08/pdf/2024-09661.pdf>

CMS has finalized its rule establishing eligibility of an estimated 100,000 uninsured individuals with Deferred Action for Childhood Arrivals (DACA) status for enrollment in Affordable Care Act insurance marketplaces, including subsidies for premiums and

*NCAPIP represents Asian American, Native Hawaiian, and Pacific Islander physicians committed to the advancement of the health and well-being of their patients and communities, with the goal of optimal health for all. APAMSA is a national organization of medical and pre-medical students committed to addressing the unique health challenges of Asian American, Native Hawaiian, and Pacific Islander communities.*

cost-sharing, when income-eligible. Eligibility will begin during the next open enrollment starting November 1, 2024. As of March 2024, approximately 2% of the over 530,000 individuals with active DACA status are from South Korea, the Philippines, India, and other Asian countries, and about 120 are from Pacific Islander countries.

<https://www.uscis.gov/tools/reports-and-studies/immigration-and-citizenship-data>

#### **The Commonwealth Fund: Health Care Workers' Observations of Discrimination Against Patients**

<https://www.commonwealthfund.org/publications/issue-briefs/2024/feb/revealing-disparities-health-care-workers-observations>

Discrimination against patients in health care settings on the basis of race, ethnicity, or language can negatively impact quality of care and health outcomes. This report is based on focus groups in 2022 and a national survey of 3,000 health care workers in 2023. Surveyed workers, across all races, ethnicities, ages, genders, and care settings, personally witnessed discrimination against patients and considered it to be a serious problem. About half of all health care workers indicated the discrimination caused them some or a lot of stress, including 54% of Asian American and Pacific Islander health care workers.

#### **The Commonwealth Fund: 2024 State Health Disparities Report**

<https://www.commonwealthfund.org/publications/fund-reports/2024/apr/advancing-racial-equity-us-health-care>

Racial and ethnic disparities in health, well-being, and life expectancy persist throughout the U.S. This analysis of 25 state health system performance indicators (including health insurance coverage, cost-related barriers to care, preventive care, hospital and emergency department use, treatable and preventable death, health risk behaviors, and health status) reported disparities for Asian American, Native Hawaiian, and Pacific Islander residents of Alaska, Arkansas, Connecticut, Colorado, Georgia, Kansas, Minnesota, North Carolina, and Tennessee. The report includes recommendations for policy and system changes that could reduce these inequities.

#### **AAPJ Data and University of California Los Angeles: Piecing the Puzzle Data of AANHPI Mental Health**

<https://healthpolicy.ucla.edu/sites/default/files/2024-02/final-chis-report-designed-2.26.24.pdf>

The COVID-19 pandemic highlighted mental health issues for Asian American (AA) and Native Hawaiian and Pacific Islander (NHPI) communities, given the stressors from stay-at-home orders, social isolation, anti-Asian hate incidents and bullying, and gun violence. This report is based on Census data and pooled California Health Interview Survey (CHIS) data from 2020-2022. Nearly half of AA and NHPI adults reported everyday experiences with discrimination, with South Asians (62%), Other Southeast Asians (other than Vietnamese)(57%) and Koreans (54%) reporting the highest rates. 20% of AA adults reported experience as a victim of a hate incident or crime, with Other

Southeast Asians reporting the highest rate (38%). 46% of AA adults and 45% of NHPI adults stated that they were very or somewhat worried about being a victim of gun violence. Of those who identified mental health support needs, 42% of NHPI adults and 31% of AA adults reported difficulty accessing services, with Other Southeast Asians (53%) reporting the highest rates of difficulty accessing mental health services. The report includes recommendations for increasing awareness about, and access to mental health services in AA and NHPI communities.

#### **New England Journal of Medicine: Asian Americans and Racial Justice in Medicine**

Ko M, Ngo V, Zhang AY, Mabeza RM, Hahn M. Asian Americans and racial justice in medicine. *N Engl J Med*. 2024;390(4):372-378

<https://www.nejm.org/doi/pdf/10.1056/NEJMms2307748>

Asian American physicians, about one-fifth of all U.S. physicians, have the unique position of being a racial "middle minority", with some racial, economic, and social privilege perpetuated by the "model minority" myth, while experiencing historical exclusions, ongoing racial harassment and discrimination, and lack of leadership opportunities. Organized medicine and medical education must acknowledge the diverse experiences of Asian American subgroups, including interpersonal and structural racial trauma, and actively engage Asian American physicians in anti-racism and cross-racial solidarity initiatives.

#### **JAMA: Disaggregated Asian American Health Data**

Madhusoodanan J. Researchers are working to disaggregate Asian American health data - here's why it's long overdue. *JAMA*. 2024 Mar 29. doi:

10.1001/jama.2023.8799. Epub ahead of print.

<https://jamanetwork.com/journals/jama/fullarticle/2816718>

Health data about Asian Americans and COVID-19, heart disease, diabetes, and other diseases mask disparities when broad data categories such as "Asian American" are used. Moreover, the few studies that include Asian Americans often focus on high-income, English-speaking Asian Americans from urban settings. It is imperative to support research that collects and disaggregates health data for diverse Asian American populations to ensure that clinicians can recognize the heterogeneity and disparities among Asian Americans, and advance health equity.

#### **National Committee for Quality Assurance: Health Equity Forum**

<https://events.ncqa.org/healthequityforum>

The National Committee for Quality Assurance (NCQA) held its first ever Health Equity Forum, highlighting its Health Equity Accreditation and Health Equity Accreditation Plus programs. Medicaid programs in 15 states now require health plans to achieve NCQA Health Equity Accreditation and 3 Medicaid programs require Health Equity Accreditation Plus.

*NCAPIP represents Asian American, Native Hawaiian, and Pacific Islander physicians committed to the advancement of the health and well-being of their patients and communities, with the goal of optimal health for all. APAMSA is a national organization of medical and pre-medical students committed to addressing the unique health challenges of Asian American, Native Hawaiian, and Pacific Islander communities.*