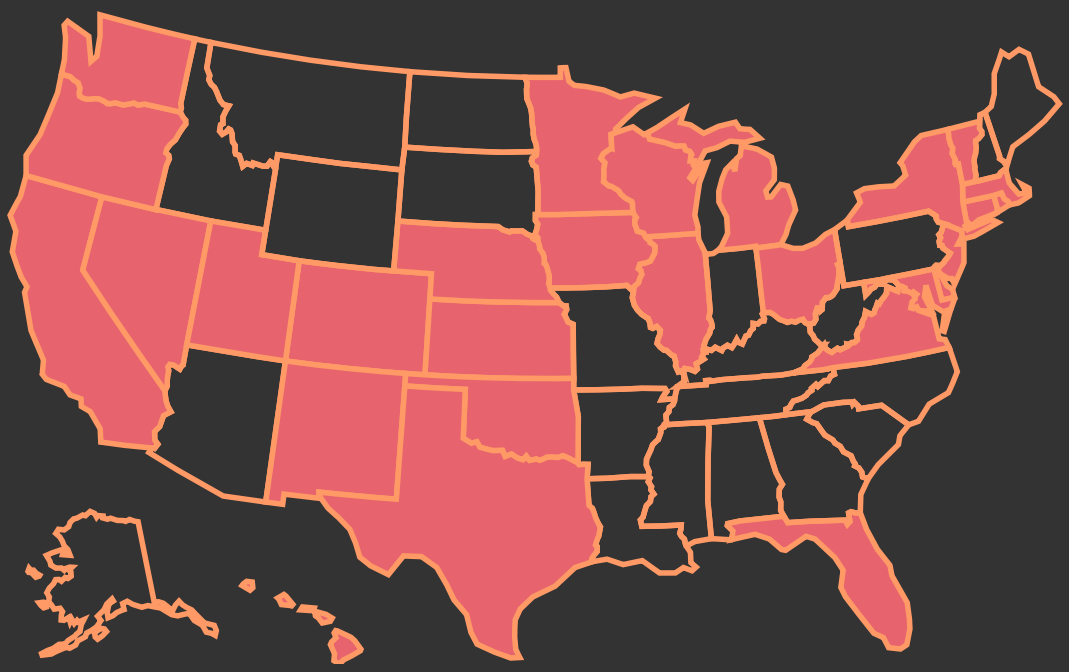
NOVEMBER 2022

#AGENDAS4INCLUSION

AGENDAS FOR INCLUSION

TRACKING STATE POLICIES ADDRESSING THE NEEDS OF ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER COMMUNITIES



AAPI DATA

#AAPI
#STATEPOLICY

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EXECUTIVE SUMMARY

Now more than ever, states are important policy battlegrounds on a variety of issues affecting communities of color. This is especially true with a deeply divided Congress, a Supreme Court delegating greater authority to state governments, the growing power of voters of color, and the growing diversification of state legislatures.

With a steep rise in hate crimes and hate incidents, Asian Americans, Native Hawaiians, and Pacific Islander (AA and NHPI) communities are working collectively and in coalition with other groups to push for policies that advance an agenda for inclusion, addressing community needs and building more equitable systems.

AAPI Data, working in collaboration with the National Council of Asian Pacific Americans, various state AANHPI commissions and community organizations, launched a state policy portal in November 2022 that

1. Provides insights on the policy landscape across states on issues that affect AA and NHPI communities; and
2. Serves as a foundation for establishing a network of state-level groups that can share insights and model legislative strategies with each other.

The AA and NHPI State Policy Portal contains several key features, including

- A clickable map allowing users to view key demographic data and policies by state;
- State maps of key policies related to data disaggregation, language access, and ethnic studies and curricula; and
- Tables that are filtered by issue area, as well as an "All Policies" table that allows users to view, search, and sort all the policies in the database across states.

The state policy portal relies heavily on the insights and expertise of state commissions focused on AA and NHPI issues, as well as state policy tracking on particular issues by the National Immigration Law Center, Migration Policy Institute, and the Asian American Research Initiative at San Francisco State University.

Even as we await new state-level policy proposals in 2023, several key insights emerge from the quantitative and qualitative data in the state policy portal. Language access is a key policy priority for Asian American and NHPI communities, who have rates of limited English proficiency at 32% and 12%, respectively. Indeed, language needs are as high for Asian Americans as they are for Latinos in the United States. At the same time, we find that only

EXECUTIVE SUMMARY (CONTINUED)

five states and the District of Columbia have enacted policies expanding language access to Asian American or NHPI communities.

States have moved farther and quicker on improving education and awareness of AA and NHPI history through course curricula. Of the 26 proposed policies related to AA and NHPI curricula across various states, 23 were proposed since 2021. Of those 26 proposals, 10 have been enacted, 2 have failed, and 14 are pending. This sharp and recent uptick in legislative activity is due largely to recent surges in anti-Asian hate incidents, and corresponding community organizing and advocacy. For example, the passage of the Teaching Equitable Asian American Community History Act in Illinois in 2021 was partially in response to the rise in hate incidents in the previous year. It is important to note that this category includes policies related to (1) ethnic studies and (2) curriculum with components related to AA and NHPI groups.

Data equity is also a significant and long-standing community concern, with the detailed collection of ethnicity data as a high priority given the vast differences in language need and socioeconomic outcomes by detailed Asian American and NHPI groups. This strategy is often referred to as data disaggregation by ethnicity or detailed origin. Of the 12 proposals related to data disaggregation in our database, 5 were proposed in 2021 and 2022. These proposals are split evenly between legislation that has been enacted and legislation that is pending. It is important to note, however, that not all proposals are in favor of data disaggregation. A few, such as HB 5282 in Connecticut, would have prohibited data disaggregation by ethnic subgroups in the public school system. Some of these recent debates reflect anxieties about data privacy, as well as perceptions and misconceptions about the use of ethnicity data to address systemic inequities on a range of outcomes.

Our report contextualizes these topics, along with several other key issue areas, with specific illustrative examples on how they affect Asian American, Native Hawaiian, and Pacific Islander communities. We also offer next steps in the ongoing development of our state policy portal, working in collaboration with a variety of partners, and our intentions to use it as a platform for information sharing, community building, and strategy development. Together, we hope to build stronger networks spanning various states and sectors that combine and leverage data and narrative to advance strategic policy action.

LANGUAGE ACCESS

Five states and the District of Columbia have enacted policies expanding Asian and/or NHPI language access.

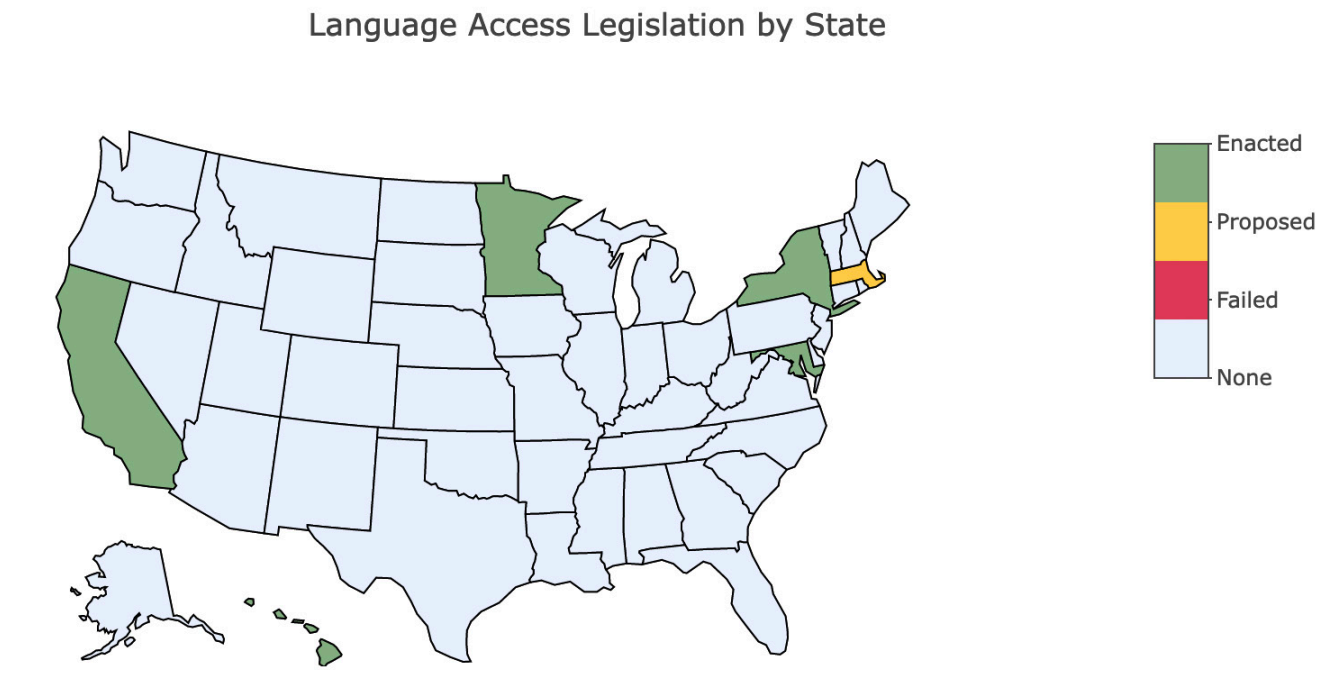
About 32% of the Asian population and 12.2% of the Native Hawaiian and Pacific Islander population in the United States are limited English proficient (LEP). Disaggregating by detailed national origin reveals even starker contrasts, with LEP rates for Asian groups spanning from 18% for the Indian population to 65% for the Bhutanese population, and LEP rates for NHPI groups ranging from 7% for the Chamorro population to 37% for the Marshallese population, nationally.[1] As a result, language access and translation services are critical for ensuring that our communities can access essential services, especially for those groups with especially high LEP rates. The wide range of experiences in our communities ultimately speaks to the importance of data disaggregation: state governments must have accurate data about the languages spoken by their residents in order to tailor services to their needs.

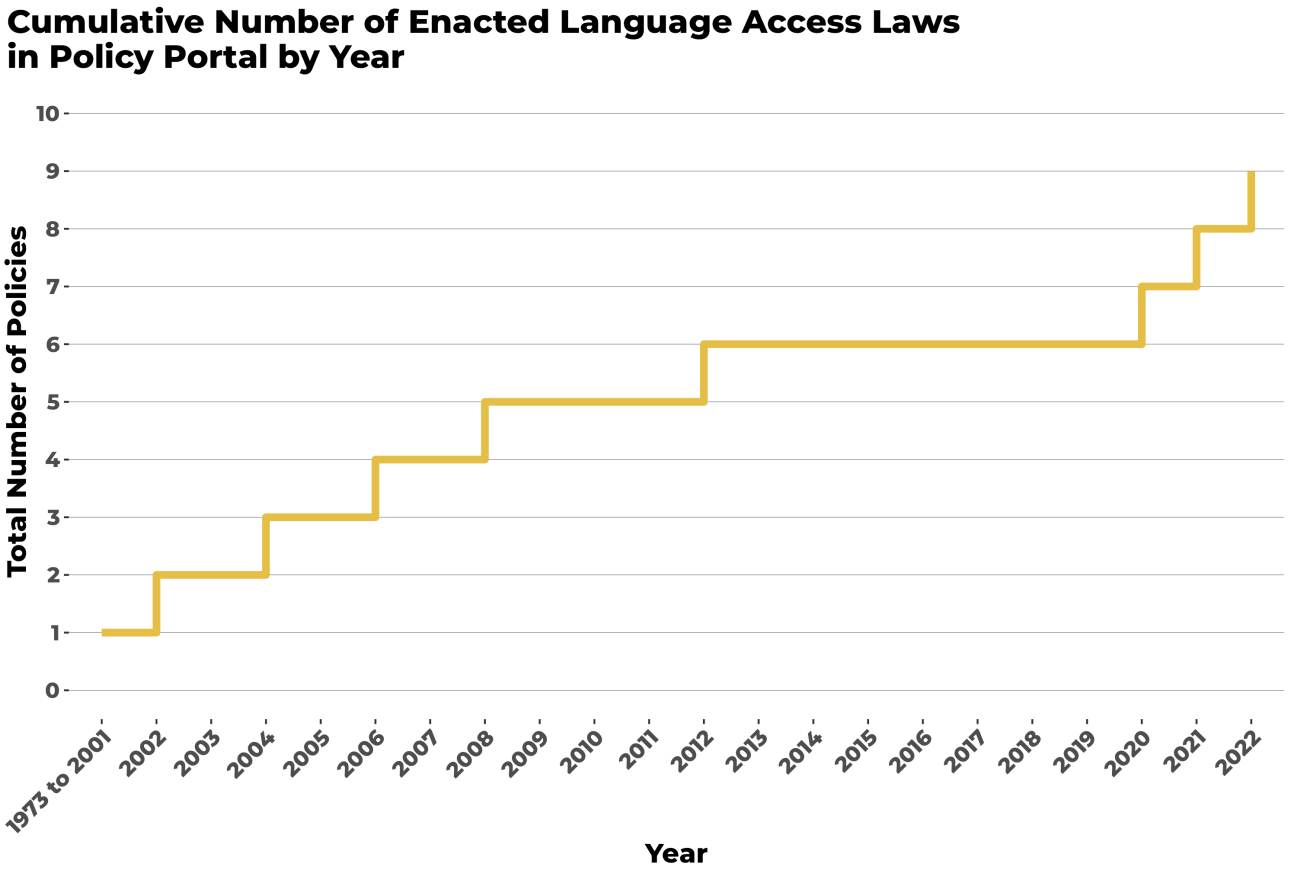
NEW YORK

In October 2011, Governor Andrew Cuomo signed Executive Order 26, which required state agencies that provide direct services to the public to translate essential documents into the six most-common, non-English languages spoken by limited English proficient individuals in New York State. Language needs were determined using American Community Survey data from the U.S. Census Bureau..[2]

Agencies were also required to provide interpreter services to individuals in their primary language when providing services or benefits. The order also requires state agencies to develop a language access plan and to update the plan bi-annually. Advocacy from Make the Road New York, the New York Immigration Coalition, and New York City's own executive order in 2008 contributed to the Governor's decision to issue EO 26. EO 26 resulted in state agencies providing translated materials in Spanish, Chinese, Russian, Haitian Creole, Bengali, and Korean.

On March 23, 2021, Governor Cuomo amended EO 26 to cover the ten most-common non-English languages spoken by limited English proficient individuals in New York State.[3] The amended order added Arabic, Polish, Italian, and Yiddish, to the existing list of languages of Spanish, Chinese, Russian, Haitian Creole, Bengali, and Korean. Part of the pressure on the Governor to extend the number of languages covered was because Korean


Language Access Legislation by State
Enacted
Proposed
Failed
None


Cumulative Number of Enacted Language Access Laws in Policy Portal by Year
Total Number of Policies
0
1
2
3
4
5
6
7
8
9
10
1973 to 2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
Year

was about to become the seventh most common non-English language in New York State, resulting in Korean falling off the list of languages requiring translated forms. Advocacy from Korean Community Services of Greater New York, Korean American Family Service Center, Minkwon, Asian American Federation, and other Korean American advocates pressured the Governor's office to amend EO 26.

During this time, language access advocates proposed legislation to codify language access into law and to address the shortfall in language coverage for new immigrant communities. A coalition of organizations including African Communities Together, Asian American Federation, Empire Justice Center, Masa, and New York Immigration Coalition, were advocating for changes to the requirements for which non-English languages needed translated materials by including factors such as recency of arrival and regional needs. The existing EO did not require translated materials for newly arrived immigrant groups until these groups grew to sufficient size to supersede more established immigrant groups. In addition, the size of New York City's immigrant population and the languages spoken by those immigrants tended to overshadow translation needs in other regions of the state that attracted immigrant groups not commonly found in New York City.

In April 2022, Governor Kathy Hochul signed Senate Bill 5236 and Assembly Bill 7428 into law, sponsored by State Sen. Timothy Kennedy and Assembly Member Latoya Joyner. The resulting law, Section 202-A, the language translation services section of the New York State Code, requires that state agencies provide translated materials for the top 12 most-common non-English languages spoken by limited English proficient individuals in New York State, according to the American Community Survey data from the U.S. Census Bureau.[4] The current list of languages covered are: Spanish, Chinese, Russian, Yiddish, Bengali, Korean, Haitian Creole, Italian, Arabic, Polish, French, and Urdu.

In addition, state agencies may also offer support for four additional languages based on the population of recently arrived immigrants, the growth of immigrant populations in different regions of the state, an agency's own data on demand for interpretation and translations by individuals served, and feedback from impacted community and advocacy organizations. The law also codifies requirements that agencies designate a language access coordinator, create language access plans, and provide interpreter services in an individual's primary language with respect to the provision of services and benefits.

ETHNIC STUDIES / CURRICULUM

Twenty one states have enacted 26 policies related to ethnic studies, and the vast majority have been enacted since 2021.

It is critical for students to see their identities reflected in the curricula they learn, which not only connects them to their history and culture, but also serves to build their sense of agency and civic engagement.[5] Students also benefit from developing an appreciation for the history of other racial and ethnic groups, which has the impact of reducing ignorance and xenophobic hate.[6]

Against a backdrop of spiking anti-Asian hate in 2021, Illinois passed a piece of milestone legislation, the Teaching Equitable Asian American Community History (TEAACH) Act (HB376),[7] becoming the first state with a stand-alone law requiring Asian American studies as part of the K-12 curriculum in public schools.[8] In 2022, New Jersey,[9] Connecticut,[10] and Rhode Island[11] followed suit. Until 2021, only a handful of states had statutes requiring ethnic studies curricula to include AA studies.

ILLINOIS

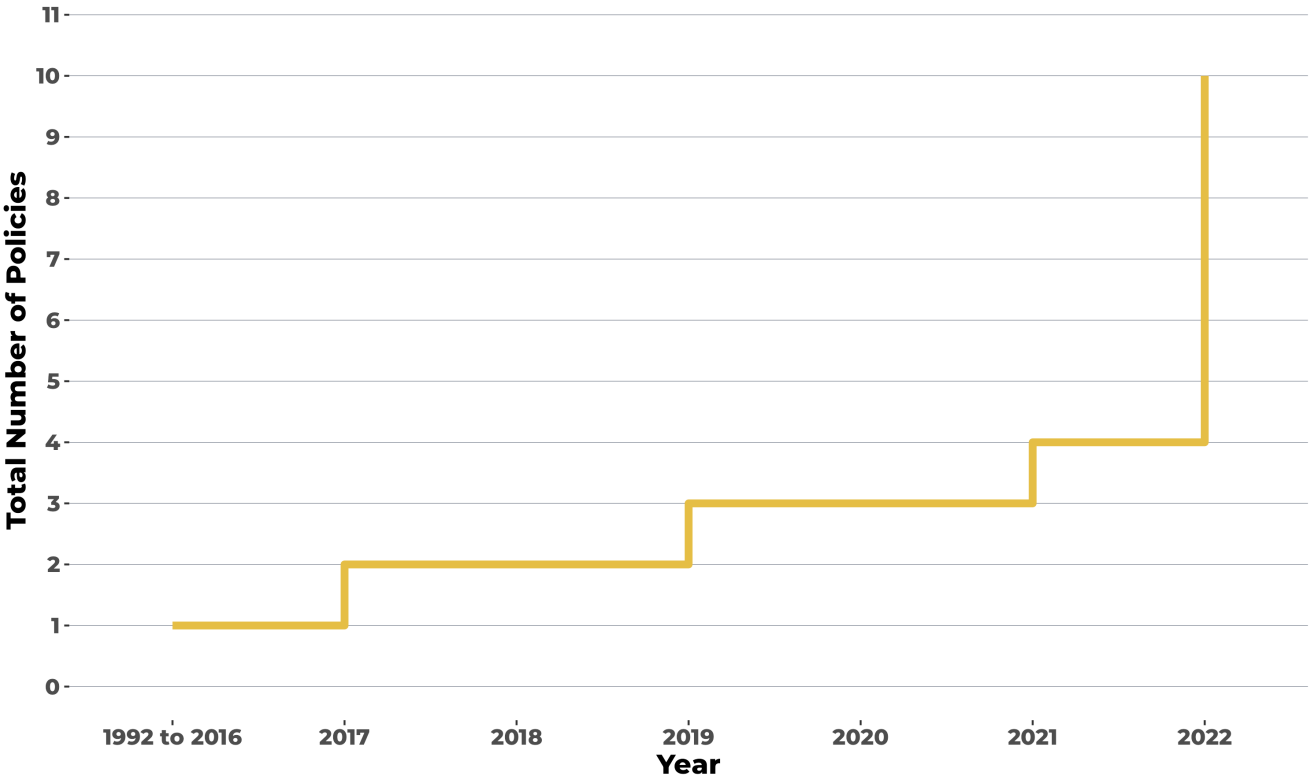
The TEAACH Act was sponsored by Rep. Jennifer Gong-Gershowitz and Sen. Ram Villivalam. Local advocacy groups like Pan Asian Voter Empowerment (PAVE), HANA Center, and Coalition for a Better Chinese Community, along with national groups like Asian Americans Advancing Justice—Chicago, led the campaign for the legislation, winning a unanimous vote of 57-0 in the Illinois Senate in May 2021.[12]

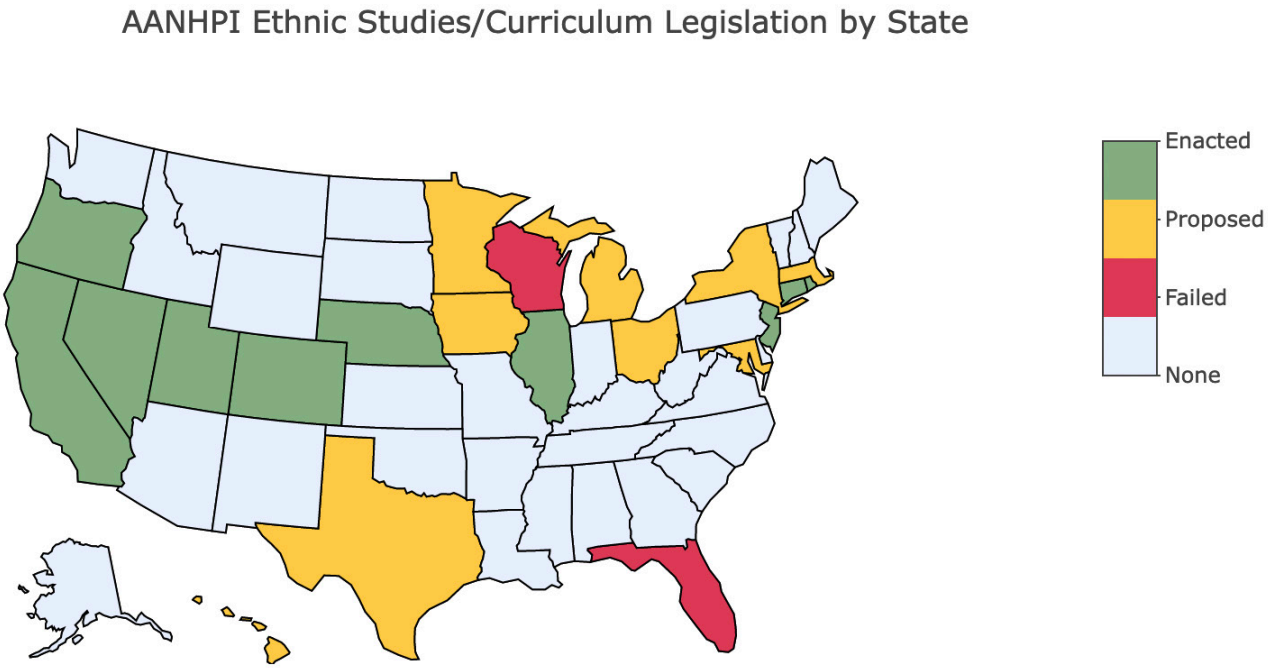
CALIFORNIA

On October 8, 2021, Governor Gavin Newsom signed into law AB 101 making California the first state to require all students to complete an ethnic studies course to earn a high school diploma. The bill, authored by Assemblyman Jose Medina, represents a collaborative effort across multiple communities to cover Black, Latino, Native Americans, Asian, Sikh, Jewish, Arab and Armenian Americans. The bill came out of a multi-year effort to add ethnic studies requirements to the high school curriculum in California. This effort represents the power of building a cross-community and cross-caucus coalition to push through legislation that addresses common issues for these communities.

The model curriculum will cover the history and culture of ethnic and racial groups that have been historically overlooked in the traditional social studies curriculum. The graduation requirement will become effective with the Class of 2030. School districts must begin offering ethnic studies courses by the 2025-2026 school year. The state allocated $50 million in the 2021-2022 fiscal year for ethnic studies curriculum development.[13]

Cumulative Number of Enacted AA and NHPI Ethnic Studies Laws in Policy Portal by Year





DATA EQUITY

Five states have enacted legislation on data equity, and three more have proposed legislation with a focus on disaggregated data collection.

Data disaggregation remains an important priority for AA and NHPI communities. Being able to accurately measure the experiences for each of the many communities that fall under the AA and NHPI umbrella is essential to ensuring that our communities are seen by government and philanthropy. Without this data, government funding cannot be directed to the communities that need resources and programs the most.

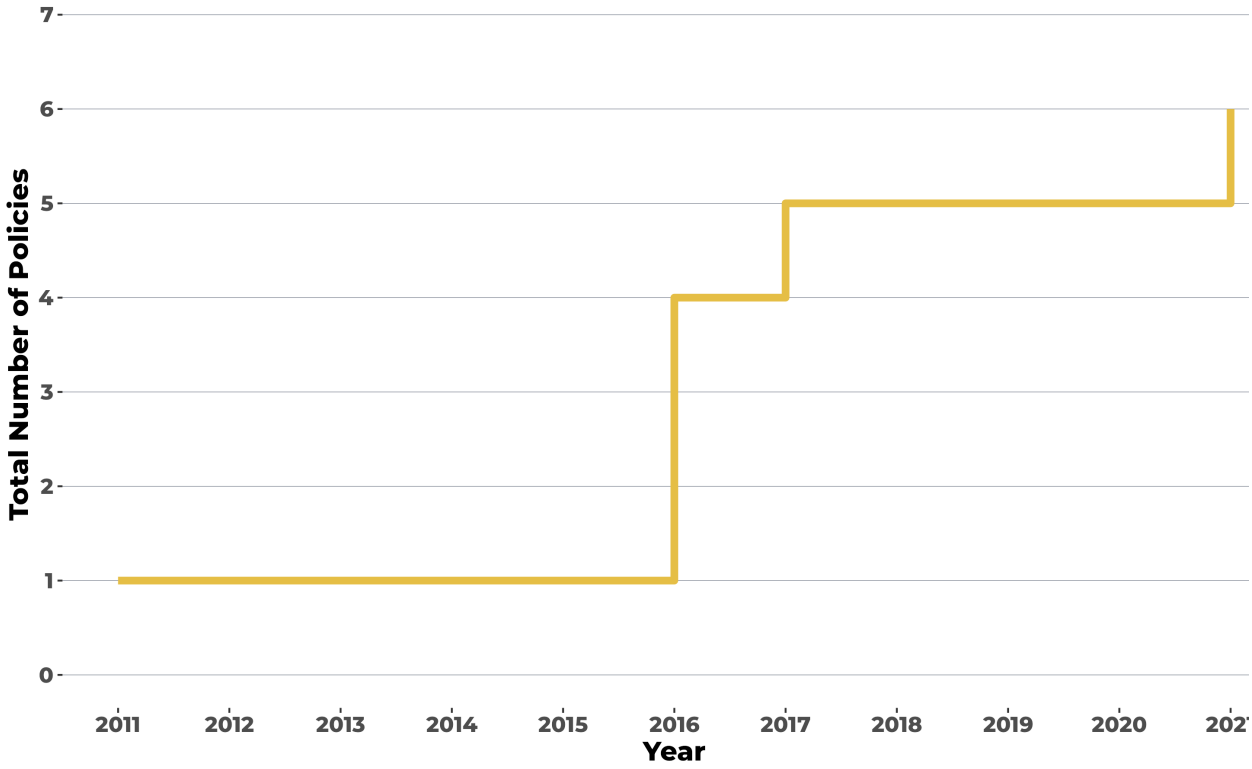
While the federal government is actively working to revise standards for collecting data on race and ethnicity (see Reviewing and Revising Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity), the federal government often relies on data collected by state and local agencies. Active advocacy at the state and local level to require collecting data for Native Hawaiians and detailed Asian and Pacific Islander origin groups has been a priority since the immigration reforms in the 1960s greatly increased these populations in the United States.

In the last decade, AA and NHPI advocacy groups have made efforts to pass legislation to require state agencies to collect data for Native Hawaiians and detailed Asian and Pacific Islander origin groups. These efforts have been met with resistance from parts of the Asian American community that are concerned that the data would be used to negatively target the community. Some state governments also resisted due to the challenges of implementing additional categories on antiquated data systems. However, AA and NHPI advocacy groups recognize that without disaggregated data, negative impacts of policies on AA and NHPI communities cannot be measured, and government and policy makers cannot be convinced that change is necessary. The examples cited here illustrate different strategies for addressing the opposition to data disaggregation: (1) narrowing the scope of the legislation to emphasize specific issues or communities that would most benefit from data disaggregation, (2) highlighting the urgency of the data collected to address current concerns, and (3) building a broad base of support by expanding data disaggregation to other communities.

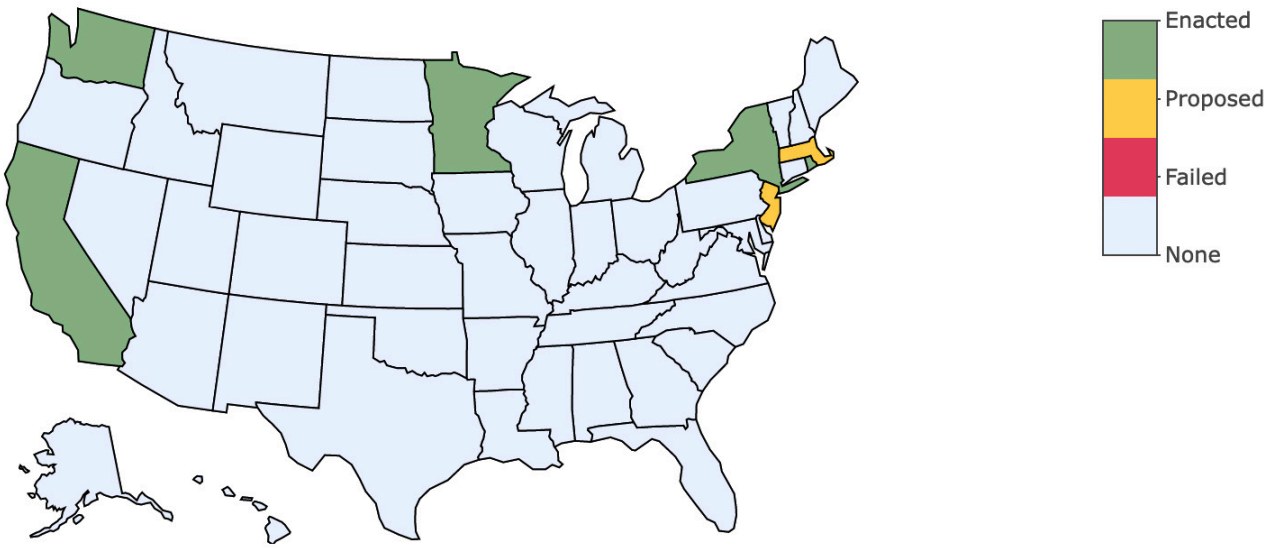
RHODE ISLAND

In 2017, a coalition of Asian American advocacy groups, including ARISE, PrYSM, and SEARAC, successfully campaigned for the passage of the All Students Count Act. The legislation was introduced by Representatives Diaz, Slater, Williams, Casey, and Morin as H 5453 and by Senators Calkin, Quezada, and Picard as S 0439. The legislation contained language that focused on data disaggregation

Cumulative Number of Enacted Data Disaggregation Laws in Policy Portal by Year



Data Disaggregation Legislation by State



for Filipino and Southeast Asian communities, somewhat bypassing opposition mainly from some Chinese community members who were concerned with disaggregated data being used to discriminate against students from their community.[14]

NEW YORK

In 2021, the Invisible No More campaign, led by Coalition for Asian American Children and Families (CACF), successfully advocated for passage of Bills A 6896, sponsored by AM Niou, and S 6639, sponsored by Sen. Salazar, in New York State after more than ten years of advocacy. While facing similar opposition within Asian communities, largely from Chinese community members concerned about the data being used to justify the elimination of the SHSAT for entrance to some of NYC's public high schools, the challenges of needing disaggregated data to measure the impact of COVID-19 and rising anti-Asian incidents in New York City and State helped galvanize support for the legislation. The legislation required any state agency that collects demographic data to specify detailed Asian and Pacific Islander groups.[15]

MASSACHUSETTS

Massachusetts AA and NHPI advocacy groups have also had a long fight to gain passage of data disaggregation legislation in their state. The current, proposed legislation in Massachusetts (HB 3115 sponsored by Rep. Chan) for data equity represents an effort to reframe data disaggregation as a broader issue for all underserved communities. The legislation covers Black and African American, Latino and White/Caucasian subgroups in addition to Asian and Pacific Islander subgroups. The Asian and Pacific Islanders Civic Action Network (APIs CAN!) is a coalition of AA and NHPI organizations in Massachusetts that has been advocating for language access and data equity. The bill also contains provisions to protect personal identifying information from disclosure and specifies that collection of race and ethnicity data is voluntary and non-participation would not impact access to state services. By bringing in allies from other communities of color, the coalition and the bill sponsors hope to attract sufficient support to gain passage.[16]

IMMIGRANT BENEFITS

As of November 2022, our database included 28 policies in 19 states on immigrant access to benefits.

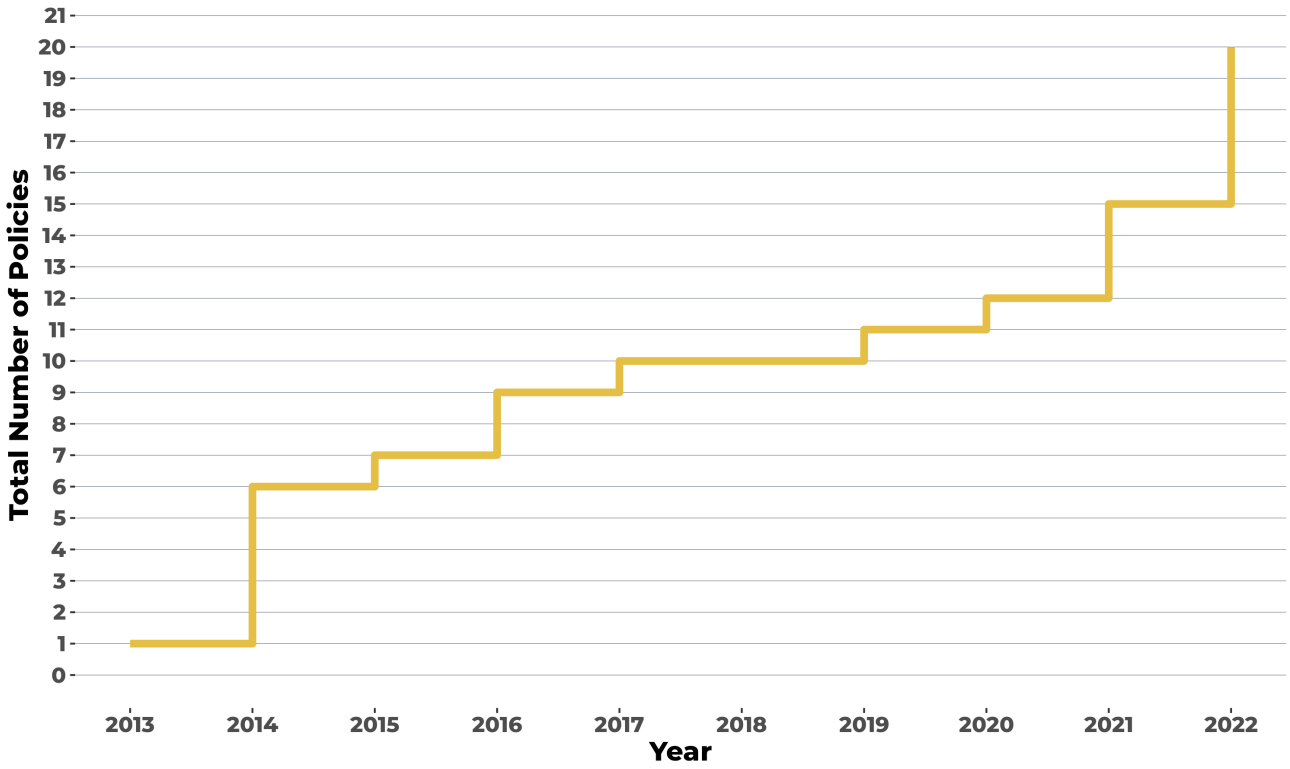
Immigrants comprise the majority of the Asian American population: 65% of all residents and 77% of adults are foreign born. Furthermore, when disaggregated by detailed national origin, all groups other than the Japanese and Hmong populations are majority foreign born, with the Nepalese population at the top of the list at 82% foreign born. Immigrants who arrived within the past 10 years also make up significant portions of many groups. For example, about 50% of both the Nepalese and Bhutanese communities arrived in the United States within the past 10 years.[17] Consequently, any expansions or restrictions to immigrant rights and benefits significantly affect the Asian American community. Robust policies that expand immigrant benefits are thereby essential for ensuring that our communities are served fairly and equitably.

ILLINOIS

Illinois has been gradually expanding health benefits for immigrants since the start of the COVID-19 pandemic. The approach taken by Illinois has been to expand coverage through Medicaid-like benefits to immigrants not already eligible for Medicaid (undocumented or legal permanent residents of the United States for less than five years). Those immigrants who earn more than the federal poverty level would not be covered by this policy change.

During the 2020 legislative session, Rep. Delia Ramirez introduced HB 4891 and Sen. Omar Aquino introduced SB 3703 with the goal of expanding Medicaid-like coverage to all individuals aged 19 years and older in Illinois. While the legislation did not pass, language from both bills were included in the FY 2021 budget to create the Health Benefits for Immigrant Seniors program. The program launched in December 2020 and extended Medicaid-like benefits to qualifying immigrant seniors aged 65 or older. The Healthy Illinois Campaign appears to play a leading role in advocating for increased healthcare coverage for all of Illinois. The Campaign is a broad coalition of civic, business, healthcare, and immigrant rights organizations. The Campaign has also created a case study on their advocacy efforts.[18] On the legislative side, the Illinois Latino Legislative Caucus played a public role in moving the budget and legislation.

Cumulative Number of Enacted Laws Expanding Immigrant Rights in Policy Portal by Year



In March of 2022, the executive branch launched the Health Benefits for Immigrant Adults, extending healthcare benefits to those aged 55 to 64 years old. In May of 2022, legislation that was part of the Medicaid omnibus bill was signed into law by Governor Pritzker and expanded coverage to immigrant adults aged 42 to 54 years old.

According to the Illinois Department of Healthcare and Family Services, individuals are eligible for coverage through the Health Benefits for Immigrant Adults program if they meet these requirements:

- They are between the ages of 42 and 64.
- They are an Illinois resident.
- They are either an undocumented immigrant or a legal permanent resident of the United States for less than five years.
- Annual household income is at or below $18,754 for one person or $25,268 for two people. The income limit is equal to the ACA Adult program.

The Health Benefits for Immigrant Seniors program remains in place and has the following eligibility requirements:

- They are 65 years old or older
- They are an Illinois resident
- They are a legal permanent resident (LPR) for less than five

years (also known as having a green card), or an undocumented immigrant (including individuals in a Temporary Protected Status)

- Individuals with 2022 annual income at or below $13,590 or a couple with annual income at or below $18,310. Medical bills can be used to reduce countable income or assets and may make an individual or household eligible.
- Their assets are with assets below $2,000 for individuals, or under $3,000 for couples. The asset requirement is currently waived for the COVID-19 emergency. Also, certain assets like a home or a car will not count for this requirement.

WASHINGTON

Washington State's approach to the issue of immigrant health insurance coverage is to expand access to the Washington Health Benefit Exchange, the state's health insurance marketplace, and to provide health insurance premium assistance through the Cascade Care Savings program. On May 12, 2022, Washington State applied for a Section 1332 State Innovation Waiver with the U.S. Department of Health and Human Services and the Department of the Treasury to open their health insurance marketplace to all immigrants regardless of status. A public comment period for this waiver application garnered well over 400 public comments with almost all of them showing strong support for the approval of the waiver, as summarized by the Washington Health Benefit Exchange in their five-page brief.[19]

To address affordability, in 2021, the Washington State Legislature passed Senate Bill 5377, directing the Washington Health Benefit Exchange to establish Cascade Care Savings, a state premium assistance program. Funding was provided to extend premium assistance to Washington residents earning up to 250% of the federal poverty level beginning in 2023. If and when the federal government approves Washington State's Section 1332 waiver, those newly eligible to access the exchange will be able to also apply for the Cascade Care Savings program if they are income eligible.

Restrictions

States are limited in how they can further restrict the use of federally funded benefit programs. Most of the restrictions on access to benefits for immigrants come from the implementation of stricter standards for state and local public benefits. For example, in 2004, Arizona passed Proposition 200, known as the Arizona Taxpayer and Citizen Protection Act, which required state agencies to verify the identity and eligibility based on immigration status of applicants for non-federally funded public benefits. The law also required that agency employees must report any violation of federal immigration law by any applicant for benefits. The battle over implementation centered on what constituted "state and local public benefits" that required verification of identity and eligibility. The State

Attorney General ruled that the law only covered discretionary state programs. With the enforcement component attached to this law, those without status who are applying on behalf of eligible individuals, such as parents of U.S. citizen minors, or those who are applying for emergency benefits which are open to all applicants, may be deterred from applying because of enforcement fears.[20]
Our policy tracking portal presents the Health and Democracy Index from the Healthy Democracy, Health People initiative, a nonpartisan coalition of public health and civic engagement groups. The two indices show the intersectionality of health and civic engagement. The Healthy Index combines 12 public health indicators to create an index of health outcomes. The Democracy Index is a Cost of Voting Index developed by political science researchers at Northern Illinois University. The most recent version of the index combines 9 issue areas into one index: the higher the index value, the higher the cost of voting. Comparing the two indices showed that states with more inclusive voting policies had better overall public health outcomes.[21]

VOTING RIGHTS

Section 203 of the Voting Rights Act mandates that a state or county must provide language assistance to voters if more than 5 percent of the voting-age citizens speak a particular language and have limited English proficiency. State and local governments can elect to provide additional language support to voters. In this highlight section, we will examine two ways in which governments are providing this support.

CALIFORNIA

In California, the state's Voting Rights Act requires Spanish, Filipino, Mandarin, Cantonese, Korean, and Vietnamese language support across 28 counties. California has legislated under Elections Code Section 14201(f) additional coverage of translated languages with a lower threshold of 3 percent of the voting-age population in precincts with a "single language minority" and having limited English proficiency.[22]

Implementation of California's lower threshold law has been contentious. First, the ACLU Foundation of Northern California, Asian Americans Advancing

Justice – Asian Law Caucus, Asian Americans Advancing Justice – Los Angeles, and Wilson Sonsini Goodrich & Rosati sued the Secretary of State Alex Padilla in 2018 to increase the level of language assistance for limited-English proficient voters in California. In November 2019, the California Court of Appeals ruled that the Secretary of State had improperly applied federal thresholds when determining which languages would be covered. The ruling resulted in 14 additional Asian languages receiving translated voting materials for the 2020 elections: Bengali, Burmese, Gujarati, Hindi, Indonesian, Japanese, Lao, Mien, Mongolian, Nepali, Tamil, Thai, Telugu, and Urdu.[23]

In December 2021, the Secretary of State Shirley Weber issued guidelines to counties and voting precincts that reduced the number of languages that require translations from 27 to 10. This decision largely hinged on the lack of data from the U.S. Census Bureau due to concerns about the disclosure of personal data, especially in smaller geographies such as voting precincts. A letter from ACLU California Action, Common Cause California, Asian Americans Advancing Justice California, and the Partnership for the Advancement of New Americans urged the Secretary of State to reinstate the languages. In March 2022, the Secretary of State rescinded the new guidance and reinstated the number of covered languages back to 27 languages. The Secretary cited concerns about the new guidance's potential to disenfranchise voters and that many counties were largely working with community groups and following the previous guidance. By reversing the guidance, counties which could only secure funding for translations with a state mandate were able to also increase the number of languages covered back to previous levels.[24]

NEW YORK

In New York City, three boroughs, Brooklyn, Manhattan, and Queens, are required by Section 203 to provide translated materials and interpreters for Chinese residents, with additional requirements for Bangladeshi, Indian, and Korean residents in Queens. The City of New York decided to expand language assistance for voters by creating a Civic Engagement Commission (NYCEC) that provides language assistance in the form of interpreters in Arabic, Bengali, Chinese (Cantonese, Mandarin), French, Haitian Creole, Italian, Korean, Polish, Russian, Urdu, and Yiddish at selected poll sites, separate from polling sites covered by the Board of Elections.[25],[26]

New York State passed the John R. Lewis Voting Rights Act in 2022. Among the provisions of the Act is a lower threshold for language assistance: 2 percent of the voters of a political subdivision are members of a single language-minority group and are limited English proficient. There is also a requirement that any political subdivision must provide language assistance to any groups with more than four thousand voters of a single language-minority group who are limited English proficient.[27]

RESTRICTIONS ON VOTING RIGHTS

GEORGIA

The Georgia state legislature passed SB 202 in 2021, a sweeping voter suppression law that among other things:

- Limited the number of ballot drop boxes to 1 per 100,000 residents
- Shortened the window for requesting absentee ballots from 176 days to 59 days
- Required original signatures on absentee ballot applications, thereby requiring applicants to have access to printers to successfully apply[28]

These restrictions impose unnecessary burdens on voters, and are particularly harmful to AA and NHPI voters, who consistently vote remotely at higher rates than other groups. In the 2020 election, about 40% of AA and NHPI voters in Georgia voted remotely, 14 percentage points above the statewide average of 26%.[29] This is due, in large part, to the high rates of limited English proficiency in the community, as many individuals need extra time and guidance to cast their ballots.

To mitigate the harmful effects of this legislation, local organizations like Asian American Advancing Justice Atlanta (AAJA) have dedicated considerable resources towards voter outreach and education about the new restrictions. Alongside the New Georgia Project, Black Voters Matter Fund, Georgia NAACP, the Latino Fund Community of Georgia, and other civil rights organizations, AAJA also filed a legal challenge against SB 202 to fight for more equitable ballot access across the state.[30]

PACIFIC ISLANDER ISSUES

Hawaii has several policies that relate to Native Hawaiian rights and sovereignty, while other state policies relating to Pacific Islanders often center around citizenship status.

Immigrants from Compact of Free Association nations - the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau - became ineligible for many federal benefits and programs, including Medicaid, with the passage of the Personal Responsibility and Work Opportunity Reconciliation Act in 1996. Despite COFA citizens having the freedom to work and travel in the United States without time restraints, they were nonetheless stripped of eligibility for a wide range of key federal programs.[31]

Losing eligibility for Medicaid had particularly devastating consequences for COFA citizens, many of which suffer from chronic diseases and health conditions as a result of the U.S.'s nuclear testing in and around the region. After nearly 25 years of advocacy from numerous community organizations, Congress finally restored Medicaid coverage for COFA citizens in 2020. However, individual states still needed to adjust their Medicaid eligibility rules to conform to the new Federal standards, with some states going even further and expanding access beyond the minimum requirements. State-level policies that expand benefits to COFA citizens are essential for ensuring that Pacific Islander communities are served equitably.

WASHINGTON

Even before Congress restored Medicaid coverage for COFA citizens in 2020, Washington state passed two key policies that expanded health care coverage to COFA citizens who were (at the time) ineligible for federal benefits:

- SB 5683 was passed in 2018 and created the COFA premium assistance program, which provided payment assistance to COFA citizens for premiums and out-of-pocket expenses[32]
- SB 5274 was passed the following year and made no-cost dental coverage available to COFA citizens with income below 138% of the federal level[33]

These two policies ultimately showcase the power of state policies in ensuring public services and resources are provided equitably to communities, even when federal policies fail to do so. In combination, SB 5683 and SB 5274 helped mitigate the health equity gaps caused by Medicaid's exclusion of COFA citizens in the years leading up to its restoration.[34]

Arkansas

After Congress restored Medicaid coverage for COFA citizens in 2020, it was particularly urgent for Arkansas to update its administrative standards due to the fact that it houses one of the largest Marshallese communities in the country. Thanks to the leadership of local organizations like the Arkansas Coalition of Marshallese and the Marshallese Educational Initiative, the Arkansas Legislative Council approved an administrative rule change to align with the new Federal standard in February 2021, thereby reaffirming Medicaid eligibility for COFA citizens[35]. This rule change was also retroactive: even though it was passed several months after the federal law, health expenses incurred during the intermediate period were eligible to be covered by Medicaid[36]. For many, this was a long overdue change to restoring an essential service to the Pacific Islander community.

NEXT STEPS

The AA and NHPI State Policy Portal is an ongoing project, and its underlying database will be updated at a regular cadence. In the next phase, our team will:

- Focus on automating aspects of the policy intake process to avoid burdening community organizations with inputting details that are publicly available;
- Continue meeting with community organizations to understand local priorities and legislative agendas in the upcoming year;
- Prioritize key issue areas to ensure comprehensive policy coverage in the database for urgent issues; and
- Continue gathering feedback from community organizations and partners about the tool's usability and data quality.

The ultimate goal is to create a definitive source of up-to-date information on the AA and NHPI policy landscape, which will require a dedicated, iterative process of outreach and analysis. This, in turn, will contribute to the creation of a network of community organizations and advocates associated with key policies and issue areas.

Individuals or groups interested in partnering on this project or contributing policies to the database should email info@aapidata.com.

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AGENDAS FOR INCLUSION

TRACKING STATE POLICIES ADDRESSING THE NEEDS OF ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER COMMUNITIES

DATA SOURCES & METHODS

The AA and NHPI State Policy Portal was largely compiled with data from the following sources:1) Submissions from community-based organizations; 2) Submissions from state commissions focused on AA and NHPI needs and issues, 3) Immigrant rights resources from the National Immigration Law Center4) Language access resources from the Migration Policy Institute, 5) Ethnic studies resources from the Asian American Research Initiative at San Francisco State University, and 6) Independent research from the AAPI Data team.

Additional work still needs to be done to ensure comprehensive coverage across issue areas and coverage of executive orders and administrative actions. As a result, this data should not be interpreted as a comprehensive overview of the entire policy landscape for AA and NHPI communities.

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California Commission on Asian and Pacific Islander American Affairs
Connecticut Commission on Women, Children, Seniors, Equity, and Opportunity
Massachusetts Asian American and Pacific Islanders Commission
Washington DC Mayor's Office on Asian and Pacific Island Affairs
Washington State Commission on Asian Pacific American Affairs

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