

# CalCare AB 1900 Addresses Pilipino American Healthcare Disparities

Pilipinos in the U.S.A. face disparities in the current healthcare system, but there now exists a path forward to address these inequalities in CA: It is called “CalCare.” This year, for the third time, it has been re-introduced as Assembly Bill 1900.

## *Disproportionate Rates of Cardiometabolic Disorders*

Pilipinos experience significantly higher prevalence rates of cardiometabolic conditions including hypertension, diabetes, dyslipidemia, metabolic syndrome, hyperuricemia, and gout compared to non-Hispanic Whites and other Asian subgroups. These rates are comparable to those among African Americans.

## *Limited Access to Culturally Competent Healthcare*

The lack of Pilipino-specific healthcare knowledge and culturally competent healthcare providers means that Pilipinos often receive care that doesn't account for their unique genetic predispositions (like the high prevalence of gout-associated genetic polymorphisms) and socio-cultural factors. This systemic cultural incompetence, combined leads to misdiagnosis, delayed treatment, and poorer health outcomes.

## *Healthcare Navigation and Access Barriers*

Pilipinos face significant challenges navigating the complex, multi-payer U.S. healthcare system. Insurance complexities, private networks, restrictive income level and job reporting requirements, provider shortages (particularly in rural and working-class areas), and language and cultural barriers persist even among more acculturated community members. And now, Trump’s One Big Beautiful Bill threatens MediCal coverage for large sectors of the Pilipino population in CA.

## *Mental Healthcare Access Gaps*

Pilipinos face a lack of providers who understand the cultural contexts impacting their mental health. Mental health services are often poorly covered in for-profit insurance plans. Pilipino healthcare workers face high levels of stress due to high staff-to-patient ratios, inadequate low wages and benefits and unsafe workplace conditions. The lack of culturally appropriate mental health services contributes to high burnout rates.

These disparities, among others, ***are not accidental*** but are ***inherent features*** of a healthcare system designed to generate profits rather than ensure health equity. The corporate insurance model prioritizes shareholder returns over patient outcomes, creating systemic barriers that disproportionately affect communities like Pilipino Americans who face multiple layers of social and economic challenges.

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Join us!

# Principles of CalCare

- **Everybody in, regardless of race, sex, gender, country of origin, disability/immigration/marital status, age or income**
- **Medical debt will no longer be the #1 cause of bankruptcy**
- **Health insurance no longer tied to employment**
  - **No more health group health insurance plan hassles for small businesses and non-profits**
- **Includes medical, dental, hearing, vision, mental health, prescription drugs, long-term care for seniors and more**
- **Includes capital investment to directly address healthcare disparities. E.g. bilingual/bicultural healthcare will no longer be ignored and denied due to profit-motives of private insurers**
  - **No more rising premiums, co-pays and deductibles**
  - **No more tiered healthcare service quality**
- **No more private networks restricting choice of doctors**

