



July 17, 2020

The Honorable Mitch McConnell  
Majority Leader  
U.S. Senate  
U.S. Capitol Building, S230  
Washington, DC 20510

The Honorable Charles E. Schumer  
Democratic Leader  
U.S. Senate  
U.S. Capitol Building, S221  
Washington, DC 20510

Dear Leader McConnell and Leader Schumer:

America's hospitals and health systems, physicians and nurses urge you to include in the next COVID-19 relief bill provisions to strengthen the federal response for racial and ethnic minority and marginalized communities, which are disproportionately affected by the pandemic. Our members are on the front lines of the pandemic, and as we continue to battle COVID-19, we need the federal government to help identify and address the needs of these communities —their health impacts the health of all of us.

The health care interventions we provide must be supported by an immediate, comprehensive and data-driven federal response to save the lives of people of color. We continue to urge a robust, targeted approach that will increase the availability of testing, ensure access to equitable treatment, disseminate timely, relevant, culturally appropriate and culturally responsive public health information, and address the social determinants and root causes of health, including structural racism.

Since initial news reports in March shone a light on the disproportionate impact of the virus on the racially marginalized and minoritized, the inequities in virus rates and deaths have not abated. With the death toll now exceeding 136,000 nationally, we remain concerned that comprehensive national data on COVID-19 testing, infections, and deaths by race and ethnicity is lacking, the recent Health and Human Services (HHS) announcement requiring full demographic data lab reporting notwithstanding. To adequately assess the impact of the virus and effectively direct resources where they are most needed, the federal government must have access to timely, accurate data.

However, data from the COVID Data Tracking Project at The Atlantic indicates that Black people are dying at a rate nearly two times higher (24%) than their share of the population (13%), and that in 42 states, LatinX people make up a greater share of confirmed cases than their share of the population. Similar inequities are beginning to emerge in state-reported data for Native Americans and Asian Americans, although the data are not granular enough to ascertain which Asian American communities are most impacted. We note that in some cases, providing inpatient care to patients who are historically medically underserved is more costly.

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Therefore, we urge you to include in the next COVID-19 relief bill the following provisions to further improve data collection and testing, and to address the urgent needs of minority and marginalized communities, including workforce needs and the fundamental root causes of health.

#### Collection and reporting of demographic and health inequities data

Require the HHS Secretary to expand on the report to Congress as required by the Paycheck Protection Program and Health Care Enhancement Act describing the testing, positive diagnoses, hospitalization, intensive care admissions, and mortality rates, associated with COVID-19, disaggregated by race, ethnicity, age, sex, and gender. In addition, require the HHS Secretary to propose evidence-based response strategies to reduce inequities related to COVID-19.

Fund the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), Food and Drug Administration (FDA), the Office of the National Coordinator for Health Information Technology, and National Institutes of Health (NIH) to modernize their data collection methods and infrastructure to increase data collection related to health inequities.

Fund state and local health departments' efforts to increase data collection related to health inequities.

Require the Indian Health Service (IHS), in coordination with CDC and NIH, to conduct research and field studies to improve understanding of tribal health inequities, and fund tribal efforts to collect and monitor data.

Require CDC to establish field studies to better understand health inequities that are not currently tracked by the HHS Secretary.

#### Support building a structurally-competent workforce to aid COVID-19 impacted communities

Establish and fund grants to expand, modernize and support schools of medicine and schools of nursing in rural, underserved, areas or Minority-Serving Institutions, including Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges and Universities, and Asian American and Pacific Islander Serving Institutions.

Require the Government Accountability Office (GAO) to conduct a study to investigate gaps, challenges, and recommended steps for improvement associated with the federal, state, local, tribal, and territorial public health workforce.

### Communications with minority and marginalized communities

Establish a federally-funded, toll-free response line to address public health questions related to prevention, symptoms, testing and more. These lines should be available in all critical languages.

Provide grants to public and private entities for a multilingual, culturally and literacy appropriate national, science-based COVID-19 campaign, to include information related to prevention, symptoms, social distancing, testing and the importance of contact tracing.

### Improve access to testing

Require states to report to HHS on a weekly basis with relevant information on testing capacities and other testing-related information.

Require states to create and implement a searchable website listing the location and contact information for COVID-19 testing sites.

Require HHS to establish and maintain a centralized testing information website.

Make the requirement for free coverage of COVID-19 testing retroactive to the beginning of the COVID-19 public health emergency.

### Coverage

Prioritize maintaining private health insurance benefits for individuals and families, and to increase coverage options for those who are already uninsured. Specifically, we urge you to: provide employers with temporary subsidies to preserve health benefits; cover individuals' costs for COBRA benefits; open a special enrollment period for health insurance marketplaces; and increase eligibility for federal subsidies for the marketplaces.

### Research

Increase COVID-19-related funding for the National Institute on Minority Health and Health Disparities on the NIH campus and at academic institutions to expand research into efficient and effective testing, contact tracing, and surveillance strategies, clinical trials, and effective treatments for minority and marginalized populations.

### Social Determinants of Health

Increase funding through the Administration for Children and Families to provide supportive and social services for families and children through programs including: the

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Low-Income Home Energy Assistance Program (LIHEAP); Family Violence Prevention and Services; and Community Based-Child Abuse Prevention Grants.

Increase funding through the Administration for Community Living by \$100 million to provide direct services such as home-delivered and prepackaged meals, and supportive services for seniors and disabled individuals, and their caregivers.

Increase the Supplemental Nutrition Assistance Program (SNAP) benefit level by 15%, increase the minimum SNAP benefit to \$30 per month, and exclude the Pandemic Unemployment Compensation as countable income for SNAP benefit calculation.

Direct the United States Department of Agriculture (USDA) to allow the use of SNAP to purchase hot foods or hot food products ready for immediate consumption from authorized retail food stores.

To promote better social distancing adherence, cover the costs of grocery delivery services for SNAP recipients.

Increase funding for Emergency Solutions Grants for persons experiencing homelessness or who are at risk of homelessness due to the pandemic, and provide additional Emergency Rental Assistance to help low-income renters at risk of homelessness avoid eviction due to the economic impact of the pandemic.

Provide funding to states, territories, and tribes to address the ongoing needs of homeowners affected by the COVID-19 pandemic by providing direct assistance with mortgage payments, property taxes, property insurance, utilities and other housing related costs.

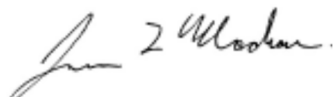
Codify the regulatory requirement that state Medicaid programs cover non-emergency medical transportation (NEMT).

We look forward to working with you to advance initiatives to improve the federal response to the pandemic for racial and ethnic minority and marginalized communities, individuals' health outcomes and the outlook for health equity for our communities going forward.


Sincerely,



Richard J. Pollack  
President and CEO  
AHA



James L. Madara  
CEO and Executive Vice President  
AMA



Loressa Cole  
Enterprise CEO  
ANA