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May 27, 2020

The Honorable Richard Neal
Chairman
Committee on Ways & Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

The Honorable Kevin Brady
Ranking Member
Committee on Ways & Means
U.S. House of Representatives
1102 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal and Ranking Member Brady:

AARP, on behalf of our 38 million members and all older Americans nationwide, appreciates the opportunity to submit a written statement for the hearing, “The Disproportionate Impact of COVID-19 on Communities of Color”. We know this virus can affect people of all races and ethnicities, but also that there is a striking racial divide in how COVID-19 has affected people across the country, including those living in nursing homes.

With reports suggesting at least 34,000 deaths in nursing homes and other long-term care facilities, the gravity of this situation cannot be overstated. We are deeply alarmed by these appalling numbers and we are particularly concerned with the reports on the disparities that exist in nursing homes. New research suggests that facilities with a majority of African American or Latino residents have been among the hardest hit by the virus. AARP is urging immediate action to protect the health and safety of residents and staff working at these facilities. It is a matter of life and death. We appreciate the committee’s attention to these important issues and for your current focus of the impact of the virus on communities of color.

Action Needed to Ensure Health and Safety in Long-Term Care Facilities

Long-term care facilities are ground zero in the fight against the coronavirus, representing a shockingly high share of deaths—the number could be as many as 1 in 3 COVID-19 deaths in this country. Much more is needed to protect residents, staff, their loved ones, and the surrounding communities from this disease. AARP urges action on a three-point plan to slow the spread and save lives:

Alabama | Alaska | Arizona | Arkansas | California | Colorado | Connecticut | Delaware | District of Columbia | Florida | Georgia | Hawaii | Idaho | Illinois | Indiana | Iowa | Kansas | Kentucky | Louisiana | Maine | Maryland | Massachusetts | Michigan | Minnesota | Mississippi | Missouri | Montana | Nebraska | Nevada | New Hampshire | New Jersey | New Mexico | New York | North Carolina | North Dakota | Ohio | Oklahoma | Oregon | Pennsylvania | Puerto Rico | Rhode Island | South Carolina | South Dakota | Tennessee | Texas | Utah | Vermont | Virgin Islands | Virginia | Washington | West Virginia | Wisconsin | Wyoming

1. Care facilities must have the personal protective equipment (PPE) and testing they need to identify cases, both in staff and residents, and prevent the spread of the virus, and adequate staffing to provide care.
2. Care facilities must be transparent and report publicly on a daily basis whether they have confirmed COVID-19 cases and residents and families need information when loved ones are discharged or transferred out of their room or facility.
3. Virtual visitation must be made available and facilitated as a safety measure between residents and their families.

Collect and Report Demographic Data

The COVID-19 pandemic has shed light on the stark racial disparities affecting health outcomes for communities of color across the country. There is a growing body of data that shows African-Americans and Latinos are disproportionately impacted by the pandemic with higher rates of infection and death. Furthermore, there is also insufficient data to demonstrate the impact of COVID-19 on the Asian American and Pacific Islander (AAPI) communities. And, more needs to be done to assess the impact of COVID-19 on American Indians and Alaska Natives. While racial and ethnic disparities long existed before this crisis, the ongoing coronavirus pandemic has sent a clear message—perhaps louder than ever—that now is the time to work collectively to afford all people a fair chance for good health. As a fierce defender of all older Americans, we believe it is critical that all Americans have the opportunity to make choices that allow them to live healthier lives.

In order to address health disparities across the country, including those occurring within nursing homes and other long-term care facilities, it is important that the federal government gather data and publicly report on COVID-19 cases, deaths, co-morbidities, and testing rates broken down into multiple demographic categories—while protecting patient privacy—including race, ethnicity, age, socioeconomic status, sexual orientation, gender identity, spoken/written language and disability. Data should also include venues such as hospitals, nursing homes, assisted living facilities, residential homes, and other locations. The information, disaggregated for all groups, should also be contrasted with 2019 numbers in order to truly understand the impact of COVID-19 on all communities. Collection, analysis, and regular public reporting of the detailed disaggregated information will help us effectively understand and respond to the crisis in a timely and focused way so that we can improve outcomes and minimize the spread of the virus.

AARP has been calling for increased transparency of COVID-19 cases in long-term care facilities, and we appreciate the recent guidance from the Centers for Medicare and Medicaid Services (CMS) that takes steps towards achieving greater transparency and ensuring nursing home facilities are better prepared to respond to the public health emergency. Under the guidance, a facility will have to publicly report confirmed COVID-19 cases to the Centers for Disease Control and Prevention (CDC), at least on a weekly basis. That information will be provided to CMS and made public. In addition, facilities are now required to alert residents, their representatives and families when there is a single positive infection of COVID-19 or three of more residents or staff with new-onset of respiratory symptoms that occur within 72 hours of each other.

While the new reporting requirements are a necessary step, we believe it is critical that care facilities report publicly on a daily basis whether they have confirmed COVID-19 cases and that reporting should include demographic data. We support the language included in H.R. 6800, the Heroes Act that requires long-term care facilities to report demographic information relating to COVID-19 cases and deaths, including race and ethnicity. This data will provide a clearer picture to help effectively minimize the spread of the virus and fight the high share of deaths in nursing homes and among communities of color. We urge the inclusion of this data collection language in the next coronavirus relief package.

Families all across the country are looking to Congress for swift action to protect the health and safety of their loved ones, including those living in long-term care facilities. Thank you for your attention to this urgent challenge. If you have any questions, please feel free to contact me or have your staff contact Megan O'Reilly at moreilly@aarpp.org.

Sincerely,

A handwritten signature in purple ink that reads "Bill Sweeney". The signature is fluid and cursive, with a large initial "B" and a long, sweeping underline.

Bill Sweeney
Senior Vice President
Government Affairs