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Advancing Health in America

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Statement of the

American Hospital Association
for the

Committee on Ways and Means
of the

U.S. House of Representatives

"The Disproportionate Impact of COVID-19 on Communities of Color"

May 27, 2020

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) commends the Committee on Ways and Means for your leadership in examining racial disparities and the COVID-19 pandemic.

America's hospitals and health systems are on the front lines of the pandemic, and as such, witness daily its disproportionate impact on people of color. The AHA has long recognized and fought to eradicate racial and ethnic health disparities, which affect the overall health of communities across the nation, as well as the health status and life expectancy of individuals. Our association's vision — of a society of healthy communities where all individuals reach their highest potential for health — is the very definition of health equity. We work to: identify trends in health status, morbidity and mortality; understand the best ways to address the social and structural determinants of health; reduce barriers to access to care, such as lack of meaningful health coverage and provider shortages in underserved communities; highlight best practices by our member hospitals and health systems; and promote the collection and evaluation of data to reduce disparities and improve health outcomes.

The AHA has long recognized racial disparities in the incidence and prevalence of certain chronic conditions, such as diabetes, asthma, and hypertension — conditions that are believed to aggravate the symptoms of COVID-19. We also recognize that other factors, including but not limited to the social determinants of health, bias, and

historical mistrust of America's health care system, may be resulting in higher rates of infection and death in communities of color.

Even so, the early reports from a few cities across the nation were startling. For example, in Chicago, African Americans account for more than half of all COVID-19 positive test results and 72% of recorded virus-related deaths, although they represent only 32% of the city's population. Sutter Health, a California-based health system, analyzed 1,052 confirmed cases of COVID-19 between Jan. 1 and April 8, 2020, and found that compared with non-Hispanic white patients, African Americans had 2.7 times the odds of hospitalization, after adjusting for age, sex, comorbidities and income. Further, in some cases, providing inpatient care to these patients is more costly. As reported by some of our member hospitals, minority patients are requiring longer lengths of stay and more intensive, costly interventions than those required for white patients.

To aid our member hospitals and health systems, AHA has produced several new resources, including 5 Actions to Promote Health Equity during the COVID-19 Pandemic; a guide demonstrating how Awareness of Social Needs Can Help Address Health Inequity during COVID-19; and, an episode of our Advancing Health podcast discussing how a hospital and a community are working together to serve those most in need. However, as reports came in, we recognized that our interventions must be supported by an immediate, comprehensive, forceful and data-driven federal response targeted to saving the lives of people of color.

On April 16, joined by the American Medical Association and the American Nurses Association, we wrote to Health and Human Services (HHS) Secretary Alex Azar to urge him to mobilize the Department's agencies and use its existing authorities to identify and address disparities in the federal response to COVID-19. We encouraged the HHS Secretary to ensure that the Centers for Disease Control and Prevention collect and report complete disaggregated data by race and ethnicity on infections and deaths, along with sufficient information to understand underlying causes, including but not limited to, comorbidities, the number of patients by race who require ventilators, oxygen support or intubation, and the number who died in their homes. As America's hospitals and health systems, physicians and nurses continue to battle COVID-19, we need the federal government to identify areas where disparities exist and help us immediately address these gaps. We also urged the HHS Secretary to increase the availability of testing in underserved communities, to ensure access to equitable treatment, and to disseminate timely, relevant, culturally appropriate, and culturally sensitive public health information.

We are encouraged by Congress' efforts in these areas. For example, the Paycheck Protection and Health Care Enhancement Act requires improved federal data collection and reporting, and it further requires HHS to report to Congress on a plan to improve testing and address disparities. In addition, the Health and Economic Recovery Omnibus Emergency Solutions (HEROES) Act, passed by the House of Representatives, includes several key provisions supported by the AHA that would

further improve data collection and testing and address specific needs of minority communities, including a number of the social determinants of health. We applaud the House for including a provision that would fund a multilingual and culturally appropriate national, science-based COVID-19 campaign to include information related to availability of testing and promote the importance of contact tracing. Additionally, the bill would: authorize funding for HHS agencies and state and local health departments to modernize their data collection methods and infrastructure to increase data collection related to health inequities; require CDC and the Indian Health Service to conduct field studies pertaining to specific health inequities; and authorize grants to support schools of medicine for Minority Serving Institutions and in rural and underserved areas. The House measure also would address the dearth of minority providers by funding community-based organizations for recruitment, training and employment efforts to build a culturally competent workforce within COVID-19 impacted communities. Finally, as requested in our letter to the HHS Secretary, to provide accurate health information, the bill would establish a toll-free response line to address public health questions related to COVID-19.

Looking ahead, as we recommended to the HHS Secretary, we urge Congress to employ the resources of the National Institute on Minority Health and Health Disparities — which is congressionally-mandated to coordinate the research of the other National Institutes of Health's centers and institutes related to minority health — to research and develop approaches to specifically address the COVID-19 needs of minority populations.

To ensure that people of color are able to receive comprehensive care, which may encompass testing, hospitalization, medications, and post-acute care, we urge the Committee on Ways and Means to focus on health insurance coverage. The pandemic is placing an unprecedented strain on the health care system and on the economy. Because approximately 180 million Americans benefit from employer-based health insurance coverage, the unemployment resulting from this economic contraction has already led to a dramatic loss of coverage.

It is important to note that, since 1972, when the Department of Labor began measuring the African American employment rate, it has consistently been at least double the rate of white unemployment. April 2020 data from the Bureau of Labor Statistics revealed an unemployment rate exceeding 16% for African Americans, further jeopardizing health insurance coverage for this population. Without coverage, individuals are less likely to access timely testing and treatment for COVID 19. That is why we urge you to protect and expand high quality, affordable health care coverage, also including strengthening the social safety net of Medicaid.

We urge the Committee on Ways and Means to prioritize maintaining private health 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.

Additionally, HHS is using a portion of the $175 billion added to the Public Health and Social Services Emergency Fund, which was authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act and amended by the Paycheck Protection Program and Health Care Enhancement Act, to pay hospitals for COVID-19-related services rendered to uninsured persons. This approach will deplete the emergency fund, while failing to provide the benefits of comprehensive coverage, which include protections against preexisting conditions, and coverage for needed medicines, follow-up outpatient physician visits, physical therapy and durable medical equipment, if needed. The recommendations outlined above would be far more effective to protect vulnerable populations during the pandemic.

On behalf of our members, the AHA appreciates the opportunity to share information regarding hospitals' and health systems' efforts to address the COVID-19 pandemic and to make recommendations for further action by Congress in this regard. We look forward to working with the Committee on Ways and Means to advance initiatives to improve the federal response to the pandemic, individuals' health outcomes and the outlook for health equity going forward.