

**Testimony Submitted to the
Ways and Means Committee Hearing**

Disproportionate Impact of COVID-19 on Communities of Color

**By
National Hispanic Medical Association**

May 27, 2020

Chairman Richard Neal, Ranking Member Kevin Brady and Members of the Ways and Means Committee. The National Hispanic Medical Association is a nonprofit in Washington, DC representing over 50,000 Hispanic physicians committed to improving the health of Hispanics and other underserved. Our members are on the frontlines of COVID-19 and work with our National Hispanic Health Professionals Leadership Network and the NHMA Council of Medical Societies who have provided input to this list of priorities for you to consider as you develop policies to protect the health of our communities of color under COVID-19 and the future.

Hispanic-Specific Issues.

The Hispanic population accounts for 18% (59 million) of the U.S. population, many of whom work in service industries such as the health care industry, food preparation, and construction.¹ In addition, Hispanic families tend to be low-income with strong cultural values and language who often live in multigenerational and mixed status (citizenship) households with low levels of education and health literacy. Hispanics also continue to be the highest levels of uninsured and underinsured in the country while working blue-collar jobs that are currently deemed essential, such as farmworkers, grocery stores, hospitals, garment industry workers, factory workers, caregivers, and clinic staff.

Additionally, the new public charge rule under the Trump administration limits enrollment in Medicaid, SNAP, housing, and green card applications. This new rule has caused Hispanics to go underground and not apply for testing and health care services or have sick family members seek services because of the fear from the current administration.

Other Hispanic-specific issues include lack of funding and access to health care services in *colonias* in the US-Mexico border, overcrowding of detention centers with ICE officials covering up the number of officials and detainees testing positive for COVID-19, limited number of available Spanish-language resources in health care and public health areas and hospitals, and undercounting Hispanics in government-supported health care and mental health care services and government surveys.

Health Care System and Workforce Issues.

¹ <https://www.bls.gov/cps/cpsaat13.htm>

Hispanics continue to have the highest levels of lack of insurance and many live in the states that never expanded Medicaid under the ACA. Moreover, with COVID-19 as mentioned above, they are working and facing serious illnesses and infecting their families, especially the elderly who are utilizing expensive hospital care. The population is in need of a public option or expansion of eligibility to government supported Medicare and Medicaid across the nation, under an emergency situation which COVID-19 has caused.

The new normal of health care delivery now warrants increase support for home health care services, home delivery of medications and supplies for high blood pressure, diabetes, oxygen and others, telemedicine, mental health counseling, social determinants of health discussions, data collection for public health departments, hospital and medical practice waiting room rebuilding to maintain social distancing, and PPE, testing supplies.

Hispanics continue to be underrepresented in the health care professions – they are only 5% of physicians, 2% of nurses and thus, our health system lacks cultural competence and trust by the population. The diversity focus of healthcare professional training for Centers of Excellence at HRSA and NIH or the access focused National Health Service Corps or GME in clinics are important but has done little to build adequate Hispanic healthcare professionals for underserved communities.

Moreover, Hispanics are not leading efforts in our academic health centers for recruitment, education, research, in private practice for health care, clinical trials nor at the decision-making levels of the health industry, health systems, or public health departments of the largest Hispanic populated states.

Health Equity Recommendations.

1. Expand Medicaid to all (up to 300% FPL) during this pandemic for at least six months, lift the five-year ban on permanent residents, and drop Medicaid from the public charge rule.
2. Create bilingual information and education on COVID-19 pandemic information from the CDC and public health departments available in public health offices, hospitals, health care facilities, local media, radio, newspapers, schools, and door-to-door efforts.
3. Support hosting voucher programs to allow more social distancing in our communities.
4. CDC should collect data on COVID-19 (testing, cases, hospitalizations, deaths) based on race and ethnicity.

Health Care System Recommendations.

1. Increase mental health support for Hispanic patients who feel isolated in psychiatric units where workforce has limited language and cultural limitations.
2. Expand home health care services and provide education to elderly Hispanics and their families about the options available through government-sponsored and private sector home health care services. Expand tax breaks or other support for families who do not qualify for Medicaid reimbursement.

3. Drugs for chronic diseases, such as diabetes, heart disease, cancer, and asthma, should have little to no copays. Many Hispanics suffer from chronic disease and this may make them more prone to having COVID-19.
4. Expand Federally Qualified Community Health Centers and health insurance reimbursement to address Social Determinants of Health issues of the uninsured and underinsured patients in isolation, diagnosed with COVID-19, or pending but quarantined in their homes in need of coordination of care, social support, food, medicine, language access, and telehealth.

Health Care Workforce Recommendations.

1. Support mental health care services without copay for frontline responders and medical students who have now been “drafted” to help with terminally ill patients in hospitals.
2. CMS should pay the small medical and dental practices at least 80% of the previous year’s income for the period when the offices are closed. These health care professionals would not be eligible for the CARES Act PPP, which is extremely difficult for the little company to obtain since they are competing with small companies with up to 500 employees and an income of \$200 million. Independent physicians who have capitated HMO practices will suffer little decrease in incoming, mostly from loss of copays. Providers who charge fee-for-service Medicare and Medicaid can bill for a relaxed form of telemedicine that does not provide a replacement for lost regular income.
3. HRSA and CMS should create a new COVID-19 workforce expansion that increases recruitment efforts with national minority health professional organizations to mentor the next generation of health care professionals and to build a much greater supported pipeline to medical and public health schools and GME.
4. Develop programs for public health infrastructure to link national, regional, and local minority health services to increase communication, education, and research on COVID-19.
5. Expand support for home health and telemedicine. Hispanics tend to be the family caregiver. Caregivers should be able to file for reimbursement through Medicare or their insurance if they perform more than one hour a day of home health aide.
6. Temporarily extend FQHC rates to physician practices who can serve the underserved, underinsured, and uninsured populations in areas where FQHCs are closing.

Other Hispanic Health Issue Recommendations.

Families. For children, create support for them to be able to study from home effectively, especially as schools move online. Free meals for students who qualify for free breakfast and lunch at schools should be available as sometimes this is the only meal they receive. For parents, make respite care for burnt out parents who are homeschooling their children for the first time while still working. Make Spanish-language tele-behavioral health services for youth and parents. Support is also needed for families with adverse childhood experiences, discrimination, domestic violence and suicide counseling, which is common with Hispanic communities.

Small Businesses, Practices, and Nonprofits. Encourage increased funding to community businesses, non-profits, other Hispanic/Latino-serving entities, medical practices to receive federal aid for financial stability through this crisis to continue serving their communities. Continue to expand relief to individuals who are in debt, unemployed and in need of basic

assistance for rent, mortgages, car payments, insurance, food and supplies, home utilities, and other basic necessities.

Immigrant Families. Introduce tax credits or no taxes during times that essential workers, which includes administrative workers, who were in place during the COVID-19 pandemic. Provide funding towards career development and employment services (job placement, resume writing, and interview preparation) to those who were laid off due to COVID-19.

These recommendations are just some of what we believe that the next COVID-19 relief bill should include to ensure that the Hispanic population does not get left behind. We are all interested in supporting programs and policies that can improve the health of Hispanics and the underserved, which has been exacerbated by the COVID-19 pandemic.

Thank you for your time.