House Committee on Energy and Commerce

Healthcare Inequality: Confronting Disparities in COVID-19 and the Healthcare System
June 17, 2020

11:30 AM, Virtual Hearing

Purpose

The purpose of this hearing is to examine how health disparities have exacerbated the impact of COVID-19 on vulnerable communities and discuss strategies to solve these challenges.

Members Present

Chairman Eshoo, Ranking member Burgess, Representatives Clarke, Pallone, Walden, Butterfield, Shimkus, Matsui, Castor, Guthrie, Sarbanes, Griffith, Lujan, Bilirakis, Kelly, Buschon, Kennedy, Brooks, Cardenas, Mullins, Welch, Hudson, Ruiz, Dingell, Carter, Kuster, Barragan, Blunt-Rochester, DeGette, Rush, O'Halleran

Witnesses
***Rhea Boyd, M.D.**, M.P.H.*, Pediatrician and Child Health Advocate
***Oliver T. Brooks**, M.D.*., President, National Medical Association
Avik S. A. Roy., President, The Foundation for Research on Equal Opportunity

Opening Statements
(1:40) Chairman Eshoo said the COVID-19 mortality rate for Black Americans is 2.3 times higher than the rate for White Americans. Other groups are disproportionally impacted as well. While this virus is new to our country, the plague of racism is not. According to the CDC, Black Americans are more likely to die at early ages from all causes. Black Americans are more likely to die from heart disease or stroke at a young age. Sadly, the Administration has failed to anticipate, track, and respond to the pandemic's effect on communities of color. The latest example of this failure is a final rule issued last week by the Department of Health and Human Services that repealed nondiscrimination protections for individuals with limited English proficiency, LGBT people, people with disabilities, and women. Another example is that two months after Congress passed a law requiring the Administration to provide COVID racial analysis, the CDC finally announced that it will require COVID testing labs to report demographic data. However, that demographic data will not be required until August 1st, eight months after we first learned of this disease. There's so

much more Congress needs to do to deliver on the belief that "Black Lives Matter" in health care and our society

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(7:05) Rep. Clarke said that the nation is in a time of reckoning. In these past few months, we have seen the ways in which people of color have faced the brunt of this pandemic. Congress must work together to find solutions to these deep seeded disparities.

(8:40) Ranking member Burgess said that COVID-19 pandemic has reminded everyone of the needs to address health disparities in communities of color. This committee is here today to listen and to learn from the witness. Their testimony must be used to inform policy decisions going forward. In recent history, this committee has taken significant action to bridge the gap in health disparities. The administration has been supportive of the actions taken by this committee. It is also encouraging that there are many treatments in the pipeline as a result of legislation passed by this committee. Maternal mortality also needs to be addressed. Now is not the time to take our foot off of the gas.

(14:05) Rep. Pallone said that today's hearing comes at a time of reckoning for racial justice in America. As the Black Lives Matter movement works to bring about structural change, including addressing police violence in America, we are also faced with a public health crisis that is disproportionately afflicting communities of color. These long-term trends are rooted in several social determinants that are often driven by structural discrimination and institutionalized racism, which has created systemic health inequity. The tragic result of these long-term trends is that people of color are more likely to suffer from underlying health conditions, have a much harder time gaining access to care, and when they do, they're far more likely to experience bias, discrimination and poor health outcomes. Predictably, these factors left minority communities especially vulnerable to the COVID-19 pandemic. Over the past few months, this Committee has taken steps to better understand and begin to address these health inequities, but that requires data and, unfortunately, we're not getting a lot of critical data from the Trump Administration. Data is so important to our understanding of disparities and that's why the Committee also worked to include provisions in the Paycheck Protection Program and Health Care Enhancement Act requiring the Trump Administration submit to Congress a comprehensive report on COVID19 health disparities. Unfortunately, instead of taking this Congressional mandate seriously, the Trump Administration submitted a four-page document with a list of links to already publicly available web pages. This is a wholly inadequate response.

(19:20) Rep. Walden said that over the last few months millions of Americans have faced sever hardships. The COVID-19 pandemic has shined a spot light on the wide disparities that exist within the United States. These disparities have been worsened by economic hardships caused by the virus and policies put in place to combat the virus. These disparities are greatest among communities of color. This is not a uniquely American problem. All nations across the worlds are suffering from health disparities. Many social factors can help to explain why certain racial and ethnic groups face worse health outcomes due to COVID-19. However, they do not tell the whole

story and it is clear that more data is needed. This committee must be committed to working alongside the Administration to solve these deep rooted structural problems. It is undeniable that shutting down the economy has placed a more significant burden on communities of color.

Testimony

(29:25) Dr. Boyd said that alarming evidence from across the country reveals striking racial health inequities in the population-level distribution of infections and deaths related to the US COVID-19 pandemic. Overall, these data reveal a pattern that while disturbing, reflect broader, chronic racial health inequities in the US. Overall, Black Americans have the highest mortality rates and most widespread incidence of disproportionate death. The racial health inequities emerging during the COVID-19 pandemic expose four important inequities, all rooted in forms of racism, that exist and persist across the US and within the US healthcare system, in particular. These inequities include: (1) the inequitable population-level risks of COVID-19 exposure, (2) the inequitable population-level risks of COVID-19 infection, complications and deaths, (3) the inequitable population-level distribution of protections to prevent illness and (4) the inequitable population-level distribution of supports to treat illness and its attendant social, economic, and physical effects. The injustice of inequitable disease is that it is preventable, unfair, unnecessary and unjust. As such, racial health inequities in COVID-19 reveal the injustice of racism that prevails in American society and that injustice is making people sick. More can and must be done. And the need for action is urgent.

(35:05) Dr. Brooks said as a result of the Coronavirus pandemic, a bright light has recently been shown on the health disparities that have always existed in America. What the world is witnessing is that Black patients are severely overrepresented among those who have suffered the morbidity and mortality of COVID-19. This pandemic is a painfully fresh reminder of these disparities in our healthcare system that leave minorities behind. The disparity shows up not in terms of who gets diagnosed and infected with the virus, but in who is dying from the disease. The question is WHY are we seeing such glaring differences in who is dying from COVID-19? Social determinants of health are an underlying cause of today's major societal health dilemmas including obesity, heart disease, diabetes, and depression. Moreover, complex interactions and feedback loops exist among the social determinants of health. Poor reporting of data, which initially masked the fact that the disease was disproportionately affecting black communities, remains a problem even as states move to reopen their economies. We must address the underlying issues that create the disparities and vulnerabilities in the health and wellbeing of our communities, from racial injustices to the healthcare system. The federal government must take action.

(42:30) Mr. Roy said broadly speaking, there are two key sources of racial disparities with regards to the COVID- 19 pandemic. The first is the differential impact of the coronavirus disease on different ethnic and racial populations. The second is the differential economic and health impact of governments' policy response to the pandemic: specifically, the "stay at home" policies and mandatory business closures that have dramatically increased unemployment. On a population level, both whites' and blacks' shares of COVID-19 deaths are higher than one would

expect if deaths were evenly racially distributed. Another source of racial disparities in COVID-19 health outcomes may come from nursing homes and assisted living facilities. In part this is due to disastrous decisions taken by some state governors to force nursing homes to accept COVID-infected patients who had been discharged from a hospital. Prior to the pandemic, unemployment rates for all racial and ethnic groups reached record lows. In August of last year, black unemployment fell to 5.4 percent: the lowest rate ever recorded. The following month, Hispanic unemployment hit a record low of 3.9 percent. And in June of that year, Asian unemployment hit a record low of 2.1 percent. The economic lockdowns have destroyed those gains. Today, the unemployment rates for whites, blacks, Hispanics, and Asians are 12.4, 16.8, 17.6, and 15.0 percent, respectively. Economic lockdowns do not merely have a financial impact on racial and ethnic minorities who lose their jobs or have their hours cut. Economic dislocation also worsens health outcomes in myriad ways, whether by deaths of despair, inability to access or afford physicians, or disruption in health insurance coverage.

Questions and Answers

(47:50) Chairman Eshoo asked what should have been done to address racial health disparities at the onset of COVID-19. **Dr. Brooks** said that it would have been helpful to have widespread testing in African American communities. Access to healthcare and PPE also should have been increased. Finally, a focus on delivering telehealth to low income communities would have been a good idea. **Mr. Roy** said that increased testing in nursing homes would have helped. **Dr. Boyd** said that there was not enough testing in communities of color. **Chairman Eshoo** asked how racism has effected the response to the pandemic. **Dr. Boyd** said that racism is pervasive throughout society. Before the pandemic, communities of color already had a higher rate of underlying health conditions and were more likely to be low income. These are conditions of racism and not race. **Dr. Brooks** said there was not enough data. **Chairman Eshoo** asked if free COVID-19 testing would help to reduce disparities. **Dr. Boyd** said yes. **Dr. Brooks** said yes, but disparities will still exist.

(53:30) Ranking member Burgess asked what is being done to ensure that health data incudes race. **Mr. Roy** said that that data is finally starting to come in. Furthermore, there have been differences in reporting requirements at the state level which lead to a difficulty in collecting accurate data. **Ranking member Burgess** asked what is being done to ensure that a vaccine is available to vulnerable communities. **Dr. Brooks** said that the National Medical Association is working on a plan to help deliver vaccines to underserved communities. The Association is also working on a messaging campaign that combats vaccine hesitancy.

(59:17) Rep. Pallone asked if enough racial data has been collected, and if not what else needs to be collected. **Dr. Boyd** said that there is a need for comprehensive data. Racial data must be cross referenced with many other pieces of data. This type of data can help inform who is most at risk. **Dr. Brooks** said that we need more racial data surrounding testing access.

(1:04:20) Rep. Walden there were stream difficulties during his line of questioning.

(1:09:50) Rep. Butterfield there were stream difficulties during his line of questioning.

(1:15:30) Rep. Upton there were stream difficulties during his line of questioning.

(1:21:30) Rep. Matsui there were stream difficulties during her line of questioning.

(1:27:55) Rep. Shimkus there were stream difficulties during his line of questioning.

(1:32:40) Rep. Castor asked if health insurers should collect race related data. **Dr. Boyd** said yes.

(1:37:50) Rep. Guthrie asked how quickly disparities can be addressed once the data is collected. **Mr. Roy** said that there are a lot of actions that can be taken already without the data. Furthermore, there will be some disparities that can be addressed right away and some that will take time. **Dr. Brooks** said there needs to be a focus on implicit bias training. **Dr. Boyd** said that there is a lot of data that can be acted on already. There needs to be more focus on the incarcerated population.

(1:43:12) Rep. Sarbanes asked how critical it is to ensure that the delivery of a vaccine is done in an equitable fashion. **Dr. Brooks** said that this is critical. However it may not be as easy as it sounds. There are many populations who can make a case for getting the vaccine first. **Rep. Sarbanes** asked about the importance of cultural sensitivity in delivering healthcare resources. **Dr. Boyd** said that we must think about accessible and culturally appropriate platforms that help deliver vaccines.

(1:48:20) Rep. Griffith asked if there is a need to address food desserts in vulnerable communities. **Dr. Brooks** said yes. This is a primary social determinant of health. African Americans are more likely to be food insecure. **Rep. Griffith** asked if Medicare and Medicaid should reimburse for home health care. **Mr. Roy** said yes. This is happening in the private space. States need the flexibility to pay for care in a home based setting.

(1:54:00) Rep. Lujan asked if lack of access to running water puts communities at risk for COVID-19. **Dr. Boyd** said yes. Racial groups are the strongest predictor of access to clean water. **Rep. Lujan** asked how the inequitable distribution of COVID19 supports impacted the spread of COVID-19. **Dr. Boyd** said, using water as an example, it is very difficult to fight against the disease if a community does not have access to clean water. **Rep. Lujan** asked what has created distrust in the medical community. **Dr. Brooks** said that systemic inequities have accumulated over time and has resulted in deep structural disparities. **Rep. Lujan** asked why diversity in clinical trials is important. **Dr. Brooks** said diversity is needed to ensure that these products work in all communities.

(1:59:40) Rep. Bilirakis asked what can be done to ensure that seniors have access to treatments once they are approved by the FDA. **Dr. Brooks** said that we need to look at underlying conditions

that may prevent access to treatments. This includes insurance access, housing stability and others.

(2:05:40) Rep. Kelly asked what one thing Congress should do after this hearing is. **Dr. Brooks** said there needs to be more implicit bias training. **Dr. Boyd** said universal healthcare an ending residential segregation. **Mr. Roy** said educational attainment is related to health outcomes. Also Medicaid should be reformed to increase access to primary care for the management of chronic diseases.

(2:10:30) Rep. Buschon asked what can be done to ensure that individuals receive services one access is there. **Mr. Roy** said the geographic location of the tests is extremely important. The test needs to be close to residential areas. **Rep. Buschon** asked if there is a disparity in vaccination rates between ethnic groups. **Dr. Brooks** said yes. African Americans are less likely to be vaccinated.

(2:16:10) Rep. Kennedy asked what policies should be enacted to ensure that underserved communities have access to a vaccine once it becomes available. **Dr. Boyd** said that these groups should be prioritized in the delivery of these vaccines. **Dr. Brooks** said that a messaging campaign needs to occur in these communities. **Rep. Kennedy** asked if age is a driver in health disparities. **Dr. Boyd** said yes.

(2:22:15) Rep. Brooks asked what current data collection standards currently exist. **Mr. Roy** said that the HiTech act sets standards for how electronic health records can be recorded and transmitted. Privacy laws restrict data liquidity. **Dr. Brooks** said that there are no clear standards for COVID-19 data collection. However there should be. Not having data sharing impacts African Americans. **Dr. Boyd** said that biased data leads to biased utilization of that data. Data needs to be collected equitably.

(2:27:30) Rep. Cardenas asked what can be done to advance health equity in the mental and behavioral health space. **Dr. Boyd** said that mental health impairments are the number one reason for youth dropout rates. This can be addressed by broadening access to mental health services. Insurance companies should over these services. **Rep. Cardenas** asked if information is not displayed in a culturally appropriate way, will this impact the ability to address COVID-19. **Dr. Brooks** said yes.

(2:33:10) Rep. Mullins asked how social determinants of health can play a role in chronic conditions. **Dr. Brooks** said that environmental exposure to toxins can lead to chronic conditions. Furthermore, lack of access to health foods leads to increased rates of diabetes and heart disease. Other factors also lead to worse health outcomes. **Rep. Mullins** asked if the lack of data impacts the ability to treat diseases. **Dr. Brooks** said yes. Data provides crucial information and implies that someone cares.

(2:38:50) Rep. Welch asked how skin color affects how people are treated. **Dr. Brooks** said that 400 years of institutional racism has become ingrained in the fabric of America. The first step in removing the stain is to talk about it. **Dr. Boyd** said that structural racism needs to be dismantled. This includes the distribution of insurance access across the country.

(2:45:00) Rep. Hudson asked if the gap in education of COVD-19 is hurting communities of color. **Mr. Roy** said that he does not have data on that.

(2:50:20) Rep. Ruiz asked if increasing residency slots in underserved areas can help to close health disparity gaps. **Dr. Brooks** said yes. **Rep. Ruiz** asked if expanding the health center program is important. **Dr. Brooks** said yes. **Rep. Ruiz** asked why racial and ethnic communities are underrepresented in the healthcare work force. **Dr. Brooks** said a lack of education and encouragement to pursue STEM jobs.

(2:56:00) Rep. Dingell asked how would increasing emergency medical funding for Medicaid address the need of minority communities. **Dr. Boyd** said that it would increase access to testing, hospitalizations and primary care services. **Rep. Dingell** asked about the risk of budget Shortfalls. **Dr. Boyd** said that programs that communities rely on like child care services will no longer be available. **Rep. Dingell** asked how the lack of workplace protections will widen health disparities. **Dr. Boyd** said that people of color are more likely to be essential workers. These workers need to know that they are safe to go to work.

(3:02:00) Rep. Carter asked how reopening the economy would be beneficial to minority communities. **Mr. Roy** said that his plan to reopen the economy will help people get back to work safely. This will be crucial to insure that economic disparities do not become deeper. **Rep. Carter** asked how the expansion of telehealth can help to close disparities in communities of color. **Mr. Roy** said that is would help increase access to care. **Rep. Carter** asked about the importance of transportation in reducing health disparities. **Dr. Brooks** said that non-emergency medical transportation should be available to communities of need.

(3:07:45) Rep. Kuster asked how to turn local data into insight and structural changes. **Dr. Brooks** said that there is modeling software which can inform where resources need to be allocated. Data reporting should also be standardized. **Rep. Kuster** asked how to make sure that vaccines are distributed equitably. **Rep. Brooks** said that states and the federal government should mandate vaccinations. Medicaid expansion is also important. So more people have coverage.

(3:12:50) Rep. Barragan asked about the importance in addressing social determinants of health. **Dr. Brooks** said that social determinants of health predict an individual's future health status. If social determinants of health are not addressed these disparities will widen. **Rep. Barragan** asked if providing funding to academic institutions to conduct research on minority health is important. **Dr. Brooks** said yes.

(3:18:40) Rep. Blunt-Rochester asked if more state Medicaid programs new how to address social determinants of health, would this reduce disparities. **Dr. Brooks** said yes. **Rep. Blunt-Rochester** asked if there are research gaps on the implications of generational stress and trauma. **Dr. Boyd** said yes.

(3:25:40) Rep. DeGette asked about the importance of ongoing healthcare coverage when it comes to facing a global pandemic. **Dr. Boyd** said it is essential. When insurance is disrupted, care is also disrupted. **Rep. DeGette** asked if access to testing and tracing is limited in minority populations. **Dr. Brooks** said yes. Especially if an individual does not have insurance.

(3:31:30) Rep. Rush asked the Congress can best take action to address underlying residential segregation. **Dr. Boyd** said Congress needs to address environmental racism. **Rep. Rush** asked what impact a loan forgiveness program for medical practitioners who work in underserved communities would have. **Dr. Boyd** said that it would lead to an increase in primary care providers in underserved communities.

(3:37:03) Rep. O'Halleran asked if better reporting and information sharing of data in minority communities will create better policies. **Dr. Boyd** said yes.