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June 18, 2020

The Honorable Anna Eshoo
Chairwoman
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Michael Burgess
Ranking Member
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
2125 Rayburn House Office Building
Washington, DC 20515

Dear Chairwoman Eshoo and Ranking Member Burgess:

AARP, on behalf of our 38 million members and all older Americans nationwide, appreciates the opportunity to provide a written statement for the hearing, “Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System”. We know this virus can affect people of all races and ethnicities, and also that there is a striking racial divide in how COVID-19 has affected people across the country.

COVID-19 has claimed the lives of over 116,000 people in the U.S. However, the impact of the pandemic has not been evenly distributed throughout the country. The death rates among African American/Black, Hispanic, and American Indian and Alaska Native people are deeply alarming. The disproportionate impact on people of color is not random, but a result of inequality due to a systematic lack of social and economic opportunities, including access to health care, living conditions, and work circumstances. Over time, this contributes to underlying health conditions, which the Centers for Disease Control and Prevention (CDC) has identified as factors that increase the risk of serious illness from COVID-19. The pandemic has emphasized the need for immediate and meaningful action to address our nation’s health disparities.

We are also seeing a disparate impact of COVID-19 in long-term care facilities. *The Wall Street Journal* now reports over 50,000 deaths in nursing homes and other long-term care facilities, representing over 40 percent of all COVID-19 deaths nationwide. Recent data show that nursing homes with a significant number of African American/Black and Hispanic residents have been twice as likely to be infected by the coronavirus. We are deeply alarmed by these appalling numbers and the racial disparities that exist in nursing homes and communities across the country. AARP is urging immediate action to protect the health and safety of residents so that

individuals can live a life of dignity regardless of race, age, or income. It is a matter of life and death. We appreciate the subcommittee's attention to these important issues and for your current focus on 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. Much more is needed to protect residents, staff, their loved ones, and the surrounding communities from this disease. AARP urges action on a four-point plan to slow the spread and save lives:

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.
4. Proposals to grant immunity related to COVID-19 for nursing homes, assisted living facilities, and other long-term care facilities must be rejected.

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/Blacks and Hispanics are disproportionately impacted by the pandemic with higher rates of infection and death, and they are more likely to experience serious illness from COVID-19, but as outlined below, more data is needed. Furthermore, there is 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 address the systemic inequities, discrimination, and harmful social determinants of health that have led to these disparities.

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 guidance and interim final rule with comment from the Centers for Medicare and Medicaid Services (CMS) that take steps towards achieving greater transparency and ensuring nursing homes are better prepared to respond to the public health emergency. Under the rule, a facility must report confirmed COVID-19 cases and deaths, as well as other information to CDC, at least on a weekly basis. That information will be provided to CMS and made public by CMS. 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 or 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 care facilities must also report publicly on a daily basis whether they have confirmed COVID-19 cases and that reporting should include demographic data. AARP will be commenting on the CMS May 8 interim final rule to suggest additional improvements to these reporting requirements. 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.

Testing and Contact Tracing

The staggering racial disparities in infection and death rates underscores the need to make resources available for the areas and communities facing the highest risk of COVID-19 spread, complications, and mortality. AARP urges action to make testing and contact tracing readily available in these communities. It is critical that testing is available where people work and live to meet those who are most in need where they are.

Families and communities all across the country are looking to Congress for swift action to protect the health and safety of their loved ones. 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@aarp.org.

Sincerely,



Bill Sweeney
Senior Vice President
Government Affairs