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July 29, 2020

The Honorable Susan Collins
Chairwoman
Special Committee on Aging
U.S. Senate
G31 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bob Casey
Ranking Member
Special Committee on Aging
U.S. Senate
G31 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairwoman Collins and Ranking Member Casey:

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 COVID-19 Pandemic and Seniors: A Look at Racial Health Disparities”. While the COVID-19 virus can affect people of all races and ethnicities, there is a striking divide in how the pandemic has affected people by race across the country, broadly reflecting historical injustices.

COVID-19 has claimed the lives of over 147,000 people in the U.S. However, longstanding discrimination has placed some members of certain racial and ethnic groups at greater risk for hospitalization or death from COVID-19 compared to non-Hispanic white people. 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 New York Times* now reports over 59,000 resident and staff COVID-19 deaths at 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 tragic racial disparities that exist in nursing homes and communities across the country. This is a national disgrace. 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 Committee'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 Save Lives

Long-term care facilities are ground zero in the fight against the coronavirus, representing a shockingly high share of deaths. Much more is needed now to protect residents, staff, their loved ones, and the surrounding communities from this disease. AARP urges action on a five-point plan to slow the spread and save lives:

1. Ensure regular and prioritized testing of staff and residents, in accordance with CDC guidelines, and provide personal protective equipment (PPE) to staff and residents and ensure their proper use;
2. Require transparency around COVID-19 data (cases and deaths) in nursing homes and other long-term care facilities, transfer and discharge rights, how provider relief funds are used, and establish guardrails to ensure funds are used for testing, PPE, staffing, virtual visitation, and other items that directly relate to resident care, well-being, prevention, and treatment;
3. Require facilities to provide and facilitate virtual visitation;
4. Ensure adequate staffing levels and ensure that Long-term Care Ombudsmen have in-person access to do their jobs to advocate for residents and families; and
5. Reject blanket immunity for nursing homes and other long-term care facilities related to COVID-19.

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, Hispanics, and American Indians and Alaska Natives 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 Asian American and Pacific Islander (AAPI) communities. 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 & 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, nursing homes must report confirmed COVID-19 cases and deaths among residents and staff, as well as other information to CDC, at least on a weekly basis. That information is 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 deaths, and that reporting should include demographic data. AARP [commented](#) on the CMS May 8 interim final rule to suggest additional improvements to these reporting requirements. AARP has endorsed S. 4182, the Emergency Support for Nursing Homes and Elder Justice Reform Act of 2020, and S. 3768/H.R. 6972, the Nursing Home COVID-19 Protection and Prevention Act, that require data reporting and collection, including important demographic data. We also 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 facilities and among communities of color.

Testing and Contact Tracing

The staggering racial disparities in infection and death rates underscore 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. Successful efforts to reduce racial disparities in infection and death rates, including through testing and contact tracing, will require the engagement of trusted community partners. Additionally, detailed demographic data collection, as referred to in the above section, will help ensure that testing and contact tracing resources are directed appropriately and that action can be taken quickly.

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 Nicole Burda at nburda@aarp.org.

Sincerely,



Bill Sweeney
Senior Vice President
Government Affairs