

Opening Statement
Chairman Frank Pallone, Jr.
Committee on Energy and Commerce
Subcommittee on Health
Hearing on “Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19
and the Health Care System”
June 17, 2020

Thank you, Chairwoman Eshoo for convening this really important hearing to confront the alarming racial and ethnic disparities in the COVID-19 pandemic as well as the inequities within our larger health care system.

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. We have long known that people of color experience disparities in health care in the United States. While we have made progress to close these gaps in recent years, including with the passage of the Affordable Care Act, people of color in America continue to experience disparities in care and worse health outcomes compared to White Americans.

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. In my home state of New Jersey, Black residents account for nearly 20 percent of all coronavirus deaths despite representing just 13 percent of our overall population. And for our neighbors in New York City, Black and Latino residents are twice as likely to die from the virus than their White counterparts. That’s heartbreaking and demands urgent action from both Congress and the Administration.

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. In April, I wrote to Centers for Medicare & Medicaid Services (CMS) Administrator Verma requesting that she make public Medicare data related to COVID-19 health outcomes based on race, ethnicity and gender. It should have been an easy request for her to fulfill, considering she had publicly committed to releasing this data a week before my request. CMS’s claims data is uniquely insightful because of the agency’s use of specific coding, which gives CMS access to information that could inform our efforts to improve health outcomes for communities of color.

Unfortunately, here we are, nine weeks after my request and ten weeks after she committed to releasing this data, and CMS has yet to release any of it. Yesterday, I wrote to Administrator Verma reasserting this request .

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 COVID-19 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.

The House then took additional action in passing the Heroes Act last month, which requires a comprehensive update of the four-page demographics report and the development of an evidence-based response strategy to reduce disparities related to COVID-19. The Heroes Act would also require the Administration to develop a national testing strategy with specific requirements to help reduce disparities in testing. Unfortunately, the Senate refuses to take action on the Heroes Act.

Finally, while I was glad to see the Administration announce plans for more extensive demographic reporting on COVID-19 testing, I'm concerned that this is too little too late. These new reporting requirements will only go into full effect in August, which leaves me concerned that we may never have a complete understanding of the harm this virus has inflicted on communities of color during the first six months of this pandemic.

I am hopeful this hearing will be a step forward in better understanding and addressing these heartbreaking inequities with both COVID-19 and our overall health care system. I thank our witnesses for joining us to share their expertise and I look forward to hearing your testimony.

And with that, Madam Chairwoman, I yield back.