

Congress of the United States

Washington, DC 20510

May 22, 2020

The Honorable Alex M. Azar II
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Azar:

We write in response to the *Report to Congress on Paycheck Protection Program and Health Care Enhancement Act Disaggregated Data on U.S. Coronavirus Disease 2019 (COVID-19) Testing* (the Report) that was submitted to congressional committees of jurisdiction on May 15, 2020. The Report was woefully inadequate and we urge you to rewrite and resubmit the Report in order to meet your statutory obligation.

As written, the Report provides no new insight into the devastating health disparities that communities across America are experiencing as a result of COVID-19. In fact, it simply repackages what was already readily available on the internet. Congress included this reporting requirement in the *Payment Protection Program and Health Care Enhancement Act* because a comprehensive report is necessary to fully understand and address the disproportionate impact this crisis is having on communities of color and other underserved communities.

The limited available data about COVID-19 cases reflects long-standing biases and inequities in the U.S. health care system around health outcomes and access to care. Communities of color, including Black, Latino, Native American, and Pacific Islander communities, have all been disproportionately impacted by COVID-19, a problem made worse by the fact these groups are more likely to be uninsured and have underlying health conditions that can exacerbate COVID-19.¹ For example, data show the infection rate is nearly three times higher in predominantly Black counties than in predominantly white counties, while the death rate is nearly six times higher.² Native American communities are also suffering as just this week, the Navajo Nation surpassed New York for the highest per capita infection rate of COVID-19.³ Furthermore, these populations make up a disproportionate share of essential, frontline workers, increasing their risk of exposure and subsequent infection. Additionally, there is limited data around the disproportionate impact of COVID-19 on people with disabilities and LGBTQIA+ communities, for which there were already greater health inequities prior to the pandemic.

In recognition of the health disparities being experienced by communities of color and other underserved communities across the country – and the critical importance of additional and improved data to better understand and address these disparities – Congress required you to

¹ Monica Hooper, Anna Maria Napoles, and Eliseo J. Perez-Stable, *COVID-19 and Racial/Ethnic Disparities*, Journal of the American Medical Association (May 11, 2020).

² Clyde W. Yancy, *COVID-19 and African Americans*, Journal of the American Medical Association (Apr. 15, 2020).

³ *Navajo Nation surpasses New York state for the highest COVID-19 infection rate in the US*, CNN (May 18, 2020) (accessed www.cnn.com/2020/05/18/us/navajo-nation-infection-rate-trnd/index.html).

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submit this Report. As outlined in the legislation, the Report was to detail available “data on demographic characteristics, including, in a de-identified and disaggregated manner, race, ethnicity, age, sex, geographic region and other relevant factors of individuals tested for or diagnosed with COVID-19.” The report was also required to include “information on the number and rates of cases, hospitalizations, and deaths as a result of COVID-19.”

Rather than fulfilling that obligation, the Department of Health and Human Services (HHS), acting through the Centers for Disease Control and Prevention (CDC), submitted a four page document that merely provides links to existing, already public CDC web pages that include limited data on testing and demographic characteristics – all data to which Congress and the public already had ready access.

In addition to calling on HHS to submit comprehensive demographic data to Congress, the *Paycheck Protection Program and Health Care Enhancement Act* requires HHS to update and resubmit the Report, “as necessary, every 30 days until the end of the COVID-19 public health emergency.” It is clear that such resubmissions will in fact be necessary and, furthermore, that future reports must be far more substantive and comprehensive than the initial submission. The inadequacy of the initial Report also underscores the urgent need for Congress to require the comprehensive demographic data reporting included in H.R. 6800, the Heroes Act, as passed by the House of Representatives on May 15.

The U.S. response to COVID-19 has been plagued by insufficient data on the impact of the virus, as well as the federal government’s response to it. Improved data collection and reporting on the demographic characteristics of COVID-19 cases, hospitalizations, and deaths is essential to improving the U.S. response and to better understanding and addressing health disparities. This was the goal of the statutory reporting requirement in the *Paycheck Protection Program and Health Care Enhancement Act* – a goal which the cursory May 15 report does not meet. The Trump Administration must stop ignoring the disproportionate impact this crisis is having on communities of color, people with disabilities, LGBTQIA+ communities, and other underserved communities and make some effort to expand the evidence base, as called for by the law.

We are disappointed this Congressional mandate has been so carelessly flouted and strongly urge you to resubmit a report that not only includes comprehensive demographic data, but also meets the basic requirements of the law.

Sincerely,



Patty Murray
Ranking Member
Senate Committee on Health, Education,
Labor and Pensions



Frank Pallone, Jr.
Chairman
House Committee on Energy
and Commerce