United States Senate
COMMITTEE ON FINANCE
WASHINGTON, DC 20510–6200

June 18, 2020

Dear Chairman Grassley,

Thank you for your letter regarding racial and ethnic disparities within America's health care system. I am heartened by your willingness to begin addressing these issues through the U.S. Senate Finance Committee's work. As the Ranking Member of the U.S. Senate Finance Committee, I am writing in response to your request for priorities that the Committee must take up immediately to address these serious issues.

The Committee must directly address systemic racism in the nation's health care system and the economy as a whole. With health care spending accounting for almost 20 percent of the nation's gross domestic product, its power as an economic engine and change agent must not be underestimated. The Committee is responsible for trillions of these dollars in federal spending, as well as additional trillions in revenue, and has the unique ability and responsibility to address policies and structures disproportionately impacting Black, Latinx, Asian American, and Indigenous people and other communities of color across the U.S. economy. As such, the Finance Committee must leverage its expansive jurisdiction and influence to dismantle the significant racial and ethnic disparities that are embedded in the programs the Committee oversees, and the organizations with which we work. The Committee must also do more to ensure the hearings we conduct appropriately reflect the unique diversity of our nation. I ask that you work with the entire committee on a bipartisan basis to address these urgent matters.

Racial and ethnic disparities in the health care system are historically well documented and extensive. One hundred and twenty years ago W.E.B. Du Bois' seminal social epidemiology research studied the social factors leading to health disparities for Black Americans. Those issues have been left unaddressed for far too long. Black Americans have less access to health care and pay more out of pocket for the access they get.[1] Latinx families are the least likely to have health coverage with Latinx children being twice as likely to be medically indigent over

[1] Commission on a High Performance Health System, "Ensuring Equity: A Post-Reform Framework to Achieve High Performance Health Care for Vulnerable Populations," The Commonwealth Fund, October 2011.https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2011_oct_1547_schor_ensuring_equity_postreform_vulnerable_populations_v2.pdf

children from any other racial or ethnic group.[2] Black and Indigenous women are about three times more likely to die of pregnancy-related complications than white women, even accounting for income and education level.[3] Without necessary health care coverage, people of color lack the resources to manage their health, making them more likely to suffer from chronic conditions like diabetes, heart disease, and hypertension.[4] Racial and ethnic disparities have been put on full display during the COVID-19 pandemic as Black, Latinx, and Indigenous people make up a disproportionate share of cases and deaths.

Structural racism is not a new phenomenon. From the inhumane Tuskegee Experiment, backed by the federal government and performed on Black men without their consent, to the use of Puerto Rican women as guinea pigs during the contraceptive trials in Puerto Rico which left an entire generation of unknowing Latina women on the island unable to have children,[5] racism is an insidious force that perpetuates worse health outcomes for Black, Latinx, Asian American, and Indigenous people and other communities of color.[6] Racial bias, whether implicit or explicit, exists in current health algorithms, supporting structural racism throughout our health care system, and ultimately sows fundamental distrust in a system meant to help and improve people's lives, not shorten them.[7] This approach to business as usual must end, and this Committee should play a critical role in necessary fundamental change.

Historically, the federal government plays an integral role in promoting progress. When Medicare was created in 1965, it was a powerful tool to desegregate hospitals, as the Federal government withheld federal funds from providers that refused to care for Black Americans. Decades later, despite nearly constant Republican opposition and undermining of the law, the Patient Protection and Affordable Care Act has expanded health care coverage to millions of Americans, in both the commercial market and Medicaid. For example, uninsured rates for Black, Latinx and white communities declined in both expansion and non-expansion states between 2013 and 2018. Despite the efforts contained in the ACA significant disparities remain.[8] The ACA is not causing these disparities, but rather ideology has seemingly taken priority over policy as Republican governors and legislatures around the country have refused to fully expand their Medicaid programs. This choice exacerbates disparate health care coverage and access for

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[2] National Research Council (US) Panel on Race, Ethnicity, and Health in Later Life; Bulatao RA, Anderson NB, editors. "Understanding Racial and Ethnic Differences in Health in Late Life: A Research Agenda," Washington (DC): National Academies Press (US); 2004. 10, Health Care. https://www.ncbi.nlm.nih.gov/books/NBK24693/

[3] Centers for Disease Control and Prevention, "Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017" 10 May 2019. https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w

[4] Der Ananian, Cheryl et al. "Perceptions of Heart-Healthy Behaviors among African American Adults: A Mixed Methods Study." *International journal of environmental research and public health* vol. 15,11 2433. 1 Nov. 2018, doi:10.3390/ijerph15112433

[5] Marks, Laura, "Human Guinea Pigs? The History of the Early Oral Contraceptive Clinical Trials." History and Technology vol. 15, 263-288, 1999.

[6] Sabin JA, Greenwald AG, "The influence of implicit bias on treatment recommendations for 4 common pediatric conditions: pain, urinary tract infection, attention deficit hyperactivity disorder, and asthma." *Am J Public Health.* 2012;102(5):988-995. doi:10.2105/AJPH.2011.300621 https://pubmed.ncbi.nlm.nih.gov/22420817/

[7] Obermeyer, Ziad, et al, "Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations," *Science*, 25 October 2019, https://science.sciencemag.org/content/366/6464/447

[8] Buchmueller, Thomas C et al. "Effect of the Affordable Care Act on Racial and Ethnic Disparities in Health Insurance Coverage." *American journal of public health* vol. 106,8 (2016): 1416-21. doi:10.2105/AJPH.2016.303155 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4940635/

Black, Latinx, Asian American, and Indigenous people and other communities of color in their states. As a result, for example, more Black individuals fall into the so-called coverage gap and remain uninsured than other groups, again leading to poorer health outcomes.[9]

There is much work to be done in the weeks ahead. As such, I propose the following steps to use the U.S. Senate Finance Committee's power to begin addressing the structural racism that keeps Black, Latinx, Asian American, and Indigenous people and other communities of color from leading the healthy, prosperous and secure lives that all Americans deserve.

Full Committee Hearing: I ask that the Committee aggressively take on these inequities with a hearing to examine racism and racial and ethnic disparities across our health care system, with the intent of identifying policies that will improve health outcomes and end structural discrimination against Black, Latinx, Asian American, and Indigenous people and other communities of color. I ask that this hearing represent the diverse views of these communities and draw from the rich and vast expertise of those who have lived and learned experience in this critical area. Listening and learning from these experts with a wide array of backgrounds is essential. I then ask that the findings of this hearing be used to immediately inform future policies and negotiations that the Committee and Congress considers. I ask that this hearing take priority and occur as soon as possible.

Maternal Mortality and Morbidity: There are areas where the Committee has already begun to explore policy changes that help affected communities of color. As an example, the Committee has been engaged to date on maternal mortality and morbidity. This is an important first step to address the many racial disparities that exist throughout the health care system. It is critical that this Committee develop and advance robust legislation to address America's high maternal mortality rate, which is highest among Black and Indigenous women. Since this is a process that is already underway, I ask that the Committee work on a bipartisan basis to propose and pass these important policies as a part of any legislative package that will be signed into law this year. However, this critical issue is not the only disparity that affected communities are facing, and I ask that all future negotiations also take the current challenges of institutional racism into account.

Future Committee Hearings: Our work should not be exclusive to health care. The tax code, the child welfare system, human services and more are steeped in structural racism and urgently need the Committee's attention for reform. Therefore, I also ask that there be future hearings on similar racial and ethnic equity concerns within the Committee's jurisdiction, and ensure that as part of those hearings, Black, Latinx, Indigenous people, and other communities of color and their views continue to be considered as part of all U.S. Senate Finance Committee hearings. The Committee should in particular focus on ways to better address racial equity, and recognize intersectionality across class, gender, age and disability status. The Committee must also continue to conduct oversight of agencies within our jurisdiction and hold the administration, cabinet officials, and other confirmed cabinet leaders accountable to ensure that their actions and regulations address racial and ethnic inequalities.

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[9] Artiga-Anthony, Samantha et al. "The Impact Of the Coverage Gap For Adults in States Not Expanding Medicaid By Race and Ethnicity" *Kaiser Family Foundation,* October 2015. https://www.kff.org/disparities-policy/issue-brief/the-impact-of-the-coverage-gap-in-states-not-expanding-medicaid-by-race-and-ethnicity/#

I strongly believe that this Committee is in a unique position to lead by policy and also in practice. I urge you and all Members of the Finance Committee to work with me in bringing additional diversity to Congress, the federal government and the vast numbers of entities we work with regularly. Furthermore, to solve structural injustice requires more than an exchange of words. Actions will be the true marker of this Committee's will to make a real difference. I look forward to getting to work and implementing these priorities with you.

Signed,

Senator Ron Wyden
Ranking Member