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United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510-6200

KOLAN DAVIS, STAFF DIRECTOR AND CHIEF COUNSEL
JOSHUA SHEINKMAN, DEMOCRATIC STAFF DIRECTOR

June 15, 2020

Dear Senator Wyden:

Long-standing disparities in health care continue to harm our minority populations. Attention to racial and ethnic health disparities has heightened in response to senseless deaths caused by recent acts of police brutality. The COVID-19 pandemic and its devastating impact on minorities has further highlighted the need to reduce health disparities.

Some Finance Committee members have publicly voiced displeasure that the Committee is not addressing the issue of racial and ethnic health disparities. I am disheartened by these public protestations as they discount Committee initiatives and are made without the courtesy of coming to me with specific concerns and ideas. Thus, I am reaching out to you — as well as every other member of the Committee — to ask for areas on which the Committee should focus to reduce health disparities.

The Committee is currently engaged in a number of bipartisan efforts to address key health challenges to improve outcomes for racial and ethnic minorities. We are tackling the tragic issue of maternal mortality by identifying policies to improve outcomes for moms and babies. We have made it a top priority to lower prescription drug prices. All Americans deserve and would benefit from lower prescription drug costs, but this effort is especially important as minorities suffer from high rates of chronic diseases, such as diabetes and hypertension. While the sad fact that the COVID-19 has hit minority populations the hardest has shaped Congress' pandemic response, we continue this focus through efforts to address conditions in our nation's nursing homes where minorities have higher rates of infection and death¹. Individual members are working in a bipartisan manner on other efforts to reduce disparities.

I am confident that our on-going initiatives can reduce health disparities, but I am cognizant that is a challenging problem. It is a problem that has persisted across Congresses, administrations, and efforts. One such effort is the Affordable Care Act (ACA). While I strongly disagree with the approach taken in the ACA, it had the commendable goal of reducing disparities. While racial and ethnic groups have seen some gains in measures of health status, the ACA has generally failed to reduce disparities as most minority groups continue to lag behind others on these measures².

¹ <https://www.nytimes.com/article/coronavirus-nursing-homes-racial-disparity.html>

² <http://files.kff.org/attachment/Chart-Pack-Key-Facts-on-Health-and-Health-Care-by-Race-and-Ethnicity>

This reinforces our need to work together. We need to continue our on-going bipartisan efforts, as well as identify additional steps. I ask that you have your staff provide any viable suggestions to reduce harmful health disparities to Brett Baker, the Health Policy Director on my Committee staff, at brett_baker@finance.senate.gov or (202) 224-5752, or feel free to contact me directly to discuss. I value your input and hope to have constructive bipartisan dialogue on the important issue of racial and ethnic health disparities.

Sincerely,

A handwritten signature in blue ink that reads "Chuck Grassley". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Charles E. Grassley
Chairman