Healthcare Systems Must Prioritize Racial Equity in Fourth Stimulus Package Investment

Dear Speaker Pelosi, Leader McCarthy, Senator Feinstein, Senator Harris, and the California Congressional Delegation:

Thank you for your leadership to ensure that our nation can respond to the health and economic consequences of the COVID-19 pandemic. The Families First Act and CARES Act were vital measures, however Congress needs to provide additional relief to safety net healthcare systems, diverse businesses, and public assistance programs for our communities to withstand and recover from this crisis. For stimulus funds allocated to healthcare systems, prioritization should be given to support our nation’s safety net hospitals and community health clinics that serve predominantly low-income and uninsured patients. COVID-19 is exacerbating systemic inequities that low-income families of color experience like chronic disease, lack of access to health services, unemployment, and food insecurity, and contributing to compounding poor health outcomes and trauma. This magnifies the urgency for focused investment.

The Greenlining Institute writes to urge Congress to 1) pass a fourth relief package with additional funding and resources for safety net hospitals and community health clinics that serve predominantly low-income and uninsured families and 2) provide guidance in the use of funds to ensure that low income families of color are well supported and not disproportionately negatively impacted by the spread of COVID-19.

We recommend the following urgent health and racial equity policy priorities are enacted for healthcare systems that receive relief funding to support low-income families of color:

1. **Provide free COVID-19 Testing and Treatment for Low-income Families:** We must incentivize seeking medical care and also ensure that low income families who are already negatively impacted by this financial crisis are not also burdened with excessive medical fees and debt. In an emergency, a patient may unknowingly be taken to a hospital that is outside of their medical network for treatment and get stuck with an expensive “surprise” bill not covered by insurance.
For low-income and uninsured families, they may forgo going to a hospital altogether because they cannot afford to pay for services. Some private health insurance companies and State Medicaid programs are leading the effort to waive copays for COVID testing, evaluation, and treatment. Now it is time for hospitals to step up and stop “surprise” medical billing to patients that are seeking care regardless of their immigration status, insurance status, or ability to pay. We urge you to require that hospitals use stimulus funds to provide free testing and treatment for low-income families and the uninsured to encourage more people to seek healthcare and stop the spread of the virus.

2. **Report COVID-19 Demographic Data to State Public Health Departments:** Emerging research shows that the spread of COVID-19 is disproportionately impacting communities of color throughout the nation both in frequency and severity, with particular attention to Black and Latinx communities. The disparate exposure is due to a number of systemic issues including lack of healthcare access, implicit bias of healthcare providers, and greater likelihood of exposure to the virus due to living conditions, unemployment, or “essential worker” status. As hospitals and medical centers respond to treat patients it is important that they have resources and capacity for collecting data on important demographic indicators (e.g., race, ethnicity, gender identity, age, zip code, and socioeconomic status) and reporting them to their respective State Department of Public Health for transparency. Data transparency is an important accountability measure to the public to ensure that resources, support, and relief will be prioritized to the communities most disproportionately affected by the pandemic.

3. **Screen and Provide Referrals for Domestic & Intimate Partner Violence:** The compounding impacts of rising unemployment, stress, and trauma from COVID-19 are contributing to an alarming increase in reported domestic violence incidents. While this impacts everyone, low-income and unemployed women, LGBTQ, and gender expressive folks in particular can be more prone to experiencing this kind of abuse. As hospitals and medical centers intake patients they must continue to prioritize screening for domestic and intimate partner violence and need funding to connect patients with essential counseling, therapy, and support services.

As the health and economic impacts of the pandemic unfold, we need you to prioritize supporting the most vulnerable now more than ever. Health systems need funding as well as guidance to ensure that low-income families are supported by emergency response and relief efforts. Prioritization of free COVID-19 testing and treatment for low-income families and the uninsured, demographic data collection and reporting, and resources and support for domestic and intimate partner violence are three urgent priorities that healthcare providers should be held accountable to.

If you have any questions about the recommendations in this proposal or would like to discuss them please contact Kelsey Lyles, Greenlining’s Health Equity Policy Lead at KelseyL@greenlining.org. Thank you for your time and consideration.

Sincerely,
Kelsey Lyles
Health Policy Lead