HEALTH EQUITY TASK FORCE

FOR DELIVERY & PAYMENT TRANSFORMATION

December 15, 2020

Dear Drs. Murthy, Kessler, and Nunez-Smith

The undersigned members of the *Health Equity Task Force for Delivery and Payment Transformation*, a Families USA coalition of national and state health equity leaders, applaud the Biden-Harris presidential transition team for assembling a dynamic group of health equity champions that value science-based approaches to ending the COVID-19 pandemic. We are encouraged by the incoming administration's commitment to dismantling systemic racism and advancing racial equity in the pandemic response and beyond. Building back better will require bold and innovative leadership and partnerships. Advancing racial equity is essential to responding to the current crises and ought to be the cornerstone of the COVID-19, economic recovery, and climate change pillars of the *Build Back Better* plan.

We strongly urge the Biden-Harris COVID-19 Task Force to elevate the following recommendations:

- Confront systemic racism and oppression in health and health care.
- Implement a nationally coordinated, public health approach that addresses equity and includes the community-based workforce.
- Prioritize equity in the allocation, distribution, and uptake of COVID-19 vaccines.
- Equip states, territories, and localities with sufficient financial support to prevent cuts to programs and services that are essential to ensuring equitable community recovery from COVID-19.
- Ensure equitable access to affordable health coverage for all families.
- Invest in the social and economic drivers of health.

Confront systemic racism and oppression in health and health care. Addressing health and health care inequities must be an explicit, foundational goal of the COVID-19 Task Force. As such, we urge the Task Force to advance approaches that disrupt and remedy inequitable distributions of power and resources, which perpetuate and exacerbate COVID-19 health inequities, including the following specific recommendations. Specifically, we urge you to:

- Establish a White House Office focused on achieving health and racial equity. The office would, in consultation with community stakeholders (e.g. community-based organizations) set clear goals and targets for improvement and be responsible for improving coordination on core health, environmental and economic justice issues across major federal agencies with racial equity at the center.
- Ensure diversity in staffing and hires across federal agencies and departments including individuals with a demonstrated commitment to racial justice and health equity, in addition to on-the-ground community/lived experience.
- Rescind the Executive Order on Combating Race and Sex Stereotyping and reaffirm a federal commitment to anti-racism.
- Reorient our health care system around improved health outcomes, quality care, and accountability for results, all of which should center health equity. This includes the Center for Medicare and Medicaid Services (CMS) directing all Medicare and Medicaid-funded plans and providers to

measure and report health outcomes by age, sex, race, ethnicity, primary language, sexual orientation and gender identity, and disability status, at a minimum, and making payment reforms that ensure accountability to end health disparities across the health and social services systems.

Implement a nationally coordinated, public health approach that reduces inequities and includes the community-based workforce. The lack of a clear and coordinated federal response to COVID-19 has caused hundreds of thousands of deaths, decimated the economy, and deepened health and racial inequities. In order to address this crisis, the Biden administration must work with federal, state, tribal and other local officials and community leaders to create a clear and effective national response to testing, contract tracing, isolation/quarantine support, and education and outreach. This approach should prioritize the inclusion of the community-based workforce, who are the most trusted and knowledgeable about their communities, trained in culturally and linguistically appropriate interventions and have been bridging the gaps between institutional responses and community needs since the onset of the pandemic. Law enforcement and/or immigration authorities should be explicitly prohibited from engaging in contact tracing. Specifically, we urge you to:

- Require the Department of Health and Human Services (HHS) to work with the Centers for Disease Control and Prevention (CDC) to ensure that COVID-19 data (testing, cases, hospitalizations, mortality) disaggregated by age, sex, race, ethnicity, primary language, sexual orientation and gender identity, and disability status, county, and other demographic information is transparent and accessible.
- Fund science-based as well as community evidence-based strategies including testing, contact tracing and isolation/quarantine supports. This includes emergency supplemental funding for CDC to support local, state, territorial, tribal and federal public health agencies to expand the scale of disease investigation specialists and contact tracing workforce, in accordance with leading public health organizations. Funds should also be used to bolster meaningful self-isolation and quarantine supports (facilities, food and basic needs, referrals/navigation to needed social services and behavioral health care) and income supports throughout the isolation/quarantine period. Communities with disproportionately high disease incidence rates and/or death rates, a lack of public health staffing, and Black, Indigenous, Latinx, and people of color (BIPOC) communities have been hardest hit by the pandemic and should have priority in receiving self-isolation/quarantine and income supports.
- Fund communications and outreach strategies specifically in BIPOC communities, as well as other testing and vaccine-hesitant communities. Black Americans have justifiably higher levels of distrust in the medical community due to the historic and ongoing racist medical neglect and exploitation in their communities. Thus, trusted community-based entities should be actively engaged and funded to implement public health mitigation approaches. Anti-immigrant attacks and discrimination has led immigrant communities, particularly Latinx communities, to delay or avoid seeking medical care. Additionally, lack of cultural humility, and often-justified fear of provider bias, also discourages many LGBTQ people from seeking care. These communities need dedicated funding for culturally and linguistically appropriate messaging and targeted community outreach to support acceptability and uptake of an approved COVID-19 vaccine.
- Direct the CDC to develop communications and outreach materials for linguistically diverse communities as well as persons with disabilities, including deaf and hard-of hearing communities, blind persons, and people who cannot rely on speech to be heard and understood.

- Support legislation that provides flexibility for U.S. federal agencies to hire and/or contract with a community-based health workforce, including community health workers to support testing, contact tracing and delivery isolation/quarantine supports, such as the Health Force and Resilience Force Act (H.R 6808/S. 3606). Incorporating the community-based workforce will be critical to the success of the administration's Public Health Jobs Corps proposal. Workers should also be paid a living wage, given a leading role in designing the vaccine engagement strategies that will work for their communities, and provided with professional training and support to sustain their roles as part of the public health infrastructure post-pandemic.
- Prohibit law enforcement and/or immigration authorities from engaging in testing, contact tracing or any core public health activities in containing and mitigating the spread of the virus, or having access to COVID-19 data for enforcement activities.
- Preferentially engage community-based workers through contracts with historically trusted and effective community-based organizations (CBOs) that have trained and employed this workforce; provide funding to build capacity for CBOs.
- Fund and grow the community-based health workforce by identifying and implementing, with their input, pathways to sustainably finance their services through avenues such as Medicaid and CDC funding.

Prioritize equity in the allocation, distribution, and uptake of COVID-19 vaccines. BIPOC, LQBTQ+ persons, immigrants, and the disability community have faced and continue to face harm and mistreatment from the government and medical/health care professionals. Without addressing the mistreatment of these communities and acknowledging a deep and justified distrust of government and scientific and medical systems, the national COVID-19 vaccination effort in the U.S. is destined to fail, further exacerbating racial health inequities. These communities must be meaningfully engaged in COVID-19 distribution approaches to ensure access and uptake of vaccinations and to guard against further health inequities.

- Ensure that vaccinations will be free to all and that health care administration costs will not be passed on to individuals.
- Remove barriers to accessing vaccinations, including proof of identification requirements and logistical barriers. Sites must be easily accessible to BIPOC, low-income, rural, and the disability community (e.g., locations, opening hours, and transportation issues should be addressed).
- For the purposes of prioritized vaccine distribution, ensure that classifications of who is included as health care staff and essential workers center on equity and include the community-based workforce.
- Require distribution sites to hire interpreters for people with limited English proficiency, and deaf and hard-of hearing communities based on the needs of the local population. Partner with trusted community-based organizations including those with cultural and linguistic capacity to become vaccine administration sites.
- Authentically engage Black, Latinx, Indigenous, Asian American, Native Hawaiian, and Pacific Islander communities, in addition to tribal governments in developing a COVID-19 distribution plan. The vaccination strategy must act in accordance with the input from various communities - like the comprehensive plan in development by the Indian Health Service.
- Offer full and complete transparency about the safety and efficacy of the vaccine. Clinical trial data and information about vaccination rates, risks and side effects must be easily accessible and

understandable at a fifth-grade reading level, translated into multiple languages, and communicated through various mediums.
- Require the HHS Office for Civil Rights to update guidance on best practices related to the ethical allocation of critical care resources and the triage of critically ill patients and ethical allocation of critical care resources.
- Ensure the CDC and other federal agencies report age, sex, race, ethnicity, primary language, sexual orientation and gender identity, and disability status data, at a minimum, related to COVID-19 testing, treatment, and vaccine uptake.

Equip states, territories, and localities with sufficient financial support to prevent cuts to programs and services that are essential to ensuring equitable community recovery from COVID-19 — such as food security programs, child welfare services, education programs, behavioral health services, oral health services, and long-term services and supports (LTSS). We urge you to:

- Allocate $500 billion in state emergency relief funds for state governments who are on the frontlines dealing with the economic impacts of the current pandemic, and another $500 billion for local governments, as requested through the National Governors Association proposal.
- Increase Federal Medicaid Assistance Percentages (FMAP) for Medicaid to 12% retroactive to January 1, 2020, and remaining until at least September 30, 2021, and longer for states with continued high unemployment conditions, to support state Medicaid programs in continuing to provide full access to comprehensive Medicaid benefits, including oral and behavioral health. Medicaid has been a crucial and quick vehicle to move money to states in any economic downturn, but is especially important in a pandemic. As a condition of receiving this relief, states should be prohibited from imposing new Medicaid eligibility restrictions or taking away people's benefits and coverage during the public health emergency.
- Expand access to home and community-based services (HCBS) to ensure older adults and people with disabilities can receive the services they need in their homes and communities rather than nursing facilities and other institutions.
- Expand access for people with behavioral health needs and invest in Certified Community Behavioral Health Centers and other community-based services and supports.
- Provide a temporary 100% FMAP for language interpretation services under Medicaid and the Children's Health Insurance Program (CHIP).
- Extend the Families First Coronavirus Response Act (PL 116-127) Maintenance of Effort so that it applies to children and pregnant women who are covered in stand-alone CHIP programs.

Ensure equitable access to affordable health coverage for all families. All families deserve access to affordable, high quality health coverage. Removing policies of exclusion that leave out historically marginalized communities from our country's health care system is central to rectifying grave injustices experienced by these individuals. We urge you to:

- Ensure health coverage and access to regular medical care for all people, regardless of immigration status, including policies that reinstate protections for DACA-eligible residents and people with Temporary Protected Status.
- Rescind harmful regulations that threaten the health and safety of immigrant families, including the "public charge" rule.

- Increase premium tax credits for struggling families, including laid-off, uninsured workers. Increased assistance targeting low- and moderate-income people would address serious affordability challenges that disproportionately affect BIPOC communities.
- Extend Medicaid postpartum coverage from 60 days to year at 100% Federal Medical Assistance Percentages (FMAP) for the duration of the pandemic.
- Support legislation to permanently extend the Indian Health Care Improvement Act (IHCIA), which authorizes many Indian Health Service (IHS) activities, remains permanently authorized and retains American Indian/Alaska Native-specific provisions.

Invest in the social and economic drivers of health. Health inequities often stem from policies that support the unequal distribution of the social and economic goods and services. Policy interventions that target first those with unmet health-related social needs must be paired with efforts to eliminate structural racism embedded in current policies and programs. We are encouraged by the incoming administration's proposals to close the racial wealth gap, which has only widened since the pandemic. As you work to tackle the health and economic impacts of COVID-19 and the disparities the pandemic has uncovered, we urge you to consider the following:

- Remove employer exemptions for providing paid sick leave to essential workers.
- Increase access to the amount of hazard pay for low-wage workers.
- Increase the maximum Supplemental Nutrition Assistance Program (SNAP) benefit by 15%, increase the monthly minimum SNAP benefit from $16 to $30, and halt rules that weaken SNAP eligibility and benefits.
- Extend the federal eviction moratorium issued by the CDC, and enact the eviction and foreclosure moratorium policy included in the HEROES Act (H.R. 6800).
- Invest resources in equitable community development, including expanding access to the Community Development Financial Institutions (CDFI) Fund; require health care companies that receive federal support to contract with minority-owned businesses, advance proposals that strengthen the Community Reinvestment Act (CRA).
- Fund the creation of a Social Determinants of Health (SDOH) Program at $50 million. This program would award grants to community-based organizations to conduct research on SDOH best practices, provide technical, training and evaluation assistance and/or disseminate those best practices.

The political power of the undersigned organizations stands behind you. We are committed to supporting the COVID-19 Task Force's commitments to advancing equity and justice. The health and economic security of our nation depends on the Biden administration's ability to uphold the promises it made to all families on the campaign trail. We welcome the opportunity to work with you to make these promises a reality.

Sincerely,

Asian & Pacific Islander American Health Forum
California Pan-Ethnic Health Network
Center for the Study of Social Policy
Community Catalyst
Health Equity Solutions

Health Connect One
NAACP
National Birth Equity Collaborative
National Urban League
Prevention Institute
The Disparities Solutions Center at Massachusetts General Hospital
Whitman-Walker Institute