

7 ways Congress can cut COVID-19's health inequities

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What's the news: America's doctors, nurses and hospitals are joining to urge Senate leaders to ensure that serious efforts to tackle health inequities are included in the COVID-19 relief package expected to be undertaken before the legislative body adjourns for the summer recess in August.

In a letter to the Senate Majority Leader Mitch McConnell, R, Ky., and Senate Minority Leader Chuck Schumer, D, N.Y., the AMA, American Nurses Association (ANA), and the American Hospital Association (AHA) outlined seven areas in which they could work together to address the ways in which COVID-19 disproportionately affects racially and ethnically minoritized and marginalized communities.

The recommended steps are:

- Collection and reporting of demographic and health inequities data.
- Support for building a structurally-competent workforce to aid communities affected by COVID-19.
- Communications with minoritized and marginalized communities.
- Improved access to testing.
- Maintaining private health insurance benefits for individuals and families and boosting coverage options for those already uninsured.
- More funding for research on effective testing, contact tracing, and surveillance strategies, clinical trials, and effective treatments for minoritized and marginalized populations.
- Additional monies to boost federal social service programs that address social determinants of health.

That last category includes calls to raise the Supplemental Nutrition Assistance Program (SNAP) benefit level by 15%, increase the minimum SNAP benefit to \$30 per month, and exclude the Pandemic Unemployment Compensation as countable income for SNAP benefit calculation.

Why it's important: COVID-19 tracking data “indicates that Black people are dying at a rate nearly two times higher (24%) than their share of the population (13%), and that in 42 states, LatinX people make up a greater share of confirmed cases than their share of the population,” says the letter signed by AMA Executive Vice President and CEO James L. Madara, MD, and his CEO counterparts at ANA and AHA.

“Similar inequities are beginning to emerge in state-reported data for Native Americans and Asian Americans, although the data are not granular enough to ascertain which Asian American communities are most impacted. We note that in some cases, providing inpatient care to patients who are historically medically underserved is more costly,” says the letter.

Find out the highlights of an AMA-supported bill in the House of Representatives that would collect the patient data needed to fix COVID-19 inequities.

Learn more: Stay current on the AMA's COVID-19 advocacy efforts and track the pandemic with the AMA's COVID-19 resource center, which offers resources from JAMA Network™, the Centers for Disease Control and Prevention, and the World Health Organization.

Throughout the COVID-19 pandemic, the AMA is carefully compiling critical health equity resources from across the web to shine a light on the structural issues that contribute to and could exacerbate already existing inequities.

Learn more about the health equity education on the AMA Ed Hub™ featuring CME from the AMA's Center for Health Equity and curated education from collaborating organizations. To earn CME on the AMA's “Prioritizing Equity” video, visit the course page on AMA Ed Hub™.