

**National Hispanic Medical Association
National Hispanic Health Professionals Leadership Network
NHMA Board Members, Council of Medical Societies and Chapters
National Hispanic Health Foundation Board Members
Latino Health Organizations**

April 14, 2020

The Honorable Nancy Pelosi
Speaker
H-232, The Capitol
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
H-204, The Capitol
Washington, DC 20515

The Honorable Kevin McCarthy
Republican Leader
H-204, The Capitol
Washington, DC 20515

The Honorable Charles Schumer
Democratic Leader
S-204, The Capitol
Washington, DC 20515

List of Policy Priorities for COVID-19 Relief Bill #4

Dear Speaker Pelosi, Majority Leader McConnell, Leader McCarthy and Leader Schumer:

I am writing this letter on behalf of the National Hispanic Medical Association and networks who are all on the front lines of COVID-19 and committed to improving the health of Hispanics and other underserved – the National Hispanic Health Professionals Leadership Network, NHMA Council of Medical Societies, NHMA Chapters and Latino Health Organizations.

The National Hispanic Medical Association (NHMA) represents the interests of over 50,000 Hispanic physicians in the U.S with the mission to improve the health of Hispanics and other underserved.

Latino Specific Issues

The Hispanic population account for 18% (59 million) of the U.S. population, many of whom work in service industries¹, such as the healthcare industry, food preparation, and construction. Latinos, in general, are living in low-income families with strong cultural values and language often in multigenerational and mixed status (citizenship) households, with low levels of education and health literacy, highest levels of uninsured in the country and working in blue-collar occupations and in small businesses.

Hispanics work in jobs that you cannot perform at home, but are deemed essential, such as farmworkers, grocery store, hospitals, and garment industry workers (masks), factory workers (ventilators), caregivers and clinic staff – adult day care, home visiting case management. These persons are in need of extra protection and assistance.

Public charge rule new changes under the Trump Administration limits enrollment in Medicaid, SNAP, housing and applications for green cards and has also led to immigrant bashing that has caused Hispanics to go underground and not apply for testing and healthcare services or even to have family members who are sick seek services.

¹ <https://www.bls.gov/cps/cpsaat13.htm>

Colonias in the U.S.-Mexico border lack funding and access to healthcare services. Support Border States with programs such as those for Native American reservations.

Detention centers are overcrowded and ICE officials have covered-up the number of their officials and detainees testing positive for COVID-19. DHS has not called for properly sanitization nor enforced social distancing, and has decided not to provide flu vaccines to detainees.

Spanish language resources are limited in the healthcare and public health areas and hospitals are laying off interpreters.

Latinos remain undercounted in government supported healthcare and mental healthcare services and government surveys.

Immigration. Immigration policies of the current Trump administration have impact the Hispanic population with fear and resulting repulsiveness to government programs such as public health programs. The public charge rule should not be enforced with the COVID-19 pandemic. DACA healthcare professionals are in the frontlines, which shows they are positively contributing to the society during the pandemic. The upcoming SCOTUS ruling on DACA would affect the number of healthcare professionals who are fighting the COVID-19 pandemic. (27,000 Daca people are health workers, 200 are physicians and medical students). In addition, there are many Latinos who are refugees and asylum seekers who are under extreme stress.

Latino Health Equity Recommendations

1. Increase enrollment funding to Marketplace in each state/CMS and special insurance program help for immigrants who have not qualified under ACA.
2. Expand Medicaid to all (up to 300% FPL) during this Pandemic for at least 6 months period, lift the five-year ban on permanent residents and drop Medicaid from the Public Charge rule.
3. Need for public health and hospital and healthcare facilities' bilingual (English/Spanish) information and education on COVID-19 pandemic links to CDC and public health departments' websites and through local media, radio, newspapers, schools, door to door effort since many in our communities not connected to internet.
4. Support housing voucher program to allow more social distancing in our communities.
5. Link Latino non-profits with Public Health Departments in order to increase enrollment in culturally competent and linguistically appropriate education programs about testing and treatment for COVID-19
6. Link Latino medical and health professional associations together for volunteers, caregivers, local news reports, national news reports, communication channels. Support increase reporting and dissemination of information in Spanish language.
7. Encourage national news media to invite Latino physicians and nurses to discuss how they are assisting their communities and addressing concerns of Latinos.

Health Care Issues

Due to a myriad of factors such as less connection to professional role models, living with parents with limited knowledge of higher education, limited educational supports from poor quality schools, less informed counselors, and limited mentoring from health care institutions, there are only 5 percent of physicians who are Hispanic and less for dentists, nurses, public health and hospital managers. Thus, healthcare facilities have limited access to quality care for Latino patients and limited language services.

Latinos have the greatest proportion of uninsured and have undocumented and families far of public charge and use healthcare services at a much lower than average rate. In addition, due to health disparities and living with toxic stress (poverty, environmental toxins, poor nutrition, limited access to healthcare), Latinos have high rates of cardiac disease, diabetes, obesity, asthma – and are vulnerable to COVID-19 disease.

NHMA's Latino health care professionals have a strong affinity to our communities and are alumni of the U.S. medical schools -faculty, clinicians in practices, hospitals, clinics as well as leaders in public health departments (Federal, state and local) understand strategies needed during this challenging time.

Health Care System Recommendations:

1. **Create an Hispanic/Minority Pandemic Initiative.** Under the coordination of the US Department of Health and Human Services Office of Minority Health, the Federal Government should create a Minority Pandemic Program to help prepare for the next pandemic that will disproportionately affect the minority populations. National and local organizations would work with each of the State Public Health Departments with the OMH State offices that need to be revitalized and local public health departments.

The initiative should include a “Hispanic Physician Leadership Fellowship” to train mid-career physicians on leadership within public health pandemics and other issues to design, implement and evaluate the impact on Hispanic communities (which are going to have the largest numbers over the African American numbers in health disparities reporting now, since immigrants are never counted). This program needs to be institutionalized – we have no Hispanic medical schools to build leadership and few Hispanics at US DHHS (3% of the whole HHS workforce are Hispanic and it has always been at the bottom of the Agencies)

The initiative would also work with national and regional Hispanic health organizations with a purpose to educate Hispanics on the importance of understanding key policies that can impact their health and link to hospitals for supportive and outreach to Latinos. Target population would include those who are low income, have low level of education, live with elderly in their homes, and rely on caregivers and home health.

CDC would be required to collect racial/ethnic data on pandemic containment and mitigation policies as well as health and safety protocols met by local businesses, restaurants. Public health departments should use this data to identify inequities, and plan and redirect resources.

States public health departments would be required to collect racial/ethnic data on hospitals, clinics, rehab, assisted living and nursing homes, mental health clinics use of services and deaths.

2. Ensure that the 'are you a US citizen' question is not being asked as a screening question for testing patients, as was being done in Illinois and given as a directive from public health department to healthcare institutions.
3. Expand home health care services and provide education to elderly Latinos and their families about options available through government sponsored and private sector home health care services. Expand tax breaks or other support for families who do not qualify for Medicaid reimbursement.
4. Increase mental health support for those Latino/ Hispanic patients who feel isolated in psychiatric units where workforce has limited language and cultural limitations.
5. Increase assistance of Hospice care funding for those patients who do not do well through this crisis be able to afford hospice services at home.
6. Drugs for chronic diseases, such as diabetes, heart disease, cancer, and asthma, should have little to no copays. Many Hispanics suffer from chronic diseases and this make them more prone to having COVID-19.
7. Health insurance should reimburse for Telehealth to physicians, physician assistants, advance practitioners, physical therapists and other providers.
8. Health insurance should reimburse for arts programs such as music, painting and sculpture as a way to promote healing of patients at hospital and nursing homes.
9. Expand Federal Qualified Community Health Centers and Health insurance reimbursement to address Social Determinants of Health issues of uninsured and underinsured patients in isolation, diagnosed with COVID-19 or pending yet quarantined in their homes in need of coordination of care, social support, food, medicines, language access, and access to telehealth services.

Health Care Workforce Recommendations:

1. Hispanic health care workers such as physicians, nurses, first responders, and other health care workers need more access to PPE. They also need more support, especially when COVID-19 hits the rural communities and hospitals, many of which do not have the same number of hospitals and workers as compared to the cities.
2. Support mental health care services without copay for frontline responders and medical students who have now been “drafted” to help with terminal ill patients in hospitals.
3. Independent Physicians who have capitulated HMO practices will suffer little decrease in income, mostly from loss of co-pays. Providers who charge fee for service Medicare and Medicaid can bill for a relaxed form of telemedicine that does not provide a replacement for lost regular income. CMS should pay the providers at least 80% of the previous years’ income for the period when offices are closed. These health care professionals would not then be eligible for the Cares Act Paycheck Protection Program, which is extremely difficult for the little company to obtain

anyway, since competing “small companies” can have up to 500 employees and income of \$200M. This is not an even playing field.

4. Working with HRSA, there should be workforce expansion plans to increase the recruitment efforts to national minority health professional organizations to mentor the next generation, work to build a pipeline to medical and public health schools.
5. The CDC could develop programs for public health infrastructure to link national, regional, and local minority health services to increase communication, education, and research on COVID-19.
6. Instruct the NIH to develop new research on prevention strategies and health disparities with COVID-19.
7. The OMH, through the Hispanic/Minority Pandemic Initiative, should develop a Hispanic mid-career physician’s leadership program aimed at increasing public health leadership for HHS and State public health departments, focusing on culturally and linguistically appropriate training. This program would be a five-year program to train the next generation of healthcare leaders to transform and build the public health infrastructure in Hispanic dominant states and local areas.
8. Increase support of funding to provide more bilingual/bicultural hospital staff in hospital care, rehab and nursing home facilities to take care of patients.
9. Streamline the licensure protocols for international medical graduates (IMGs) and require them to sign up for state health care corps for clinics and underserved area service.
10. Relief for medical students/residents such as pass/fail for USMLE Step 1 this year and loan forgiveness.
11. Health care professionals are needed in the emerging hot spots of COVID-19. These hot spots will include rural areas where there is a limited number of doctors and hospital beds. A program to deploy health care workers to rural areas to help control COVID-19 can help vulnerable communities, such as the elderly and the Hispanic population.
12. Support research activities such as reporting the racial/ethnicity of patients who test positive with COVID-19 to highlight healthcare disparity. Create a Hispanic Junior Faculty Research Training Program at the NIH. Create a pipeline for physicians for Hispanic college student recruitment and mentoring to medical schools. Develop community based participatory research with Latino focus.
13. Expand support for Home Health and telemedicine. Hispanics tend to be the family caregiver. Caregivers should be able to file for reimbursement through Medicare or their insurance if they perform more than one hour a day of home health aide.
14. Support training caregivers on home health care, such as bedrest patients, respite care and on counseling families on end of life issues. .
15. Temporarily extending FQHC rates to physician practices who can serve underserved, underinsured and uninsured populations in areas where FQHCs are closing.

OTHER LATINO ISSUES RECOMMENDATIONS:

Families

For children, there should be internet support for children to be able to study from home effectively. Free online tutoring services should also be available as the Latino youth generally lag behind and this can set them back academically. Free meals for students who qualify for free breakfast and lunch at school as sometimes this is the only meal they get.

For parents, respite care for burnt out parents who are homeschooling their children for the first time while still working. Spanish language tele-behavioral health services for youth and parents. Create telehealth services in Spanish.

Support is needed for families with adverse childhood experiences, discrimination, domestic violence and suicide counseling, common in Hispanic communities.

Economy and Small Businesses, Practices, and Nonprofits

Encourage increased funding to community businesses, non-profits or other Latino/ Hispanic serving entities, medical practices to receive federal aid for financial stability through this crisis so that they can continue to serve their communities.

Support and expand the Community Redevelopment Act (CRA) compels banks to provide the early capital for the kinds of projects that typically banks would not look at. They help the vital community development financial institutions (CDFIs) assemble the money to build new housing or community centers or grocery stores in low-income neighborhoods.

Continue to expand relief to individuals who are in debt, unemployed and in need of basic assistance for rent, mortgages, car payments and insurance, food and supplies, home utilities, etc.

Relief and resources for immigrant families.

There is an estimated 2.5 million undocumented immigrants in California, including an estimated 375,000 in Los Angeles alone. Countywide, it is believed that there is about 650,000 undocumented workers who today may not be working. These industries include a number of hospitality positions, food and beverage, warehouse workers and number of other industries. Mayor Eric Garcetti addressed these numbers for Los Angeles, California in a recent “Over half of their jobs are endangered by the COVID-19 crisis, and it’s estimated that at a minimum, a quarter of them will be lost.” Current stimulus checks help to alleviate the financial troubles and issues that individuals are suffering, but if you do not have a social security number, these checks are not a feasible means of income for these families. We also need to ensure that these resources do not fall under the public charge rule.

Introduce tax credits or no taxes during times that essential workers, which includes administrative workers, who were in place during the COVID-19 crisis.

Funding towards, career development and employment services (job placement, resume writing, interview preparation to who were laid off during the COVID-19).

Given the drastic economic, cultural and everyday life changes mentioned above, this bill should support the mental health and well-being of the workers on the front lines as well as those who have been affected

by financial loss or the loss of a loved one during COVID-19 crisis.

Support all those families who lost a loved one during the ravages of the COVID-19 crisis with an economic incentive that will minimize the financial impact that the rest of the family will experience. A period of 6 months to one year can be established for financial assistance to be provided to families, according to the number of household members who were left unprotected, if the household has a person with special care or disability, sick people with permanent treatments, if the family has to pay rent or have a debt to buy a house, if they do not have insurance.

In summary, we are all interested in supporting programs and policies that can improve the health of Latinos and other underserved – exacerbated by the COVID-19 pandemic. Contact me at erios@nhmamd.org or at (202) 628-5895 for any questions.

Sincerely,



Elena Rios, MD, MSPH, FACP
President & CEO
National Hispanic Medical Association