

May 14, 2020

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Democratic Leader
U.S. Senate
Washington, DC 20510

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

We, the undersigned organizations who are all in the frontlines of COVID-19 and committed to improving the health of Hispanics and other underserved populations, write to offer the following policy priorities for the Hispanic population as you continue to craft the next COVID-19 relief bills.

Hispanic-Specific Issues. The Hispanic population accounts for 18% (59 million) of the U.S. population, many of whom work in service industries such as the health care industry, food preparation, and construction.¹ In addition, Hispanic families tend to be low-income with strong cultural values and language who often live in multigenerational and mixed status (citizenship) households with low levels of education and health literacy. Hispanics also continue to be the highest levels of uninsured and underinsured in the country while working blue-collar jobs that are currently deemed essential, such as farmworkers, grocery stores, hospitals, garment industry workers, factory workers, caregivers, and clinic staff.

Additionally, the new public charge rule under the Trump administration limits enrollment in Medicaid, SNAP, housing, and green card applications. This new rule has caused Hispanics to go underground and not apply for testing and health care services or have sick family members seek services because of the fear from the current administration.

Other Hispanic-specific issues include lack of funding and access to health care services in *colonias* in the US-Mexico border, overcrowding of detention centers with ICE officials covering up the number of officials and detainees testing positive for COVID-19, limited number of available Spanish-language resources in health care and public health areas and hospitals, and undercounting Hispanics in government-supported health care and mental health care services and government surveys.

Latino Health Equity Recommendations.

1. Expand Medicaid to all (up to 300% FPL) during this pandemic for at least six months, lift the five-year ban on permanent residents, and drop Medicaid from the public charge rule.

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

2. Create bilingual information and education on COVID-19 pandemic information from the CDC and public health departments available in public health offices, hospitals, health care facilities, local media, radio, newspapers, schools, and door-to-door efforts.
3. Support hosting voucher programs to allow more social distancing in our communities.

Health Care System Recommendations.

1. Increase mental health support for Hispanic patients who feel isolated in psychiatric units where workforce has limited language and cultural limitations and in the community.
2. Expand home health care services and provide education to elderly Hispanics and their families about the 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.
3. Drugs for chronic diseases, such as diabetes, heart disease, cancer, and asthma, should have little to no copays. Many Hispanics suffer from chronic disease and this may make them more prone to having COVID-19.
4. Expand Federally Qualified Community Health Centers and health insurance reimbursement to address Social Determinants of Health issues of the uninsured and underinsured patients in isolation, diagnosed with COVID-19, or pending but quarantined in their homes in need of coordination of care, social support, food, medicine, language access, and telehealth.

Health Care Workforce Recommendations.

1. Support mental health care services without copay for frontline responders and medical students who have now been “drafted” to help with terminally ill patients in hospitals.
2. Independent physicians who have capitated HMO practices will suffer little decrease in incoming, mostly from loss of copays. 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 year’s income for the period when the offices are closed. These health care professionals would not be eligible for the CARES Act PPP, which is extremely difficult for the little company to obtain since small companies can have up to 500 employees and an income of \$200 million.
3. With HRSA, create a workforce expansion to increase recruitment efforts to national minority health professional organizations to mentor the next generation of health care professionals and to build a pipeline to medical and public health schools.
4. Develop programs for public health infrastructure to link national, regional, and local minority health services to increase communication, education, and research on COVID-19.
5. 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.
6. Temporarily extend FQHC rates to physician practices who can serve the underserved, underinsured, and uninsured populations in areas where FQHCs are closing.

Other Hispanic Health Issue Recommendations.

Families. For children, create support for them to be able to study from home effectively, especially as schools move online. Free meals for students who qualify for free breakfast and lunch at schools should be continued, and there should be increased food available in our communities. For parents, make respite care for burnt out parents who are homeschooling their children for the first time while still working. Make Spanish-language tele-behavioral health services for youth and parents. Support is also needed for families with adverse childhood experiences, discrimination, domestic violence and suicide counseling, which is common with Hispanic communities. For college students, provide decrease in student loans in return for assisting public health programs like contact tracing and assisting those in need for nutrition and healthcare and basic services.

Small Businesses, Medical/Dental Practices, and Nonprofits and Unemployed. Encourage increased funding to community businesses, non-profits, other Hispanic/Latino-serving entities, medical practices to receive federal aid for financial stability through this crisis to continue serving their communities. Continue to expand relief to individuals who are in debt, unemployed and in need of basic assistance for rent, mortgages, car payments, insurance, food and supplies, home utilities, and other necessities.

Immigrant Families. Introduce tax credits or no taxes during times that essential workers, which includes administrative workers, who were in place during the COVID-19 pandemic and not tied to immigrants. Provide funding towards career development and employment services (job placement, resume writing, and interview preparation) to those who were laid off due to COVID-19. Increase health services for immigrants and refugees at the US-Mexico border and held at federal detention centers across the nation. Provide health care services and Covid-19 treatment and testing.

These recommendations are just some of what we believe that the next COVID-19 relief bill should ensure that the Hispanic population does not get left behind. We are all interested in supporting programs and policies that can improve the health of Hispanics and the underserved, which has been exacerbated by the COVID-19 pandemic.

If you have any questions, please contact Elena Rios, MD, NHMA President & CEO or Ben Melano, Government Affairs Officer at (202) 628-5895.

Sincerely,

National Network of Hispanic Health Professionals Leadership Network:

American Psychiatric Association Hispanic Caucus
Association of Hispanic Health Care Executives
Hispanic Dental Association
Latino Caucus of the American Public Health Association
Latino Social Workers
National Association of Hispanic Nurses

National Forum of Latino Health Care Executives
National Hispanic Medical Association
National Hispanic Pharmacists Association
Physician Assistants for Latino Health

cc:

Chairman Shelby, Senate Appropriations Committee
Ranking Member Leahy, Senate Appropriations Committee
Chairwoman Lowey, House Appropriations Committee
Ranking Member Granger, House Appropriations Committee
Chairman Pallone, House Energy & Commerce Committee
Ranking Member Walden, House Energy & Commerce Committee
Chairman Joaquin Castro, Congressional Hispanic Caucus