

Congress of the United States

Washington, DC 20515

October 14, 2011

The Honorable Patty Murray
United States Senate
448 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Jeb Hensarling
United States House of Representatives
129 Cannon House Office Building
Washington, D.C. 20510

The Honorable Max Baucus
United States Senate
511 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Dave Camp
United States House of Representatives
341 Cannon House Office Building
Washington, D.C. 20510

The Honorable John Kerry
United States Senate
218 Russell Senate Office Building
Washington, D.C. 20510

The Honorable Fred Upton
United States House of Representatives
2183 Rayburn House Office Building
Washington, D.C. 20510

The Honorable James Clyburn
United States House of Representatives
2135 Rayburn House Office Building
Washington, D.C. 20510

The Honorable John Kyle
United States Senate
730 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Xavier Becerra
United States House of Representatives
1226 Longworth House Office Building
Washington, D.C. 20510

The Honorable Pat Toomey
United States Senate
502 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Chris Van Hollen
United States House of Representatives
1707 Longworth House Office Building
Washington, D.C. 20510

The Honorable Rob Portman
United States Senate
338 Russell Senate Office Building
Washington, D.C. 20510

Dear Members of the Joint Select Committee on Deficit Reduction:

As the Members of Congress who represent racial and ethnic minority communities that have been and remain disproportionately more likely to suffer deleterious health disparities, we are writing to request that you protect the programs that are vital to achieving health equity in this country.

Health disparities have been neglected for far too many decades in this nation. As a result, millions of racial and ethnic minority Americans lack access to reliable, affordable, quality health care, are in poorer health and suffer worse health outcomes,

and are more likely to die prematurely – and often from preventable causes – than their White counterparts. Examples of these pervasive health disparities include the following:

- ◆ The infant mortality rate for African Americans and American Indian/Alaska Natives are *more than two times higher* than that for whites;
- ◆ African Americans with heart disease are three times more likely to be operated on by “high risk” surgeons than their White counterparts with heart disease;
- ◆ Hispanic/Latina women have the highest incidence rate for cancers of the cervix; 1.6 times higher than that for white women, with a cervical cancer death rate that is 1.4 times higher than for white women;
- ◆ Puerto Ricans have an asthma prevalence rate over 2.2 times higher than non-Hispanic whites and over 1.8 times higher than non-Hispanic blacks;
- ◆ Together, African Americans and Hispanics account for 27% of the total U.S. population, yet account for 62% of all new HIV infections;
- ◆ American Indian/Alaska Natives have diabetes rates that are nearly 3 times higher than the overall rate; and
- ◆ Of the more than one million people infected with chronic Hepatitis B in the United States, half are Asian-Americans and Pacific Islanders.

In addition to the unacceptable costs of human suffering and premature death, there are significant economic repercussions of allowing health disparities to persist. A 2010 study from the Health Policy Institute at the Joint Center for Political and Economic Studies found that the total costs of health disparities was \$1.24 trillion – and, that is only over a three-year period. This same report found that eliminating racial and ethnic health disparities would have reduced direct medical care expenditures by \$229.4 billion over the same three-year period.

As you proceed in fulfilling your charge to issue a formal recommendation on how to reduce the deficit by at least \$1.2 trillion over the next ten years, we strongly urge you to keep in mind the economic consequences of health disparities, as well as the savings that will result with health disparity elimination. More specifically, we urge you to protect and preserve the programs and support for entities that are critical to current and forthcoming health disparity elimination efforts, which are listed in further detail below and include the following:

The Prevention and Public Health Fund

The Prevention and Public Health Fund was created not only to make significant public health investments in the prevention of chronic and acute conditions, and injuries, but also to create jobs, lower the long-term health care costs with which the nation has struggled and reduce the racial and ethnic, as well as gender and geographic health disparities that affect millions of hardworking Americans every year. In addition to the potential savings that would result from health disparity elimination efforts, studies prove that the types of preventive health initiatives that the Prevention and Public Health Fund was designed to support offer robust returns on investment. In fact, according to a 2008

Trust for America's Health report, a \$10 investment in proven, community-based prevention efforts per person per year could save more than \$15.6 billion annually within five years.

The Community Health Center program

Across the nation and in the U.S. Territories, community health centers play a critical role in the delivery of care to our most financially and medically vulnerable populations, and thus play an instrumental role in efforts to achieve health equity. Health centers serve one in seven Medicaid beneficiaries, one in seven uninsured, and one in three individuals living below poverty. African Americans, Asians/Hawaiians/Pacific Islanders, American Indians/Alaskan Natives, and persons with multi-racial and ethnic backgrounds account for 36 percent of all health center patients. Approximately 34 percent of health center patients are Hispanic/Latino, and health centers serve one in four racial and ethnic minorities living in poverty.

Community health centers are a local solution to the delivery of primary care – which is precisely how care works best – and services that are tailored to meet local needs, specific to each community. Health centers save the health care system money by keeping patients out of costlier health care settings, coordinating care amongst providers of different health disciplines, and effectively managing chronic conditions. Recent independent research shows that health centers currently save the health care system \$24 billion annually in reduced emergency, hospital, and specialty care costs, including an estimated \$6 billion annually in combined state and federal Medicaid savings. Despite serving traditionally at-risk populations, community health centers meet or exceed national practice standards for chronic condition treatment and ensure that their patients receive more recommended screening and health promotion services than patients of other providers. Health centers also have a substantial and positive economic impact on their communities. In 2009 alone, health centers across the country generated \$20 billion in total economic benefit and produced 189,158 jobs in the nation's most economically challenged neighborhoods.

Community Transformation Grants

Community Transformation Grants were created so that state and local governmental agencies, as well as community-based organizations would have the resources necessary to design, implement, evaluate and disseminate evidence-based community preventive health activities to reduce racial and ethnic, as well as other health disparities across chronic and acute conditions, and to bolster life- and cost-saving prevention efforts. This vital program, therefore, needs to be protected because the potential cost savings from reducing health disparities through community-centric and community-based approaches makes community transformation grants a sound plan for deficit reduction.

The Healthcare Workforce Diversity and Development Programs

Numerous studies suggest that increasing the racial and ethnic diversity within the nation's health care workforce, and offering health care providers incentives to practice in medically underserved communities would play integral roles in reducing health disparities. The healthcare workforce diversity and development efforts under Title VII and VIII – such as the Health Careers Opportunity Program, Area Health Education Centers, nursing education, practice and retention, as well as faculty loan programs, and scholarships for disadvantaged students –will help reduce long-term direct and indirect health care costs in this nation by ensuring that our nation's most medically needy communities have regular and reliable access to primary health care providers, as well as a health care home.

The Public Health Safety Net Programs

One of the major drivers of health disparities is the lack of access to reliable, quality health care services, treatments and medications. Programs such as Medicaid, Medicare, the Children's Health Insurance Program, and the Ryan White Program – including the Minority AIDS Initiative and the AIDS Drug Assistance Programs – each play a vital role in ensuring that our nation's most medically and financially needy and vulnerable populations have access to needed health care services and treatments. We, therefore, strongly urge you to protect and ensure adequate funding for these programs because they provide more than simply health care coverage; they play an instrumental role in ensuring economic security and life-saving support to millions of Americans who otherwise would be without it. Further, these programs will play a key role in reducing direct and indirect costs associated with health care spending because they will help ensure that all men, women and children has access to the health care services and treatments they need to preserve their health and manage their conditions.

The National Institute on Minority Health and Health Disparities at the National Institutes of Health

The National Institute on Minority Health and Health Disparities (NIMHD) at the National Institutes of Health (NIH) – which already is woefully underfunded – is responsible for all phases and of research on the causes of and effective interventions to achieve health disparity elimination. Further, the NIMHD has the authority to lead, evaluate, and coordinate racial and ethnic minority and health disparity research and training across the other Institutes and Centers at NIH – which will leverage not only expertise, but resources across the NIH campus. Reducing the investment made in the NIMHD not only will make it impossible for this Institute to fulfill its mandate under law, but also will likely result in significant losses in savings because less progress will be made around health disparity elimination.

We understand that the task before you is significantly challenging. However, we also urge you to remember that as you deliberate strategies to reduce the nation's long-term deficit, please protect and preserve the programs and entities that are charged

with eliminating health disparities and achieving health equity because doing so not only will save innocent lives, but also trillions of dollars.

Sincerely,

Lucy M. Peltz

Barbara Lee

Lucille Roybal Allard

Judy Chu

Hansen Clarke

Yvette D. Clarke

Priscilla

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Members who signed the letter:

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