



California Pan-Ethnic Health Network



April 27, 2020

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

The Honorable Diane Feinstein  
Senator  
United States Senate  
Washington, DC 20510

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

The Honorable Kamala Harris  
Senator  
United States Senate  
Washington, DC 20510

Dear Speaker Pelosi, Leader McCarthy, Senator Feinstein, Senator Harris, and the California Congressional Delegation:

On behalf of the undersigned organizations, we write to urge the U.S. Congress to pass a new relief package that includes additional funding to address the needs of all Californians including low-income children and families in order to ensure the most robust recovery for our state from COVID-19.

The California Pan-Ethnic Health Network (CPEHN) is a statewide multicultural health advocacy organization dedicated to uniting communities of color and advancing health equity in

California. Our network of partners, the Having Our Say Coalition and the Behavioral Health Equity Collaborative, is comprised of over forty racially and ethnically diverse community-based organizations (CBOs) and policy advocates from various regions across the state, dedicated to improving the health and well-being of the state's diverse populations. Many of our partners work directly with constituents across California and play a crucial role in bridging the gaps between community needs and institutional responses.

### **COVID-19 is Disproportionately Impacting Our Communities**

California is facing one of the worst public health crises we have seen in our lifetimes. Our organizations were saddened, but not surprised to hear recent stories both nationally and locally in Los Angeles revealing the unequal distribution of Coronavirus disease and death burden of COVID-19 on Black, Indigenous and Persons of Color (BIPOC), immigrants, Limited-English Proficient (LEP) individuals, LGBTQ+, and persons with disabilities.<sup>1 2</sup> These communities have long been disenfranchised from our health and social systems. The lack of access to quality, culturally and linguistically appropriate health care and access to fair distribution of resources has already led to higher prevalence of non-communicable conditions including diabetes, hypertension, asthma and depression in these communities, which are now compounded by the ongoing outbreak. Worse still, low-income BIPOC and immigrants overrepresented in low-wage and non-medical essential workforce, jails, homeless shelters and immigration centers are at heightened risk of directly contracting COVID-19.

We appreciate your work to pass the Families First and the CARES Acts which provided much needed emergency funding to help bolster California's health care systems and resources to help lessen the impact of unemployment and other COVID related economic hardships. But this falls short of addressing the bulk of unmet health care needs for California's low-income communities of color which include low-wage workers, immigrants, LGBTQ+ identified people, and persons with disabilities. We ask that Congress act immediately on a follow-up package, to ensure that everyone can get the care, coverage, testing and treatment that they need, as part of the investments and policies to ultimately contain the coronavirus. Below are some of the specifics we urge get prioritized for urgent inclusion in a new package:

### **Ensure Equitable Access to Testing, Treatment, Mitigation and Recovery:**

With the recent news from Chicago where [70% of all COVID-19 deaths](#) were among Black residents to news coming [from the Center for Disease Control and Prevention](#) (CDC) and [preliminary data from California](#) reflecting these same disparities, it is clear we must work hard to fix these data discrepancies immediately while making testing and treatment more available to

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<sup>1</sup> Jaclyn Cosgrove and Ben Poston, "Black People Are Disproportionately Hit Hard By Coronavirus, LA County Is Taking Action," *Los Angeles Times*, April 8, 2020,

<https://www.latimes.com/california/story/2020-04-08/blacks-coronavirus-los-angeles-county-help>

<sup>2</sup> Reis Thebault et al., "The Coronavirus Is Infecting and Killing Black Americans at an Alarming High Rate," *Washington Post*, April 7, 2020, [https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmpingly-high-rate-post-analysis-shows/?arc404=true&fbclid=IwAR3jDEyMHFuzSedAFbehUOIwXU-1\\_I5CqSR1XyXhXNkfdBHQ8NGD2wjGSe0](https://www.washingtonpost.com/nation/2020/04/07/coronavirus-is-infecting-killing-black-americans-an-alarmpingly-high-rate-post-analysis-shows/?arc404=true&fbclid=IwAR3jDEyMHFuzSedAFbehUOIwXU-1_I5CqSR1XyXhXNkfdBHQ8NGD2wjGSe0)

all Californians regardless of race, ethnicity, language, immigration status or geographic region. We call on Congress to:

- **Require Accurate Demographic Data Collection & Reporting:** The U.S. HHS, acting through the CDC, should provide assurances that it will collect, report and analyze disaggregated data on race, ethnicity, geographic location, primary language, socioeconomic status, gender identity, age, and disability status of patients being tested, the rate of positive test results for each group, insurance coverage status and outcomes for those diagnosed with COVID-19. The Secretary should release the aforementioned disaggregated demographic data weekly through CDC surveillance systems. California has taken steps to provide data on race and ethnicity but not language. Adding this field at the CDC level will help ensure this and other demographic information is collected.
- **Invest in Research on COVID-19 Disparities:** Additional funds should be allocated for federal and state research on the impact of COVID-19 disease outbreaks on physical, oral and mental health outcomes and disruptions on individual and social well-being. Funding for additional research and COVID-19 related survey questions such as on the California Health Interview Survey (CHIS) could help to provide policymakers with critical data on disparities and targeted policy solutions to address them.
- **Provide vital public information in multiple languages:** Language barriers should not stand in the way of patients accessing information to help their families get through this crisis, and children should not be forced to translate such important matters. Public health materials should be translated into at least the 19 languages described as most encountered during emergencies in the FEMA Language Access Plan and HHS should provide dedicated funds for language assistance at all points of care from testing to treatment including enhanced reimbursement by Medicaid and CHIP for interpretation services during the COVID-19 outbreak.
- **Prioritize Funds for Navigation Assistance in Medicaid and State Marketplaces:** Funds should be prioritized for navigators, who are trusted partners, to assist with enrollment and renewals for the millions of recently unemployed. California's state agencies have prioritized the use of CBO navigators to reach vulnerable populations. HHS should prioritize their use as well.
- **Ensure Everyone Can Access No-Cost Testing and Treatment:** State and federal efforts to prevent cost-sharing for COVID-19 testing should be followed up with similar assurances with regard to treatment. Additionally, HHS should remove restrictions on access to Medicaid for certain immigrants, including DACA, TPS, lawful permanent residents (regardless of date of entry), and undocumented immigrants.
- **Provide Additional Subsidies to Keep Californians Covered:** With 2.8 million newly unemployed, additional subsidies are needed to cap premiums to financially help families up and down the income spectrum and keep Californians covered during this pandemic.
- **Expand testing and treatment in vulnerable communities and at worksites:** HHS should provide funds for California to open additional drive-through testing sites immediately in low-income and ethnically diverse neighborhoods as Los Angeles County has done recently in South Central LA. Testing capacity should extend to rural

communities and at worksites where non-medical essential workers are working such as grocery stores and food banks. In California testing in most other jurisdictions outside of LA is still primarily targeted to a small subset of the population.

- **Provide emergency funding, support and technical assistance for LGBTQ+/BIPOC service providers such as HIV/AIDS clinics and community health centers:** We appreciate the \$1.3 billion included in the CARES act for community health centers but much more is needed to reach our most vulnerable populations so they can respond to COVID-10 needs and continue their services virtually and in telehealth settings.

**Provide Adequate Funding for Mental/Oral Health and Prevention:** Funds for public health and prevention have remained stagnant or declined over time and are at historic lows. The mental health consequences of this crisis will be far-reaching. Reports from California indicate that, as of April 8, more than a quarter of Californians reported that their mental health had worsened in the last week.<sup>3</sup> Anecdotal evidence indicates health plans are transitioning consumers who were receiving outpatient mental health services prior to the social distancing requirements to telehealth. However, mental health organizations report seeing fewer clients than before, with serious disparities among diverse Medi-Cal members. . Dentists, many of whom are the only culturally and linguistically concordant providers in their community, are unable to see patients due to physical distancing restrictions and are in danger of losing significant income or even closing their practices.<sup>4</sup> It is clear that even as states begin to emerge from COVID-19, ongoing investments in prevention and public health will be needed. We urge Congress to:

- **Connect individuals to oral and mental health care:** Health plans should be required to make it easier for consumers to access preventive care including oral and mental health services during this time by increasing outreach and awareness, advertising the existence of virtual triage/urgent care services<sup>5</sup> and ensuring provider directories are up-to-date given COVID-19 office closures as North Carolina has done.<sup>6</sup> Funds should be provided directly for community health workers and CBOs to screen and provide referrals to culturally and linguistically appropriate services as well as for domestic violence services related to COVID-19. Additional investments should be made to help bolster the nation's current health care workforce which has sustained substantial losses as well as for training and loan forgiveness programs for the next generation of providers, particularly those in underserved areas.
- **Restore and invest adequately in public health and prevention:** Include additional public health investments in Local Health Departments to increase staff for communicable disease and public health emergency response as requested by the County Health Executives Association of California, the Health Officers Association and SEIU. Funds should also be provided for grants or contracts with community and faith-based

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<sup>3</sup> <https://www.chcf.org/blog/covid-19-poll-tracks-californians-mental-health-cost-concerns/>

<sup>4</sup> <https://www.cda.org/Home/News-and-Events/COVID-19-coronavirus-Updates/Coronavirus-FAQs-and-Resources/why-is-cda-recommending-dental-offices-limit-patient-treatment>

<sup>5</sup> <https://www.cigna.com/newsroom/news-releases/2020/cigna-launches-dental-virtual-care-to-improve-access-and-protect-customers-in-response-to-covid-19>.

<sup>6</sup> <https://www.northcarolinahealthnews.org/2020/03/29/covid-19-emergency-dental-care/>.

organizations in relationship with Limited English Proficient (LEP) and immigrant communities for the purposes of culturally-tailored outreach, language assistance and connections to services aimed at addressing the social determinants of health.

**Protect All People:** Congress must ensure that all workers on the frontlines of this pandemic have the ability to be safe as they do their jobs. This not only protects their health but also protects the health of all families by maintaining essential services and maximum surge-capacity in the health care system. We call on Congress to:

- **Require OSHA to issue emergency temporary standards on infectious disease** to provide protections to all workers for duration of the pandemic. There should be full transparency around the production and distribution of personal protective equipment (PPE). Clear instructions and PPE for non-medical essential workers including farmworkers should be provided.
- **Improve paid sick leave for workers affected by the pandemic**, removing exemptions for certain employers, increasing level of support, including hazard pay for lower-wage workers, and expanding access to benefits. Workers who are susceptible to life-threatening outcomes from COVID-19 due to a chronic health condition should be able to take disability leave on that basis.
- **Ensure everyone can stay home:** Congress should ensure that those who are homeless are housed safely. Jail populations should be downsized and DHS and ICE must provide assurances that they are following their announcement regarding enforcement and detention on public safety risks and halt implementation of the public charge rules, retroactive to February 24. The Federal Immigrant Release and Safety and Security Together (FIRST) Act should be enacted so that immigrants can be moved out of detention and unnecessary enforcement against individuals not deemed a significant public safety risk halted during public health crises and other health emergencies.
- **Ensure persons with disabilities can get the care they need:** HHS OCR should update guidance to include recommendations on best practices related to the triage of critically ill patients and non-discriminatory, ethical allocation of critical care resources (e.g. critical care beds, ventilators). Guidance should also include criteria to determine whether reasonable accommodations in the provision of critical care resources are needed for individual patients. Targeted financial resources, PPE, and emergency back-up for frontline personal care and direct services providers who are currently providing support to individuals with disabilities during this outbreak should also be provided.
- **Openly address and condemn xenophobia, racism and hate crimes:** Hate crimes targeting Asian immigrants and Asian Americans are linked to rhetoric around COVID-19. These should be addressed at the federal level through a public denouncement and establishment of a federal hotline to deal with such complaints.

**Conclusion:**

Now is the time to act to ensure this next stimulus package adequately addresses the needs of all Californians including low-income children and families in order to ensure the most robust recovery for our state from COVID-19. **For questions about this letter please contact: Cary Sanders, Senior Policy Director at [csanders@cpehn.org](mailto:csanders@cpehn.org).**

Sincerely,

California Pan-Ethnic Health Network

ACT for Women and Girls

Asian Americans Advancing Justice – Asian Law Caucus

Asian Americans Advancing Justice – California

Asian Americans Advancing Justice - LA

Asian Pacific Islander Forward Movement

Asians and Pacific Islanders for LGBTQ Equality (API-Equality LA)

ARI Community Services

Asian Americans Advancing Justice – California

Black Women for Wellness

California Black Women’s Health Project

California Immigrant Policy Center (CIPC)

California Latinas for Reproductive Justice (CLRJ)

Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)

Central Valley Immigrant Integration Collaborative (CVIIC)

Community Health Councils (CHC)

Central Rural Legal Assistance Foundation (CRLAF)

Empowering Pacific Islander Communities (EPIC)

Korean Community Center of the East Bay (KCCEB)

Latino Coalition for a Healthy California (LCHC)

Little Tokyo Service Center

Mi Familia Vota

Mid-City Community Advocacy Network (Mid-City CAN)

Mixteco Indígena Community Organizing Project (MICOP)

Multi-Ethnic Collaborative of Community Agencies (MECCA)

National Asian Pacific American Families Against Substance Abuse (NAPAFASA)

Pacific Asian Counseling Services (PACS)

PALS for Health

Roots Community Health Center

South Asian Network (SAN)

Street Level Health Project

Services, Immigrant Rights, and Education Network (SIREN)

The Cambodian Family

The Fresno Center

Village Connect