



Statement for the Record
House Committee on Energy and Commerce Hearing:
“Health Care Inequality: Confronting Racial and Ethnic Disparities in COVID-19 and the Health Care System”
June 17, 2020

Thank you Chairman Eshoo, Ranking Member Burgess, and Members of the Energy and Commerce Subcommittee on Health for providing the American Diabetes Association (ADA) the opportunity to submit written comments regarding the COVID-19 pandemic’s impact on communities of color. As you are no doubt aware, these same communities also disproportionately suffer from diabetes and other related chronic health conditions that magnify their risk for the most serious complications from coronavirus. We appreciate you considering this important topic at this critical time.

The ADA is the nation's largest voluntary health organization and a global authority on diabetes. Since 1940, the ADA has been committed to its mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

Rates of diabetes and other related chronic health conditions have been rising precipitously in the United States. In the last 20 years, the number of adults diagnosed with diabetes has [more than doubled](#)¹. More than [10% of the U.S. population](#)², or upwards of 34 million Americans, live with diabetes today. Rates of underlying chronic disease broadly, many of which stem from diabetes, mirror this trend: [six in ten U.S. adults](#)³ now have at least one chronic disease, and four in ten have two or more chronic conditions. Diabetes and other chronic diseases are the [leading cause of death and disability](#)⁴ in the United States, and beyond the toll in lives, they cost taxpayers more than \$1 trillion in health care expenses annually.

The burden of these rising rates falls disproportionately – and devastatingly – on communities of color. Diabetes prevalence today among minority groups is [nearly twice as high](#)⁵ as it is for white Americans. Much of this is due to the fact that the social, economic, and environmental factors that put people at a higher risk for developing diabetes are especially pervasive in America’s communities of color. Zip code and socioeconomic status dictate how far someone lives from the nearest grocery store, whether they have access to healthy food, whether they have quality health care nearby, and how much daily stress they endure. Indeed, people of

¹ Centers for Disease Control and Prevention, “Diabetes Quick Facts.” August 6, 2019

² American Diabetes Association, “Statistics About Diabetes.”

³ Centers for Disease Control and Prevention, “Chronic Diseases in America.”

⁴ Ibid.

⁵ American Diabetes Association, “Statistics About Diabetes.”

color represent [76% of all Americans living in poverty](#)⁶, making them even less likely to have access to the resources they will need if they get sick. Minorities in America are [more likely to work essential jobs](#)⁷ with more risk of virus exposure, and are [less likely to have paid sick leave](#)⁸. Amid the economic crisis in the wake of the COVID-19 pandemic, workers earning \$20 an hour or less, a group [disproportionately represented](#)⁹ by black and brown Americans, [are 115% more likely to be laid off](#)¹⁰ than higher wage earners. In addition, many who are losing their jobs during the pandemic are [losing their health insurance in tandem](#)¹¹, putting quality health care out of reach for millions who will need it most.

All these factors contribute to diabetes, diet-driven health conditions, and chronic disease generally – conditions that are the most reliable predictors of poor COVID-19 outcomes. [Diabetes is the second most common](#)¹² underlying health condition among Centers for Disease Control and Prevention (CDC) reported U.S. COVID-19 cases, and nearly [90% of hospitalized American patients](#)¹³ have diabetes or another underlying condition. Overall, those with underlying chronic illnesses are [hospitalized six times as often and die twelve times as often](#)¹⁴ as American virus patients without such conditions. The risk of death from COVID-19 among Americans with diabetes is [40% greater](#)¹⁵ than for those without, and studies have shown that [10% of hospitalized virus patients with diabetes](#)¹⁶ die within one week of admittance. Although local data on this trend has been scant so far, more than [one third of COVID-19 fatalities](#)¹⁷ in New York’s largest hospital system were reported to have had diabetes, and Louisianans with diabetes accounted for more than [40% of virus mortalities](#)¹⁸ – nearly [three times the rate](#)¹⁹ at which people with diabetes live in the Bayou State.

⁶ Kaiser Family Foundation, “Poverty Rate by Race/Ethnicity, 2018.”

⁷ Economic Policy Institute, *Not everybody can work from home: Black and Hispanic workers are much less likely to be able to telework*. March 19, 2020.

⁸ U.S. Bureau of Labor Statistics, *Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets*. January 2019.

⁹ Economic Policy Institute, *Workers of color are far more likely to be paid poverty-level wages than white workers*. June 21, 2018.

¹⁰ Gusto, *The Real-Time Impact of COVID-19 on Small Business Employees*. May 1, 2020.

¹¹ Kaiser Family Foundation, *Eligibility for ACA Health Coverage Following Job Loss*. May 13, 2020.

¹² Centers for Disease Control and Prevention, *Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020*. June 15, 2020.

¹³ Centers for Disease Control and Prevention, *Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019*. April 17, 2020.

¹⁴ Centers for Disease Control and Prevention, *Coronavirus Disease 2019 Case Surveillance — United States, January 22–May 30, 2020*. June 15, 2020.

¹⁵ Glytec Systems, *Glycemic Characteristics and Clinical Outcomes of COVID-19 Patients Hospitalized in the United States*. April 17, 2020.

¹⁶ Medscape, *10% With Diabetes Hospitalized for COVID-19 Die Within a Week*. June 1, 2020.

¹⁷ Journal of the American Medical Association, *Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area*. April 22, 2020.

¹⁸ Louisiana Department of Health, “Louisiana Department of Health Updates for 3/27/2020.” March 27, 2020.

¹⁹ American Diabetes Association, “The Burden of Diabetes In Louisiana.”

With this in mind, it is little wonder that communities of color are in the crosshairs of the COVID-19 pandemic. Given the disproportionate incidence of chronic disease faced by people of color in this country, the tragic reality is that our minority communities are at a heightened risk of contracting, spreading, and dying of the virus.

Simply put, those most likely to need help during this crisis are the least likely to have access to the resources they need to survive. This includes services as simple as diagnostic testing. Even as our nationwide testing regime continues to scale up, COVID-19 tests are still not getting to those who need them most. In Illinois, even though black residents are dying of COVID-19 at [more than three times the rate](#)²⁰ of the state's white population, white residents are still tested [nearly twice as often](#)²¹. More than two thirds of [New York City zip codes](#)²² with the highest rates of testing are either whiter or wealthier than the average population, even though black New Yorkers are [twice as likely to die of COVID-19](#)²³ as their white neighbors. In Philadelphia, residents living in higher income neighborhoods have been tested [more than six times as often](#)²⁴ as their peers in lower income parts of the city.

The systemic problems faced by our most vulnerable groups cannot be fixed overnight, but there are things we can do now. As the COVID-19 pandemic continues to ravage our most vulnerable citizens, it is critical that leaders at all levels of government take a more aggressive approach to testing in underserved communities. We can start by bringing testing into these communities to meet those who are most in need where they are. In addition, we should suspend copays for insulin and other prescription drugs in Medicare Part D for the duration of the emergency to ensure that no one is forced to go without the medicines they need. It is our hope that suspending copays under Medicare will prompt private plans to take similar action. Finally, we can ensure continuity of health insurance coverage for those who lose their jobs during the pandemic so that everyone who needs health care is able to get it. [Nearly 27 million of the 78 million Americans](#) who are unemployed or whose family has experienced job loss have lost or are at risk of losing their employer-sponsored health insurance.²⁵ Additionally, the [unemployment rate among seniors quadrupled](#)²⁶ between March and April 2020, making these temporary reforms all the more urgent.

We urge the Committee to take up and advance H.R. 6666, the COVID-19 Testing, Reaching, And Contacting Everyone (TRACE) Act that seeks to increase access to critical health care services in medically underserved communities suffering greatly from the COVID-19 pandemic. We thank Representative Bobby Rush (D-IL-01) for introducing the measure, and

²⁰ The Chicago Reporter, *Black people across Illinois are dying from COVID-19 at 3.4 times the rate of the white population*. April 7, 2020.

²¹ Illinois Department of Public Health, "COVID-19 Statistics."

²² New York Post, *Most NYC coronavirus testing done in whitest and wealthiest ZIP codes*. April 16, 2020.

²³ ABC News, *Black people in NYC twice as likely to die from COVID as white people: Data*. April 17, 2020.

²⁴ The Philadelphia Inquirer, *High-income Philadelphians getting tested for coronavirus at far higher rates than low-income residents*. April 6, 2020.

²⁵ Kaiser Family Foundation, *Eligibility for ACA Health Coverage Following Job Loss*. May 13, 2020.

²⁶ Kaiser Family Foundation, *Older Adults Are Hit Hard by COVID-19 – and Also Losing Jobs*. May 13, 2020.

Representatives Nanette Diaz Barragan (D-CA-44), G.K. Butterfield (D-NC-01), Tony Cardenas (D-CA-29), Diana DeGette (D-CO-01), Annie Kuster (D-NH-02), John Sarbanes (D-MD-03), and Darren Soto (D-FL-09) for being original cosponsors of H.R. 6666.

We also urge you to consider H.R. 7062, the Affordable Insulin for the COVID-19 Emergency Act, which would reduce the financial burden on insulin-dependent seniors and allow them to receive insulin in the mail to prevent COVID-19 infection and hospitalization. We thank Representatives Nanette Diaz Barragan (D-CA-44), Peter Welch (D-VT-At Large), and Bobby Rush (D-IL-01) for being original cosponsors of H.R. 7062.

Thank you for the opportunity to submit this testimony for the record. The American Diabetes Association looks forward to continuing to work with Congress to identify ways to address health disparities across the United States during and after this public health and economic crisis.