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

Thank you for the opportunity to provide testimony for the record on the issue of confronting racial and ethnic health disparities during the coronavirus pandemic and the overall healthcare system. The American Cancer Society Cancer Action Network (ACS CAN) is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society’s nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer.

We commend your efforts and look forward to working with you as you develop critical legislation related to addressing longstanding racial and ethnic health disparities.

Eliminating Disparities in the Cancer Continuum

Despite notable advances in cancer prevention, screening, and treatment, not all individuals are benefitting equally from this important progress. The consequence of such disparities in access to meaningful health coverage is that cancer is more often diagnosed at later stages when options for treatment may be limited and the odds for survival decreased. Research shows that racial/ethnic populations and medically underserved groups continue to have higher cancer rates and are less likely to be diagnosed early or receive optimal treatment compared to other groups.¹ Individuals of lower socioeconomic status (SES – income, education, occupation, etc.) also suffer disproportionately from cancer and other disease burdens compared to individuals with higher SES, regardless of demographic factors such as race/ethnicity.²

ACS CAN actively pursues evidence-based public policies at all government levels that seek to reduce disparities and improve health outcomes. We are working to decrease disparities in cancer screening and early detection, access to health care and insurance coverage, and cancer research and clinical trials. We are also advocating to reduce barriers to tobacco-free living. Specifically, we are working to create equity by supporting policies that:

- Ensure everyone has access to affordable, quality health insurance coverage, including expanding Medicaid to cover more low-income individuals;

¹ Singh GK, Jemal A. Socioeconomic and racial/ethnic disparities in cancer mortality, incidence, and survival in the United States, 1950-2014: Over six decades of changing patterns and widening inequalities. *J Environ Public Health*. 2017; Article ID 2919372; 1-19.

² American Cancer Society. *Cancer Facts & Figures, 2020*. Atlanta: American Cancer Society; 2020.

- Maintain key provisions of the Affordable Care Act, such as patient protections that improve availability and affordability of quality care that aid lower socioeconomic status and racial/ethnic groups;
- Ensure all health insurance – regardless of payer – provides coverage for essential, evidence-based early detection and preventive services with no additional patient cost sharing;
- Increase funding for community health centers and the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), which provides community-based breast and cervical cancer screening and treatment services through the Medicaid program to low-income, uninsured, and underinsured women – a majority of whom are from racial/ethnic minority groups;
- Ensure that qualified health plans provide materials in appropriate languages and access to language translation services;
- Ensure clinical trials enroll diverse patient populations that reflect the broader patient population with cancer (e.g., The Henrietta Lacks Enhancing Cancer Research Act (H.R. 1966));
- Guarantee coverage of the routine care costs of clinical trial participation for Medicaid enrollees with a life-threatening condition (e.g., The Clinical Treatment Act (H.R. 913));
- Engage community leaders and community-based organizations – especially those serving racial and ethnic minority groups as well as medically underserved communities – to effectively disseminate information about the importance of clinical research participation as a social justice issue; and
- Increase access to comprehensive tobacco cessation programs in Medicaid and private insurance plans to provide counseling and state quit lines to individuals of lower SES who have higher smoking rates than other populations.

Disparities and COVID-19

Longstanding disparities in health care among communities of color are being made devastatingly apparent during the coronavirus pandemic. Communities of color are suffering at a disparate rate, attributed in part to inadequacies in access to care and resources to treat chronic conditions, like cancer.

While cancer affects everyone, it does not affect everyone equally. The same is true for coronavirus. The pandemic has put a spotlight on deeply entrenched racial and economic inequities impacting people’s health and well-being. Communities of color are disproportionately affected by coronavirus due to pervasive, pre-existing health and socioeconomic disparities. These same disparities also cause gaps in cancer incidence and mortality rates between different populations. People of color are more likely to be uninsured and face barriers to quality health care, including access to testing and treatment needed for early detection and intervention of coronavirus. Swift action is needed to address disparate outcomes in the context of the pandemic, and sustained, comprehensive policy changes are needed to address longstanding disparities in health care, including for people with cancer.

We support legislation that calls for a more thorough collection, publication, and dissemination of racial, ethnic, socioeconomic status, and other demographic data (sex, age, tribal affiliation, gender, disability status, and sexual orientation). Proper data collection is necessary to inform policy and help lawmakers at all levels, health care providers, and hospitals invest in and direct resources to provide access to testing, increase access to treatment and care, and social services for vulnerable populations.

In addition to data collection during the pandemic and beyond, we support policy solutions that examine social determinants of health. The disparate impact of coronavirus on communities of color has highlighted how social and economic factors, such as inadequate housing, financial instability, lack

of access to healthy food options, and education, influence a person's health. Now is the time to also acknowledge and address these barriers that directly impact health outcomes.

ACS CAN is committed to our work to achieve health equity, and recognizes that the devastating burden this pandemic is placing on our nation represents an opportunity to advance the critical need to address longstanding inequities in our society and healthcare system. These inequities will persist even as our country recovers from this public health emergency if not addressed now. As a leading patient advocacy organization, we have a deep responsibility to engage all elected officials to pursue policy solutions that ease this disproportionate burden, both during this pandemic and beyond.

Conclusion

ACS CAN appreciates the opportunity to provide testimony for the record, and we would be happy to discuss our health equity work with you in greater detail. Thank you for your consideration.