

September 15, 2004

The Honorable Elijah E. Cummings  
United States House of Representatives  
Washington, DC 20515

Dear Representative Cummings:

On behalf of the Catholic Health Association of the United States (CHA)—the national leadership organization of more than 2,000 Catholic health care sponsors, systems, facilities, and related organizations—I am writing to express strong support for HR 3459, the "Health Care Equality and Accountability Act."



As several recent reports have demonstrated, the problems of racial and ethnic disparities in treatment continue to plague the health care system. Life expectancy for African-American men is 68.2 years, compared to 74.8 years for white men. For African American women, life expectancy is 74.9 years, compared to 80 years for white women. Infant death rates among African-Americans are more than double that of whites, while infant death rates among American Indians and Alaska Natives are almost double that of whites. And Hispanics are nearly twice as likely to die from diabetes as whites, while American Indians and Alaska Natives have a diabetes rate that is more than twice that for whites. Finally, minorities often have significantly lower rates of insurance: in 2003, 19.5 percent of African-Americans and 32.7 percent of Hispanics were uninsured.

CHA is strongly committed to addressing the pervasive health disparities that continue to exist in our health care system. In particular, CHA supports legislation to:

- Increase awareness of racial and ethnic disparities in health care among the general public, key stakeholders, and the provider community.
- Provide greater resources to federal agencies to enforce civil rights laws and oversee the implementation of relevant policies.
- Promote patient education programs to increase patients' knowledge of how to best access care and participate in treatment decisions.
- Promote and support cultural educational training of all current and future health professionals.
- Support the use of interpreter services and other programs that will assist in eliminating language barriers.
- Improve quality performance and data collection efforts to eliminate disparities.
- Monitor and evaluate progress toward the elimination of health disparities.

HR 3459 represents a positive step toward these goals. First, HR 3459 includes two initiatives to expand health coverage: the Family Care Act (Family Care) and the Immigrant Children's Health Insurance Act (ICHIA). Family Care would allow states to extend Medicaid and State Children's Health Insurance Program (SCHIP) coverage to parents of children already eligible for these programs, while ICHIA would allow states to include legal immigrant children and pregnant women in their Medicaid and SCHIP programs. Given that lack of insurance coverage is a key factor in disparate treatment, efforts to expand coverage are critically important.

In addition, by providing career support and development opportunities for scientists, researchers, and other health professionals, and establishing grants for institutions committed to workforce diversity, HR 3459 will enhance efforts under way to increase the diversity and

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cultural sensitivity of the nation's health care workforce. And by directing the Secretary of Health and Human Services to provide funding for a National Working Group on Workforce Diversity, HR 3459 can help ensure that efforts to diversify the health professions are based on the most effective and innovative strategies.

We also support the provisions in HR 3459 to provide for the development of disease screening for minority populations that have higher-than-average risks for chronic diseases and cancers, and to promote innovative chronic disease management programs. During the past year, CHA devoted considerable time to examining problems in the health care delivery system and what needs to be done to correct these problems. Among the priorities that arose in our deliberations were the need to put into practice the health promotion and disease prevention methodologies we, as health care providers, know to be effective; the need for more widespread use of successful disease management protocols; and the need to encourage and promote transfer of knowledge about innovation in health care delivery. To the extent that HR 3459 can help encourage these efforts, it will make a significant difference in the health care of all citizens.

Finally, we are pleased that HR 3459 contains provisions on environmental justice, which is a priority issue for the Catholic health ministry. During recent years we have been involved in helping facilities decrease waste, engage in environmental preferable purchasing, and decrease the use of materials that are harmful to communities.

For these reasons, we offer our support for this legislation, and we thank you for your continued efforts to address health care disparities. If CHA can be of further assistance, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Michael D. Place".

Rev. Michael D. Place, STD  
President and Chief Executive Officer