

September 15, 2004

**THE  
CATHOLIC HEALTH  
ASSOCIATION**  
OF THE UNITED STATES

The Honorable Bill Frist  
Majority Leader  
United States Senate  
Washington, DC 20510

Dear Senator Frist:

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 our strong support for S 2091, the "Closing the Health Care Gap Act of 2004."



As a number of recent reports have demonstrated, the problems of racial and ethnic disparities in treatment continue to plague the health care system. The 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 deaths among American Indians and Alaska Natives are almost double that of whites. 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.

The Catholic Health Association 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 any 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 interpretation services and other programs that will assist in eliminating the language barriers.
- Improve quality performance and data collection efforts to eliminate disparities.
- Monitor and evaluate progress toward the elimination of health disparities.

S 2091 represents a positive step toward these goals. For example, the health care access and promotion grants provided for in the bill will ensure that disparity populations have greater access to and awareness of available health care services. We are particularly pleased that faith-based institutions are among those that will be eligible for the grants, and that the funds will be available for innovative efforts to enroll eligible individuals in Medicaid and the State Children's Health Insurance Program (SCHIP).

The Catholic health ministry has highlighted the identification of eligible populations and facilitation of enrollment in Medicaid and SCHIP as one of four core sequential strategies the ministry is pursuing to reduce the number of uninsured individuals in our country.

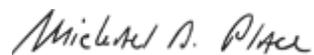
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Specifically, the ministry has developed a resource manual which is available on the CHA website to aid the ministry in enhancing existing efforts or developing new structured enrollment programs. In addition, the professional education, awareness, and training programs will enhance efforts currently under way to increase the diversity and cultural sensitivity of the nation's health care workforce.

By directing the Agency for Healthcare Research and Quality and the National Institutes of Health to look more closely at racial and ethnic disparities, S 2091 can help ensure that we have all the available data necessary to support future efforts to combat racial and ethnic disparities. For these reasons, we are pleased to offer our support for this legislation, and we are grateful for your continued efforts to address health care disparities.

If we 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