



AMERICAN ACADEMY OF NURSING

transforming health policy and practice through nursing knowledge

April 30, 2020

The Honorable Mitch McConnell
Majority Leader
US Senate
US Capitol Building, S-230
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker
US House of Representatives
US Capitol Building, H-222
Washington, DC 20515

The Honorable Charles E. Schumer
Minority Leader
US Senate
US Capitol Building, S-221
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
US House of Representatives
US Capitol Building, H-204
Washington, DC 20515

Dear Majority Leader McConnell, Speaker Pelosi, Minority Leader Schumer, and Minority Leader McCarthy:

As Congress continues to work on legislation in response to the Coronavirus (COVID-19) pandemic, the American Academy of Nursing (Academy) urges you to consider sustained and unaddressed challenges the U.S. healthcare system continues to face during this crisis. We commend the Congressional response to date on COVID-19; however, we strongly urge you to provide significantly increased resources to vulnerable populations, with specific attention to addressing health inequities, supporting frontline professionals, and increasing testing as the virus' impact becomes increasingly dire.

The Academy serves the public by advancing health policy through the generation, synthesis, and dissemination of nursing knowledge. The economic impact of this contagion will be vast and federal dollars are life-saving resources to communities in every corner of the country. We urge Congress to take up the next rescue package to combat COVID-19 or we will fail to control its already devastating and far reaching impact.

Protect Our Most Vulnerable Populations

Invest in the Public Health Infrastructure and Community Health

Congress' investment of \$100 billion in the CARES Act as well as the latest relief package investments of \$75 billion for hospitals and providers has and will have a significant impact as the pandemic reaches historical levels. However, the health of the American people must be closely monitored where they live. **We call on Congress to not only increase but continue sustained investment in the critical work of the public health infrastructure including the public health workforce, information and data systems, and public health laboratories.** As the virus spreads and a second COVID-19 wave emerges later this year, the preparedness of the nation's public health system is paramount. Continued investment in the public health infrastructure can help avoid preventable loss of life and mitigate the social and economic disruption we are facing today.

The importance of a strong, predictable federal investment in the public health infrastructure is more vital than ever as the public continues to feel the economic impact of the pandemic nationwide. This

pandemic has devastated or completely wiped out public health budgets at all levels of government. By building the core public health infrastructure for all governmental levels, we can weather the next wave and future pandemics. As states begin to reopen, we must ensure increased resources for other healthcare providers in the community as their expertise will be critical to prevent further spread of COVID-19. Specifically, we will need more school nurses as well as occupational health nurses in businesses and industry to keep members of the community safe as stay-at-home orders are lifted.

Therefore, the Academy requests Congress provide supplemental funding for the National Institute for Occupational Safety and Health (NIOSH) and the Occupational Health and Safety Administration (OSHA). Guidance, recommendations, and resources from NIOSH and OSHA will be vital to ensure safe and healthy working conditions for all through training, outreach, education, and research as local communities reopen.

As you know, long-term care facilities, group homes, homeless shelters, and prison systems have become hot spots for COVID transmission. Health care in settings other than acute care hospitals remains a priority to slow community spread. Support for interprofessional teams to immediately bolster care in order to decrease mortality among vulnerable populations in these facilities is vital. These facilities should not be overlooked in the fight against COVID as they need resources and support to protect not only the residents, but also the employees. **The Academy calls for increased resources to these facilities, better coordination of services, and most critically, testing to support older adults, vulnerable populations, and those with disabilities needing long-term services during this pandemic.**

Moreover, the United States should have a permanent pandemic response team that is funded by the federal government. This response team should have a clear chain of command of government agencies' roles and responsibilities to prevent equipment shortages and ensure coordination at all levels. **The Academy urges Congress to include language directing the reinstatement, as well as funding, for the National Security Council Directorate for Global Health Security and Biodefense.** Additionally, we call for healthcare providers with critical expertise, including nurses, to be a part of the leadership in future planning and response to future pandemics.

Protect Against Health Inequities

The Academy has a clear and distinct focus on social determinants of health to advance health equity and uses this lens to support policies. The Kaiser Family Foundation recently reported that data from 32 states and Washington, DC shows communities of color are disproportionately affected by COVID-19. In the majority of states reporting data, African-Americans accounted for a higher share of confirmed cases (in 20 of 31 states) and deaths (in 19 of 24 states) compared to their share of the total population.¹ The data also show disparate impacts for Hispanics and Asians in some states, although a smaller number of states report data for these groups and there are inconsistencies in how states report these data. The Centers for Disease Control and Prevention (CDC) recently began reporting national data on confirmed coronavirus cases by race and ethnicity. Similar to the state data, CDC also found that the virus is having disproportionate effects, with African-Americans accounting for a higher share of confirmed cases with known race/ethnicity compared to their share of the total population.² Missing or unspecified race and ethnicity data absent for the majority of the CDC-reported cases limits the ability to interpret the data and take the necessary measures to protect communities. **The Academy supports calls for widespread, comprehensive, accurate, and timely data collection of health and economic factors associated with race and ethnicity.**

The Academy applauds efforts undertaken to ensure patients can safely receive care beyond the traditional clinical setting while social distancing during the pandemic. This pandemic has shown the value of telehealth, but telehealth may be more difficult to access in rural and other underserved areas that are lacking infrastructures, which will only exacerbate rural health disparities. Additionally, these temporary telehealth changes during this pandemic only covers the use of devices with audio and video. This creates a health equity concern as many patients and providers may not have access to devices with video chat, internet service, or broadband speed.³ **The Academy recommends the expanded use of telehealth and to provide infrastructure investments after the pandemic passes to ensure everyone regardless of location or background continues to receive high quality care.**

Additionally, everyone but most especially vulnerable populations of all age groups, such as those with pre-existing conditions and immunodeficiencies, older adults, socially isolated individuals, as well as people who have serious acute and chronic medical conditions, require access to affordable health insurance. Moreover, many may have lost insurance coverage due to a job loss or be underinsured if they are enrolled in a health insurance plan that does not meet the insurance requirements laid out under the Affordable Care Act (ACA) or may now qualify for Medicaid. Truly, support is needed if anyone becomes ill from COVID and all patients need to be able to access and afford the care that is required. **The Academy recommends open enrollment into ACA-qualified plans be made available for those who are uninsured or underinsured. We further recommend that all feasible options to bolster social safety net programs for these individuals and their families, such as increasing the Federal Medical Assistance Percentage for states, also be considered.**

Support Mental Health Services

The Academy recommends further Congressional investment in mental health programming and infrastructure. Services, grants, or programs stood up through the Substance Abuse and Mental Health Services Administration, the National Institutes of Health (NIH), as well as direct support to local, state, and tribal health departments are ways funding for mental health services can be directed to those in desperate need. We must enhance the availability and provision of mental health services for these courageous individuals who have been exposed to mental, physical, and emotional strain while caring for those infected. At the same time, the general population will need support to address trauma that arises from social isolation as well as the trauma of unresolved grief for loved ones who have perished alone from COVID without support from family. This is particularly true for older adults, as we have seen with other disasters.⁴

Support Nurses and Healthcare Providers

Rapid Production of Healthcare Equipment

With over a million confirmed coronavirus cases,⁵ we cannot stress enough how indispensably important it is to continue to ensure that healthcare professionals continue to have the Personal Protective Equipment (PPE) and other supplies they need in a more expeditious and efficient way in order for them to stay healthy and continue to deliver care. The Academy has consistently called upon the use of the Defense Production Act to increase production of PPE and appreciate its use to increase production of much needed medical supplies. As we continue grappling with this pandemic, **we call for increased production of PPE as well as national coordination of the distribution of PPE, particularly in light of a second wave.** Additionally, we urge Congress to provide resources for the development of safe

and effective reusable PPE with evidence-based policies and procedures on fitting, testing, and cleaning of equipment to prevent further damage to the environment that can be brought about through the disposal of single-use PPE.

Investment in Mental Health Services for Frontline Providers

Clinical well-being is something the healthcare community has recently been working to address. As front-line providers are facing higher levels of patients affected by COVID, their mental and emotional needs must be addressed. **The Academy further urges Congress to strengthen and provide funding for mental health services for all healthcare providers traumatized from working on the front-lines or who are affected by the long-term consequences of the response to COVID.**

Enable the Expansion of the Nursing Workforce

This pandemic comes at a time when our country is experiencing workforce shortages in various areas of the country, most acutely in Health Professional Shortage Areas and Medically Underserved Areas. The country must invest in retention measures and coordinate so that providers are in the areas of most need. As nurses and other healthcare providers are being furloughed, it is imperative that their skills be deployed where they are needed.⁶ Support for travel, housing, and training can help combat the pandemic now.

The economic impact for schools of nursing and the students themselves will impact the ability to further create the necessary workforce. The next generation of nurses requires the most diverse workforce possible in terms of race, ethnicity, gender, gender identity, and sexual orientation. As we look to the future, dedicated funding for nursing student loan repayment and scholarships such as those provided through the Title VIII Nursing Workforce Development Nurse Corps program will be important. Support for students close to graduation through Pell grants and other federal loan programs must remain a priority. This should not be restricted based on when the loan originated.

Increase Access, Scale, Speed, and Accuracy of Testing

Increase Testing Capacity

The Academy commends the \$25 billion provided for testing in the Paycheck Protection Program and Health Care Enhancement Act. It will be important now more than ever to ensure there are resources for testing as well as the efficient and accurate interpretation of these results. The country cannot meet the need for widespread testing until health professionals have enough swabs to do the tests and there are enough supplies to safely transport the tests to the labs. As our economy begins to recover from this pandemic, it will be important to ensure state and local communities have the capacity to rapidly and accurately test everyone with an emphasis on our most vulnerable populations until herd immunity is reached or a vaccine is developed. Specifically, we must have the necessary testing supplies, increased testing volume as well as reduce the current backlogs, add testing sites, and expand our testing criteria. This will be especially important as we learn more about COVID. The Academy calls for increased investments for testing as Congress debates more support for the nation.

Investment in Research

Like others in the research community, the Academy supports increased funding for basic, biomedical, and behavioral science. Agencies like the NIH, CDC, and the Federal Drug Administration will need additional resources, both intramural and extramural, to ensure their research capacity does not drop

during this critical time. The Academy remains concerned about the impact the disruption of funds for pre-COVID research projects. Allocations for both federal research and research at academic and private institutions must supplement and not supplant current funding. **We stand with our colleagues in the Ad Hoc Group for Medical Research in supporting \$31 billion in additional emergency supplemental investments at the NIH.**

The Academy and its Fellows are ready to work with you in the battle against this pandemic. If you have any questions or need additional information, please contact the Academy's Senior Director of Policy, Christine Murphy, at cmurpy@aannet.org or 202-777-1174.

Sincerely,



Eileen Sullivan-Marx, PhD, RN, FAAN
President

¹ Growing Data Underscore that Communities of Color are Being Harder Hit by COVID-19. (2020, April 21). Retrieved from https://www.kff.org/coronavirus-policy-watch/growing-data-underscore-communities-color-harder-hit-covid-19/?utm_campaign=KFF-2020-Medicaid&utm_source=hs_email&utm_medium=email&utm_content=86645517&hsenc=p2ANqtz-a4Ry-gLC1yuPWGamshiallshrwWKDOyktMdU9ONd1GRzx5rAh16Kt8CeRJPWqXGp36wMllac18hpmVRloQZHLcfw&hsmi=86645517

² Growing Data Underscore that Communities of Color are Being Harder Hit by COVID-19, 2020

³ Lantry, L. (2020, April 1). Medicare and Medicaid patients get temporary access to telemedicine amid coronavirus crisis, but challenges remain. *ABC News*. Retrieved from <https://abcnews.go.com>

⁴ American Red Cross, & American Academy of Nursing. (2020). Closing the Gaps: Advancing Disaster Preparedness, Response and Recovery for Older Adults. Retrieved from <https://www.redcross.org/content/dam/redcross/training-services/scientific-advisory-council/253901-03%20BRCR-Older%20Adults%20Whitepaper%20FINAL%201.23.2020.pdf>

⁵ Coronavirus Research Center. John Hopkins University, Retrieved from <https://coronavirus.jhu.edu/>

⁶ Gabler, E. (2020, April 15). During a Pandemic, an Unanticipated Problem: Out-of-Work Health Workers. *https://www.nytimes.com/#publisher*. Retrieved from <https://www.nytimes.com>