



February 4, 2022

The Honorable Patty Murray  
Chairman, Senate Health, Education,  
Labor, and Pensions Committee  
428 Senate Dirksen Office Building  
Washington, DC 20510

The Honorable Richard Burr  
Ranking Member, Senate Health,  
Education, Labor, and Pensions  
Committee  
428 Senate Dirksen Office Building  
Washington, DC 20510

RE: Discussion Draft Legislation on the PREVENTS Pandemics Act

Dear Chairwoman Murray and Ranking Member Burr:

The Digital Health for Equitable Health Alliance (DHEH) appreciates the opportunity to provide feedback on the Prepare for and Respond to Existing Viruses, Emerging New Threats, and Pandemics Act (PREVENT Pandemics Act or “The Act”), the Committee’s bipartisan discussion draft legislation. We applaud your leadership and the efforts the Committee has taken to address the important challenge of improving the country’s public health and medical preparedness and response systems in the wake of the COVID-19 pandemic.

The DHEH Alliance was created to bring together multi-sector stakeholders, leaders, and advocates to promote a more digitally inclusive and accessible society that transforms health delivery for underserved populations. Our members include life sciences companies, community-based groups, Historically Black Colleges and Universities, and other organizations. The DHEH Alliance supports policies and initiatives that provide access to digital health technologies designed to mitigate or remove existing and potential barriers to high quality care.

Our goal is to reduce health care disparities in underserved populations by increasing and improving access to care using digital health technologies. The COVID-19 pandemic has shown us that COVID-19 mortality in addition to other social health determinants and outcomes has inequitably impacted certain communities. We believe that the increased expansion and use of digital technology in healthcare provides many opportunities to reach these underserved communities to reduce health disparities.

We are pleased that the Act contains provisions to improve public health, including efforts to modernize the public health data system, that are designed to benefit all patients—especially those in underserved urban and rural areas, and provides access to quality healthcare delivery.



Our specific comments on the discussion draft legislation are as follows.

I. Sec. 112. Supporting Access to Mental Health and Substance Use Disorder Services During Public Health Emergencies

The DHEH Alliance commends the Committee for seeking to amend the Public Health Service Act to include provisions that direct the Substance Abuse and Mental Health Services Administration to support continued access to mental health and substance use disorder services during future public health emergencies. Mental health treatment is critical. The stigma associated with seeking treatment is further complicated by the barriers to care, perpetuating disparities.<sup>1</sup> In particular, the challenge of accessing mental health services in rural communities is worsened by the pandemic, making digital health access even more important.

II. Sec. 201 Addressing Social Determinants of Health and Improving Health Outcomes: Amending the Public Health Service Act by inserting Sec. 317 V. Addressing Social Determinants of Health and Improving Health Outcomes

The DHEH Alliance applauds the inclusion of these provisions. We endorse establishing a grant program to support evidence-based or evidence-informed projects to reduce health disparities and improve health outcomes. We appreciate the focus on increasing capacity to address social determinants of health within communities. Use of technology will strengthen the coordination of social services to address social determinants of health and improve health outcomes.

However, we are concerned that the legislation does not discuss in more detail the use of digital health technologies and telemedicine, which are vital in public health surveillance and intervention during pandemics, nor is there any detail on addressing the barriers that underserved communities face accessing those services. For example, the legislation does not describe how individuals living in underserved areas—both rural and urban—are further disadvantaged because of the lack of broadband connectivity, which is a social determinant of health<sup>2</sup> and is an essential factor in maintaining transparent and broad-reaching communication and healthcare intervention for individuals who are impacted by pandemics. Often, underserved communities suffer from healthcare access issues due to shortages of healthcare providers and geographic barriers<sup>3</sup> that heighten during pandemics. Disparities in broadband exacerbate differences in other social determinants of health and implications

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<sup>1</sup> Mental Health Disparities: Diverse Populations, American Psychiatric Association, <https://www.psychiatry.org/psychiatrists/cultural-competency/education/mental-health-facts>

<sup>2</sup> Jody Early and Alyssa Hernandez, Digital Disenfranchisement and Covid -19: Broadband Internet Access as a Social Determinant of Health, May 2021, <https://journals.sagepub.com/doi/full/10.1177/15248399211014490>

<sup>3</sup> *Id.*



for health outcomes. In the wake of the pandemic, telehealth services have been critical. There should be a focus on the preexisting digital divide and the lack of access to digital health tools, computers, or other technological devices, and broadband service is vital to receiving quality care, especially during public health crises like pandemics and natural disasters. We recommend expanding this section to include expanding broadband and taking other steps to increase the use of digital health technologies and telemedicine.

We appreciate that the legislation authorizes grants to develop best practices and establish regional centers to develop effective strategies to address social determinants of health and improve health outcomes. We applaud you for addressing culturally appropriate strategies to address these issues based on each community's needs. In addition, we note the importance of consultation with State, local or Tribal health departments to use technology platforms or networks to support coordination to improve data collection for public health purposes. Our concern is how technical assistance and training will be measured to successfully implement best practices for improving health outcomes and reducing disease among underserved populations, including rural or racial and ethnic minority populations.

We support the Act's provisions requiring reports to the Senate HELP Committee, House Committee on Energy and Commerce, and the US Government Accountability Office. Specifically, we support the provisions to review the outcomes and effectiveness of the program under section 317 V of the Public Health Service Act. We hope that additional requirements and measures are developed to incentivize both states and health departments to implement these changes.

### III. Sec. 221 Improving Recruitment and Retention of the Frontline Public Health Workforce

We appreciate the Committee's focus on the importance of solidifying the healthcare workforce. We recommend expanding this provision to include efforts to improve diversity within the workforce. We ask that you consider provisions that would increase funding targeted to students attending programs focused on jobs in demand, particularly in underserved areas; enrollment in these programs skew more to students of color and lower economic students. Students of color face numerous barriers to training programs and these types of provisions would assist these students. The lack of diversity among healthcare providers is one of the reasons lower socioeconomic and ethnic minorities groups receive inadequate medical care. Studies show that across racial groups, healthcare providers have implicit racial and ethnic bias and negative attitudes toward people of color.<sup>4</sup> Diverse staff

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<sup>4</sup> William J. Hall, et al, Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4638275/>



that share their cultural knowledge provides better insight to meeting patient needs and delivering culturally competent and equitable care for all patients, especially in rural and urban areas.

#### IV. Sec. 222 Awards to Support Community Health Workers and Community Health

We support services that mitigate existing and potential barriers to high-quality medical care based on geography, age, ethnicity, race, gender, disability, mobility status, or socioeconomic status. We support this provision in the Act because the grants and other opportunities authorized in this section will improve outcomes for populations in medically underserved communities. The reauthorization of the community health worker program will enhance relationships between healthcare providers, social services, and the community to address quality healthcare and patient wellness barriers. We stress that digital technologies can and should be an integral part of these efforts and urge you to consider adding provisions encouraging their use. Ultimately, this provision will address longer-term community health needs and build the capacity of the community health worker workforce by providing direct funding for recruitment and training purposes to address social determinants of health and eliminate health disparities.

#### V. Sec. 502 Modernizing Clinical Trials

We support this section as it proposes innovations in digital health. Including diverse and under-represented populations in clinical trials has been a longstanding challenge. We appreciate the guidance from the Secretary that will include recommendations for increasing access to and the use of digital health technologies in clinical trials to facilitate the inclusion of diverse and under-represented populations.

#### Conclusion

Thank you for the opportunity to comment on your proposal. We appreciate the opportunity to provide comments and support the Committee's efforts to examine how the COVID-19 pandemic shed light on the disparities within the healthcare system. This legislation will improve our nation's preparedness to respond to protect public health for all populations. As noted, we believe digital technologies have an essential role to play. We are committed to working with Congress, the Administration, and other stakeholders to meet these goals. If you have any questions about the DHEH or its recommendations, please feel free to contact Michael Werner at [michael.werner@hklaw.com](mailto:michael.werner@hklaw.com) or 202.345.3668.