

COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

September 17, 2020

Dear Health Stakeholders:

During our historic hearing on May 27, 2020, *The Disproportionate Impact of COVID-19 on Communities of Color*, Ways and Means Committee Democrats highlighted how the COVID-19 pandemic demonstrates the United States' (U.S.) dramatic racial health inequities despite its overall wealth and modern health care and research systems. Over the past two decades since the landmark National Academy of Medicine report, *Unequal Treatment*, it has become increasingly clear that race and ethnicity are social constructs, making the root cause of inequities racism, not race. Unfortunately, race has been misinterpreted and misused in clinical care and clinical algorithms to the harm of communities of color. The attached document briefly explains the issue and provides links to relevant articles for further context. I believe addressing racial equity concerns in clinical algorithms and related health outcomes is an important starting point.

I sent out letters on September 3, 2020, to a number of professional societies responsible for creating specific clinical algorithms. Based on the inquiries that I received from various organizations who did not specifically receive a letter asking if they too could comment, there is great interest in addressing the misuse of race within clinical care across the health industry.

Therefore, in an effort to solicit input and recommendations more broadly on this important issue, I am inviting other organizations and individuals that have interest in or experience working with clinical algorithms to provide comment by **October 16, 2020**, by email in .pdf or .docx format to: Rural_Urban@mail.house.gov. Submissions should not exceed three pages. Please address the following questions in your comments:

1. To what extent is it necessary that health and health related organizations address the misuse of race and ethnicity in clinical algorithms and research? What role should patients and communities play?
2. What have been the most effective strategies that you or your organization have used to correct the misuse of race and ethnicity in clinical algorithms and research, if any? What have been the challenges and barriers to advancing those strategies?
3. What strategies would you propose to build consensus and widely used guidelines that could be adopted broadly across the clinical and research community to end the misuse of race and ethnicity in clinical algorithms and research?

I look forward to your valuable input on this timely issue. This collaboration is another step to help advance racial health equity.

Sincerely,



Richard E. Neal
Chairman