

May 2, 2024

The Honorable Bernie Sanders  
Chairman  
Senate Health, Education, Labor,  
and Pensions Committee  
332 Dirksen Senate Office Building  
Washington, D.C. 20510

The Honorable Bill Cassidy, MD  
Ranking Member  
Senate Health, Education, Labor,  
and Pensions Committee  
428 Dirksen Senate Office Building  
Washington, D.C. 20510

Dear Chairman Sanders and Ranking Member Cassidy,

On behalf of the American College of Emergency Physicians (ACEP) and our 40,000 members, thank you for the opportunity to share our comments for today's hearing, entitled, "What Can Congress Do to Address the Severe Shortage of Minority Health Care Professionals and the Maternal Health Crisis?" Despite an increasingly diverse population, diversity within the health care workforce has lagged, perpetuating, and exacerbating existing disparities and limiting our ability to provide greater access to high-quality health care and improve outcomes for historically underrepresented populations. ACEP strongly supports efforts to develop, recruit, and retain a diverse workforce; address and limit biases; increase representation in leadership; and ensure that the education pipeline continues to support the development of well-trained students, residents, and emergency physicians who better reflect our broad, multicultural society.

Emergency medicine is the safety net for society's health needs. As the nation's population grows more diverse, it is essential that the physician workforce better reflect the diversity of all patients. Data shows that physician concordance relative to race and linguistics positively affects patient satisfaction, promotes better patient understanding of illness, and improves adherence to treatment plans, which ultimately leads to better health outcomes. Because patient-physician trust must be developed quickly in emergency care, a vital first step is to ensure that our patients, many of whom are from underrepresented, marginalized, or vulnerable populations, see a medical team that mirrors their identity.

A critical part of addressing inequities and improving diversity is intentional inclusion, prioritization, and amplification of health equity scholars and community members who are people from underrepresented minority groups. This is not limited to racial and ethnic groups, but also includes other traditionally underrepresented populations. Underrepresentation of communities of color is an issue that affects the physician profession broadly, as underrepresented minority physicians also hold a disproportionately lower number of leadership positions, particularly in academia, compared to their non-minority colleagues. Some of this challenge is documented in a report issued by the Association of American Medical Colleges (AAMC), "[Diversity in Medicine: Facts and Figures 2019](#)," which notes the continued underrepresentation of minority communities. While the medical student population is increasingly diverse (though still significantly underrepresented by certain populations), diversity in physician

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workforce and medical school faculty populations continue to lag, underrepresented by Black and Hispanic populations in particular.

More recent [data](#) collected by AAMC highlights some new trends in the diversity of medical school enrollees for the academic year 2023-24. It indicates an increase in first-year medical students from Hispanic, Latino, or Spanish origin by 4.5 percent and American Indian or Alaska Native students by 14.7 percent, while the number of Black or African American matriculants slightly decreased by 0.1 percent. This data underscores the fact that there is still much work to be done to ensure a diverse physician pipeline that can meet the needs of vulnerable populations and ensure that patients have access to culturally competent care over the coming decades. Emergency medicine admittedly still has work to do in this regard as well, as we still have deficits to erase in order to achieve a workforce, membership, and leadership that better reflects the population we serve. Efforts to promote diversity are clearly needed at institutional levels so that the physician workforce and medical faculty demographics are more reflective of the broader population, which in turn will help dismantle structural biases and exclusionary environments that currently exist throughout the medical education and practice continuum.

In terms of patient experience and outcomes, extensive research strongly supports the race concordance hypothesis, which asserts that patients from racially marginalized groups experience better communication, improved perceptions of care, and enhanced health outcomes when their health care provider shares their racial or ethnic background. A recent [study](#) demonstrated a strong preference for health care providers who share their racial and ethnic backgrounds, highlighting the importance of racial concordance in enhancing communication, comfort, and overall patient care experiences. This is particularly valuable in emergency medicine, a field where the immediacy and critical nature of care can significantly benefit from improved patient-provider rapport and trust. In emergency departments, where patients and providers often meet under stressful and high-stakes conditions, the presence of physicians and health care providers from similar backgrounds could potentially alleviate some of the anxiety and reduce the presence of stigmas frequently experienced by minority patient populations. Ensuring that the health care workforce better reflects the demographic characteristics of the community it serves enhances patient outcomes, quality of care, and overall satisfaction.

Greater representation and improved overall cultural competency can help physicians better understand, diagnose, and treat conditions that have disproportionate impacts on specific populations. For one specific example, sickle cell disease (SCD), while considered a rare disease, is the most common genetic blood disorder and affects approximately 100,000 Americans, but disproportionately affects Black and African American individuals. Individuals with SCD can experience multiple life-threatening problems during their lifetime, including chronic pain, organ failure, stroke, and others. [Recent research](#), analyzing data from the National Inpatient Sample database between 2016 and 2018, underscores the profound racial and ethnic disparities in the prevalence, comorbidities, and outcomes of sickle cell disease. This study revealed that African American individuals, who make up the vast majority of hospitalized sickle cell disease patients, are significantly more likely to experience severe crises and require blood transfusions compared to their white and Hispanic counterparts (interestingly, despite these complications, African American patients exhibited a lower mortality rate than Hispanic patients). Patients with SCD are also more likely to be readmitted to the hospital within 30 days than for any other diagnosis.

Much of the acute care patients with SCD receive is delivered in the emergency department (ED), yet patients often relate poor experiences in this setting due to longstanding barriers, stigma, and other persistent systemic biases. [Some factors](#) that have been identified that contribute to this stigma include disease status, pain and opioid use, racism, disease severity, and sociodemographic characteristics. Patients have reported a lack of empathy or understanding from providers for severe pain associated with SCD, or may be considered “drug seeking” if they share the type and dosage of opioid medications they need to treat their pain, among other issues. In recognition of the need to improve the care offered to patients with sickle cell disease in the ED, ACEP in collaboration with multiple public, private, and professional partners have created the [Emergency Department Sickle Cell Care Coalition](#) (EDSC<sup>3</sup>). Its primary objective is to promote evidence-based emergency care and optimize communication in the delivery of emergency care for patients with SCD, focusing on research, education, advocacy, community outreach, and health care performance metrics. EDSC<sup>3</sup>, in partnership with the American Society of Hematology, has also developed an easy-to-use point-of-care tool to help emergency physicians care for acute vaso-occlusive episodes for patients with SCD.

With respect to persistent disparities in maternal mortality rates, especially among Black women, this is a critical public health crisis that intersects significantly with the field of emergency medicine. According to the Centers for Disease Control and Prevention (CDC), while overall [maternal mortality rates are on the rise](#) in the U.S., [Black women are three times more likely to die from pregnancy-related causes](#) compared to their white counterparts, regardless of income or education.<sup>1</sup> This stark disparity is influenced by a variety of factors, including variations in the quality of health care received, prevalent underlying chronic conditions, and the pervasive effects of structural racism and implicit bias within health care systems. Black babies also have a higher risk of death and are more likely to be born preterm than any other racial or ethnic groups. Moreover, social determinants of health such as economic instability, inadequate housing, and limited access to comprehensive health care services disproportionately affect racial and ethnic minorities, further exacerbating these disparities. Overall, Black Americans experience higher rates of chronic disease with more limited access to care throughout their entire lives. In the context of emergency medicine, these issues highlight the urgent need for culturally competent care and policies that address both the immediate and systemic barriers to equitable health care. Emergency departments, often the first point of contact for critical maternal events, must be equipped to handle such disparities with qualified staff, heightened awareness, and tailored response strategies to improve outcomes for all patients.

One critical piece of improving care delivery and outcomes is addressing the issue of implicit (unconscious) bias of physicians. Implicit bias may affect a physician's clinical decision-making, which may have significant impacts on a patient's outcome. ACEP offers a free online continuing medical education (CME) course to members, "Unconscious Bias in Clinical Practice," to help emergency physicians learn about the negative effects of unconscious or implicit bias in clinical scenarios, as well as learn how to employ strategies to minimize these effects. Among the objectives of this course is analysis of the link between social determinants of health, cultural competence, bias, and patient care. This course provides several examples of existing health disparities and how implicit bias factors into these differences, including how Black patients are systematically undertreated for pain, are diagnosed as schizophrenic at disproportionately higher rates, and how differences in provider communication may contribute to an observed phenomenon that Black patients are more likely to die in the intensive care unit (ICU) relative to white Americans. The course offers strategies to help emergency physicians take action and implement practices to help recognize and reduce the effect of implicit bias in their clinical decision-making.

As part of ACEP's ongoing work and commitment to promote diversity within the profession and to amplify the voices of communities of color, the ACEP Diversity, Inclusion, and Health Equity Section (DIHE) was chartered by the ACEP Board of Directors to provide a forum in which members of the College with special interests in these aspects of EM can develop a knowledge base, share information, receive and give counsel, and serve as a resource to others interested in this particular area of EM. The DIHE Section has also collaborated with the Emergency Medicine Residents' Association (EMRA) Diversity and Inclusion Committee to establish the Diversity Mentoring Initiative, a joint effort to facilitate mentoring relationships to promote and support leadership and career development within our increasingly diverse emergency medicine community. ACEP also has a standing Diversity, Equity, and Inclusion (DEI) Committee that sets objectives and specific goals to help develop projects and resources for ACEP members, including inclusive language guides, DEI roadmaps for emergency medicine, improved collection of demographics from ACEP members, volunteers, vendors, and more.

Additionally, in 2017, ACEP's Academic Affairs Committee issued an information paper, ["Fostering Diversity in Emergency Medicine through Mentorship, Sponsorship, and Coaching."](#) This information paper was designed to "...identify best practices for promoting full participation and leadership in emergency medicine by underrepresented minorities (URM)." It also provides recommendations for institutions and organizations on how to improve the pipeline for URMs in emergency medicine, both in terms of medical education and organizational leadership. Ultimately, the paper concludes that a "robust network of national, regional and local mentorship, sponsorship and coaching programs aimed to support, foster and promote URMs throughout their careers" are needed to advance the goal of greater diversity and inclusion in emergency medicine.

In late 2023, ACEP's DIHE Section released a [study](#) highlighting The Mount Sinai Health System's strategic response to racial disparities, which incorporates extensive measures across various organizational domains to ensure a deep and sustainable impact. These strategies focus on reforming business systems and financial operations to support equity, overhauling care delivery to eliminate disparities, enhancing workforce development through targeted training, advancing leadership skills to uphold diversity, and engaging the community more effectively. Each strategy is designed not only to rectify existing inequalities but also to embed antiracist principles fundamentally into the institution's culture and operations, thereby aiming for a holistic transformation towards an equitable health care environment.

The ACEP [Social Emergency Medicine Section](#) is also engaged in efforts to incorporate social context into the structure and practice of emergency care. This section's priorities include incorporating an individual patient's social context into routine emergency care, fostering high-quality research and translating this research into best practices for the application of social determinants of health, disseminate emergency department interventions that improve population health through emergency care informed by community needs with a focus on EDs that see underserved patients, and to engage in the policymaking process around issues that affect the social determinants of health. This section provides resources for interested emergency physicians on a wide variety of social medicine concepts, including social determinants of health inequalities, structural violence, narrative competence in medicine, among many others.

ACEP remains committed to advancing policies that promote diversity in the health care workforce, and we look forward to working with the committee on this important issue. Once again, we appreciate your attention to these critical issues, and we are grateful for the opportunity to share our support. Should you have any questions or require any further information, please do not hesitate to contact Ryan McBride, ACEP Congressional Affairs Director, at [rmcbride@acep.org](mailto:rmcbride@acep.org).

Sincerely,

A handwritten signature in black ink, appearing to read 'A Terry'.

Aisha T. Terry, MD, MPH, FACEP  
ACEP President