



April 27, 2023

Shalanda D. Young  
Director  
The Office of Management and Budget  
725 17th Street NW  
Washington, DC 20503

Bob Sivinski, Chair  
Interagency Technical Working Group on Race and Ethnicity Standards  
1650 17th Street NW  
Washington, DC 20500

*Submitted electronically via regulations.gov*

Re: Initial Proposals for Updating Race and Ethnicity Statistical Standards  
[OMB-2023-0001-0001]

Dear Director Young and Mr. Sivinski:

The Academy of Managed Care Pharmacy (AMCP) thanks the Office of Management and Budget (OMB) and the Interagency Technical Working Group on Race and Ethnicity Standards (Working Group) for the opportunity to provide comments in response to the notice titled “Initial Proposals for Updating Race and Ethnicity Statistical Standards” [OMB-2023-0001-0001].

AMCP is the nation’s leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes, and ensuring the wise use of healthcare dollars. Through evidence and value-based strategies and practices, AMCP’s nearly 8,000 pharmacists, physicians, nurses, and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models, and government health programs.

AMCP understands that race and ethnicity data is gathered for many federal programs and is critical in making a wide variety of policy decisions, relating to a wide variety of issues such as civil rights, employment, housing, and environmental risk. AMCP comments here specifically to address the collection of this data as it relates to health care and health equity.

OMB Directive 15 specifies the minimum racial and ethnic categories that must be used when race and ethnicity are included in data collection and reporting. AMCP supports updating Directive 15 because more detailed and inclusive data leads to better health outcomes. Racial

and ethnic disparities in health outcomes are rampant throughout the U.S. health care system.<sup>1</sup> It is important to note that “health disparities do not exist in isolation, but are part of a reciprocal and complex web of problems associated with inequality and inequity.”<sup>2</sup> Developing a better understanding of these disparities through the collection of data is the first step in working toward achieving health equity.

Federal race and ethnicity standards should reflect, as nearly as possible, the diversity of the population. AMCP applauds OMB and the Working Group for their efforts at capturing this diversity and acknowledges the difficulty of the endeavor. As reflected in the comments during OMB’s March 17, 2023 Race and Ethnicity Statistical Standards Town Hall, people are passionate about and take their racial and ethnic identity and the data standards used to report that information very personally. Expanding the granularity of the data will better reflect the broad diversity of racial and ethnic identities in this country. AMCP recommends listening to the voices of the people who so passionately want their identity to be accurately presented by this data.

There is wide variability in the level of detail collected about race and ethnicity within the health care system. Because the OMB Standard is the minimum requirement, AMCP recommends that OMB and the Working Group look for best practices among these and other existing standards. For example, for Medicaid applications, different states collect different levels of information.<sup>3</sup> These differences make meaningful comparisons and analysis difficult. OMB and the Working Group should consider aligning with Fast Healthcare Interoperability Resources (FHIR) standards or the Office of Minority Health’s (OMH’s) standards. AMCP would welcome further engagement with OMB and the Working Group to further support equity in health outcomes. AMCP is vocal about the importance of standardized data in improving health equity and includes addressing health disparities in medication use and access as one of its primary strategic priorities.<sup>4</sup> AMCP convened a Health Disparities Advisory Group<sup>5</sup> as part of this priority and our commitment to transition from awareness to action. The Health Disparities Advisory Group recently issued an Action Brief on Health Equity with additional information on the impact of race, ethnicity, and language on medication use and health outcomes.<sup>6</sup>

AMCP encourages expansion of these proposals to be as inclusive as possible, even beyond race and ethnicity. AMCP acknowledges that sexual orientation and gender identity (SOGI) data may be outside the purview of the Working Group; however, AMCP encourages OMB to consider how it can improve on the collection and standardization of this type of information given the prevalence of health disparities in this country based on sexual orientation and gender identity. “Health disparities among women continue to exist despite mitigating factors, such as

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<sup>1</sup> “The well-documented disparities in the availability of and access to high-quality health care in terms of diagnosis and treatment that could result in disparate outcomes are pervasive, multifaceted and multi-sectorial.” [https://www.bcbs.com/sites/default/files/healthequity/REL/NMQF\\_Brief\\_Paper.pdf](https://www.bcbs.com/sites/default/files/healthequity/REL/NMQF_Brief_Paper.pdf)

<sup>2</sup> <https://nam.edu/health-inequities-social-determinants-and-intersectionality/>

<sup>3</sup> <https://www.shvs.org/wp-content/uploads/2022/12/SHVS-50-State-Review-EDITED.pdf>

<sup>4</sup> <https://www.amcp.org/about/about-amcp/amcp-strategic-priorities>

<sup>5</sup> <https://www.amcp.org/resource-center/group-resources/amcp-advisory-groups/health-disparities>

<sup>6</sup> <https://www.amcp.org/sites/default/files/2023-02/HEAB-race-ethnicity-language.pdf>

public awareness projects and public health initiatives.”<sup>7</sup> Additionally, the LGBTQ+ population has a higher prevalence of physical and mental health problems, such as HIV and depression as well as lower self-reported health-related quality of life.<sup>8</sup> Because of these disparities, gathering standardized SOGI data is vitally important to improving health equity.

AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing work on these issues with OMB. If you have any questions regarding AMCP's comments or would like further information, please contact AMCP's Director of Regulatory Affairs, Geni Tunstall, at [etunstall@amcp.org](mailto:etunstall@amcp.org) or (703) 705-9358.

Sincerely,



Susan A. Cantrell, MHL, RPh, CAE  
Chief Executive Officer

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<sup>7</sup> Lewis-Evans, K. and Day-Page, L. Selected Women's Health Disparities. US Pharm. 2022; 47(9):17-21. <https://www.uspharmacist.com/article/selected-womens-health-disparities>

<sup>8</sup> National Academies of Sciences, Engineering, and Medicine 2022. Measuring Sex, Gender Identity, and Sexual Orientation. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26424>.