



A Vicious Cycle of Health Inequity:

How High Prescription Prices Hurt Latino Health and Prosperity

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EXECUTIVE SUMMARY

Prescription drug* prices in the United States have skyrocketed in recent years, putting them out of reach for too many.¹ But not everyone is impacted equally. The 60 million Latinos[†] in the U.S. contend with deep and longstanding health and economic inequities that make it even harder to get by, including buying expensive medication to stay healthy. They have long been more likely to suffer from chronic health conditions like diabetes and evidence shows that Latinos are also much more likely to contract and die of COVID-19 at much higher rates.² Recent data from the U.S. Centers for Disease Prevention & Control show that Latinos are four times as likely as their White counterparts to be hospitalized for COVID-19.³

Shrinking coverage and high drug prices contribute to this cycle of inequity—putting medicines out of reach, sending more people to the Emergency Room, rendering them unable to work, pay bills, and ultimately see their health worsen. A substantial body of research shows that pharmaceutical companies in the U.S. have extraordinary monopoly power, use it to set high prices, and put profits over people’s health and wellbeing.

But it does not have to be this way. Health care continues to be a priority for Latinos, and they support policies to bolster the health care system, including prescription drug coverage. A recent poll showed that health care was a top concern among Latino voters in the 2020 Presidential election.⁴ Latinos took these concerns to the polls—an estimated 15 million Latinos voted in the election and made up at least 13 percent of the total electorate, making them the second-largest group of voters in the country behind White voters. Nearly one million young Latinos will turn 18 each year, fueling Latino voter growth for decades to come.⁵ Regardless of party, there was remarkable agreement among all Latino voters on the issues they want elected officials to focus on: the pandemic, jobs, and health care.⁶ Additionally, a majority of Latinos support government action to regulate what drug companies charge.⁷ Congress has the power to make long-overdue changes so everyone can get access to affordable treatments and vaccines.

This report confirms that high prescription drug prices disproportionately impact Latinos. Our research findings demonstrate that Latinos overwhelmingly support policy reforms to lower drug prices and want to see action from lawmakers to address their health concerns.

*The terms prescription drugs, prescriptions, and medications are used interchangeably in this report to, according to the U.S. Food and Drug Administration, refer to substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease and are prescribed by a doctor and bought at a pharmacy.

†The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. This document may also refer to this population as “Latinx” to represent the diversity of gender identities and expressions that are present in the community.

BACKGROUND

Latinos and Prescription Drug Use

- Data on prescription drug use in the Latino community has been limited, but a new poll shows that prescription drugs are essential to keeping Latinos healthy. According to a recent UnidosUS

Table 1: Latino Prescription Drug Use.

Do you currently take any prescription drugs?		
	Yes	No
Total	52%	46%
Men	47%	52%
Women	57%	41%
Under 50	39%	60%
Over 50	75%	23%
Under \$50,000	57%	42%
Over \$50,000	49%	51%
Arizona	47%	50%
California	46%	52%
Florida	57%	41%
Pennsylvania	50%	49%

Note: Totals may not add up to 100% due to rounding and/or the inclusion of non-responses or "I don't know" responses.

Source: UnidosUS Action Fund and Lake Research Partners. "Latino Survey on Prescription Drugs"

- Among those Latinos who report taking prescriptions, **75%** take two or more.⁸
 - **23%** take one,
 - **24%** take two,
 - **17%** take three, and
 - **34%** take four or more.
- Some Latinos were more likely to take three or more prescriptions⁹:
 - **71%** of Latinos over age 65.
 - **65%** of Latinos over age 50.
 - **56%** of Latinos with incomes under \$50,000, regardless of age.

Prescription Drug Spending in the U.S. is High and Rising

- Prescription drugs are now the most expensive good and service in the U.S. health care system, with more than \$460 billion spent on medications.¹⁰
- There is limited public prescription pricing data available to the public, but researchers and government agencies consistently show estimates of a 20-36% increase in drug spending between 2014 and 2020 alone.¹¹
- Projections expect this trend to continue, with prescription drug spending expected to outpace growth in other parts of the U.S. health care sector over the next decade.¹²



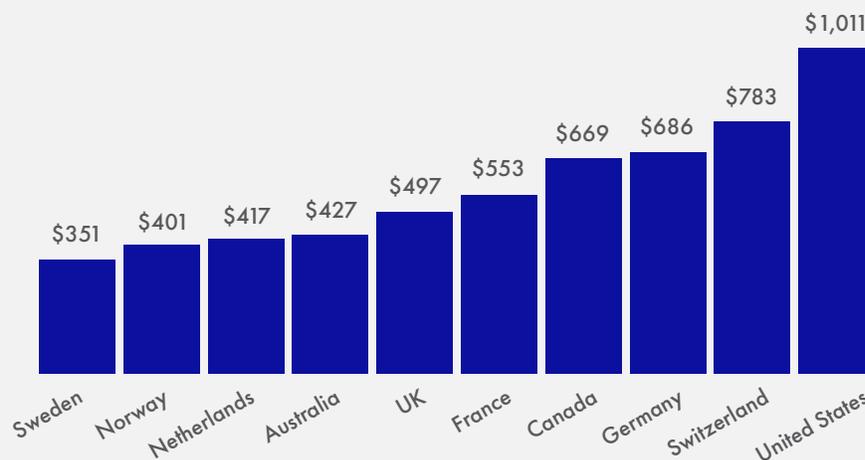
Prices are rising faster than inflation, and high prices hurt everyone.

In 2015, prices for a sample of 268 widely used brand name drugs increased by 15.5%, compared to an inflation rate of less than 1%.¹³ While the pharmaceutical industry continues to launch new medicines at high prices, they have also increased prices of many existing drugs without justification, leading to record profits. In fact, a 2020 study from JAMA Network showed that drug corporations are more profitable than large corporations in most other sectors.¹⁴ Between 2008 and 2015, the U.S. prices of nearly 400 generic drugs increased by more than 1000% with no accompanying changes in their formulation to justify the increase.^{15, 16, 17} Pharmaceutical companies' focus on profit not only hurts individuals but also affects federal and state spending on prescriptions for the elderly, working poor, children, and disabled individuals.¹⁸

Drug Prices Are Highest in The U.S.

Compared with other high-income countries, the United States spends the most per capita on prescription drugs, over \$1,000 per year, compared to an average of about \$600 in other developed nations^{19, 20} (See Figure 1). People in the United States are not more likely to need prescription medication, but they are only more likely than their international counterparts to pay more for those drugs.²¹

Figure 1: **Retail Prescription Spending, Per Capita**



Notes: Final expenditure on pharmaceuticals includes wholesale and retail margins and value-added tax. Total pharmaceutical spending refers in most countries to “net” spending, i.e., adjusted for possible rebates payable by manufacturers, wholesalers, or pharmacies.

Source: The Commonwealth Fund, “Paying for Prescription Drugs Around the World: Why is the U.S. an outlier?” October 2017.

The Pharmaceutical industry asserts that high drug prices are necessary to fund innovation to discover new cures and treatments. However, recent studies have shown that this is not the case. High drug prices primarily fuel profits by replacing revenues lost to generic competition on older drugs, rather than additional research spending.^{22, 23, 24, 25}

Drug pricing in the U.S. is complex and opaque, but researchers have pointed out some critical aspects of the U.S. system that allow drug companies to charge more in the U.S.:

- 1) **Monopoly power:** The U.S. government granted pharmaceutical companies in the U.S. monopoly incentives to make profits dependent on innovation. However, that did not materialize. Instead, profit growth has become dependent on making monopolies on patented medicines last as long as possible and raising the price of these monopolized products as much as possible.²⁶ Monopoly patents allow companies to privatize the profit from public investment—every drug approved in the U.S. between 2010 and 2016 was based on research funded by the National Institutes of Health—and put profits above individual health.²⁷

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- 2) **Medicare Part D forbids negotiation.** Medicare, one of the largest health programs in the U.S., did not have a prescription-drug benefit—Part D—until 2003. Congressional lawmakers included an explicit ban on negotiation between Medicare and drug companies on prices and prevented the government from developing its own formulary or pricing structure in the legislation authorizing the Part D program.²⁸ Instead of the U.S. government negotiating on Part D plans’ behalf, prescription drug plans compete for enrollees and negotiate directly with manufacturers. Negotiation and the use of a national formulary can significantly reduce the price of drugs, as evidenced by the U.S. Veterans Affairs model. Research shows that if this model were applied to the Medicare Part D program, the total cost for prescription drugs used by beneficiaries in 2016 would have been reduced by 44%, from \$32.4 billion to \$18 billion.²⁹ However, the pharmaceutical industry’s lobbying efforts reached about \$300 million in 2019—more than any other industry, and Congress has taken no action to repeal the ban.³⁰
- 3) **Little governmental regulation.** Governments in other countries regulate how much medication can cost through formularies and cost-effectiveness research for determining price ceilings.³¹ For example, Canada’s Patented Medicine Prices Review Board requires that a new medication cannot cost more than the drug’s median price in other countries, and countries in the European Union use similar pricing constraints.³² The U.S. does not have similar rules, allowing pharmaceutical companies to set the prices for medications at their will, usually the peak of what they think the market will withstand.³³

FINDINGS

Latinos are Particularly Affected by High Drug Prices, Combined with and Health Inequities

Patients more likely to need prescriptions, like the elderly or those with chronic conditions, stand to suffer under the current system.³⁴ While the Latino population is diverse, demographic data show that they fall squarely into the group most vulnerable for reliance on high-cost prescriptions. As a racial/ethnic group, Latinos have the highest life expectancies in the U.S. despite having worse socioeconomic indicators like income and wealth that are tied to a shorter life expectancy.³⁵ This trend will likely continue as Latinos are expected to continue to outlive their peers of other races/ethnicities even as life expectancies for all groups extend over time.³⁶ (See Table 2).

Table 2: Latino Prescription Drug Use.

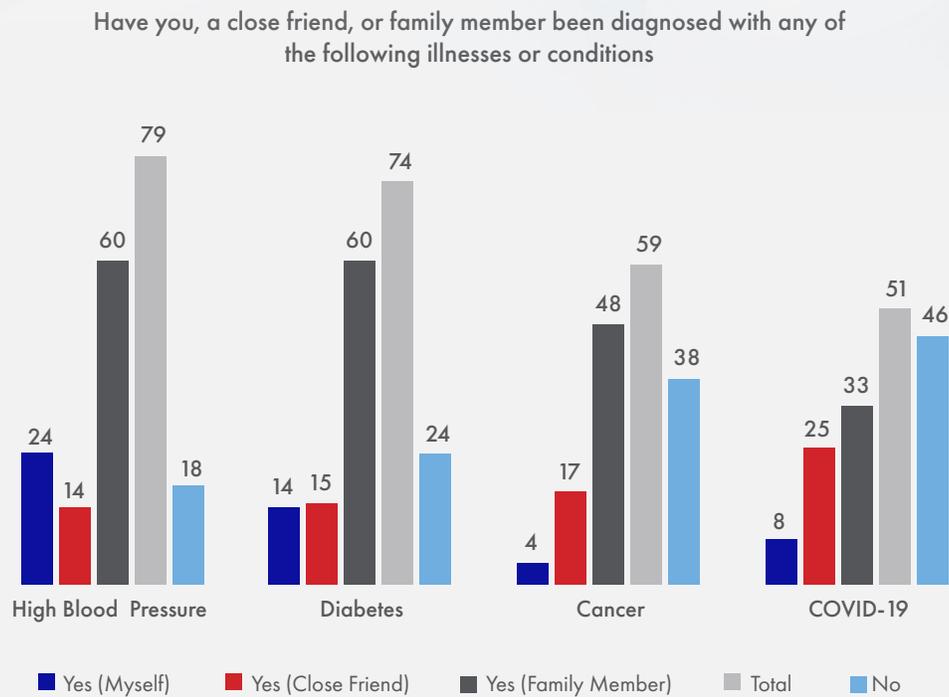
Year	Group 1: Non-Hispanic White alone, non-Hispanic Asian alone, and Non-Hispanic Native Hawaiian or Other Pacific Islander alone			Group 2: Non-Hispanic Black or African American alone and non-Hispanic American Indian or Alaska Native alone			Group 3: Hispanic or Latino (of any race)		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
2017	80.0	77.7	82.2	76.2	73.2	79.0	82.2	79.8	84.5
2060	85.6	84.0	87.4	84.6	82.7	86.5	86.5	84.8	88.2

Source: Source: U.S. Census Bureau, 2017 National Population Projections. <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1145.pdf>

Despite a longer life expectancy, Latinos experience disparities and are more likely to have certain serious and chronic illnesses than their White counterparts.³⁷ According to the U.S. Centers for Disease Control & Prevention, chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both. Specifically, Latinos are:

- **1.7 times more likely** than non-Hispanic white adults to have been diagnosed with diabetes.³⁸
- **1.2 times as likely** as their White counterparts to have obesity.³⁹
 - Among Latinas, **78.8%** are overweight or obese, as compared to **64%** of White women.⁴⁰
- Latino children about **twice as likely** to be overweight or obese compared to their White peers.⁴¹

Figure 3: **Community Insight: Latinos & Chronic Disease**



Source: UnidosUS Action Fund and Lake Research Partners. "Latino Survey on Prescription Drugs"

Health disparities in the Latino community result from decades of structural racialization in American economic, housing, and health care systems.^{42, 43} For example, housing discrimination and lower incomes concentrate Latinos in neighborhoods without safe space to exercise. They are more likely to live in food deserts, have more trouble putting nutritious food on the table, and discrimination via targeted marketing for unhealthy foods have been tied to unhealthy weight.^{44, 45}

The prevalence of chronic diseases means that a significant share of Latinos relies on prescriptions to stay healthy. Specifically, diabetes and hypertension are manageable chronic diseases for which the standard of care includes prescription medications to control symptoms and avoid complications.⁴⁶ Additionally, obesity increases the need for an increased number of prescriptions.⁴⁷ Together, this means that Latinos live longer, are more likely to suffer from chronic conditions that require medications to stay healthy and are therefore more likely to be impacted by higher drug costs for longer periods.

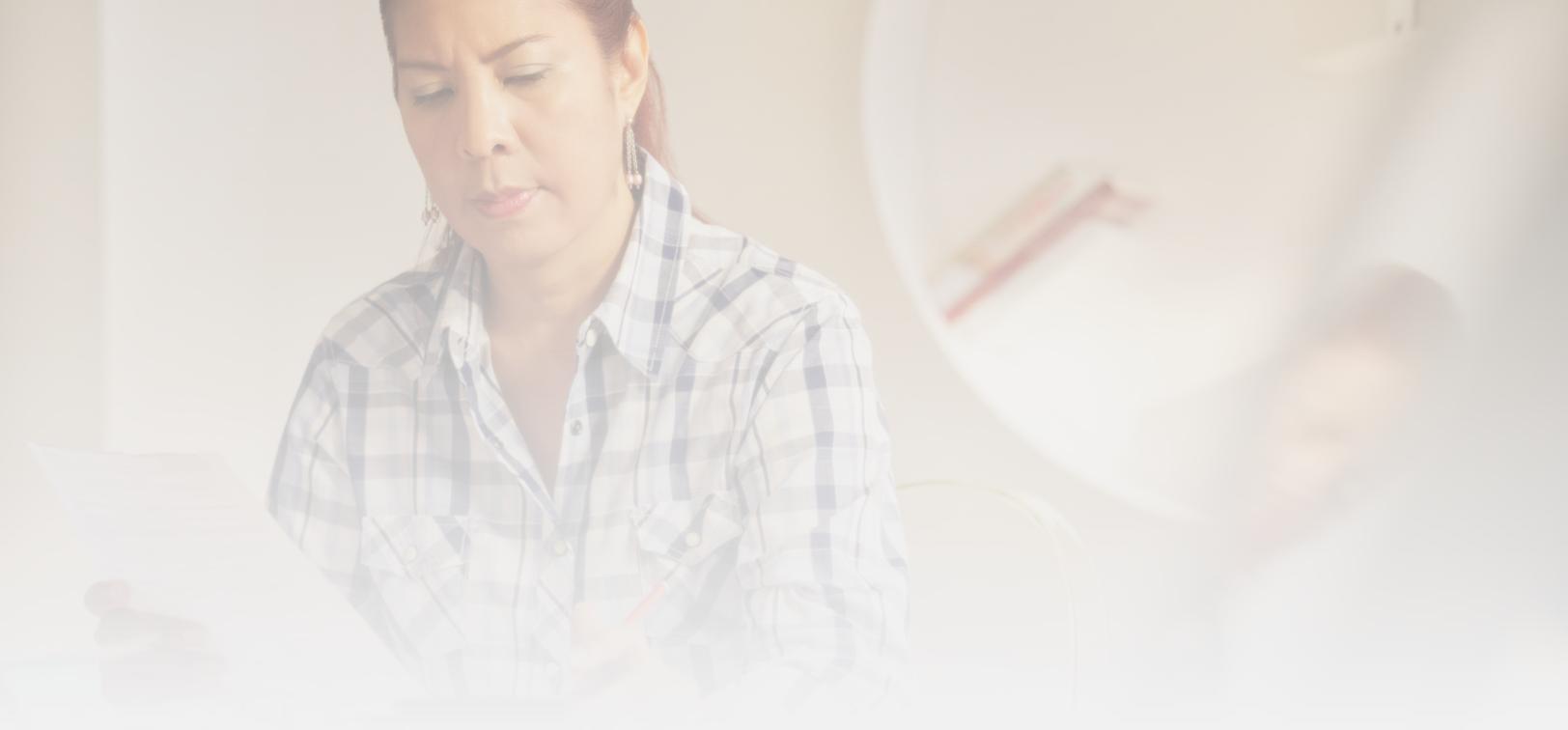


30 million Americans, or about 9% of the national population, have diabetes.⁴⁸ The Latino population is hit especially hard. Latinos have a much higher rate of diabetes, with a 50% chance to contract the disease at some point in life. It is not just the diagnosis, but cumulative impacts hit the Latino population much harder. They are 2.6 times more likely to be hospitalized for treatment of end-stage kidney disease due to diabetes, and 1.4 times more likely to die from it.⁴⁹

The problems both Latinos (and all diabetics) are suffering from are made much worse by the high price of treatments set by pharmaceutical companies. When insulin was developed in 1923, the rights were transferred to the University of Toronto for \$1 so that insulin could be made widely available at a low cost.⁵⁰ However, since just 2014, the average price of insulin has risen by 64%.⁵¹ The most commonly used types of insulin cost 10 times more in the United States than in any other developed country. This is due to greed and the fact that just 3 companies, Novo Nordisk, Sanofi, and Eli Lilly are allowed by the government to control most of the market. As a result, consumers are paying \$300-\$800 a month for a lifesaving medication they cannot live without.

One common brand of insulin perfectly sums up the problem: Humalog, made by pharmaceutical giant Eli Lilly. Humalog first came out in 1996; the price for a 1-month supply was \$21. As of 2001, that same vial's price increased by \$14 to \$35. By 2019, that cost rose \$322. That is a staggering 1,433% increase on the original price.⁵² These prices lead to patients rationing their insulin or forgoing it entirely and can very quickly lead to serious complications like blindness, loss of limbs and death.

Diabetes sufferers are fighting back. Eli Lilly, Novo Nordisk, and Sanofi are being sued for price fixing in Massachusetts, New Jersey, and Texas, alleging that they companies have conspired to keep insulin prices high. Still, these corporations did not lower prices and there is nothing in place to prevent them from raising prices again in the future.



Disparities in Health Coverage and Economic Wellbeing are Barriers to Accessing Costly Prescription Drugs

Every person deserves a fair and just opportunity to live a healthy life. For Latinos who are more likely to have a chronic disease and live longer, access to prescription drugs is a critical foundation for a person's health and wellbeing. However, structural racism entrenched in the U.S. health care and employment systems results in disproportionately high uninsured rates and lower incomes for Latinos.⁵³ Research has shown high prescription costs set by drug companies have the most significant effect on the uninsured who must pay cash for medications.^{54,55} Without coverage to help offset costs and lower-wages, many Latinos are faced with additional out-of-pocket costs that compound worry about making ends meet and about staying healthy.

Latinos Remain More Likely to be Uninsured

Latinos have one of the highest labor force participation rates, but they are more likely to be concentrated in low-wage jobs, hourly or part-time positions with few benefits that come with high-quality jobs, including health insurance.⁵⁶ Health insurance can help make prescriptions more affordable. For example, the ACA helps make medications more affordable for individuals by requiring that all federal Marketplace plans provide coverage for prescription drugs as one of ten essential health benefits.⁵⁷

Despite historic gains in health insurance coverage due to the Affordable Care Act (ACA), over 10 million Latinos remain uninsured, and millions more with coverage still struggle to afford necessary health care services.⁵⁸ Before the COVID-19 pandemic, an estimated 19% of Latinos were uninsured, compared to around 6% of non-Hispanic Whites.⁵⁹ The share of uninsured Latinos has grown since the outbreak of COVID-19, as laid-off workers lose their employer-sponsored coverage. U.S. Census data suggest 22.3% of Latinos were uninsured as of June 9, 2020. However, this percentage dropped to 19.4% by June 23.⁶⁰ Additionally, continued efforts to undermine the ACA and Medicaid—which provides coverage to many low-income working Latinos—have chipped away at progress and present a threat for future coverage losses.^{61, 62}



State and federal eligibility restrictions also influence Latinos' health coverage. These include limits on lawful permanent residents' (LPR) eligibility for specific programs and excluding those with Deferred Action for Childhood Arrivals (DACA) status and the undocumented from federal programs or the Marketplace. Lack of coverage for certain immigrants also affects coverage rates for children. Among citizen children, those with at least one noncitizen parent are more likely to be uninsured than those with citizen parents (8% vs. 4%).⁶³

Even when coverage is available, barriers limit enrollment. For example, nearly 1.6 million Latino children remain uninsured, and most are eligible for coverage through existing programs.⁶⁴ This drop is due in large part to anti-immigrant rhetoric and policies, including public charge tests manipulated by the Trump Administration.⁶⁵ Research shows that many parents unenrolled eligible children from public programs like Medicaid because of the threat that participation would hinder getting permanent status in the United States.⁶⁶ In another example, Latino Medicare beneficiaries are 35% more likely than their White counterparts to lack prescription drug coverage in the Medicare Part D program, which provides access to prescription drug coverage for senior citizens.⁶⁷ Various reasons influence this phenomenon, including the lack of culturally and linguistically appropriate information on eligibility and enrollment and increasing immigrant-related restrictions and rhetoric.^{68, 69, 70}



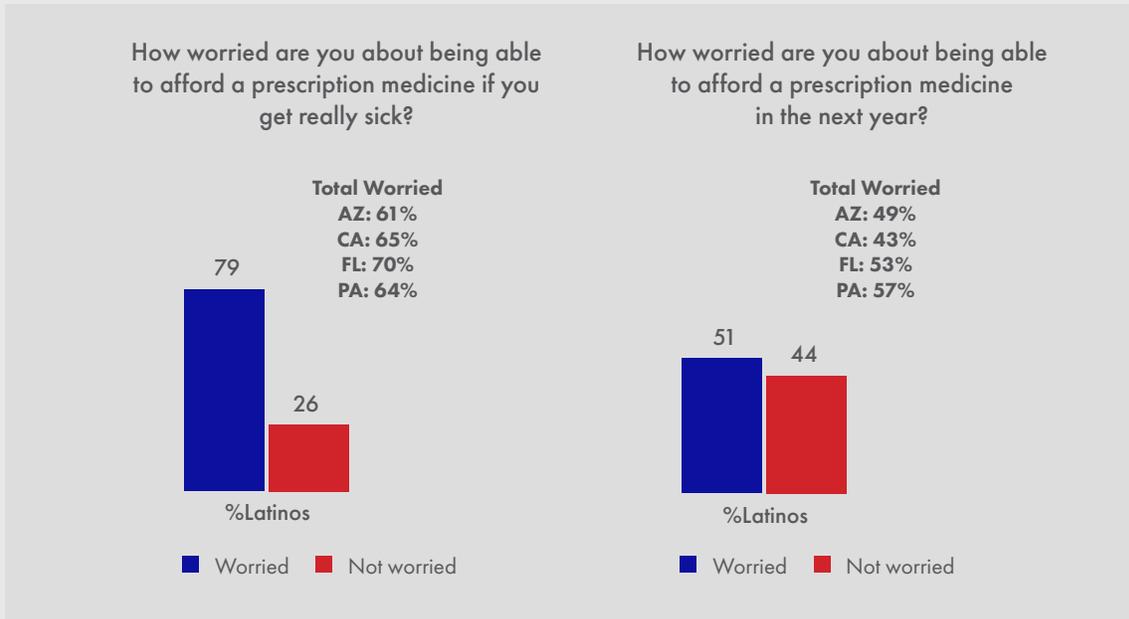
Economic Disparities Affect Latino Ability to Keep up with rising Drug Prices

Latinos face economic disparities caused by historical occupational and housing segregation, making it more challenging to make ends meet.⁷¹ The necessity of expensive prescription drugs places additional pressures on Latino budgets, with over 60% of Latinos sometimes delay doctor's visits or filling prescriptions because of cost.⁷² While Latinos are more likely than others to work, they are disproportionately concentrated in low-wage jobs, with 42% of working Latinos earning poverty-level wages. Wages for workers, including Latinos, regained ground lost during the Great Recession but fell short of expected growth after accounting for inflation. Economists expect wage growth in a healthy economy to be between 3.5% and 4%, and wage growth for U.S workers has not gone beyond 3%, even before COVID-19.⁷³ Slow wage growth means that Latinos do not see more money in their pockets, but drug companies increase prices faster than inflation, exacerbating financial insecurity.

The COVID-19 pandemic deepened economic worries for Latinos. More than half of all Latino households have lost work or income (lay off, pay cut, closing their business) due to the pandemic.⁷⁴ Latinos have also experienced job losses that have exceeded national averages during the pandemic. Latino unemployment spiked to 18.9% in April 2020 and is settled at 8.8% in November 2020, considerably higher than the national rate of 6.9%.⁷⁵ The official figure likely underestimates the actual Latino unemployment rate. Research shows that Latinos are less likely than their non-Latino peers to apply for or receive Unemployment Insurance. Lower participation is due, in part, to the higher percentage of noncitizens among Hispanic workers compared to peer groups, some of whom may not be eligible for unemployment insurance.⁷⁶

Community Insights: Latinos Worry About Being Able to Afford A Prescription

- Over half of Latinos (**55%**) feel that the cost prescription drugs have been rising over the past 2 years.
- The majority (**79%**) of Latinos feel that drug companies are unfairly profiting from lifesaving drugs.
- Affordability is top of mind for Latinos.



Source: UnidosUS Action Fund and Lake Research Partners. "Latino Survey on Prescription Drugs"

High Drug Prices Likely Worsen Latino Health Inequities

Medications only work when people can access them. When drug corporations set high prices, many Latinos—who often lack insurance and contend with low wages—are forced to make tough tradeoffs to make ends meet. Research has shown that uninsured adults are three times as likely as adults with private coverage to delay or skip a prescription because they could not afford it.⁷⁷ Even when insurance is available, about 14% of adults did not fill or skipped doses because of cost.⁷⁸ The health consequences for Latino outcomes are clear:

- Latinos are **50% more likely** to die from diabetes than their White counterparts.⁷⁹
- **24% more** Latinos have poorly controlled high blood pressure compared to White individuals.⁸⁰
- While the U.S. has experienced overall decreases in cardiovascular disease mortality due to medication management, Latinos have not had the same reduction as their White counterparts.⁸¹



High prescription drug prices can be a matter of life and death. A person’s inability to take prescription medication affects the entire health care system—estimates suggest that not taking medication, regardless of reason, causes nearly 125,000 deaths and 10 % of hospitalizations.⁸² Latinos are more likely than others not to be able to access and take prescribed medication.^{83, 84, 85} As such, they are often trapped in a vicious cycle of inequity where they are more likely to suffer from certain chronic diseases but have trouble affording high-cost prescriptions to manage their condition. Existing health and economic disparities can worsen as Latinos face severe illness, emergency room visits, loss of wages, disability, or even death without proper treatment.

Table 3: **Community Insights—Latinos Make Tradeoffs Because of High Drug Costs**

Tradeoffs made because of high drug costs	% Yes National	% Yes AZ	% Yes CA	% Yes FL	% Yes PA
Know someone whose health suffered because they could not afford a prescription drug they need	50	48	42	50	39
Considered or brought a prescription from another country	41	40	27	31	34
Used a home remedy because I could not afford a prescription	38	36	24	29	31
Needed to fill a prescription but couldn’t because of a lack of money or insurance	33	28	22	29	28
Skipped paying a different bill in order to pay for prescription drugs	26	26	19	23	24
My health suffered because I could not afford the prescription drug I need	22	23	15	19	16

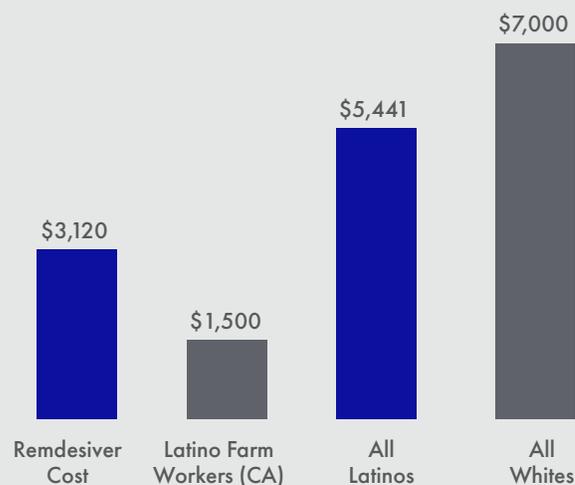
Source: UnidosUS Action Fund and Lake Research Partners. “Latino Survey on Prescription Drugs”

Bringing it Together: Latinos & COVID-19 Treatment

Emerging treatments for COVID-19 follow the pattern of high prices that will keep potentially lifesaving treatment from those who cannot afford it and will deepen inequities in health and economic status. Specifically, Gilead has set the price of a typical course of Remdesivir, used in COVID-19 treatment, at \$3,120. Gilead set this high price despite tens of millions of dollars of federal funding for development of this drug.

Unfortunately, Latinos are disproportionately affected by COVID-19's health and economic effects but will likely have limited access. For example, Farm workers are among the most essential workers in California and help sustain our national food supply chain with little to no protections, are paid very little, and rarely have health insurance. If they become infected with the coronavirus, they will likely have to pay their medical costs out of pocket but the cost of Remdesivir treatment is more than twice the average monthly household incomes for farm workers in California.

Figure 1: **Remdesivir Cost and Average Monthly Income Latinos vs. White**



Without health insurance, a California farm worker would have to go entirely without meals, housing, and transportation for two months (60 days) to pay for this treatment, meaning many would go without and be more likely to face death.

Source: David E. Hayes-Bautista, Ph.D., Paul Hsu, M.P.H., Ph.D., Giselle D. Hernández COVID-19: Who Can Afford to Pay the Costs of Care? Center for the Study of Latino Health and Culture UCLA Health, October 2020.



Latinos Want Lawmakers to Pass Policies That Lower Drug Prices

Confronting high drug prices as a cause of racial health and economic inequity is long overdue.

Lawmakers have kept in place a dysfunctional system that allows pharmaceutical companies to place profits above the nation's health and keep a necessary good out of reach for too many. While many people in the country struggle with rising prices of prescriptions, Latinos' health and economic disparities make it even more challenging to access medication, taking a disproportionate share of Latino incomes and putting their health at greater risk.

Unfortunately, this trend continues with newly released COVID-19 treatments coming with a high price tag despite taxpayer dollars to develop these drugs and tremendous community need. Latinos again will be at the center of disproportionate suffering and deepening inequity. They are more likely to get sick and die from COVID than others. Still, they may not be able to access lifesaving treatment if lawmakers grant drug corporations monopoly power to charge whatever price they want.

It is unfair that people in the U.S. are subject to the world's highest prices and that many families must choose between filling their prescriptions and paying for other basic needs like housing and food. Congress must directly address the problem by passing long-overdue reforms to lower prices and take away the drug companies' monopoly power to raise prices unchecked.



Specific interventions, which have strong Latino support, include⁸⁶:

- **Make prescription drugs developed using research funded by taxpayer money available for everyone at an affordable price through executive, regulatory and legislative action.** Lawmakers can increase access to medicines through existing “march-in” or Section 1498 statutes or pass new legislation like the Make Medications Affordable by Preventing Pandemic Price-gouging (MMAPPP) Act to set reasonable prices for COVID vaccines and therapeutics.⁸⁷
- **Protect and expand the Affordable Care Act,** which requires that health companies include coverage for prescription medicines, ensures that people with pre-existing conditions do not face discrimination in cost or coverage of services, and provides a pathway to affordable coverage to the uninsured,
- **Empower the government to limit drug corporations’ monopoly power** to set prices on drugs like insulin above what people can afford,
- **Make it illegal for a drug company to pay generic manufacturers to delay the release of a generic version of their drug,**
- **Give Medicare and other government programs the power to negotiate prices directly with prescription drug corporations, and**
- **Increase transparency** so that drug corporations are accountable for how they spend public money provided for research and development and must disclose the cost of developing, producing, and manufacturing medicines.

Our nation’s leaders have an immediate opportunity to start working toward the goal of a more equitable and inclusive health system that prioritizes the needs and experiences of Latinos. The evidence clearly shows that the health and wellbeing of Latinos are disproportionately affected by high drug prices. Congress has granted drug companies monopoly power to price-gouge on lifesaving medications created with taxpayer funded research and innovation. As new treatments for COVID-19 emerge, the corporations are most likely to continue their egregious unless lawmakers intervene to demand greater transparency, accountability, and lower prices.

President-elect Biden vowed to “build back better.” The urgency of the current health and economic crises demands that President-elect Biden and Congress take steps to ensure that COVID-19 medicines and vaccines are safe and affordable for everyone to protect, keep people in their jobs and repair the economy. Moreover, the pandemic has raised urgency for long-overdue reforms that save money in the healthcare system, increase accountability for drug corporations, and lower drug prices so that everyone who needs prescriptions to take care of themselves and their families can afford them.

As stated earlier, Latinos are four times as likely as their White counterparts to be hospitalized for COVID-19, and Latinos are dying at higher rates due to the Coronavirus. Although it is too soon to tell, there are signs that people who get hospitalized from COVID-19 and survive could suffer from long-term health conditions that will require constant medical attention.⁸⁸ The disproportionate impact of COVID-19 on Latinos will further require political leadership to address the rising cost of medicine.

The growing Latino electorate, concentrated in crucial states, expect their elected representatives to deliver on critical priorities, including healthcare. It is time to put the health of people and families before exorbitant company profits.



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