

**Supplemental Table 1 – Potentials for and opportunities to mitigate bias in the ECMO circuit of equity**

<b>Component</b>	<b>Potential for Bias</b>	<b>Opportunities to Prevent or Mitigate Bias</b>
<i>Individual- and Community-level Risks for Contracting Sars-CoV-2 and Developing COVID-19</i>	<ul style="list-style-type: none"> <li>-Overcrowding</li> <li>-Disabilities and comorbidities</li> <li>-Health literacy</li> <li>-Vaccine hesitancy</li> <li>-Access to vaccines</li> <li>-Other social determinants of health</li> </ul>	<ul style="list-style-type: none"> <li>-Systematic and targeted development of anti-racism policies</li> <li>-Health promotion initiatives</li> <li>-Optimizing health systems to reduce barriers to care (e.g., language, service locations)</li> </ul>
<i>Primary and Secondary Sites of Diagnosis &amp; Treatment</i>	<ul style="list-style-type: none"> <li>-Access to specialized facilities</li> <li>-Differential service delivery</li> <li>-Assessment of language barriers &amp; family support</li> </ul>	<ul style="list-style-type: none"> <li>-Continuing medical education on COVID-19 and ARDS</li> <li>-Regional health equity initiatives</li> <li>-ECMO program outreach</li> </ul>
<i>Referral to an ECMO Center</i>	<ul style="list-style-type: none"> <li>-Provider familiarity with referral indications</li> <li>-Language choice (phone &amp; EHR)</li> <li>-Information included</li> <li>-Screening on payor status</li> </ul>	<ul style="list-style-type: none"> <li>-Use of transfer/regional coordination center</li> <li>-Referral call templates</li> <li>-Sociodemographic blinding</li> <li>-Access to real-time regional capacity dashboard</li> </ul>
<i>Acceptance to an ECMO Center</i>	<ul style="list-style-type: none"> <li>-Non-standardized acceptance criteria</li> <li>-Availability of transport</li> <li>-Insurance status</li> </ul>	<ul style="list-style-type: none"> <li>-Demographic blinding</li> <li>-Consensus huddle (e.g., conference call)</li> <li>-Standardized acceptance criteria</li> <li>-Standardized retrieval and transport criteria</li> <li>-Antibias training for ECMO center staff</li> </ul>
<i>Decision to Cannulate for ECMO</i>	<ul style="list-style-type: none"> <li>-Differential interventions</li> <li>-Health literacy and advocacy</li> <li>-Regional resource scarcity</li> </ul>	<ul style="list-style-type: none"> <li>-Standardized cannulation criteria</li> <li>-Ethics consultation for competing resources</li> <li>-Use of structured communication tools and cultural mediators</li> </ul>

<p><i>Care During and After ECMO Support</i></p>	<ul style="list-style-type: none"> <li>-Differential service delivery</li> <li>-Transplant screening (resources and insurance support)</li> <li>-Inequitable rehabilitation referral</li> </ul>	<ul style="list-style-type: none"> <li>-ICU, ARDS and ECMO rounding checklists</li> <li>-Development of culturally appropriate support services</li> <li>-Early engagement of palliative care</li> <li>-Transplant evaluation criteria</li> <li>-Automatic rehabilitation consultation</li> </ul>
<p>Abbreviations: Acute Respiratory Distress Syndrome (ARDS), Extracorporeal Membrane Oxygenation (ECMO), Electronic Health Record (EHR), Intensive Care Unit (ICU)</p>		