

116TH CONGRESS
2D SESSION

H. R. 8203

To direct the Secretary of Health and Human Services to develop an action plan, make targeted grants, and develop public awareness campaigns with respect to COVID–19 and the disproportionate impact of the COVID–19 pandemic on racial and ethnic minorities and other vulnerable populations.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 11, 2020

Mr. CÁRDENAS (for himself and Mrs. WATSON COLEMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To direct the Secretary of Health and Human Services to develop an action plan, make targeted grants, and develop public awareness campaigns with respect to COVID–19 and the disproportionate impact of the COVID–19 pandemic on racial and ethnic minorities and other vulnerable populations.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “COVID–19 Health Disparities Action Act of 2020”.

1 (b) TABLE OF CONTENTS.—The table of contents for
2 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Health disparity-informed contact tracing grants.
- Sec. 3. COVID–19 health disparities action plan.
- Sec. 4. Federal public awareness campaigns to address health disparities.
- Sec. 5. Grant program for public awareness campaigns to address health disparities.
- Sec. 6. Vaccine safety public awareness campaign.
- Sec. 7. Addendum to testing plans to address disparities.
- Sec. 8. Definitions.

3 **SEC. 2. HEALTH DISPARITY-INFORMED CONTACT TRACING**
4 **GRANTS.**

5 (a) IN GENERAL.—The Secretary of Health and
6 Human Services (referred to in this section as the “Sec-
7 retary”), acting through the Director of the Centers for
8 Disease Control and Prevention and in coordination with
9 the Office of Minority Health of the Department of Health
10 and Human Services, and, as appropriate, in coordination
11 with the relevant Offices of Minority Health of the Depart-
12 ment of Health and Human Services, the National Insti-
13 tute of Minority Health and Health Disparities, and the
14 Indian Health Service, shall award grants to eligible enti-
15 ties to conduct contact tracing operations, using amounts
16 appropriated under the heading “Public Health and Social
17 Services Emergency Fund” under the heading “Office of
18 the Secretary” under the heading “Department of Health
19 and Human Services” of title I of division B of the Pay-
20 check Protection Program and Health Care Enhancement
21 Act (Public Law 116–139).

1 (b) ELIGIBLE ENTITIES.—

2 (1) IN GENERAL.—To be eligible for a grant
3 under this section, an entity shall—

4 (A) be a State, local, Tribal, or territorial
5 health department, a nonprofit community-
6 based organization, a nonprofit faith-based or-
7 ganization, an urban Indian organization, a
8 Tribal organization, or a health care provider,
9 serving one or more of the grant regions de-
10 scribed in paragraph (2); and

11 (B) submit an application to the Secretary
12 at such time, in such manner, and containing
13 such information as the Secretary may require,
14 including demographic data on the entity's em-
15 ployees or projected hires at the time of submis-
16 sion.

17 (2) GRANT REGIONS.—The Secretary may
18 award grants to eligible entities serving one or more
19 of the following:

20 (A) A State.

21 (B) A territory.

22 (C) An Indian Tribe.

23 (D) A Tribal organization.

24 (E) An urban Indian organization.

25 (F) A county.

1 (G) A metropolitan statistical area.

2 (H) Any other city, town, or other public
3 body created by, or pursuant to, State law.

4 (3) PROHIBITION ON DISCRIMINATION.—Pro-
5 grams funded under this section shall not discrimi-
6 nate on the basis of actual or perceived sex, race,
7 color, ethnicity, national origin, disability, sexual ori-
8 entation, gender identity, or religion. Nothing in this
9 section shall be construed to invalidate or limit
10 rights, remedies, procedures, or legal standards
11 available under any other Federal law or any law of
12 a State or a political subdivision of a State, includ-
13 ing the Civil Rights Act of 1964 (42 U.S.C. 2000a
14 et seq.), title IX of the Education Amendments of
15 1972 (20 U.S.C. 1681 et seq.), section 504 of the
16 Rehabilitation Act of 1973 (29 U.S.C. 794), the
17 Americans with Disabilities Act of 1990 (42 U.S.C.
18 12101 et seq.), and section 1557 of the Patient Pro-
19 tection and Affordable Care Act (42 U.S.C. 18116).

20 (c) PRIORITIZATION.—In awarding grants under sub-
21 section (a), the Secretary shall give special consideration
22 to eligible entities that have demonstrated a commitment
23 to recruiting and retaining employees who are racial and
24 ethnic minorities representative of the demographic
25 groups of a grant area served by the entity, which may

1 include entities that employ, or plan to employ, community
2 health workers, as defined in section 2113(f)(4) of the So-
3 cial Security Act (42 U.S.C. 1397mm(f)(4)).

4 (d) REPORTING.—

5 (1) BY ENTITIES.—An eligible entity receiving
6 a grant under this section shall report to the Sec-
7 retary demographic information of employees di-
8 rectly involved in contact tracing operations sup-
9 ported by such grant not later than 60 days after
10 receipt of such grant.

11 (2) BY THE SECRETARY.—Beginning not later
12 than 90 days after the date on which the first grant
13 is awarded under this section, the Secretary, in co-
14 ordination with the Deputy Assistant Secretary for
15 Minority Health, the Director of the Centers for
16 Disease Control and Prevention, and the Director of
17 the Office of Minority Health and Health Equity at
18 the Centers for Disease Control and Prevention,
19 shall make public the data reported under paragraph
20 (1).

21 **SEC. 3. COVID-19 HEALTH DISPARITIES ACTION PLAN.**

22 (a) IN GENERAL.—The Secretary, acting through the
23 Director of the Office of Minority Health of the Depart-
24 ment of Health and Human Services, shall develop an evi-
25 dence-based action plan (referred to in this section as the

1 “action plan”) for addressing health disparities related to
2 COVID–19 testing, infections, hospitalizations, ICU ad-
3 missions, and deaths among racial and ethnic minority,
4 rural, and other vulnerable populations.

5 (b) COORDINATION.—In developing the action plan
6 described in subsection (a), the Director of the Office of
7 Minority Health shall coordinate with—

8 (1) the Director of the Office of Minority
9 Health and Health Equity of the Centers for Dis-
10 ease Control and Prevention;

11 (2) the Director of the Office of Extramural
12 Research, Education, and Priority Populations of
13 the Agency for Healthcare Research and Quality;

14 (3) the Director of the Office of Minority
15 Health of the Centers for Medicare & Medicaid Serv-
16 ices;

17 (4) the Director of the Office of Minority
18 Health and Health Equity of the Food and Drug
19 Administration;

20 (5) the Director of the Office of Health Equity
21 of the Health Resources and Services Administra-
22 tion;

23 (6) the Director of the Office of Behavioral
24 Health Equity of the Substance Abuse and Mental
25 Health Services Administration;

1 (7) the Director of the National Institute of Mi-
2 nority Health and Health Disparities; and

3 (8) the Director of the Indian Health Service.

4 (c) LITERATURE REVIEW AND CONSULTATION.—In
5 developing the action plan described in subsection (a), the
6 Secretary shall—

7 (1) review peer-reviewed literature to identify
8 evidence-informed and evidence-based best practices
9 for addressing health disparities among racial and
10 ethnic minority, rural, and other vulnerable popu-
11 lations; and

12 (2) consult with—

13 (A) community-based organizations with
14 expertise in addressing health disparities that
15 affect racial and ethnic minority, rural, and
16 other vulnerable populations; and

17 (B) State, local, Tribal, and territorial
18 health officials that serve areas with high con-
19 centrations of racial and ethnic minority, rural,
20 and other vulnerable populations that have been
21 disproportionately impacted by the COVID–19
22 pandemic.

23 (d) REQUIREMENTS.—The action plan shall in-
24 clude—

1 (1) a quantitative and qualitative analysis of
2 the current barriers to complete and accurate data
3 collection on health disparities related to COVID–19
4 testing, infections, hospitalizations, ICU admissions,
5 and deaths among racial and ethnic minority, rural,
6 and other vulnerable populations;

7 (2) a description of the health disparities that
8 have been identified with current data related to
9 COVID–19 testing, infections, hospitalizations, ICU
10 admissions, and deaths among racial and ethnic mi-
11 nority, rural, and other vulnerable populations, using
12 existing metrics where possible;

13 (3) a description of the actions that the Sec-
14 retary will take to address the barriers to complete
15 and accurate data collection on health disparities re-
16 lated to COVID–19 testing, infections, hospitaliza-
17 tions, ICU admissions, and deaths among racial and
18 ethnic minority, rural, and other vulnerable popu-
19 lations, including specific dates by when such actions
20 will be completed and the metrics that will be used
21 to evaluate the impact of such actions;

22 (4) the actions that the Secretary will take to
23 address the health disparities that have been identi-
24 fied with current data related to COVID–19 testing,
25 infections, hospitalizations, ICU admissions, and

1 deaths among racial and ethnic minority, rural, and
2 other vulnerable populations, including specific dates
3 by when such actions will be taken and completed
4 and the metrics that will be used to evaluate the im-
5 pact of such actions; and

6 (5) a summary of any additional resources that
7 the Secretary requires in order to fully identify and
8 address health disparities related to COVID–19 test-
9 ing, infections, hospitalizations, ICU admissions, and
10 deaths among racial and ethnic minority, rural, and
11 other vulnerable populations.

12 (e) SUBMISSION OF ACTION PLAN AND REPORTS ON
13 THE ACTION PLAN.—

14 (1) INITIAL ACTION PLAN.—Not later than 30
15 days after the date of enactment of this Act, the
16 Secretary shall submit the action plan to the Com-
17 mittee on Health, Education, Labor, and Pensions
18 and the Committee on Finance of the Senate and
19 the Committee on Energy and Commerce and the
20 Committee on Ways and Means of the House of
21 Representatives, and make such plan publicly avail-
22 able on the internet website of the Department of
23 Health and Human Services.

24 (2) UPDATES.—Not later than 30 days after
25 the date of publication of the initial action plan

1 under paragraph (1), and at least every 30 days
2 thereafter until the date that is 6 months after the
3 COVID–19 public health emergency has ended, the
4 Secretary shall submit updates to the action plan to
5 Congress. Each such update shall provide updates
6 on the Secretary’s actions and the relevant evalua-
7 tion metrics, and shall include any actions that the
8 Secretary has identified since issuance of the initial
9 action plan under paragraph (1) and any previous
10 updates under this paragraph, as necessary to ad-
11 dress health disparities related to COVID–19 test-
12 ing, infections, hospitalizations, ICU admissions, and
13 deaths among racial and ethnic minority, rural, and
14 other vulnerable populations. The Secretary shall
15 make each update publicly available on the internet
16 website of the Department of Health and Human
17 Services.

18 (3) FINAL REPORT ON ACTION PLANS.—Not
19 later than 1 year after the end of the COVID–19
20 public health emergency, the Secretary shall submit
21 to Congress a final report analyzing the health dis-
22 parities related to COVID–19 testing, infections,
23 hospitalizations, ICU admissions, and deaths among
24 racial and ethnic minority, rural, and other vulner-
25 able populations, including an analysis of the social

1 determinants of health and the underlying causes of
2 health disparities. The report shall include—

3 (A) the Secretary’s long-term plan for ad-
4 dressing racial and ethnic health disparities, in-
5 cluding an assessment of any additional re-
6 sources that may be required for the Office of
7 Minority Health of the Department of Health
8 and Human Services, or such department in
9 general, to sustain long-term initiatives to ad-
10 dress racial and ethnic health disparities; and

11 (B) recommendations for Congress to ad-
12 dress the underlying causes and prevent health
13 disparities among racial and ethnic minority,
14 rural, and other vulnerable populations during
15 future public health emergencies.

16 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section
18 \$1,000,000 for fiscal year 2020.

19 **SEC. 4. FEDERAL PUBLIC AWARENESS CAMPAIGNS TO AD-**
20 **DRESS HEALTH DISPARITIES.**

21 (a) IN GENERAL.—The Secretary, acting through the
22 Director of the Centers for Disease Control and Preven-
23 tion and in coordination with the Office of Minority
24 Health and, as appropriate, in coordination with the rel-
25 evant Offices of Minority Health in the Department of

1 Health and Human Services, the National Institute of Mi-
2 nority Health and Health Disparities, and the Indian
3 Health Service, shall develop and implement accessible,
4 multilingual and culturally competent public awareness
5 campaigns about COVID–19 directed at racial and ethnic
6 minority, rural, and other vulnerable populations that
7 have experienced health disparities during the COVID–19
8 public health emergency related to testing, infections, hos-
9 pitalizations, ICU admissions, and deaths.

10 (b) REQUIREMENTS.—The public awareness cam-
11 paigns under this section shall—

12 (1) prioritize communities where the greatest
13 health disparities have been identified with respect
14 to testing access and rates of infections, hospitaliza-
15 tions, and deaths related to COVID–19;

16 (2)(A) provide information, based on scientific
17 evidence, about the benefits of being tested for
18 COVID–19, the availability of COVID–19 testing
19 with no cost-sharing for most United States resi-
20 dents, and the actions that individuals can take to
21 protect themselves from COVID–19, including mask-
22 ing and social distancing; and

23 (B) dispel misinformation about COVID–19
24 symptoms, testing, or treatment; and

1 (3) use print, radio, or internet media, or other
2 forms of public communication, including local, inde-
3 pendent, or community-based written news and elec-
4 tronic publications.

5 (c) COORDINATION.—The public awareness cam-
6 paigns under this section shall be complementary to, and
7 coordinated with, any other Federal, State, and local ef-
8 forts, including the action plan described in section 3, as
9 appropriate.

10 (d) REPORT TO CONGRESS.—Not later than 45 days
11 after the date on which appropriated funds are made avail-
12 able to the Secretary under this section, the Secretary
13 shall submit to Congress a report on how such funds have
14 been used during such 45-day period and a plan for using
15 any remaining funds within the next 45 days.

16 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
17 authorized to be appropriated to carry out this section
18 \$10,000,000 for fiscal year 2020.

19 **SEC. 5. GRANT PROGRAM FOR PUBLIC AWARENESS CAM-**
20 **PAIGNS TO ADDRESS HEALTH DISPARITIES.**

21 (a) IN GENERAL.—The Secretary, acting through the
22 Director of the Centers for Disease Control and Preven-
23 tion and in coordination with the Office of Minority
24 Health, and, as appropriate, in coordination with the rel-
25 evant Offices of Minority Health in the Department of

1 Health and Human Services, the National Institute of Mi-
2 nority Health and Health Disparities, and the Indian
3 Health Service, shall award competitive grants to eligible
4 entities to support such entities in developing and imple-
5 menting accessible, multilingual, and culturally competent
6 public awareness campaigns about COVID–19 directed at
7 racial and ethnic minority, rural, and other vulnerable
8 populations that have experienced health disparities dur-
9 ing the COVID–19 public health emergency related to
10 testing, infections, hospitalizations, ICU admissions, and
11 deaths.

12 (b) ELIGIBLE ENTITIES.—To be eligible to receive a
13 grant under this section, an entity shall be a State, local,
14 Tribal, or territorial health department, a nonprofit com-
15 munity-based organization, a Tribal organization, an
16 urban Indian organization, or a health care provider, or
17 a nonprofit faith-based organization.

18 (c) PRIORITIZATION.—When awarding grants under
19 this section, the Secretary shall prioritize entities serving
20 communities where the greatest health disparities exist
21 with respect to testing access, infections, hospitalizations,
22 and deaths related to COVID–19, impacting racial and
23 ethnic minority, rural, and other vulnerable populations.

1 (d) REQUIREMENTS.—An entity awarded a grant
2 under this section shall conduct a public awareness cam-
3 paign that—

4 (1)(A) provides to the public information, based
5 on scientific evidence, about the benefits of being
6 tested for COVID–19, the availability of COVID–19
7 testing with no cost-sharing for most United States
8 residents, and the actions that individuals can take
9 to protect themselves from COVID–19, including
10 masking and social distancing; and

11 (B) dispels misinformation about COVID–19
12 symptoms, testing, or treatment;

13 (2) uses print, radio, or internet media, or
14 other forms of public communication; and

15 (3) communicates in the language or languages
16 necessary to reach racial and ethnic minority, rural,
17 and other vulnerable populations in the applicable
18 region that have experienced health disparities dur-
19 ing the COVID–19 public health emergency related
20 to testing, infections, hospitalizations, ICU admis-
21 sions, and deaths.

22 (e) COORDINATION.—The public health campaigns
23 supported by grants awarded under this section shall be
24 complementary to, and coordinated with, any other Fed-

1 eral, State, or local efforts, including the action plan de-
2 scribed in section 3, as appropriate.

3 (f) **TIMING.**—The Secretary shall award the grants
4 under this section not later than 60 days after the date
5 of enactment of this Act.

6 (g) **AUTHORIZATION OF APPROPRIATIONS.**—There is
7 authorized to be appropriated to carry out this section
8 \$10,000,000 for fiscal year 2020.

9 **SEC. 6. VACCINE SAFETY PUBLIC AWARENESS CAMPAIGN.**

10 (a) **IN GENERAL.**—The Secretary, acting through the
11 Director of the Centers for Disease Control and Preven-
12 tion and in coordination with the Office of Minority
13 Health, and, as appropriate, the relevant Offices of Minor-
14 ity Health in the Department of Health and Human Serv-
15 ices, the National Institute of Minority Health and Health
16 Disparities, and the Indian Health Service, shall establish
17 grant funding opportunities for eligible entities to dissemi-
18 nate COVID–19 vaccination information.

19 (b) **ELIGIBLE ENTITIES.**—To be eligible to receive a
20 grant under this section, an entity shall be a State, local,
21 Tribal, or territorial health department, an urban Indian
22 organization, a nonprofit community-based organization,
23 or a nonprofit faith-based organization.

24 (c) **USE OF FUNDS.**—

1 (1) IN GENERAL.—Entities receiving a grant
2 under this section shall use such grant funds to—

3 (A) increase awareness to the benefit of re-
4 ceiving a COVID–19 vaccine, and include infor-
5 mation on where the vaccine can be obtained;
6 and

7 (B) create and disseminate culturally and
8 linguistically appropriate messaging.

9 (2) ADDITIONAL GRANT FUNDS.—The Sec-
10 retary shall have discretion to award additional
11 grant funding under this section to broaden the
12 grant recipient’s vaccine public safety awareness
13 campaign to include routine immunizations and gen-
14 eral influenza vaccine messaging.

15 (d) PRIORITIZATION.—In awarding grants under this
16 section, the Secretary shall give priority to eligible entities
17 in either urban or rural communities (or a combination
18 of urban and rural communities) that serve vulnerable
19 populations, including ethnic minority populations, which
20 may include low-income, uninsured, and medically under-
21 served individuals or populations with historically low
22 rates of receiving vaccines.

23 (e) TIMING.—The Secretary shall awards the grants
24 under this section not later than 60 days after the date
25 on the earlier of the date on which the Food and Drug

1 Administration licenses a COVID–19 vaccine under sec-
2 tion 351 of the Public Health Service Act (42 U.S.C. 262)
3 or the date on which a manufacturer begins to distribute
4 a COVID–19 vaccine to public or private entities pursuant
5 to an emergency use authorization under section 564 of
6 the Federal Food, Drug, and Cosmetic Act (21 U.S.C.
7 360bbb–3).

8 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
9 authorized to be appropriated to carry out this section
10 \$5,000,000 for fiscal year 2020.

11 **SEC. 7. ADDENDUM TO TESTING PLANS TO ADDRESS DIS-**
12 **PARITIES.**

13 (a) IN GENERAL.—The Secretary, acting through the
14 Director of the Centers for Disease Control and Preven-
15 tion, shall report to the Committee on Appropriations and
16 the Committee on Health, Education, Labor, and Pen-
17 sions of the Senate, and the Committee on Appropriations
18 and the Committee on Energy and Commerce of the
19 House of Representatives, on State testing plans referred
20 to under the heading “Public Health and Social Services
21 Emergency Fund” under the heading “Office of the Sec-
22 retary” under the heading “Department of Health and
23 Human Services” of title I of division B of the Paycheck
24 Protection Program and Health Care Enhancement Act
25 (Public Law 116–139).

1 (b) REQUIREMENT TO DEVELOP ADDENDUM.—

2 (1) IN GENERAL.—The Secretary shall solicit
3 States, territories, and Indian tribes to develop an
4 addendum to testing plans described in subsection
5 (a), to specifically address testing plans for racial
6 and ethnic minority, rural, and other vulnerable pop-
7 ulations experiencing health disparities related to
8 COVID–19 testing, infections, hospitalizations, ICU
9 admissions, or deaths. The Secretary shall model
10 questions for the addendum based on the original
11 testing plans.

12 (2) FUNDING.—To carry out this subsection,
13 the Secretary shall use amounts appropriated under
14 the heading “Public Health and Social Services
15 Emergency Fund” under the heading “Office of the
16 Secretary” under the heading “Department of
17 Health and Human Services” of title I of division B
18 of the Paycheck Protection Program and Health
19 Care Enhancement Act (Public Law 116–139).

20 **SEC. 8. DEFINITIONS.**

21 In this Act—

22 (1) the term “COVID–19 public health emer-
23 gency” means the public health emergency first de-
24 clared by the Secretary of Health and Human Serv-
25 ices under section 319 of the Public Health Service

1 Act (42 U.S.C. 247d) on January 31, 2020, with re-
2 spect to COVID-19;

3 (2) the term “ICU” means intensive care unit;

4 (3) the terms “racial and ethnic minority
5 group” and “racial and ethnic minority” have the
6 meaning given the term “racial and ethnic minority
7 group” in section 1707(g) of the Public Health Serv-
8 ice Act (42 U.S.C. 300u-6(g));

9 (4) the term “relevant Offices of Minority
10 Health in the Department of Health and Human
11 Services” may include—

12 (A) the Office of Extramural Research,
13 Education, and Priority Populations of the
14 Agency for Healthcare Research and Quality;

15 (B) the Office of Minority Health and
16 Health Equity of the Centers for Disease Con-
17 trol and Prevention;

18 (C) the Office of Minority Health of the
19 Centers for Medicare & Medicaid Services;

20 (D) the Office of Minority Health and
21 Health Equity of the Food and Drug Adminis-
22 tration;

23 (E) the Office of Health Equity of the
24 Health Resources and Services Administration;
25 and

1 (F) the Office of Behavioral Health Equity
2 of the Substance Abuse and Mental Health
3 Services Administration; and

4 (5) the term “Secretary”, unless indicated oth-
5 erwise, means the Secretary of Health and Human
6 Services

7 (6) the terms “Indian Tribe” and “Tribal orga-
8 nization” have the meanings given the terms “In-
9 dian tribe” and “tribal organization” in section 4 of
10 the Indian Self-Determination and Education Assist-
11 ance Act (25 U.S.C. 5304); and

12 (7) the term “urban Indian organization” has
13 the meaning given the term in section 4 of the In-
14 dian Health Care Improvement Act (25 U.S.C.
15 1603).

○