

116TH CONGRESS
2D SESSION

S. 3877

To establish or expand programs to improve health equity regarding COVID–19 and reduce or eliminate inequities in the prevalence and health outcomes of COVID–19.

IN THE SENATE OF THE UNITED STATES

JUNE 3, 2020

Mr. BOOKER (for himself, Mr. BENNET, Mr. MENENDEZ, Mr. DURBIN, Ms. WARREN, Ms. SMITH, Mr. VAN HOLLEN, Ms. HARRIS, Ms. CORTEZ MASTO, Mr. SANDERS, Ms. KLOBUCHAR, and Ms. BALDWIN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish or expand programs to improve health equity regarding COVID–19 and reduce or eliminate inequities in the prevalence and health outcomes of COVID–19.

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.**

4 This Act may be cited as the “Community Solutions
5 for COVID–19 Act”.

1 **SEC. 2. ADDRESSING COVID-19 HEALTH INEQUITIES AND**
2 **IMPROVING HEALTH EQUITY.**

3 (a) IN GENERAL.—Not later than 60 days after the
4 date of enactment of this Act, the Secretary of Health and
5 Human Services (referred to in this section as the “Sec-
6 retary”), acting through the Director of the Centers for
7 Disease Control and Prevention, shall award grants to eli-
8 gible entities to establish or expand programs to improve
9 health equity regarding COVID-19 and reduce or elimi-
10 nate inequities, including racial and ethnic inequities, in
11 the incidence, prevalence, and health outcomes of COVID-
12 19.

13 (b) ELIGIBILITY.—To be eligible to receive a grant
14 under subsection (a), an entity shall—

15 (1) be a nongovernmental entity or consortium
16 of entities that works to improve health and health
17 equity in populations or communities disproportion-
18 ately affected by adverse health outcomes, includ-
19 ing—

20 (A) racial and ethnic minority commu-
21 nities;

22 (B) Indian Tribes, Tribal organizations,
23 and urban Indian organizations;

24 (C) people with disabilities;

25 (D) English language learners;

26 (E) older adults;

1 (F) low-income communities;

2 (G) justice-involved communities;

3 (H) immigrant communities; and

4 (I) communities on the basis of their sex-
5 ual orientation or gender identity;

6 (2) have demonstrated experience in success-
7 fully working in and partnering with such commu-
8 nities, and have an established record of accomplish-
9 ment in improving health outcomes or preventing,
10 reducing or eliminating health inequities, including
11 racial and ethnic inequities, in those communities;

12 (3) communicate with State, local, and Tribal
13 health departments to coordinate grant activities, as
14 appropriate; and

15 (4) submit to the Secretary an application at
16 such time, in such manner, and containing such in-
17 formation as the Secretary may require.

18 (c) USE OF FUNDS.—An entity shall use amounts re-
19 ceived under grant under this section to establish, improve
20 upon, or expand programs to improve health equity re-
21 garding COVID–19 and reduce or eliminate inequities, in-
22 cluding racial and ethnic inequities, in the incidence, prev-
23 alence, and health outcomes of COVID–19. Such uses may
24 include—

1 (1) acquiring and distributing medical supplies,
2 such as personal protective equipment, to commu-
3 nities that are at an increased risk of COVID-19;

4 (2) helping people enroll in a health insurance
5 plan that meets minimum essential coverage;

6 (3) increasing the availability of COVID-19
7 testing and any future COVID-19 treatments or
8 vaccines in communities that are at an increased
9 risk of COVID-19;

10 (4) aiding communities and individuals in fol-
11 lowing guidelines and best practices in regards to
12 COVID-19, including physical distancing guidelines;

13 (5) helping communities and COVID-19 sur-
14 vivors recover and cope with the long-term health
15 impacts of COVID-19;

16 (6) addressing social determinants of health,
17 such as transportation, nutrition, housing, discrimi-
18 nation, health care access, including mental health
19 care and substance use disorder prevention, treat-
20 ment, and recovery, health literacy, employment sta-
21 tus, and working conditions, education, income, and
22 stress, that impact COVID-19 incidence, prevalence,
23 and health outcomes, and facilitating or providing
24 access to needed services;

1 (7) the provision of anti-racism and implicit
2 and explicit bias training for health care providers
3 and other relevant professionals;

4 (8) creating and disseminating culturally in-
5 formed, linguistically appropriate, accessible, and
6 medically accurate outreach and education regarding
7 COVID–19;

8 (9) acquiring, retaining, and training a diverse
9 workforce; and

10 (10) improving the accessibility to health care,
11 including accessibility to health care providers, men-
12 tal health care, and COVID–19 testing for people
13 with disabilities.

14 (d) ADMINISTRATION.—

15 (1) PRIORITY.—In awarding grants under this
16 section, the Secretary shall give priority to eligible
17 entities that are a community-based organization or
18 have an established history of successfully working
19 in and partnering with the community or with popu-
20 lations which the entity intends to provide services
21 under the grant. The Secretary shall also utilize
22 available demographic data to give priority to eligible
23 entities working with populations or communities
24 disproportionately affected by COVID–19.

1 (2) GEOGRAPHICAL DIVERSITY.—The Secretary
2 shall seek to ensure geographical diversity among
3 grant recipients.

4 (3) REDUCTION OF BURDENS.—In admin-
5 istering the grant program under this section, the
6 Secretary shall make every effort to minimize unnec-
7 essary administrative burdens on eligible entities re-
8 ceiving such grants.

9 (4) TECHNICAL ASSISTANCE.—The Secretary
10 shall provide technical assistance to eligible entities
11 on best practices for applying grants under this sec-
12 tion.

13 (e) DURATION.—A grant awarded under this section
14 shall be for a period of 3 years.

15 (f) REPORTING.—

16 (1) BY GRANTEE.—Not later than 180 days
17 after the end of a grant period under this section,
18 the grantee shall submit to the Secretary a report on
19 the activities conducted under the grant, including—

20 (A) a description of the impact of grant
21 activities, including on—

22 (i) outreach and education related to
23 COVID–19; and

1 (ii) improving public health activities
2 related to COVID–19, including physical
3 distancing;

4 (B) the number of individuals reached by
5 the activities under the grant and, to the extent
6 known, the disaggregated demographic data of
7 such individuals, such as by race, ethnicity, sex
8 (including sexual orientation and gender iden-
9 tity), income, disability status, or primary lan-
10 guage; and

11 (C) any other information the Secretary
12 determines is necessary.

13 (2) BY SECRETARY.—Not later than 1 year
14 after the end of the grant program under this sec-
15 tion, the Secretary shall submit to Congress a report
16 on the grant program, including a summary of the
17 information gathered under paragraph (1).

18 (g) SUPPLEMENT, NOT SUPPLANT.—Grants awarded
19 under this Act shall be used to supplement and not sup-
20 plant any other Federal funds made available to carry out
21 the activities described in this Act.

22 (h) FUNDING.—Out of funds in the Treasury not oth-
23 erwise appropriated, there are appropriated to carry out

1 this section, \$500,000,000 for each of fiscal years 2020
2 through 2022.

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