

116TH CONGRESS
2D SESSION

H. R. 6901

To require the Secretary of Health and Human Services to provide updated information about COVID–19 testing to the public, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 15, 2020

Ms. ESHOO introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To require the Secretary of Health and Human Services to provide updated information about COVID–19 testing to the public, and for other purposes.

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 “COVID–19 Testing
5 Inventory Act”.

6 **SEC. 2. PUBLIC INFORMATION ABOUT COVID–19 DIAG-**
7 **NOSTIC TESTS.**

8 The Secretary of Health and Human Services, in con-
9 sultation with the Administrator of the Federal Emer-
10 gency Management Agency, the Commissioner of Food

1 and Drugs, the Director of the Indian Health Service, and
2 other Federal agencies, as appropriate, shall develop a
3 public-facing inventory, which shall be made available on
4 a single internet website, that provides real-time data and
5 information on in vitro diagnostic tests (as defined in sec-
6 tion 809.3 of title 21, Code of Federal Regulations (or
7 successor regulations)), for the detection of SARS-CoV-
8 2 or the diagnosis of the virus that causes COVID-19,
9 or for the detection of antibodies from COVID-19 (re-
10 ferred to in this section as “COVID-19 diagnostic tests”),
11 including—

12 (1) the number and type of COVID-19 diag-
13 nostic tests that are available for use in each State,
14 territory, or Indian Tribe, by—

15 (A) county;

16 (B) sites of care where the tests are avail-
17 able for use;

18 (C) type of tests, including molecular, anti-
19 gen, and serological tests; and

20 (D) percentage of tests that deliver rapid
21 results at the point-of-care;

22 (2) for each laboratory, hospital, or other health
23 care facility that receives COVID-19 diagnostic
24 tests, the number and type of COVID-19 diagnostic
25 tests received;

1 (3) each hospital or other health care facility
2 that has the capability, capacity, and testing-related
3 supplies to process COVID–19 diagnostic tests, in-
4 cluding test type and location by State, territory, or
5 Indian Tribe;

6 (4) each laboratory that has the capability, ca-
7 pacity, and testing-related supplies to process
8 COVID–19 diagnostic tests, including test type and
9 location by State, territory, or Indian Tribe;

10 (5) for each COVID–19 diagnostic test listed
11 pursuant to paragraph (1), the time required to re-
12 ceive test results, including any time for processing
13 and shipping, measured in the smallest unit of meas-
14 urement reasonable for the particular test, whether
15 minutes, hours, or days;

16 (6) for each COVID–19 diagnostic test listed
17 pursuant to paragraph (1), the approximate time
18 per employee required to run the test;

19 (7) for each COVID–19 diagnostic test listed
20 pursuant to paragraph (1), each test that the Sec-
21 retary has authorized, cleared, or approved under
22 the Federal Food, Drug, and Cosmetic Act (21
23 U.S.C. 301 et seq.), or is marketed in accordance
24 with applicable guidance issued by the Secretary;

1 (8) a list of each laboratory, hospital, and other
2 health care facility that has reported a shortage of
3 testing-related supplies, and which such supplies are
4 reported to be in shortage;

5 (9) for each COVID–19 test manufacturer—

6 (A) the number and type of COVID–19 di-
7 agnostic tests for which such manufacturer
8 has—

9 (i) current inventory and projected
10 production capacity for the next 180 days
11 for at least the 180-day period following
12 the date on which such information is sub-
13 mitted; and

14 (ii) received orders, including orders
15 such manufacturer does not have capacity
16 to deliver; and

17 (B) a description of materials that are in
18 shortage that are hindering production of
19 COVID–19 diagnostic tests by amount and type
20 of test; and

21 (10) for each laboratory, hospital, and other
22 health care facility that receives COVID–19 diag-
23 nostic tests, the number of samples collected per day
24 and the number of results transmitted to patients

- 1 (including results transmitted to health care pro-
- 2 viders for patients) per day.

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