

116TH CONGRESS
2D SESSION

H. R. 7077

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 HOUSE OF REPRESENTATIVES

JUNE 1, 2020

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

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”.

6 **SEC. 2. ADDRESSING COVID–19 HEALTH INEQUITIES AND**
7 **IMPROVING HEALTH EQUITY.**

8 (a) IN GENERAL.—Not later than 60 days after the
9 date of enactment of this Act, the Secretary of Health and

1 Human Services (referred to in this section as the “Sec-
2 retary”), acting through the Director of the Centers for
3 Disease Control and Prevention, shall award grants to eli-
4 gible entities to establish or expand programs to improve
5 health equity regarding COVID–19 and reduce or elimi-
6 nate inequities, including racial and ethnic inequities, in
7 the incidence, prevalence, and health outcomes of COVID–
8 19.

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

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

16 (A) racial and ethnic minority commu-
17 nities;

18 (B) Indian Tribes, Tribal organizations,
19 and urban Indian organizations;

20 (C) people with disabilities;

21 (D) English language learners;

22 (E) older adults;

23 (F) low-income communities;

24 (G) justice-involved communities;

25 (H) immigrant communities; and

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

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

9 (3) communicate with State, local, and Tribal
10 health departments to coordinate grant activities, as
11 appropriate; and

12 (4) submit to the Secretary an application at
13 such time, in such manner, and containing such in-
14 formation as the Secretary may require.

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

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

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

3 (3) increasing the availability of COVID–19
4 testing and any future COVID–19 treatments or
5 vaccines in communities that are at an increased
6 risk of COVID–19;

7 (4) aiding communities and individuals in fol-
8 lowing guidelines and best practices in regards to
9 COVID–19, including physical distancing guidelines;

10 (5) helping communities and COVID–19 sur-
11 vivors recover and cope with the long-term health
12 impacts of COVID–19;

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

22 (7) the provision of anti-racism and implicit
23 and explicit bias training for health care providers
24 and other relevant professionals;

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

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

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

11 (d) ADMINISTRATION.—

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

22 (2) GEOGRAPHICAL DIVERSITY.—The Secretary
23 shall seek to ensure geographical diversity among
24 grant recipients.

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

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

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

12 (f) REPORTING.—

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

17 (A) a description of the impact of grant
18 activities, including on—

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

21 (ii) improving public health activities
22 related to COVID–19, including physical
23 distancing;

24 (B) the number of individuals reached by
25 the activities under the grant and, to the extent

1 known, the disaggregated demographic data of
2 such individuals, such as by race, ethnicity, sex
3 (including sexual orientation and gender iden-
4 tity), income, disability status, or primary lan-
5 guage; and

6 (C) any other information the Secretary
7 determines is necessary.

8 (2) BY SECRETARY.—Not later than 1 year
9 after the end of the grant program under this sec-
10 tion, the Secretary shall submit to Congress a report
11 on the grant program, including a summary of the
12 information gathered under paragraph (1).

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

17 (h) FUNDING.—Out of funds in the Treasury not oth-
18 erwise appropriated, there are appropriated to carry out
19 this section, \$500,000,000 for each of fiscal years 2020
20 through 2022.

○