

116TH CONGRESS
2D SESSION

H. R. 7618

To establish a grant program to provide funds for health care entities to establish or improve bias and anti-racism training to help reduce racial and ethnic disparities in COVID–19 testing, treatment, health outcomes, and vaccine access.

IN THE HOUSE OF REPRESENTATIVES

JULY 16, 2020

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

A BILL

To establish a grant program to provide funds for health care entities to establish or improve bias and anti-racism training to help reduce racial and ethnic disparities in COVID–19 testing, treatment, health outcomes, and vaccine access.

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 Bias and
5 Anti-Racism Training Act of 2020”.

1 **SEC. 2. BIAS AND ANTI-RACISM TRAINING GRANT PRO-**
2 **GRAM.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services (referred to in this section as the “Sec-
5 retary”) shall award grants to hospitals; community
6 health centers; other health care providers; State, local,
7 territorial, and Tribal public health departments; Tribal
8 organizations (as defined in section 4 of the Indian Self-
9 Determination and Education Assistance Act (25 U.S.C.
10 5304)); urban Indian organizations (as defined in section
11 4 of the Indian Health Care Improvement Act (25 U.S.C.
12 1603)); medical, nursing, social work, and other health
13 professional schools; and other appropriate public or pri-
14 vate nonprofit entities (or consortia of entities), for the
15 purpose of supporting bias and anti-racism training to re-
16 duce racial and ethnic disparities in COVID–19 testing,
17 treatment, health outcomes, and vaccine access.

18 (b) USE OF FUNDS.—A recipient of a grant under
19 subsection (a) may use such grant funds to establish a
20 bias and anti-racism training program, or improve or ex-
21 pand an existing such program, in accordance with the
22 requirements of subsection (c), for individuals who—

23 (1) provide health care services to COVID–19
24 patients and potential COVID–19 patients, as a
25 physician or other health care professional, or as a
26 medical or other health care professional student; or

1 (2) participate in other COVID–19 response ef-
2 forts, such as contact tracing.

3 (c) TRAINING REQUIREMENTS.—

4 (1) IN GENERAL.—The Secretary shall develop
5 requirements for bias and anti-racism training pro-
6 grams for purposes of such training carried out with
7 grant funds awarded under this section. Such train-
8 ing shall be—

9 (A) evidence-based, community-informed,
10 patient-centered, and ongoing;

11 (B) designed to be culturally competent
12 and accessible, including with respect to race,
13 ethnicity, national origin, language, religion, sex
14 (including sexual orientation and gender iden-
15 tity), disability, and age; and

16 (C) designed to allow applicable State li-
17 censing bodies to provide continuing education
18 credit for completion of such training.

19 (2) COLLABORATION.—In developing the re-
20 quirements described in paragraph (1), the Sec-
21 retary shall collaborate with relevant stakeholders
22 that specialize in addressing health equity, includ-
23 ing—

24 (A) health care professionals, including
25 mental health professionals, and including pro-

1 professionals with expertise in addressing racial
2 and ethnic disparities;

3 (B) policy experts, including experts spe-
4 cializing in addressing bias and racism within
5 the health care and public health systems; and

6 (C) community-based organizations, in-
7 cluding organizations specializing in providing
8 culturally competent care or services and ad-
9 dressing racial and ethnic disparities.

10 (d) PRIORITY.—In awarding grants under this sec-
11 tion, the Secretary shall give priority to eligible entities
12 described in subsection (a) that serve—

13 (1) communities in which racial and ethnic dis-
14 parities in COVID–19 infection, hospitalization, in-
15 tensive care unit admissions, and death rates are out
16 of proportion to the community’s population, by a
17 threshold determined by the Secretary based on
18 available public health data;

19 (2) communities with disproportionately high
20 COVID–19 infection, hospitalization, intensive care
21 unit admissions, and death rates; or

22 (3) communities with high social vulnerabilities
23 to COVID–19, which may include such
24 vulnerabilities on account of housing, nutrition, edu-
25 cation, economic, or environmental factors.

1 (e) REPORT ON GRANT IMPACT AND DISSEMINATION
2 OF BEST PRACTICES.—Not later than 1 year after the
3 date on which the last of the grant periods awarded under
4 this section ends, the Secretary shall—

5 (1) submit a report to Congress that de-
6 scribes—

7 (A) the impact of the grants awarded
8 under this section on reducing racial and ethnic
9 disparities in COVID–19 outcomes;

10 (B) best practices used by recipients of
11 grants under this section; and

12 (C) obstacles faced by recipients of grants
13 under this section in reducing racial and ethnic
14 disparities in COVID–19 outcomes; and

15 (2) disseminate information on best practices
16 used by recipients of grants under this section to in-
17 terested parties, including health care providers;
18 medical and other health professional schools; rel-
19 evant State, local, territorial, and Tribal agencies;
20 and the general public.

21 (f) AUTHORIZATION OF APPROPRIATIONS.—For pur-
22 poses of carrying out this section, there are authorized to
23 be appropriated \$100,000,000 for each of fiscal years
24 2020 and 2021.

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