

116TH CONGRESS
2D SESSION

H. R. 8192

Making emergency supplemental appropriations for the fiscal year ending
September 30, 2020, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 8, 2020

Ms. LEE of California (for herself, Ms. BASS, Ms. KELLY of Illinois, Mr. CASTRO of Texas, Ms. JUDY CHU of California, Ms. HAALAND, Ms. DAVIDS of Kansas, Ms. SEWELL of Alabama, Ms. PRESSLEY, Mr. CARSON of Indiana, Ms. JACKSON LEE, Mr. BROWN of Maryland, Mr. HASTINGS, Mr. RUPPERSBERGER, Mr. GARCÍA of Illinois, Mr. TED LIEU of California, and Mr. GRIJALVA) introduced the following bill; which was referred to the Committee on Appropriations, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

Making emergency supplemental appropriations for the fiscal
year ending September 30, 2020, 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 That the following sums are hereby appropriated, out
4 of any money in the Treasury not otherwise appropriated,
5 for the fiscal year ending September 30, 2020, and for
6 other purposes, namely:

4 PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY
5 FUND

7 For an additional amount for “Public Health and So-
8 cial Services Emergency Fund”, \$8,000,000,000, to re-
9 main available until September 30, 2022, for the imple-
10 mentation of the comprehensive program to prevent and
11 respond to COVID–19 in medically underserved commu-
12 nities, as authorized by section 101: *Provided*, That of
13 such amounts, \$60,000,000 shall be transferred to “Gen-
14 eral Departmental Management” and made available to
15 the “Office of Minority Health” for the implementation
16 of such program: *Provided further*, That the amounts
17 made available (including amounts transferred) under this
18 heading shall be in addition to amounts otherwise avail-
19 able for such purposes: *Provided further*, That such
20 amounts are designated by the Congress as being for an
21 emergency requirement pursuant to section
22 251(b)(2)(A)(i) of the Balanced Budget and Emergency
23 Deficit Control Act of 1985.

INDIAN HEALTH SERVICE

INDIAN HEALTH SERVICES

For an additional amount for “Indian Health Services”, \$400,000,000, to remain available until September 30, 2022, for the implementation of a comprehensive program to prevent and respond to COVID–19 through programs and services administered by the Indian Health Service and Indian Tribes, Tribal organizations, and Urban Indian organizations pursuant to a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5301 et seq.) or the Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.), as authorized by section 102 of this Act: *Provided*, That such amounts shall be in addition to amounts otherwise available for such purposes: *Provided further*, That such funds shall be allocated at the discretion of the Director of the Indian Health Service: *Provided further*, That the amount provided under this heading in this Act shall be distributed through Indian Health Service directly operated programs and to Tribes and Tribal organizations under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5301 et seq.) and through contracts or grants with Urban Indian Organizations under title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.): *Provided further*, That any amounts

1 made available under this heading and transferred to
 2 Tribes or Tribal organizations shall be transferred on a
 3 one-time basis, and that these non-recurring funds are not
 4 part of the amount required by section 106 of the Indian
 5 Self-Determination and Education Assistance Act (25
 6 U.S.C. 5325), and that such amounts may only be used
 7 for the purposes authorized by section 102 of this Act,
 8 notwithstanding any other provision of law: *Provided fur-*
 9 *ther*, That such amount is designated by the Congress as
 10 being for an emergency requirement pursuant to section
 11 251(b)(2)(A)(i) of the Balanced Budget and Emergency
 12 Deficit Control Act of 1985.

13 GENERAL PROVISIONS — THIS ACT

14 SEC. 101. (a) IN GENERAL.—The Secretary of
 15 Health and Human Services, in consultation with the Dep-
 16 uty Assistant Secretary for Minority Health, shall imple-
 17 ment a comprehensive program to—

18 (1) prevent and respond to COVID–19 in medi-
 19 cally underserved communities; and

20 (2) ensure that such program is designed to
 21 complement the efforts of State and local public
 22 health agencies.

23 (b) COMPONENTS.—The comprehensive program
 24 under subsection (a) shall include the following:

1 (1) The provision of diagnostic tests for the
2 virus that causes COVID–19, including rapid re-
3 sponse tests and testing through the use of mobile
4 health units.

5 (2) The provision of serological tests for the
6 virus that causes COVID–19.

7 (3) Contact tracing to monitor the contacts of
8 individuals who are or were infected with the virus
9 that causes COVID–19.

10 (4) The provision of personal protective equip-
11 ment to essential workers.

12 (5) The facilitation of—

13 (A) voluntary isolation and quarantine of
14 individuals presumed or confirmed to be in-
15 fected with, or exposed to individuals presumed
16 or confirmed to be infected with, the virus that
17 causes COVID–19; and

18 (B) the provision of social services and
19 support for such individuals.

20 (6) A culturally diverse and multilingual social
21 marketing campaign carried out by trusted members
22 of the community involved to increase public aware-
23 ness of—

24 (A) health precautions to prevent exposure
25 to the virus that causes COVID–19;

1 (B) the benefits of monitoring and testing
2 for COVID–19;

3 (C) health care assistance programs and
4 entities that provide treatment for such virus;
5 and

6 (D) public assistance and unemployment
7 programs for individuals affected by the spread
8 of COVID–19.

9 (c) GRANTS TO PARTNERS.—To carry out the compo-
10 nents of the comprehensive program under subsection (b),
11 the Secretary shall provide grants to—

12 (1) faith-based, community, and nonprofit orga-
13 nizations; and

14 (2) eligible institutions of higher education de-
15 scribed in section 371(a) of the Higher Education
16 Act of 1965 (20 U.S.C. 1067q(a)) that have part-
17 nerships with one or more faith-based, community,
18 or nonprofit organizations.

19 (d) CONTACT TRACING.—

20 (1) LOCATION OF PERSONNEL.—The individ-
21 uals hired and trained to perform contact tracing
22 pursuant to the comprehensive program under sub-
23 section (a) shall have—

24 (A) experience in medically underserved
25 communities; and

1 (B) relationships with individuals who re-
2 side in medically underserved communities.

3 (2) PROTECTION OF PERSONAL INFORMA-
4 TION.—The Secretary shall ensure that the individ-
5 ually identifiable information collected to perform
6 contact tracing pursuant to the comprehensive pro-
7 gram under subsection (a) is secure from unauthor-
8 ized access and disclosure.

9 (e) STRATEGY.—

10 (1) IN GENERAL.—Not later than 14 days after
11 the date of the enactment of this Act, the Secretary
12 shall develop and publish a comprehensive strategy
13 with respect to the comprehensive program under
14 subsection (a) for the purpose of addressing health
15 and health disparities, taking into consideration the
16 following:

17 (A) Race and ethnicity.

18 (B) Sex.

19 (C) Age.

20 (D) Limited English proficiency.

21 (E) Socioeconomic status.

22 (F) Disability.

23 (G) Census tract.

24 (H) Status as a member of the lesbian,
25 gay, bisexual, and transgender community.

1 (I) Occupation.

2 (J) Other demographic data.

3 (2) CONSULTATION.—In developing the strat-
4 egy under paragraph (1), the Secretary shall consult
5 with health officials who represent the following:

6 (A) State and territorial governments.

7 (B) Local governments.

8 (C) Tribal governments.

9 SEC. 102. (a) IN GENERAL.—The Secretary of
10 Health and Human Services, acting through the Director
11 of the Indian Health Service, shall implement a com-
12 prehensive program to prevent and respond to COVID—
13 19 through programs and services administered by—

14 (1) the Indian Health Service; and

15 (2) Indian Tribes, Tribal organizations, and
16 Urban Indian organizations pursuant to a contract
17 or compact under—

18 (A) the Indian Self-Determination and
19 Education Assistance Act (25 U.S.C. 5301 et
20 seq.); or

21 (B) the Indian Health Care Improvement
22 Act (25 U.S.C. 1601 et seq.).

23 (b) COMPONENTS.—The comprehensive program
24 under subsection (a) shall include the following:

1 (1) The provision of diagnostic tests for the
2 virus that causes COVID–19, including rapid re-
3 sponse tests and testing through the use of mobile
4 health units.

5 (2) The provision of serological tests for the
6 virus that causes COVID–19.

7 (3) Contact tracing to monitor the contacts of
8 individuals who are or were infected with the virus
9 that causes COVID–19, including hiring and train-
10 ing culturally and linguistically competent contact
11 tracers.

12 (4) The provision of personal protective equip-
13 ment to essential workers, including—

14 (A) community health representatives em-
15 ployed under section 516 of the Indian Health
16 Care Improvement Act (25 U.S.C. 1616f); and

17 (B) community health aides employed
18 under section 119 of the Indian Health Care
19 Improvement Act (25 U.S.C. 1616l).

20 (5) The facilitation of—

21 (A) voluntary isolation and quarantine of
22 individuals presumed or confirmed to be in-
23 fected with, or exposed to individuals presumed
24 or confirmed to be infected with, the virus that
25 causes COVID–19; and

1 (B) the provision of social services and
2 support for such individuals.

3 (6) A culturally and linguistically appropriate
4 social marketing campaign carried out by trusted
5 members of the community involved to increase pub-
6 lic awareness of—

7 (A) health precautions to prevent exposure
8 to, and the spread of, the virus that causes
9 COVID-19;

10 (B) the benefits of monitoring and testing
11 for such virus; and

12 (C) other public awareness priorities.

13 (7) Awarding grants or cooperative agreements
14 to epidemiology centers established under section
15 214 of the Indian Health Care Improvement Act (25
16 U.S.C. 1621m).

17 (c) CONSULTATION.—Before implementing the pro-
18 gram under subsection (a), the Secretary shall—

19 (1) consult with Indian Tribes and Tribal orga-
20 nizations; and

21 (2) confer with Urban Indian organizations.

22 SEC. 103. In this Act:

23 (1) The term “essential worker” means—

24 (A) a health sector employee;

25 (B) an emergency response worker;

1 (C) a sanitation worker;

2 (D) a worker at a business which a State
3 or local government official has determined
4 must remain open to serve the public during a
5 public health emergency (as declared pursuant
6 to section 319 of the Public Health Service Act
7 (42 U.S.C. 247d)) with respect to COVID-19;
8 and

9 (E) any other worker who cannot telework,
10 and whom the State deems to be essential dur-
11 ing a public health emergency with respect to
12 COVID-19.

13 (2) The term “Indian Tribe” means an “Indian
14 tribe” as defined in section 4 of the Indian Self-De-
15 termination and Education Assistance Act (25
16 U.S.C. 5304).

17 (3) The term “medically underserved commu-
18 nities” means communities that each—

19 (A) have a rate of infection, hospitaliza-
20 tion, or death with respect to COVID-19 that
21 is higher than the national average;

22 (B) have a high percentage of racial and
23 ethnic minorities; or

24 (C) are above the 90th percentile according
25 to the area deprivation index developed by the

1 Administrator of the Health Resources and
2 Services Administration.

3 (4) The term “Secretary” means the Secretary
4 of Health and Human Services.

5 (5) The term “Tribal organization” means a
6 “tribal organization” as defined in section 4 of the
7 Indian Self-Determination and Education Assistance
8 Act (25 U.S.C. 5304).

9 (6) The term “Urban Indian organization” has
10 the meaning given such term in section 4 of the In-
11 dian Health Care Improvement Act (25 U.S.C.
12 1603).

13 SEC. 104. Unless otherwise provided for by this Act,
14 the additional amounts appropriated by this Act to appro-
15 priations accounts shall be available under the authorities
16 and conditions applicable to such appropriations accounts
17 for fiscal year 2020.

18 SEC. 105. Each amount designated in this Act by the
19 Congress as being for an emergency requirement pursuant
20 to section 251(b)(2)(A)(i) of the Balanced Budget and
21 Emergency Deficit Control Act of 1985 shall be available
22 (or transferred, as applicable) only if the President subse-
23 quently so designates all such amounts and transmits such
24 designations to the Congress.

1 This Act may be cited as the “COVID Community
2 Care Act”.

