

116TH CONGRESS
2D SESSION

H. R. 8436

To prohibit discrimination in health care and require the provision of equitable health care, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 29, 2020

Mr. SCHIFF (for himself, Ms. BASS, Mr. GRIJALVA, Mr. COOPER, Mrs. HAYES, Mr. KHANNA, Ms. SCANLON, Ms. NORTON, and Ms. LEE of California) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, 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

To prohibit discrimination in health care and require the provision of equitable health care, 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 “Equal Health Care
5 for All Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) In 1966, Martin Luther King, Jr., said, “Of
2 all the forms of inequality, injustice in health care
3 is the most shocking and inhuman because it often
4 results in physical death.”.

5 (2) Inequality in health care remains a per-
6 sistent and devastating reality for many commu-
7 nities, but, in particular, communities of color.

8 (3) Unequal health care has complex causes,
9 many stemming from systemic inequality in access
10 to health care, housing, nutrition, economic oppor-
11 tunity, education, and other factors.

12 (4) Health care outcomes for African-American
13 communities in particular lag far behind those of the
14 population as a whole.

15 (5) Dr. Anthony Fauci, director of the National
16 Institute of Allergy and Infectious Diseases, said on
17 April 7, 2020, the coronavirus outbreak is “shining
18 a bright light” on “unacceptable” health disparities
19 in the African-American community.

20 (6) A contributing factor in health disparities is
21 explicit and implicit bias in the delivery of health
22 care, resulting in inferior care and poorer outcomes
23 for some patients on the basis of race or ethnicity.

24 (7) The Institute of Medicine issued a report in
25 2002 titled “Unequal Treatment”, finding that ra-

1 cial and ethnic minorities receive lower-quality
2 health care than Whites do, even when insurance
3 status, income, age, and severity of condition is com-
4 parable.

5 (8) Just as Congress has sought to eliminate
6 bias, both explicit and implicit, in employment, hous-
7 ing, and other parts of our society, the elimination
8 of bias and the legacy of structural racism in health
9 care is of paramount importance.

10 **SEC. 3. DATA COLLECTION AND REPORTING.**

11 (a) REQUIRED REPORTING.—

12 (1) IN GENERAL.—The Secretary of Health and
13 Human Services, in consultation with Director of the
14 National Institutes of Health, the Director of the
15 Centers for Medicare & Medicaid Services, the Di-
16 rector of the Agency for Healthcare Research and
17 Quality, the Deputy Assistant Secretary for Minority
18 Health, and the Director of the National Center for
19 Health Statistics, shall by regulation require all
20 health care providers and facilities that are required
21 under other provisions of law to report data on
22 health outcomes to the Department of Health and
23 Human Services to disaggregate such data by demo-
24 graphic characteristics, including by race, ethnicity,
25 sex, sexual orientation, disability status, gender

1 identity, age, and any other factor that the Sec-
 2 retary determines would be useful for determining a
 3 pattern of inequitable health care.

4 (2) PROPOSED REGULATIONS.—Not later than
 5 90 days after the date of enactment of this Act, the
 6 Secretary of Health and Human Services shall issue
 7 proposed regulations to carry out paragraph (1).

8 (b) REPOSITORY.—The Secretary of Health and
 9 Human Services shall—

10 (1) not later than 1 year after the date of en-
 11 actment of this Act, establish a repository of the
 12 disaggregated data reported pursuant to subsection
 13 (a);

14 (2) subject to paragraph (3), make the data in
 15 such repository publicly available; and

16 (3) ensure that such repository does not contain
 17 any data that is individually identifiable.

18 **SEC. 4. REQUIRING EQUITABLE HEALTH CARE IN THE HOS-**
 19 **PITAL VALUE-BASED PURCHASING PRO-**
 20 **GRAM.**

21 (a) EQUITABLE HEALTH CARE AS VALUE MEASURE-
 22 MENT.—Section 1886(b)(3)(B)(viii) of the Social Security
 23 Act (42 U.S.C. 1395ww(b)(3)(B)(viii)) is amended by
 24 adding at the end the following new subclause:

1 “(XIII)(aa) Effective for pay-
2 ments beginning with fiscal year
3 2022, in expanding the number of
4 measures under subclause (III), the
5 Secretary shall adopt measures that
6 relate to equitable health care fur-
7 nished by hospitals in inpatient set-
8 tings.

9 “(bb) In carrying out this sub-
10 clause, the Secretary shall solicit
11 input and recommendations from indi-
12 viduals and groups representing com-
13 munities of color and ensure measures
14 adopted pursuant to this subclause ac-
15 count for social determinants of
16 health care outcomes.

17 “(cc) For purposes of this sub-
18 clause, the term ‘equitable health
19 care’ refers to the principle that qual-
20 ity of care provided to an individual
21 shall not vary on account of the real
22 or perceived race, ethnicity, sex, sex-
23 ual orientation, disability status, gen-
24 der identity, or age of such indi-
25 vidual.”.

1 (b) INCLUSION OF EQUITABLE HEALTH CARE MEAS-
 2 URES.—Section 1886(o)(2)(B) of the Social Security Act
 3 (42 U.S.C. 1395ww(o)(2)(B)) is amended by adding at the
 4 end the following new clause:

5 “(iv) INCLUSION OF EQUITABLE
 6 HEALTH CARE MEASURES.—Beginning in
 7 fiscal year 2021, measures selected under
 8 subparagraph (A) shall include the equi-
 9 table health care measures described under
 10 subsection (b)(3)(B)(viii)(XIII).”.

11 **SEC. 5. PROVISION OF INEQUITABLE HEALTH CARE AS A**
 12 **BASIS FOR PERMISSIVE EXCLUSION FROM**
 13 **MEDICARE AND STATE HEALTH CARE PRO-**
 14 **GRAMS.**

15 Section 1128(b) of the Social Security Act (42 U.S.C.
 16 1320a–7(b)) is amended by adding at the end the fol-
 17 lowing new paragraph:

18 “(18) PROVISION OF INEQUITABLE HEALTH
 19 CARE.—Any individual or entity that the Secretary
 20 determines has engaged in a pattern of providing in-
 21 equitable health care (as defined in section 7 of the
 22 Equality in Health Care for All Act) on the basis of
 23 race, ethnicity, sex, sexual orientation, disability sta-
 24 tus, gender identity, age, or any other protected
 25 class.”.

1 **SEC. 6. OFFICE OF CIVIL RIGHTS AND HEALTH EQUITY OF**
2 **THE DEPARTMENT OF HEALTH AND HUMAN**
3 **SERVICES.**

4 (a) NAME OF OFFICE.—The Office for Civil Rights
5 of the Department of Health and Human Services shall,
6 beginning on the date of enactment of this Act, be known
7 as the Office of Civil Rights and Health Equity. Any ref-
8 erence to the Office for Civil Rights in any law, regulation,
9 map, document, record, or other paper of the United
10 States shall be deemed to be a reference to the Office of
11 Civil Rights and Health Equity.

12 (b) HEAD OF OFFICE.—The head of the Office of
13 Civil Rights and Health Equity shall be the Assistant Sec-
14 retary for Civil Rights and Health Equity, to be appointed
15 by the President with advice and consent of the Senate.
16 Any reference to the head of the Office for Civil Rights
17 of the Department of Health and Human Services in any
18 law, regulation, map, document, record, or other paper of
19 the United States shall be deemed to be a reference to
20 the Assistant Secretary for Civil Rights and Health Eq-
21 uity.

22 **SEC. 7. PROHIBITING DISCRIMINATION IN HEALTH CARE.**

23 (a) IN GENERAL.—No health care provider or entity
24 providing health care may, on the basis of race, ethnicity,
25 sex, sexual orientation, disability status, gender identity,
26 age, subject another to inequitable health care.

1 (b) DEFINITION.—In this section, the term “inequi-
 2 table health care” means any service provided by a health
 3 care provider or entity providing health care that—

4 (1) is discriminatory in intent or effect; and

5 (2) results in a disparate outcome for an indi-
 6 vidual based at least in part on their membership in
 7 a protected class.

8 **SEC. 8. ADMINISTRATIVE COMPLAINT AND CONCILIATION**
 9 **PROCESS.**

10 (a) COMPLAINTS AND ANSWERS.—

11 (1) IN GENERAL.—An aggrieved person may,
 12 not later than one year after an alleged violation of
 13 section 7 has occurred or terminated, file a com-
 14 plaint with the Assistant Secretary alleging discrimi-
 15 natory health care by a health care provider.

16 (2) COMPLAINT.—A complaint submitted pur-
 17 suant to paragraph (1) shall be in writing and shall
 18 contain such information and be in such form as the
 19 Assistant Secretary requires.

20 (3) PROCEDURE.—Upon the filing of such a
 21 complaint—

22 (A) the Assistant Secretary shall serve no-
 23 tice upon the aggrieved person acknowledging
 24 receipt of such filing and advising the aggrieved

1 person of the time limits and procedures pro-
2 vided under this section and sections 9 and 10;

3 (B) the Assistant Secretary shall, not later
4 than 10 days after receipt of such filing serve
5 on the respondent alleged to have provided dis-
6 criminatory care a notice of the complaint and
7 advise the provider of the procedural rights and
8 obligations of respondents under this section
9 and sections 9 and 10, together with a copy of
10 the original complaint;

11 (C) a respondent may file, not later than
12 30 days after receipt of notice from the Assist-
13 ant Secretary, an answer to such complaint;

14 (D) the Assistant Secretary shall make an
15 investigation of the alleged discriminatory
16 health care practice and complete such inves-
17 tigation within 100 days after the filing of the
18 complaint, unless it is impracticable to do so;
19 and

20 (E) the Assistant Secretary shall notify
21 State licensing authorities with authority over
22 the respondent of the complaint and provide a
23 copy of the complaint and the final disposition
24 of the complaint.

1 (4) INVESTIGATION.—If the Assistant Secretary
2 is unable to complete the investigation within 100
3 days after the filing of the complaint (or, when the
4 Secretary takes further action under subsection
5 (f)(2) with respect to a complaint, within 100 days
6 after the commencement of such further action), the
7 Assistant Secretary shall notify the complainant and
8 respondent in writing of the reasons for not doing
9 so.

10 (5) OATH OR AFFIRMATION.—Complaints and
11 answers shall be under oath or affirmation, and may
12 be reasonably and fairly modified at any time.

13 (6) PATTERN OF CARE.—In the course of inves-
14 tigating a complaint, the Assistant Secretary may
15 seek records of care provided to patients other than
16 the complainant if necessary to demonstrate or dis-
17 prove an allegation of inequitable health care.

18 (7) ACCOUNTING FOR SOCIAL DETERMINANTS
19 OF HEALTH.—In investigating a complaint and
20 reaching a determination, the Assistant Secretary
21 shall account for social determinants of health and
22 their effect on health care outcomes.

23 (b) INVESTIGATIVE REPORT AND CONCILIATION.—

24 (1) CONCILIATION.—During the period begin-
25 ning with the filing of such complaint and ending

1 with the resolution of a complaint or a dismissal by
2 the Assistant Secretary, the Assistant Secretary
3 shall, to the extent feasible, engage in conciliation
4 with respect to such complaint.

5 (2) CONCILIATION AGREEMENT.—A conciliation
6 agreement arising out of such conciliation shall be
7 an agreement between the respondent and the com-
8 plainant, and shall be subject to approval by the As-
9 sistant Secretary.

10 (3) RIGHTS PROTECTED.—The Assistant Sec-
11 retary shall approve a conciliation agreement only if
12 it protects the rights of the aggrieved person and
13 other persons similarly situated.

14 (4) PUBLICLY AVAILABLE.—

15 (A) IN GENERAL.—Subject to subpara-
16 graph (B), a redacted copy of a conciliation
17 agreement entered into pursuant to this section
18 shall be made available to the public unless the
19 complainant and respondent otherwise agree,
20 and the Secretary determines, that disclosure is
21 not required to further the purposes of this sec-
22 tion.

23 (B) LIMITATION.—A conciliation agree-
24 ment that is made available to the public pursu-
25 ant to subparagraph (A) may not disclose per-

1 sonally identifiable information or individually
2 identifiable health information.

3 (5) REPORT.—

4 (A) FINAL REPORT.—At the end of each
5 investigation under this section, the Assistant
6 Secretary shall prepare a final investigative re-
7 port.

8 (B) MODIFICATION OF REPORT.—A final
9 report under this paragraph may be modified if
10 additional evidence is later discovered.

11 (c) FAILURE TO COMPLY WITH CONCILIATION
12 AGREEMENT.—Whenever the Assistant Secretary has rea-
13 sonable cause to believe that a health care provider has
14 breached a conciliation agreement, the Assistant Secretary
15 shall refer the matter to the Attorney General for consid-
16 eration of the filing of a civil action for the enforcement
17 of such agreement.

18 (d) PROHIBITIONS AND REQUIREMENTS WITH RE-
19 SPECT TO DISCLOSURE OF INFORMATION.—

20 (1) WRITTEN CONSENT FOR DISCLOSURE.—

21 Nothing said or done in the course of conciliation
22 under this section may be made public or used as
23 evidence in a subsequent proceeding under this sec-
24 tion or section 9 or 10 without the written consent
25 of the persons concerned.

1 (2) INVESTIGATION DISCLOSURES.—Notwith-
2 standing paragraph (1), the Assistant Secretary
3 shall make available to the aggrieved person and the
4 respondent, at any time, upon request following
5 completion of the Assistant Secretary’s investigation,
6 information derived from an investigation and any
7 final investigative report relating to that investiga-
8 tion.

9 (e) PROMPT JUDICIAL ACTION.—

10 (1) IN GENERAL.—If the Assistant Secretary
11 concludes at any time following the filing of a com-
12 plaint that prompt judicial action is necessary to
13 carry out the purposes of this section or section 9
14 or 10, the Assistant Secretary may recommend that
15 the Attorney General promptly commence an action.

16 (2) IMMEDIATE SUIT.—If the Assistant Sec-
17 retary determines that the public interest would be
18 served by allowing the complainant to bring a civil
19 action in a State or Federal court immediately, the
20 Assistant Secretary shall certify that the administra-
21 tive process has concluded and that the complainant
22 may file such a suit immediately.

23 (f) ANNUAL REPORT.—Not later than 1 year after
24 the date of the enactment of this Act, and annually there-
25 after, the Assistant Secretary shall make publicly available

1 a report detailing the activities of the Office under this
2 section, including—

3 (1) the number of complaints filed and the
4 basis on which they were filed;

5 (2) the number of investigations undertaken as
6 a result of such complaints; and

7 (3) the disposition of all investigations.

8 (g) DEFINITIONS.—In this section and sections 9 and
9 10:

10 (1) ASSISTANT SECRETARY.—The term “Assist-
11 ant Secretary” refers to the Assistant Secretary of
12 Health and Human Services for Civil Rights and
13 Health Equity.

14 (2) AGGRIEVED PERSON.—The term “aggrieved
15 person” means a person who believes that they were
16 injured by a violation of section 7, or the personal
17 representative or estate of the deceased person.

18 (3) CONCILIATION.—The term “conciliation”
19 means the attempted resolution of issues raised by
20 a complaint, or by the investigation of such com-
21 plaint, through informal negotiations involving the
22 aggrieved person, the respondent, and the Secretary.

23 (4) CONCILIATION AGREEMENT.—The term
24 “conciliation agreement” means a written agreement

1 setting forth the resolution of the issues in concilia-
2 tion.

3 (5) INDIVIDUALLY IDENTIFIABLE HEALTH IN-
4 FORMATION.—The term “individually identifiable
5 health information” means any information, includ-
6 ing demographic information collected from an indi-
7 vidual, that—

8 (A) is created or received by a health care
9 provider, health plan, employer, or health care
10 clearinghouse; and

11 (B) relates to the past, present, or future
12 physical or mental health or condition of an in-
13 dividual, the provision of health care to an indi-
14 vidual, or the past, present, or future payment
15 for the provision of health care to an individual,
16 and—

17 (i) identifies the individual; or

18 (ii) with respect to which there is a
19 reasonable basis to believe that the infor-
20 mation can be used to identify the indi-
21 vidual.

22 (6) INEQUITABLE HEALTH CARE.—The term
23 “inequitable health care” has the meaning given the
24 term under section 7.

1 (7) PERSONALLY IDENTIFIABLE INFORMA-
2 TION.—The term “personally identifiable informa-
3 tion” has the meaning given such term under the
4 regulations promulgated under section 264(c) of the
5 Health Insurance Portability and Accountability Act
6 of 1996.

7 (8) RESPONDENT.—The term “respondent”
8 means the person or other entity accused in a com-
9 plaint of a violation of section 7.

10 **SEC. 9. ENFORCEMENT BY PRIVATE PERSONS.**

11 (a) IN GENERAL.—

12 (1) CIVIL ACTION.—

13 (A) IN SUIT.—An aggrieved person may
14 commence a civil action to obtain appropriate
15 relief with respect to an alleged violation of sec-
16 tion 7 or an enforcement action for breach of
17 a conciliation agreement in an appropriate
18 United States district court or State court—

19 (i) not later than 2 years after the oc-
20 currence or termination of the alleged vio-
21 lation; and

22 (ii) not sooner than the earlier of the
23 conclusion of the administrative process
24 and 180 days after the alleged violation.

1 (B) STATUTE OF LIMITATIONS.—The com-
2 putation of such 2-year period shall not include
3 any time during which an administrative pro-
4 ceeding under section 8 was pending with re-
5 spect to a complaint under such section.

6 (2) BARRING SUIT.—If the Assistant Secretary
7 has obtained a conciliation agreement with the con-
8 sent of an aggrieved person, no action may be filed
9 under this subsection by such aggrieved person with
10 respect to the alleged violation of section 7 except
11 for the purpose of enforcing the terms of such an
12 agreement.

13 (b) RELIEF WHICH MAY BE GRANTED.—

14 (1) IN GENERAL.—In a civil action under sub-
15 section (a), if the court finds that a violation of sec-
16 tion 7 or breach of a conciliation agreement has oc-
17 curred, the court may award to the plaintiff actual
18 and punitive damages, and may grant as relief, as
19 the court deems appropriate, any permanent or tem-
20 porary injunction, temporary restraining order, or
21 other order (including an order enjoining the defend-
22 ant from engaging in such practice or ordering such
23 affirmative action as may be appropriate).

24 (2) FEES AND COSTS.—In a civil action under
25 subsection (a), the court, in its discretion, may allow

1 the prevailing party, other than the United States,
2 a reasonable attorney's fee and costs. The United
3 States shall be liable for such fees and costs to the
4 same extent as a private person.

5 (c) INTERVENTION BY ATTORNEY GENERAL.—Upon
6 timely application, the Attorney General may intervene in
7 such civil action, if the Attorney General certifies that the
8 case is of general public importance.

9 **SEC. 10. ENFORCEMENT BY THE ATTORNEY GENERAL.**

10 (a) PATTERN OR PRACTICE CASES.—Whenever the
11 Attorney General has reasonable cause to believe that any
12 person or entity is engaged in a pattern or practice that
13 denies the rights specified in section 7 and such denial
14 raises an issue of general public importance, the Attorney
15 General may commence a civil action in any appropriate
16 United States district court.

17 (b) CONSULTATION.—The Assistant Secretary may
18 determine, based on a pattern of complaints, a pattern of
19 violations, a review of data reported by a health care pro-
20 vider, or any others mean, that there is reasonable cause
21 to believe a health care provider is engaged in a pattern
22 or practice that denies the rights specified in section 7.
23 If the Assistant Secretary makes such a determination,
24 they shall refer their findings to the Attorney General.

1 (c) ENFORCEMENT OF SUBPOENAS.—The Attorney
2 General, on behalf of the Assistant Secretary, or other
3 party at whose request a subpoena is issued, under this
4 section, may enforce such subpoena in appropriate pro-
5 ceedings in the United States district court for the district
6 in which the person to whom the subpoena was addressed
7 resides, was served, or transacts business.

8 (d) RELIEF WHICH MAY BE GRANTED IN CIVIL AC-
9 TIONS UNDER SUBSECTIONS (a) AND (b).—

10 (1) IN GENERAL.—In a civil action under sub-
11 section (a) or (b), the court—

12 (A) may award such preventive relief, in-
13 cluding a permanent or temporary injunction,
14 restraining order, or other order against the
15 person responsible for a violation of section 7 as
16 is necessary to assure the full enjoyment of the
17 rights granted by this section and sections 8
18 and 9;

19 (B) may award such other relief as the
20 court deems appropriate, including monetary
21 damages to persons aggrieved; and

22 (C) may, to vindicate the public interest,
23 assess a civil penalty against the respondent—

24 (i) in an amount not exceeding
25 \$500,000, for a first violation; and

1 (ii) in an amount not exceeding
2 \$1,000,000, for any subsequent violation.

3 (2) FEES AND COSTS.—In a civil action under
4 this section, the court, in its discretion, may allow
5 the prevailing party, other than the United States,
6 a reasonable attorney’s fee and costs. The United
7 States shall be liable for such fees and costs to the
8 extent provided by section 2412 of title 28, United
9 States Code.

10 (e) INTERVENTION IN CIVIL ACTIONS.—Upon timely
11 application, any person may intervene in a civil action
12 commenced by the Attorney General under subsection (a)
13 or (b) which involves an alleged violation of section 7 with
14 respect to which such person is an aggrieved person or
15 a conciliation agreement to which such person is a party.

16 **SEC. 11. FEDERAL HEALTH EQUITY COMMISSION.**

17 (a) ESTABLISHMENT OF COMMISSION.—

18 (1) IN GENERAL.—There is established the
19 Federal Health Equity Commission (hereinafter in
20 this section referred to as the “Commission”).

21 (2) MEMBERSHIP.—The Commission shall be
22 composed of 8 members. Not more than 4 of the
23 members shall at any one time be of the same polit-
24 ical party. Members shall have recognized expertise
25 in and personal experience with racial and ethnic

1 health disparities, health care needs of vulnerable
2 and marginalized populations, and health equity as
3 a vehicle for improving health status and health out-
4 comes. Members shall be appointed to the commis-
5 sion as follows:

6 (A) Four members of the Commission shall
7 be appointed by the President.

8 (B) Two members of the Commission shall
9 be appointed by the President pro tempore of
10 the Senate, upon the recommendations of the
11 majority leader and the minority leader of the
12 Senate, and of the members appointed pursuant
13 to this subparagraph not more than one shall
14 be appointed from the same political party.

15 (C) Two members of the Commission shall
16 be appointed by the Speaker of the House of
17 Representatives upon the recommendations of
18 the majority leader and the minority leader of
19 the House of Representatives, and of the mem-
20 bers appointed pursuant to this subparagraph
21 not more than one shall be appointed from the
22 same political party.

23 (3) TERMS.—The term of office of each mem-
24 ber of the Commission shall be 6 years.

25 (4) CHAIRPERSON; VICE CHAIRPERSON.—

1 (A) CHAIRPERSON.—The President shall,
2 with the concurrence of a majority of the Com-
3 mission’s members, designate a Chairperson
4 from among the Commission’s members.

5 (B) VICE CHAIRPERSON.—

6 (i) DESIGNATION.—The Speaker of
7 the House of Representatives shall, in con-
8 sultation with the majority leader and the
9 minority leader of the House of Represent-
10 atives and with the concurrence of a ma-
11 jority of the Commission’s members, des-
12 ignate a Vice Chairperson from among the
13 Commission’s members. The Vice Chair-
14 person may not be a member of the same
15 political party as the Chairperson.

16 (ii) DUTY.—The Vice Chairperson
17 shall act in place of the Chairperson in the
18 absence of the Chairperson.

19 (5) REMOVAL OF MEMBERS.—The President
20 may remove a member of the Commission only for
21 neglect of duty or malfeasance in office.

22 (6) QUORUM.—Five members of the Commis-
23 sion constitute a quorum of the Commission.

24 (7) EX-OFFICIO MEMBERS.—In addition to the
25 members appointed under paragraph (2), the Com-

1 mission shall have the following nonvoting ex officio
2 members:

3 (A) The Assistant Secretary for Civil
4 Rights and Health Equity of the Department of
5 Health and Human Services.

6 (B) The Deputy Assistant Secretary for
7 Minority Health of the Department of Health
8 and Human Services.

9 (C) The Director of the National Institute
10 for Minority Health and Health Disparities.

11 (D) The Chairperson of the Advisory Com-
12 mittee on Minority Health established under
13 section 1707 of the Public Health Service Act
14 (42 U.S.C. 300u-6).

15 (b) DUTIES OF THE COMMISSION.—

16 (1) IN GENERAL.—The Commission shall—

17 (A) monitor and report on the implementa-
18 tion of the Equality in Health Care for All Act;
19 and

20 (B) investigate, monitor, and report on
21 progress towards health equity and the elimi-
22 nation of health disparities.

23 (2) ANNUAL REPORT.—The Commission
24 shall—

1 (A) submit to the President and Congress
2 at least one report annually on health equity
3 and health disparities; and

4 (B) include in such report—

5 (i) a description of actions taken by
6 the Department of Health and Human
7 Services and any other Federal agency re-
8 lated to health equity or health disparities;
9 and

10 (ii) recommendations on ensuring
11 equal health care and eliminating health
12 disparities.

13 (3) HEARINGS AND AUTHORITIES.—

14 (A) POWER TO HOLD HEARINGS.—The
15 Commission may, for the purpose of carrying
16 out this section, hold such hearings as the Com-
17 mission deems advisable. Each member of the
18 Commission shall have the power to administer
19 oaths and affirmations in connection with the
20 proceedings of the Commission. The Commis-
21 sion may hold a hearing only if the hearing is
22 approved by a majority of the Commission, or
23 by a majority of the members present at a
24 meeting when a quorum is present.

1 (B) POWER TO ISSUE SUBPOENAS.—The
2 Commission may issue subpoenas for the at-
3 tendance of witnesses and the production of
4 written or other matter.

5 (C) WITNESS FEES.—A witness attending
6 any proceeding of the Commission shall be paid
7 the same fees and mileage that are paid wit-
8 nesses in the courts of the United States.

9 (D) DEPOSITIONS AND INTERROG-
10 ATORIES.—The Commission may use deposi-
11 tions and written interrogatories to obtain in-
12 formation and testimony about matters that are
13 the subject of a Commission hearing or report.

14 (c) ADMINISTRATIVE PROVISIONS.—

15 (1) STAFF.—

16 (A) DIRECTOR.—There shall be a full-time
17 staff director for the Commission who shall—

18 (i) serve as the administrative head of
19 the Commission; and

20 (ii) be appointed by the Chairperson
21 with the concurrence of the Vice Chair-
22 person.

23 (B) OTHER PERSONNEL.—The Commis-
24 sion may—

1 (i) appoint such other personnel as it
2 deems advisable, subject to the provisions
3 of title 5, United States Code, governing
4 appointments in the competitive service,
5 and the provisions of chapter 51 and sub-
6 chapter III of chapter 53 of that title re-
7 lating to classification and General Sched-
8 ule pay rates; and

9 (ii) may procure temporary and inter-
10 mittent services under section 3109(b) of
11 title 5, United States Code, at rates for in-
12 dividuals not in excess of the daily equiva-
13 lent paid for positions at the maximum
14 rate for GS-15 of the General Schedule
15 under section 5332 of title 5, United
16 States Code.

17 (2) COMPENSATION OF MEMBERS.—

18 (A) IN GENERAL.—Each member of the
19 Commission who is not otherwise in the service
20 of the Government of the United States shall
21 receive a sum equivalent to the compensation
22 paid at level IV of the Executive Schedule
23 under section 5315 of title 5, United States
24 Code, prorated on a daily basis for time spent
25 in the work of the Commission.

1 (B) PERSONS OTHERWISE IN GOVERN-
2 MENT SERVICE.—Each member of the Commis-
3 sion who is otherwise in the service of the Gov-
4 ernment of the United States shall serve with-
5 out compensation in addition to that received
6 for such other service, but while engaged in the
7 work of the Commission shall be paid actual
8 travel expenses and per diem in lieu of subsist-
9 ence expenses when away from such member’s
10 usual place of residence, under subchapter I of
11 chapter 57 of title 5, United States Code.

12 (3) RULES.—The Commission may make such
13 rules as are necessary to carry out the purposes of
14 this section.

15 (4) COOPERATION.—All Federal agencies shall
16 cooperate fully with the Commission to the end that
17 it may effectively carry out its functions and duties.

18 (d) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated such sums as may be
20 necessary to carry out the duties of the Commission for
21 each of fiscal years 2021 through 2025.

22 **SEC. 12. GRANTS FOR HOSPITALS TO PROMOTE EQUITABLE**
23 **HEALTH CARE AND OUTCOMES.**

24 (a) IN GENERAL.—Not later than 180 days after the
25 date of the enactment of this Act, the Secretary of Health

1 and Human Services (in this section referred to as the
2 “Secretary”) shall award grants to hospitals to promote
3 equitable health care and reduce disparities in care and
4 outcomes.

5 (b) CONSULTATION.—In establishing the criteria for
6 grants under this section and evaluating applications for
7 such grants, the Secretary shall consult with the Assistant
8 Secretary for Civil Rights and Health Equity of the De-
9 partment of Health and Human Services.

10 (c) USE OF FUNDS.—A hospital shall use funds re-
11 ceived from a grant under this section to establish or ex-
12 pand programs to provide equal care to all patients and
13 to ensure equitable health care outcomes. Such uses may
14 include—

15 (1) providing explicit and implicit bias training
16 to medical providers and staff;

17 (2) providing translation or interpretation serv-
18 ices for patients;

19 (3) recruiting and training a diverse workforce;

20 (4) tracking data related to care and outcomes;

21 and

22 (5) training on cultural sensitivity.

23 (d) PRIORITY.—In awarding grants under this sec-
24 tion, the Secretary shall give priority to hospitals that
25 have received disproportionate share hospital payments

1 under section 1886(r) of the Social Security Act (42
2 U.S.C. 1395ww) or section 1925 of such Act (42 U.S.C.
3 1396r–6) with respect to fiscal year 2020.

4 (e) SUPPLEMENT, NOT SUPPLANT.—Grants awarded
5 under this section shall be used to supplement, not sup-
6 plant, any other Federal funds provided to a recipient.

7 (f) EQUITABLE HEALTH CARE DEFINED.—The term
8 “equitable health care” has the meaning given the term
9 in section 1886(b)(3)(B)(viii)(XIII)(cc) of the Social Secu-
10 rity Act (42 U.S.C. 1395ww(b)(3)(B)(viii)(XIII)(cc)), as
11 amended by this Act.

12 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
13 out this section, there are authorized to be appropriated
14 such sums as may be necessary for fiscal years 2021
15 through 2026.

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