

116TH CONGRESS
2D SESSION

H. R. 6763

To provide for the establishment of a COVID–19 Racial and Ethnic Disparities Task Force to gather data about disproportionately affected communities and provide recommendations to combat the racial and ethnic disparities in the COVID–19 response.

IN THE HOUSE OF REPRESENTATIVES

MAY 8, 2020

Ms. KELLY of Illinois (for herself, Ms. CLARKE of New York, Ms. LEE of California, Mr. BUTTERFIELD, Mr. RICHMOND, Ms. BLUNT ROCHESTER, Mr. RUIZ, Mr. GARCÍA of Illinois, and Mr. ESPAILLAT) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Small Business, Education and Labor, and Oversight and Reform, 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 provide for the establishment of a COVID–19 Racial and Ethnic Disparities Task Force to gather data about disproportionately affected communities and provide recommendations to combat the racial and ethnic disparities in the COVID–19 response.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “COVID–19 Racial and
3 Ethnic Disparities Task Force Act of 2020”.

4 **SEC. 2. COVID–19 RACIAL AND ETHNIC DISPARITIES TASK**
5 **FORCE.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (referred to in this section as the “Sec-
8 retary”) shall establish an interagency task force, to be
9 known as the “COVID–19 Racial and Ethnic Disparities
10 Task Force” (referred to in this section as the “task
11 force”), to gather data about disproportionately affected
12 communities and provide recommendations to combat the
13 racial and ethnic disparities in the COVID–19 response
14 throughout the United States and in response to future
15 public health crises.

16 (b) MEMBERSHIP.—The task force shall be composed
17 of the following:

18 (1) The Secretary of Health and Human Serv-
19 ices.

20 (2) The Assistant Secretary for Planning and
21 Evaluation of the Department of Health and Human
22 Services.

23 (3) The Assistant Secretary for Preparedness
24 and Response of the Department of Health and
25 Human Services.

1 (4) The Director of the Centers for Disease
2 Control and Prevention.

3 (5) The Director of the National Institutes of
4 Health.

5 (6) The Commissioner of Food and Drugs.

6 (7) The Administrator of the Federal Emer-
7 gency Management Agency.

8 (8) The Director of the National Institute on
9 Minority Health and Health Disparities.

10 (9) The Director of the Indian Health Service.

11 (10) The Administrator of the Centers for
12 Medicare & Medicaid Services.

13 (11) The Director of the Agency for Healthcare
14 Research and Quality.

15 (12) The Surgeon General.

16 (13) The Administrator of the Health Re-
17 sources and Services Administration.

18 (14) The Director of the Office of Minority
19 Health.

20 (15) The Secretary of Housing and Urban De-
21 velopment.

22 (16) The Secretary of Education.

23 (17) The Secretary of Labor.

24 (18) The Secretary of Defense.

25 (19) The Secretary of Transportation.

1 (20) The Secretary of the Treasury.

2 (21) The Administrator of the Small Business
3 Administration.

4 (22) The Administrator of the Environmental
5 Protection Agency.

6 (23) Five health care professionals with exper-
7 tise in addressing racial and ethnic disparities, with
8 at least one representative from a rural area, to be
9 appointed by the Secretary.

10 (24) Five policy experts specializing in address-
11 ing racial and ethnic disparities in education or ra-
12 cial and ethnic economic inequality to be appointed
13 by the Secretary.

14 (25) Six representatives from community-based
15 organizations specializing in providing culturally
16 competent care or services and addressing racial and
17 ethnic disparities, to be appointed by the Secretary,
18 with at least one representative from an urban In-
19 dian organization and one representative from a na-
20 tional organization that represents Tribal govern-
21 ments with expertise in Tribal public health.

22 (26) Six State, local, territorial, or Tribal public
23 health officials representing departments of public
24 health, who shall represent jurisdictions from dif-
25 ferent regions of the United States with relatively

1 high concentrations of historically marginalized pop-
2 ulations, to be appointed by the Secretary, with at
3 least one territorial representative and one rep-
4 resentative of a Tribal public health department.

5 (c) ADMINISTRATIVE PROVISIONS.—

6 (1) APPOINTMENT OF NON-GOVERNMENT MEM-
7 BERS.—Notwithstanding any other provision of law,
8 the Secretary shall appoint all non-government mem-
9 bers of the task force within 30 days of the date en-
10 actment of this section.

11 (2) CHAIRPERSON.—The Secretary shall serve
12 as the chairperson of the task force. The Director of
13 the Office of Minority Health shall serve as the vice
14 chairperson.

15 (3) STAFF.—The task force shall have 10 full-
16 time staff members.

17 (4) MEETINGS.—Not later than 45 days after
18 the date of enactment of this section, the full task
19 force shall have its first meeting. The task force
20 shall convene at least once a month thereafter.

21 (5) SUBCOMMITTEES.—The chairperson and
22 vice chairperson of the task force are authorized to
23 establish subcommittees to consider specific issues
24 related to the broader mission of addressing racial
25 and ethnic disparities.

1 (d) FEDERAL EMERGENCY MANAGEMENT AGENCY
2 RESOURCE ALLOCATION REPORTING AND RECOMMENDA-
3 TIONS.—

4 (1) WEEKLY REPORTS.—Not later than 7 days
5 after the task force first meets, and weekly there-
6 after, the task force shall submit to Congress and
7 the Federal Emergency Management Agency a re-
8 port that includes—

9 (A) a description of COVID–19 patient
10 outcomes, including cases, hospitalizations, pa-
11 tients on ventilation, and mortality,
12 disaggregated by race and ethnicity (where such
13 data is missing, the task force shall utilize ap-
14 propriate authorities to improve data collec-
15 tion);

16 (B) the identification of communities that
17 lack resources to combat the COVID–19 pan-
18 demic, including personal protective equipment,
19 ventilators, hospital beds, testing kits, testing
20 supplies, vaccinations (when available), re-
21 sources to conduct surveillance and contact
22 tracing, funding, staffing, and other resources
23 the task force deems essential as needs arise;

24 (C) the identification of communities where
25 racial and ethnic disparities in COVID–19 in-

1 fection, hospitalization, and death rates are out
2 of proportion to the community’s population by
3 a certain threshold, to be determined by the
4 task force based on available public health data;

5 (D) recommendations about how to best al-
6 locate critical COVID–19 resources to—

7 (i) communities with disproportion-
8 ately high COVID–19 infection, hos-
9 pitalization, and death rates; and

10 (ii) communities identified in subpara-
11 graph (C);

12 (E) with respect to communities that are
13 able to reduce racial and ethnic disparities ef-
14 fectively, a description of best practices in-
15 volved; and

16 (F) an update with respect to the response
17 of the Federal Emergency Management Agency
18 to the task force’s previous weeks’ recommenda-
19 tions under this section.

20 (2) GENERAL CONSULTATION.—In submitting
21 weekly reports and recommendations under this sub-
22 section, the task force shall consult with and notify
23 State, local, territorial, and Tribal officials and com-
24 munity-based organizations from communities iden-
25 tified as disproportionately impacted by COVID–19.

1 (3) CONSULTATION WITH INDIAN TRIBES.—In
2 submitting weekly reports and recommendations
3 under this subsection, the Director of Indian Health
4 Service shall, in coordination with the task force,
5 consult with Indian Tribes and Tribal organizations
6 that are disproportionately affected by COVID–19
7 on a government to government basis to identify
8 specific needs and recommendations.

9 (4) DISSEMINATION.—Reports under this sub-
10 section shall be disseminated to all relevant stake-
11 holders, including State, local, territorial, and Tribal
12 officials, and public health departments.

13 (5) TRIBAL DATA.—The task force, in consulta-
14 tion with Indian Tribes and Tribal organizations,
15 shall ensure that an Indian Tribe consents to any
16 public reporting of health data.

17 (e) COVID–19 RELIEF OVERSIGHT AND IMPLEMEN-
18 TATION REPORTS.—Not later than 14 days after the task
19 force first meets, and not later than every 14 days there-
20 after, the task force shall submit to Congress and the rel-
21 evant Federal agencies a report that includes—

22 (1) an examination of funds distributed under
23 COVID–19-related relief and stimulus laws (enacted
24 prior to and after the date of enactment of this Act),
25 including the Coronavirus Preparedness and Re-

1 sponse Emergency Supplemental Appropriations Act,
2 2020 (Public Law 116–123), the Families First
3 Coronavirus Response Act (Public Law 116–127),
4 the Coronavirus Aid, Relief, and Economic Security
5 Act (Public Law 116–136), and the Paycheck Pro-
6 tection Program and Health Care Enhancement Act
7 (Public Law 116–139), and how that distribution
8 impacted racial and ethnic disparities with respect to
9 the COVID–19 pandemic; and

10 (2) recommendations to relevant Federal agen-
11 cies about how to disburse any undisbursed funding
12 from COVID–19-related relief and stimulus laws
13 (enacted prior to and after the date of enactment of
14 this Act), including those laws described in para-
15 graph (1), to address racial and ethnic disparities
16 with respect to the COVID–19 pandemic, including
17 recommendations to—

18 (A) the Department of Health and Human
19 Services about disbursement of funds under the
20 Public Health and Social Service Emergency
21 Fund;

22 (B) the Small Business Administration
23 about disbursement of funds under the Pay-
24 check Protection Program and the Economic
25 Injury Disaster Loan Program; and

1 (C) the Department of Education about
2 disbursement of funds under the Education
3 Stabilization Fund.

4 (f) FINAL COVID–19 REPORTS.—Not later than 90
5 days after the date on which the President declares the
6 end of the COVID–19 public health emergency first de-
7 clared by the Secretary on January 31, 2020, the task
8 force shall submit to Congress a report that—

9 (1) describes inequities within the health care
10 system, implicit bias, structural racism, and social
11 determinants of health (including housing, nutrition,
12 education, economic, and environmental factors) that
13 contributed to racial and ethnic health disparities
14 with respect to the COVID–19 pandemic and how
15 these factors contributed to such disparities;

16 (2) examines the initial Federal response to the
17 COVID–19 pandemic and its impact on the racial
18 and ethnic disparities in COVID–19 infection, hos-
19 pitalization, and death rates; and

20 (3) contains recommendations to combat racial
21 and ethnic disparities in future infectious disease re-
22 sponses, including future COVID–19 outbreaks.

23 (g) SUNSET AND SUCCESSOR TASK FORCE.—

24 (1) SUNSET.—The task force shall terminate on
25 the date that is 90 days after the date on which the

1 President declares the end of the COVID–19 public
2 health emergency first declared by the Secretary on
3 January 31, 2020.

4 (2) SUCCESSOR.—Upon the termination of the
5 task force under paragraph (1), the Secretary shall
6 establish a permanent Infectious Disease Racial and
7 Ethnic Disparities Task Force based on the mem-
8 bership, convening, and reporting requirements rec-
9 ommended by the task force in reports submitted
10 under this section.

11 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated, such sums as may be nec-
13 essary to carry out this section.

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