

117TH CONGRESS
1ST SESSION

H. R. 1835

Making emergency supplemental appropriations for the fiscal year ending
September 30, 2021, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 11, 2021

Ms. LEE of California (for herself, Mrs. BEATTY, Ms. CHU, Mr. RUIZ, Ms. KELLY of Illinois, Ms. BLUNT ROCHESTER, Mr. GARCÍA of Illinois, Mrs. HAYES, Ms. CLARKE of New York, Mr. SIRES, Mrs. WATSON COLEMAN, Ms. STRICKLAND, Mr. SMITH of Washington, Ms. PRESSLEY, Mr. LOWENTHAL, Ms. PORTER, Mr. MCGOVERN, Mr. GREEN of Texas, Mr. CARSON, Ms. WASSERMAN SCHULTZ, Mr. CÁRDENAS, Mr. HASTINGS, Mr. JOHNSON of Georgia, Mr. LIEU, Ms. SCANLON, Mr. DESAULNIER, Mr. KHANNA, Mr. BLUMENAUER, Ms. SPEIER, Ms. JAYAPAL, Mr. SAN NICOLAS, Ms. BUSH, Mr. KAHELE, Ms. PINGREE, Mr. JONES, Mr. RASKIN, and Mr. THOMPSON of Mississippi) 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, 2021, 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,

1 for the fiscal year ending September 30, 2021, and for
2 other purposes, namely:

3 TITLE I—DEPARTMENT OF HEALTH AND
4 HUMAN SERVICES

5 OFFICE OF THE SECRETARY

6 PUBLIC HEALTH AND SOCIAL SERVICES EMERGENCY

7 FUND

8 (INCLUDING TRANSFER OF FUNDS)

9 For an additional amount for “Public Health and So-
10 cial Services Emergency Fund”, \$8,000,000,000, to re-
11 main available until September 30, 2024, for the imple-
12 mentation of the comprehensive program to prevent, pre-
13 pare for, and respond to COVID–19 in medically under-
14 served communities, as authorized by section 101: *Pro-*
15 *vided*, That of such amounts, \$60,000,000 shall be trans-
16 ferred to “General Departmental Management” and made
17 available to the “Office of Minority Health” for the imple-
18 mentation of such program: *Provided further*, That the
19 amounts made available (including amounts transferred)
20 under this heading shall be in addition to amounts other-
21 wise available for such purposes: *Provided further*, That
22 such amounts are designated by the Congress as being for
23 an emergency requirement pursuant to section
24 251(b)(2)(A)(i) of the Balanced Budget and Emergency
25 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, 2024, for the implementation of a comprehensive program to prevent, prepare for, and respond to COVID–19 through programs and services administered by the Indian Health Service, Indian Tribes, Tribal organizations, Urban Indian organizations, and health service providers to Tribes 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*

1 *further*, That any amounts made available under this
 2 heading and transferred to Tribes or Tribal organizations
 3 shall be transferred on a one-time basis, and that these
 4 non-recurring funds are not part of the amount required
 5 by section 106 of the Indian Self-Determination and Edu-
 6 cation Assistance Act (25 U.S.C. 5325), and that such
 7 amounts may only be used for the purposes authorized by
 8 section 102 of this Act, notwithstanding any other provi-
 9 sion of law: *Provided further*, That such amount is des-
 10 ignated by the Congress as being for an emergency re-
 11 quirement pursuant to section 251(b)(2)(A)(i) of the Bal-
 12 anced Budget and Emergency 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, the Director
 17 of the Centers for Disease Control and Prevention, and
 18 the Administrator of the Administration for Community
 19 Living, shall implement a comprehensive program to—

20 (1) prevent, prepare for, and respond to
 21 COVID–19 in medically underserved communities;
 22 and

23 (2) ensure that such program is designed to
 24 complement the efforts of State, local, territorial,
 25 and Tribal public health agencies.

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

3 (1) The provision of diagnostic tests for SARS—
4 CoV-2, including rapid response tests and testing
5 through the use of mobile health units.

6 (2) The provision of serological tests related to
7 SARS-CoV-2.

8 (3) Contact tracing to monitor the contacts of
9 individuals who are or were infected with SARS—
10 CoV-2.

11 (4) Equitable vaccine distribution and imple-
12 mentation.

13 (5) The provision of personal protective equip-
14 ment to essential workers.

15 (6) The facilitation of—

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

21 (B) the provision of social services and
22 support for such individuals.

23 (7) A culturally competent and multilingual so-
24 cial marketing campaign carried out by trusted

1 members of the community involved to increase pub-
2 lic awareness of—

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

5 (B) the benefits of monitoring and testing
6 for COVID–19;

7 (C) education about the safety and effec-
8 tiveness of vaccines for COVID–19;

9 (D) health care assistance programs and
10 entities that provide testing, tracing, and vac-
11 cination services related to SARS–CoV–2;

12 (E) public assistance and unemployment
13 programs for individuals affected by the spread
14 of COVID–19;

15 (F) the purpose and protections of per-
16 sonal and demographic information collected by
17 entities engaged in administering COVID–19
18 testing, treatment, follow-up, and vaccines; and

19 (G) other public awareness priorities.

20 (c) GRANTS TO PARTNERS.—To carry out the compo-
21 nents of the comprehensive program under subsection (b),
22 the Secretary shall—

23 (1) provide grants to—

24 (A) faith-based, community, and nonprofit
25 organizations; and

1 (B) eligible institutions of higher education
2 described in section 371(a) of the Higher Edu-
3 cation Act of 1965 (20 U.S.C. 1067q(a)) that
4 have partnerships with one or more faith-based,
5 community, or nonprofit organizations; and

6 (2) ensure that grantees represent or dem-
7 onstrate an intent to subcontract with entities hav-
8 ing relationships with medically underserved commu-
9 nities.

10 (d) HIRING OF PERSONNEL.—The individuals hired
11 and trained to perform services pursuant to the com-
12 prehensive program under subsection (a) shall have—

13 (1) experience working in medically underserved
14 communities; and

15 (2) relationships with individuals who reside in
16 medically underserved communities.

17 (e) PROTECTION OF PERSONAL INFORMATION.—The
18 Secretary shall ensure that the individually identifiable in-
19 formation collected to perform contact tracing pursuant
20 to the comprehensive program under subsection (a) is se-
21 cure from unauthorized access and disclosure.

22 (f) LIMITATIONS ON USE OF COLLECTION, USE AND
23 DISCLOSURE OF PERSONAL INFORMATION.—Individuals,
24 Federal agencies, and entities carrying out actions under
25 or administering the program under this section shall col-

1 lect only the information strictly necessary to carry out
2 the program, and shall not—

3 (1) use or disclose the information generated
4 pursuant to the program for any purpose other than
5 carrying out the program;

6 (2) publish or sell individually identifiable infor-
7 mation generated pursuant to the program nor
8 transmit such data for purposes other than carrying
9 out the program, including sharing personally identi-
10 fiable information with any local, State, or Federal
11 law enforcement agency; or

12 (3) permit anyone other than the officers and
13 employees of the entities charged with administering
14 the program, who are subject to the limitations of
15 this section, to access or examine such individually
16 identifiable information.

17 (g) STRATEGY.—

18 (1) IN GENERAL.—Not later than 30 days after
19 the date of the enactment of this Act, the Secretary
20 shall develop and publish a comprehensive strategy
21 with respect to the comprehensive program under
22 subsection (a) for the purpose of addressing health
23 and health disparities, taking into consideration the
24 following:

25 (A) Race and ethnicity.

1 (B) Sex (including sexual orientation and
2 gender identity).

3 (C) Age.

4 (D) Limited English proficiency.

5 (E) Socioeconomic status.

6 (F) Disability.

7 (G) Census tract.

8 (H) Occupation.

9 (I) Other demographic data.

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

13 (A) State and territorial governments.

14 (B) Local governments.

15 (C) Tribal governments.

16 SEC. 102. (a) IN GENERAL.—The Secretary of
17 Health and Human Services, acting through the Director
18 of the Indian Health Service, shall implement a com-
19 prehensive program to prevent and respond to COVID-
20 19 through programs and services administered by—

21 (1) the Indian Health Service; and

22 (2) Indian Tribes, Tribal organizations, Urban
23 Indian organizations, and health service providers to
24 Tribes pursuant to a contract or compact under—

1 (A) the Indian Self-Determination and
2 Education Assistance Act (25 U.S.C. 5301 et
3 seq.); or

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

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

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

12 (2) The provision of serological tests related to
13 SARS–CoV–2.

14 (3) Contact tracing to identify and monitor the
15 contacts of individuals who are or were infected with
16 the virus that causes COVID–19, including hiring
17 and training culturally and linguistically competent
18 contact tracers.

19 (4) Equitable vaccine distribution and imple-
20 mentation.

21 (5) The provision of personal protective equip-
22 ment to essential workers, including—

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

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

4 (6) The facilitation of—

5 (A) voluntary isolation and quarantine of
6 individuals presumed or confirmed to be in-
7 fected with, or exposed to individuals presumed
8 or confirmed to be infected with, the virus that
9 causes COVID–19; and

10 (B) the provision of social services and
11 support for such individuals.

12 (7) A culturally competent and linguistically ap-
13 propriate social marketing campaign carried out by
14 trusted members of the community involved to in-
15 crease public awareness of—

16 (A) health precautions to prevent exposure
17 to, and the spread of, the virus that causes
18 COVID–19;

19 (B) the benefits of monitoring and testing
20 for such virus;

21 (C) education about the safety and effec-
22 tiveness of vaccines for COVID–19;

23 (D) health care assistance programs and
24 entities that provide testing, tracing, and vac-
25 cination services related to SARS–CoV–2;

1 (E) public assistance and unemployment
2 programs for individuals affected by the spread
3 of COVID–19;

4 (F) the purpose and protections of per-
5 sonal and demographic information collected by
6 entities engaged in administering COVID–19
7 testing, treatment, follow-up, and vaccines; and

8 (G) other public awareness priorities.

9 (8) Awarding grants or cooperative agreements
10 to epidemiology centers established under section
11 214 of the Indian Health Care Improvement Act (25
12 U.S.C. 1621m).

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

15 (1) consult with Indian Tribes and Tribal orga-
16 nizations; and

17 (2) confer with Urban Indian organizations.

18 SEC. 103. In this Act:

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

20 (A) a health sector employee;

21 (B) an emergency response worker;

22 (C) a sanitation worker;

23 (D) a worker at a business which a State,
24 local, territorial, or Tribal government official
25 has determined must remain open to serve the

1 public during a public health emergency (as de-
2 clared pursuant to section 319 of the Public
3 Health Service Act (42 U.S.C. 247d)) with re-
4 spect to COVID–19; and

5 (E) any other worker who cannot telework,
6 and whom the State deems to be essential dur-
7 ing a public health emergency with respect to
8 COVID–19.

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

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

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

18 (B) have a high percentage of racial and
19 ethnic minorities;

20 (C) have a significant number of individ-
21 uals who are limited English proficient; or

22 (D) are above the 90th percentile accord-
23 ing to the area deprivation index developed by
24 the Administrator of the Health Resources and
25 Services Administration.

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

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

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

11 SEC. 104. Unless otherwise provided for by this Act,
12 the additional amounts appropriated by this Act to appro-
13 priations accounts shall be available under the authorities
14 and conditions applicable to such appropriations accounts
15 for fiscal year 2021.

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

23 This Act may be cited as the “COVID Community
24 Care Act”.

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