

117TH CONGRESS
1ST SESSION

S. 465

To establish and support public awareness campaigns to address COVID–19-related health disparities and promote vaccination.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 25, 2021

Mr. MENENDEZ (for himself, Mr. CARDIN, Mrs. SHAHEEN, Mr. BLUMENTHAL, Mr. MERKLEY, Ms. ROSEN, Ms. KLOBUCHAR, Mr. VAN HOLLEN, Mr. PETERS, Mr. WARNER, Mr. SANDERS, Mr. LUJÁN, Ms. CORTEZ MASTO, Mr. BOOKER, Ms. STABENOW, and Ms. SMITH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish and support public awareness campaigns to address COVID–19-related health disparities and promote vaccination.

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 Health
5 Disparities Action Act of 2021”.

1 **SEC. 2. FEDERAL PUBLIC AWARENESS CAMPAIGNS TO AD-**
2 **DRESS COVID-19-RELATED HEALTH DISPARI-**
3 **TIES AND PROMOTE VACCINATION.**

4 (a) IN GENERAL.—The Secretary, acting through the
5 Director of the Centers for Disease Control and Preven-
6 tion and in coordination with the White House COVID-
7 19 Health Equity Task Force, the Office of Minority
8 Health of the Department of Health and Human Services,
9 the Surgeon General, the National Vaccine Program Of-
10 fice, and, as appropriate, in coordination with the relevant
11 Offices of Minority Health in the Department of Health
12 and Human Services, the National Institute on Minority
13 Health and Health Disparities, the Indian Health Service,
14 and other relevant Federal offices and agencies, shall, sub-
15 ject to the availability of funding, develop and implement
16 public awareness campaigns about COVID-19 vaccination
17 and other relevant information about COVID-19 directed
18 at racial and ethnic minority, rural, and other vulnerable
19 populations that have experienced health disparities dur-
20 ing the COVID-19 public health emergency related to
21 rates of vaccination, testing, infection, hospitalization, and
22 death.

23 (b) REQUIREMENTS.—The public awareness cam-
24 paigns under this section shall—

25 (1) prioritize communities where the greatest
26 health disparities have been identified with respect

to rates of vaccination, testing, infection, hospitalization, and death related to COVID–19, with a focus on disparities affecting racial and ethnic minority, rural, and other vulnerable populations;

(2) be accessible, culturally competent, and, as appropriate, multilingual;

(3) use print, radio, or internet media, including partnerships with social media influencers and thought leaders, or other forms of public communication, including local, independent, or community-based written news and electronic publications; and

(4) provide information based on scientific evidence, dispel misinformation, and promote transparency regarding—

(A) COVID–19 vaccination, which may include information regarding—

(i) the effects of COVID–19 vaccination on disease transmission and severity, and the associated health impacts for individuals, communities, or the Nation;

(ii) the effects of COVID–19 vaccination on the economic health of communities or the Nation;

(iii) the current or upcoming availability of COVID–19 vaccination with no

1 cost-sharing for most United States resi-
2 dents;

3 (iv) locations where COVID–19 vac-
4 cinations are or will be available;

5 (v) any relevant information regarding
6 vaccination allocation or populations that
7 are prioritized for vaccination in the re-
8 gion; and

9 (vi) any other information regarding
10 COVID–19 vaccination, as the Secretary
11 determines appropriate;

12 (B) COVID–19 testing, which may include
13 information regarding—

14 (i) the effects of COVID–19 testing
15 on disease transmission;

16 (ii) the availability of COVID–19 test-
17 ing with no cost-sharing for most United
18 States residents; and

19 (iii) locations where COVID–19 test-
20 ing is available in the region;

21 (C) the actions that individuals may take
22 to protect themselves from COVID–19, which
23 may include masking and social distancing; or

24 (D) any other topics related to COVID–19,
25 as the Secretary determines appropriate.

1 (c) COORDINATION.—The public awareness cam-
 2 paigns under this section shall be complementary to, and
 3 coordinated with, any other Federal, State, Tribal, and
 4 local efforts, including the grant program described in sec-
 5 tion 3, as appropriate.

6 (d) REPORT TO CONGRESS.—Not later than 45 days
 7 after the date on which amounts are made available to
 8 the Secretary under this section, the Secretary shall sub-
 9 mit to Congress a report on how such funds have been
 10 used during such 45-day period and a plan for using any
 11 remaining funds within the next 45 days.

12 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
 13 authorized to be appropriated to carry out this section
 14 \$50,000,000 for fiscal year 2021.

15 **SEC. 3. GRANT PROGRAM FOR PUBLIC AWARENESS CAM-**
 16 **PAIGNS TO ADDRESS COVID-19-RELATED**
 17 **HEALTH DISPARITIES AND PROMOTE VAC-**
 18 **CINATION.**

19 (a) IN GENERAL.—The Secretary, acting through the
 20 Director of the Centers for Disease Control and Preven-
 21 tion and in coordination with the White House COVID–
 22 19 Health Equity Task Force, the Office of Minority
 23 Health of the Department of Health and Human Services,
 24 the Surgeon General, the National Vaccine Program Of-
 25 fice, and, as appropriate, in coordination with the relevant

1 Offices of Minority Health in the Department of Health
2 and Human Services, the National Institute on Minority
3 Health and Health Disparities, the Indian Health Service,
4 and other relevant Federal offices and agencies, shall
5 award competitive grants to State, Tribal, and territorial
6 health departments to support public awareness cam-
7 paigns about COVID–19 directed at racial and ethnic mi-
8 nority, rural, and other vulnerable populations that have
9 experienced health disparities during the COVID–19 pub-
10 lic health emergency related to rates of vaccination, test-
11 ing, infection, hospitalization, and death.

12 (b) ELIGIBLE LOCAL ENTITIES.—Recipients of
13 grants under this section may disseminate the grant fund-
14 ing to eligible local entities, which may include local health
15 departments, nonprofit community-based organizations,
16 Tribal organizations, urban Indian organizations, health
17 care providers, institutions of higher education, and non-
18 profit faith-based organizations, to develop and implement
19 the public awareness campaigns described in subsection
20 (a).

21 (c) PROTOTYPES.—The Secretary shall develop pro-
22 totype campaign materials and make such materials avail-
23 able on the internet website of the Department of Health
24 and Human Services for grant recipients and eligible local

1 entities to adapt as needed to meet the needs of local com-
2 munities.

3 (d) REQUIREMENTS.—The public awareness cam-
4 paigns under this section shall—

5 (1) prioritize communities where the greatest
6 health disparities have been identified with respect
7 to rates of vaccination, testing, infection, hospitaliza-
8 tion, and death related to COVID–19, with a focus
9 on disparities affecting racial and ethnic minority,
10 rural, and other vulnerable populations;

11 (2) be accessible, culturally competent, and, as
12 appropriate, multilingual;

13 (3) use print, radio, or internet media, includ-
14 ing partnerships with social media influencers and
15 thought leaders, or other forms of public commu-
16 nication, including local, independent, or community-
17 based written news and electronic publications; and

18 (4) provide information based on scientific evi-
19 dence, dispel misinformation, and promote trans-
20 parency regarding—

21 (A) COVID–19 vaccination, which may in-
22 clude information regarding—

23 (i) the effects of COVID–19 vaccina-
24 tion on disease transmission and severity,

1 and the associated health impacts for indi-
2 viduals, communities, or the Nation;

3 (ii) the effects of COVID–19 vaccina-
4 tion on the economic health of communities
5 or the Nation;

6 (iii) the current or upcoming avail-
7 ability of COVID–19 vaccination with no
8 cost-sharing for most United States resi-
9 dents;

10 (iv) locations where COVID–19 vac-
11 cinations are or will be available;

12 (v) any relevant information regarding
13 vaccination allocation or populations that
14 are prioritized for vaccination in the re-
15 gion; and

16 (vi) any other information regarding
17 COVID–19 vaccination, as the Secretary
18 determines appropriate;

19 (B) COVID–19 testing, which may include
20 information regarding—

21 (i) the effects of COVID–19 testing
22 on disease transmission;

23 (ii) the availability of COVID–19 test-
24 ing with no cost-sharing for most United
25 States residents; and

1 (iii) locations where COVID–19 test-
 2 ing is available in the region;

3 (C) the actions that individuals may take
 4 to protect themselves from COVID–19, which
 5 may include masking and social distancing; or

6 (D) any other topics related to COVID–19,
 7 as the Secretary determines appropriate.

8 (e) COORDINATION.—The public health campaigns
 9 supported by grants awarded under this section shall be
 10 complementary to, and coordinated with, any other Fed-
 11 eral, State, or local efforts, including the public awareness
 12 campaigns described in section 2, as appropriate.

13 (f) TIMING.—The Secretary shall award the grants
 14 under this section not later than 60 days after the date
 15 of enactment of this Act.

16 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
 17 authorized to be appropriated to carry out this section
 18 \$50,000,000 for fiscal year 2021 and \$25,000,000 for fis-
 19 cal year 2022.

20 **SEC. 4. DEFINITIONS.**

21 In this Act—

22 (1) the term “COVID–19 public health emer-
 23 gency” means the public health emergency first de-
 24 clared by the Secretary of Health and Human Serv-
 25 ices under section 319 of the Public Health Service

1 Act (42 U.S.C. 247d) on January 31, 2020, with re-
2 spect to COVID-19;

3 (2) the term “racial and ethnic minority” has
4 the meaning given the term “racial and ethnic mi-
5 nority group” in section 1707(g) of the Public
6 Health Service Act (42 U.S.C. 300u-6(g));

7 (3) the term “relevant Offices of Minority
8 Health in the Department of Health and Human
9 Services” may include—

10 (A) the Office of Extramural Research,
11 Education, and Priority Populations of the
12 Agency for Healthcare Research and Quality;

13 (B) the Office of Minority Health and
14 Health Equity of the Centers for Disease Con-
15 trol and Prevention;

16 (C) the Office of Minority Health of the
17 Centers for Medicare & Medicaid Services;

18 (D) the Office of Minority Health and
19 Health Equity of the Food and Drug Adminis-
20 tration;

21 (E) the Office of Health Equity of the
22 Health Resources and Services Administration;
23 and

1 (F) the Office of Behavioral Health Equity
2 of the Substance Abuse and Mental Health
3 Services Administration;

4 (4) the term “Secretary” means the Secretary
5 of Health and Human Services;

6 (5) the term “Tribal organization” has the
7 meanings given the term “tribal organization” in
8 section 4 of the Indian Self-Determination and Edu-
9 cation Assistance Act (25 U.S.C. 5304); and

10 (6) the term “urban Indian organization” has
11 the meaning given the term in section 4 of the In-
12 dian Health Care Improvement Act (25 U.S.C.
13 1603).

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