

116TH CONGRESS  
2D SESSION

# H. R. 6719

To require the Federal Government to provide critical health care resources  
in response to the COVID–19 pandemic.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 5, 2020

Mr. KHANNA introduced the following bill; which was referred to the Committee on Transportation and Infrastructure, and in addition to the Committees on Financial Services, Energy and Commerce, and 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

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## A BILL

To require the Federal Government to provide critical health  
care resources in response to the COVID–19 pandemic.

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 “Emergency Medical  
5 Supplies Procurement Act”.

1 **SEC. 2. FEDERAL PROVISION OF CRITICAL HEALTH CARE**  
2 **RESOURCES.**

3 (a) **REQUIREMENT TO PROVIDE CRITICAL HEALTH**  
4 **CARE RESOURCES.—**

5 (1) **IN GENERAL.—**The President, acting  
6 through the Administrator of the Federal Emer-  
7 gency Management Agency, and in consultation with  
8 the Secretary of Health and Human Services and  
9 the head of any other relevant Federal agency, shall  
10 fulfill, to the greatest extent possible and with due  
11 urgency, according to need, all requests from States  
12 for critical health care resources that are required to  
13 support medical providers, treat patients, or promote  
14 the general well-being in response to, or to recover  
15 from, the outbreak of COVID–19.

16 (2) **USE OF AUTHORITIES.—**To carry out para-  
17 graph (1), the President shall make use of any and  
18 all available authorities at the disposal of the Fed-  
19 eral Government to procure, manufacture, and sup-  
20 port the manufacturing of critical health care re-  
21 sources, including emergency authorities such as the  
22 Defense Production Act of 1950 (50 U.S.C. 4511 et  
23 seq.), the National Emergencies Act (50 U.S.C.  
24 1601 et seq.), and the Robert T. Stafford Disaster  
25 Relief and Emergency Assistance Act (42 U.S.C.  
26 5121 et seq.).

1           (3) DETERMINATION OF EMERGENCY END  
2           DATE.—The Secretary of Health and Human Serv-  
3           ices and the Administrator of the Federal Emer-  
4           gency Management Agency shall jointly—

5                   (A) determine the date on which all re-  
6                   quests from States for critical health care re-  
7                   sources related to the outbreak of COVID–19  
8                   are fulfilled or otherwise resolved, which shall  
9                   not be earlier than the day after the date on  
10                  which no new cases of COVID–19 are reported  
11                  in the United States for a period of not less  
12                  than 14 consecutive days; and

13                   (B) promptly submit to Congress and the  
14                  Secretary of the Treasury a certification indi-  
15                  cating the date determined under subparagraph  
16                  (A).

17           (b) REPORTS TO CONGRESS.—Not later than 7 days  
18           after the date of enactment of this Act, and every 7 days  
19           thereafter until the COVID–19 emergency end date, the  
20           Secretary of Health and Human Services and the Admin-  
21           istrator of the Federal Emergency Management Agency  
22           shall jointly submit to Congress a report on the implemen-  
23           tation of and activities authorized by this section, includ-  
24           ing information on—

25                   (1) the use of funds;

1           (2) the number of requests received from States  
2 for critical health care resources, including the con-  
3 tents of the requests and the dates on which the re-  
4 quests are received and fulfilled;

5           (3) if any State request received has not been  
6 fulfilled or has been partially fulfilled, the reasons  
7 why the request was not fully fulfilled;

8           (4) the distribution of critical health care re-  
9 sources by State, geographic area, and need;

10          (5) the criteria or methodology used to guide  
11 the prioritization of State requests and the distribu-  
12 tion of critical health care resources; and

13          (6) the sources of the critical health care re-  
14 sources provided to States, including the prices paid  
15 by the Federal Government for such critical health  
16 care resources and to which suppliers such amounts  
17 were paid.

18       (c) FUNDING; LIMITATIONS.—

19           (1) FUNDING.—There is appropriated, out of  
20 amounts in the Treasury not otherwise appropriated,  
21 for the fiscal year ending September 30, 2020, to re-  
22 main available until the COVID–19 emergency end  
23 date, \$75,000,000,000 to the Federal Emergency  
24 Management Agency to carry out this section.

1           (2) LIMITATION.—No funds made available  
2 under this section shall be provided to—

3           (A) any person who is a Federal elected of-  
4 ficial or serving in a Senior Executive Service  
5 position; or

6           (B) any entity that is controlled in whole  
7 or in part by a Federal elected official or serv-  
8 ing in a Senior Executive Service position.

9           (3) EMERGENCY DESIGNATION.—

10           (A) IN GENERAL.—The amounts provided  
11 under this section are designated as an emer-  
12 gency requirement pursuant to section 4(g) of  
13 the Statutory Pay-As-You-Go Act of 2010 (2  
14 U.S.C. 933(g)).

15           (B) DESIGNATION IN SENATE.—In the  
16 Senate, this section is designated as an emer-  
17 gency requirement pursuant to section 4112(a)  
18 of H. Con. Res. 71 (115th Congress), the con-  
19 current resolution on the budget for fiscal year  
20 2018.

21           (d) DEFINITIONS.—In this section—

22           (1) the term “COVID–19 emergency end date”  
23 means the date on which all requests from States for  
24 critical health care resources related to the outbreak  
25 of COVID–19 are fulfilled or otherwise resolved, as

1 certified by the Administrator of the Federal Emer-  
2 gency Management Agency and the Secretary of  
3 Health and Human Services under subsection (a)(3);

4 (2) the term “critical health care resources” in-  
5 cludes—

6 (A) personal protective equipment (such as  
7 surgical masks, N-95 respirator masks, sur-  
8 gical gowns, and face visors);

9 (B) ventilators;

10 (C) testing reagents and compounds;

11 (D) approved vaccines, therapeutics, diag-  
12 nostics, pharmaceuticals, small molecule active  
13 pharmaceutical ingredients, and other necessary  
14 drugs;

15 (E) ancillary medical supplies, and other  
16 applicable supplies required for the administra-  
17 tion of drugs, vaccines and other biological  
18 products, medical devices, and diagnostic tests;  
19 and

20 (F) other medical supplies or hospital in-  
21 frastructure, as necessary;

22 (3) the term “Senior Executive Service posi-  
23 tion” has the meaning given that term in section  
24 3132(a) of title 5, United States Code; and

25 (4) the term “State” means—

- 1 (A) each of the several States of the  
2 United States;
- 3 (B) the District of Columbia;
- 4 (C) the Commonwealth of Puerto Rico;
- 5 (D) Guam;
- 6 (E) American Samoa;
- 7 (F) the Commonwealth of the Northern  
8 Mariana Islands;
- 9 (G) the Federated States of Micronesia;
- 10 (H) the Republic of the Marshall Islands;
- 11 (I) the Republic of Palau;
- 12 (J) the United States Virgin Islands; and
- 13 (K) an Indian tribe, as defined in section  
14 4(e) of the Indian Self-Determination and Edu-  
15 cation Assistance Act (25 U.S.C. 5304(e)).

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