I

116TH CONGRESS
2D SESSION

H. R. 7546

To direct the Secretary of Health and Human Services to ensure that minority and medically underserved communities have meaningful and immediate access to public health interventions and medically necessary health care services during the COVID–19 pandemic, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 9, 2020

Mr. LEWIS 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

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A BILL

To direct the Secretary of Health and Human Services to ensure that minority and medically underserved communities have meaningful and immediate access to public health interventions and medically necessary health care services during the COVID–19 pandemic, 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,*

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 "Minority Community Public Health Emergency Response
4 Act of 2020".

5 (b) TABLE OF CONTENTS.—The table of contents for
6 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—RAPID RESPONSE GRANT PROGRAM

Sec. 101. Rapid response grant program.

TITLE II—EQUALITY IN MEDICARE AND MEDICAID TREATMENT

Sec. 201. Improving access to care for Medicare and Medicaid beneficiaries.

7 TITLE I—RAPID RESPONSE
8 GRANT PROGRAM

9 **SEC. 101. RAPID RESPONSE GRANT PROGRAM.**

10 Title XXVIII of the Public Health Service Act (42
11 U.S.C. 300hh et seq.) is amended by adding at the end
12 the following new subtitle:

13 "Subtitle D—Rapid Response

14 **"SEC. 2831. RAPID RESPONSE GRANT PROGRAM.**

15 "(a) ESTABLISHMENT OF PROGRAM.—The Secretary
16 of Health and Human Services shall award grants to eligi-
17 ble entities described in subsection (b) for COVID–19 pre-
18 paredness and response efforts.

19 "(b) ELIGIBLE ENTITIES.—To be eligible to receive
20 a grant under this section, an entity shall be a qualified
21 government entity seeking a grant for a qualified commu-
22 nity within its jurisdiction that—

1 "(1) is, or contains, a medically underserved
2 community; and
3 "(2) has a percentage of COVID–19 cases, hos-
4 pitalizations, or deaths for any racial and ethnic mi-
5 nority group that is greater than the percentage of
6 such cases in the State or county in which the com-
7 munity is located.
8 "(c) APPLICATION.—To be eligible for a grant under
9 this section, an eligible entity shall submit to the Secretary
10 an application at such time, in such form, and containing
11 such information as the Secretary determines appropriate,
12 including—
13 "(1) documentation that the entity is an eligible
14 entity;
15 "(2) a plan for carrying out the activities de-
16 scribed in subsection (f) with amounts received
17 under this section;
18 "(3) an oversight plan for tracking and security
19 of resources and supplies; and
20 "(4) a schedule for resource expenditure and re-
21 sponse readiness.
22 "(d) CERTIFICATION.—Prior to awarding a grant
23 under this section, the Secretary shall obtain a certifi-
24 cation from the Deputy Assistant Secretary for Minority
25 Health, the Deputy Assistant Secretary for Women's

1 Health, and the Director of the Office of Rural Health
2 Policy that the application involved addresses health dis-
3 parities and social determinants of health as appropriate
4 for populations to be cared for through the grant.

5 ''(e) PRIORITY.—In making grants under this sec-
6 tion, the Secretary shall give priority to eligible entities
7 that are local governments and county health depart-
8 ments.

9 ''(f) GRANT USES.—A recipient of a grant under this
10 section may use grant funds with respect to COVID–19
11 preparedness and rapid response efforts for any of the fol-
12 lowing:

13 ''(1) Purchasing medical supplies.

14 ''(2) Providing nutrition assistance.

15 ''(3) Warehousing stockpiled supplies, including
16 rent and security costs.

17 ''(4) Constructing and operating testing sites.

18 ''(5) Providing quarantine housing.

19 ''(6) Providing public education related to the
20 pandemic, including misinformation response.

21 ''(7) Contact tracing.

22 ''(8) Providing vaccinations.

23 ''(9) Distributing, dispensing, and admin-
24 istering antiviral medications.

25 ''(10) Providing community mitigation.

1 "(11) Performing laboratory epidemiology.
2 "(12) Performing surveillance.
3 "(g) REPORTING.—
4 "(1) GRANT RECIPIENTS.—Not later than 1
5 month after the date of enactment of this subtitle,
6 6 months after such date of enactment, and 1 year
7 after such date of enactment, and annually there-
8 after, the recipient of a grant under this section
9 shall report to the Secretary on the program funded
10 through the grant, with respect to—
11 "(A) program oversight as described in
12 subsection (c)(3);
13 "(B) delays in funding expenditures; and
14 "(C) resource distribution.
15 "(2) SECRETARY.—Not later than 6 months
16 after the date of enactment of this subtitle and 1
17 year after such date of enactment, and annually
18 thereafter, the Secretary shall report to the Con-
19 gress on the programs funded by grants under this
20 section, with respect to—
21 "(A) program oversight as described in
22 subsection (c)(3); and
23 "(B) unmet needs in grant recipient pan-
24 demic response infrastructure.

1 **“SEC. 2832. PLANNING GRANT PROGRAM.**

2 ‘‘(a) IN GENERAL.—The Secretary may award a
3 planning grant to any entity that certifies that—
4 ‘‘(1) it is an eligible entity under section
5 2831(b); and
6 ‘‘(2) it intends to submit to the Secretary an
7 application for a grant under section 2831.
8 ‘‘(b) USE OF FUNDS.—Any grant awarded under this
9 section, for purposes of developing an application for a
10 grant under section 2831, shall be used to—
11 ‘‘(1) identify community needs to rapidly and
12 effectively respond to the COVID–19 pandemic;
13 ‘‘(2) estimate the cost of such a response and
14 maintaining a state of readiness; and
15 ‘‘(3) hire staff to carry out paragraphs (1) and
16 (2).
17 ‘‘(c) TIMING.—Not later than 30 days after receipt
18 of an application for an award under this section, the Sec-
19 retary shall determine whether to award the grant.
20 ‘‘(d) FUNDING CONDITION.—As a condition on re-
21 ceipt of a planning grant under this section, an applicant
22 shall agree to submit to the Secretary an application for
23 a grant under section 2831 no later than 90 days after
24 receiving the planning grant.

1 **"SEC. 2833. COMMUNITY INFECTIOUS DISEASE HEALTH**
2 **SERVICES PLANNING COUNCIL.**

3 ''(a) ESTABLISHMENT.—To be eligible for assistance
4 under this subtitle, the chief elected official of the qualified
5 government entity applying for such assistance shall es-
6 tablish or designate a COVID–19/infectious disease health
7 services planning council (in this section referred to as a
8 'COVID–19/infectious disease health services planning
9 council') that shall reflect in its composition the demo-
10 graphics of the populations of individuals with COVID–
11 19 and other infectious diseases in the qualified commu-
12 nity involved, with particular consideration given to dis-
13 proportionately affected and historically underserved
14 groups and subpopulations.

15 ''(b) SELECTION CRITERIA.—Nominations for mem-
16 bership on a COVID–19/infectious disease health services
17 planning council shall be identified through an open proc-
18 ess and candidates shall be selected based on locally delin-
19 eated and publicized criteria. Such criteria shall include
20 a conflict-of-interest standard that is in accordance with
21 subsection (f).

22 ''(c) REPRESENTATION.—A COVID–19/infectious
23 disease health services planning council—

24 ''(1) shall include representatives of—

25 ''(A) health care providers, including feder-
26 ally qualified health centers;

1 "(B) community-based organizations serv-
2 ing affected populations and AIDS service orga-
3 nizations;
4 "(C) social service providers, including pro-
5 viders of housing and homeless services;
6 "(D) mental health and substance abuse
7 providers;
8 "(E) local public health agencies;
9 "(F) hospital planning agencies or health
10 care planning agencies;
11 "(G) affected communities, including—
12 "(i) individuals with COVID–19 or
13 another infectious disease designated by
14 the council as having a disproportionate ef-
15 fect on a racial and ethnic minority group;
16 "(ii) members of a federally recog-
17 nized Indian Tribe as represented in the
18 affected communities; and
19 "(iii) historically underserved groups
20 and subpopulations;
21 "(H) nonelected community leaders;
22 "(I) State government (including the State
23 Medicaid agency);
24 "(J) grantees under this subtitle, or, if
25 none are operating in the area, representatives

1 of organizations with a history of serving chil-
2 dren, youth, women, and families living with
3 COVID–19 or other infectious diseases and op-
4 erating in the area;

5 ''(K) grantees who receive funding from
6 other Federal COVID–19 or other infectious
7 disease programs; and

8 ''(L) representatives of individuals who for-
9 merly were Federal, State, or local prisoners,
10 were released from the custody of the penal sys-
11 tem during the preceding 3 years, and had
12 COVID–19 or another infectious disease as of
13 the date on which the individuals were so re-
14 leased; and

15 ''(2) to the extent possible, shall include individ-
16 uals who have had COVID–19.

17 ''(d) METHOD OF PROVIDING FOR COUNCIL.—

18 ''(1) IN GENERAL.—In providing for a council
19 for purposes of subsection (a), a chief elected official
20 of a qualified government entity receiving a grant
21 under this subtitle may establish the council directly
22 or designate an existing entity to serve as the coun-
23 cil, subject to paragraph (2).

24 ''(2) CONSIDERATION REGARDING DESIGNATION
25 OF COUNCIL.—In making a determination of wheth-

1 er to establish or designate a council under paragraph (1), a chief elected official of a qualified government entity receiving a grant under this subtitle shall give priority to the designation of an existing entity that has demonstrated experience in planning for the COVID–19 and other infectious diseases health care service needs within the qualified community and in the implementation of such plans in addressing those needs. Any existing entity so designated shall be expanded to include a broad representation of the full range of entities that provide such services within the geographic area to be served.

“(e) DUTIES.—A COVID–19/infectious disease health services planning council shall—

“(1) determine the size and demographics of the population of individuals who have or had COVID–19 or other infectious disease, as well as the size and demographics of the estimated population of individuals with COVID–19 or other infectious disease who are unaware of their COVID–19 or other infectious disease status;

“(2) determine the needs of such population, with particular attention to—

1 ''(A) individuals who have or had COVID–
2 19 or other infectious disease and are not re-
3 ceiving health care with respect to COVID–19
4 or such disease;
5 ''(B) disparities in access and services
6 among affected subpopulations and historically
7 underserved communities; and
8 ''(C) individuals who are unaware that
9 such individual has or had COVID–19 or other
10 infectious disease;
11 ''(3) establish priorities for the allocation of
12 funds within the qualified community, including how
13 best to meet each such priority and additional fac-
14 tors that a grantee should consider in allocating
15 funds under a grant based on the—
16 ''(A) size and demographics of the popu-
17 lation of individuals who have or had COVID–
18 19 (as determined under paragraph (1)) or
19 other infectious disease and the needs of such
20 population (as determined under paragraph
21 (2));
22 ''(B) demonstrated (or probable) cost ef-
23 fectiveness and outcome effectiveness of pro-
24 posed strategies and interventions, to the extent
25 that data are reasonably available;

1 "(C) priorities of the communities of indi-
2 viduals who have or had COVID–19 or other
3 infectious disease for whom the services are in-
4 tended;
5 "(D) availability of other governmental
6 and nongovernmental resources, including the
7 State Medicaid plan under title XIX of the So-
8 cial Security Act and the State Children's
9 Health Insurance Program under title XXI of
10 such Act to cover health care costs of eligible
11 individuals and families with respect to
12 COVID–19 or other infectious disease; and
13 "(E) capacity development needs resulting
14 from disparities in the availability of COVID–
15 19 or other infectious disease-related services in
16 historically underserved communities;
17 "(4) develop a comprehensive plan for the orga-
18 nization and delivery of health and support services
19 described in section 2831 that—
20 "(A) includes a strategy for identifying in-
21 dividuals who have or had COVID–19 or other
22 infectious disease and for informing the individ-
23 uals of and enabling the individuals to utilize
24 the services, giving particular attention to elimi-
25 nating disparities in access and services among

1 affected subpopulations and historically under-
2 served communities, and including discrete
3 goals, a timetable, and an appropriate alloca-
4 tion of funds;
5 ''(B) includes a strategy to coordinate the
6 provision of such services with programs to pre-
7 vent the spread of COVID–19 or other infec-
8 tious disease;
9 ''(C) is compatible with any State or local
10 plan for the provision of services to individuals
11 who have COVID–19 or other infectious dis-
12 ease; and
13 ''(D) includes a strategy, coordinated as
14 appropriate with other community strategies
15 and efforts, including discrete goals, a time-
16 table, and appropriate funding, for identifying
17 individuals who have COVID–19 or other infec-
18 tious disease or who are unaware that such in-
19 dividuals have COVID–19 or other infectious
20 disease, making such individuals aware of such
21 status, and enabling such individuals to use the
22 health and support services described in section
23 2831, with particular attention to reducing bar-
24 riers to routine testing and disparities in access

1 and services among affected subpopulations and
2 historically underserved communities;
3 "(5) assess the efficiency of the administrative
4 mechanism in rapidly allocating funds to the areas
5 of greatest need within the qualified community, and
6 at the discretion of a COVID–19/infectious disease
7 health services planning council, assess the effective-
8 ness, either directly or through contractual arrange-
9 ments, of the services offered in meeting the identi-
10 fied needs;
11 "(6) establish methods for obtaining input on
12 community needs and priorities which may include
13 public meetings (in accordance with subsection (h)),
14 conducting focus groups, and convening ad-hoc pan-
15 els; and
16 "(7) coordinate with Federal grantees that pro-
17 vide COVID–19 or other infectious disease-related
18 services in the qualified community.
19 "(f) CONFLICTS OF INTEREST.—
20 "(1) IN GENERAL.—A COVID–19/infectious
21 disease health services planning council may not be
22 directly involved in the administration of a grant
23 under this subtitle. With respect to compliance with
24 the preceding sentence, a COVID–19/infectious dis-
25 ease health services planning council may not des-

1 ignate (or otherwise be involved in the selection of)
2 particular entities as recipients of any of the
3 amounts provided in the grant.

4 ''(2) REQUIRED AGREEMENTS.—An individual
5 may serve on a COVID–19/infectious disease health
6 services planning council only if the individual
7 agrees that if the individual has a financial interest
8 in an entity, if the individual is an employee of a
9 public or private entity, or if the individual is a
10 member of a public or private organization, and such
11 entity or organization is seeking amounts from a
12 grant under this subtitle, the individual will not,
13 with respect to the purpose for which the entity
14 seeks such amounts, participate (directly or in an
15 advisory capacity) in the process of selecting entities
16 to receive such amounts for such purpose.

17 ''(3) COMPOSITION OF COUNCIL.—The following
18 applies regarding the membership of a COVID–19/
19 infectious disease health services planning council:

20 ''(A) Not less than 33 percent of the coun-
21 cil shall be individuals who—

22 ''(i) are not officers, employees, or
23 consultants to any entity that receives
24 amounts from such a grant, and do not
25 represent any such entity; and

1 "(ii) reflect the demographics of the
2 population of individuals who have
3 COVID–19 or other infectious diseases as
4 determined under subsection (e)(1).
5 "(B) With respect to membership on a
6 COVID–19/infectious disease health services
7 planning council, subparagraph (A) may not be
8 construed as having any effect on entities that
9 receive any Federal funds with respect to
10 COVID–19 or other infectious disease but do
11 not receive funds from grants under section
12 2831, on officers or employees of such entities,
13 or on individuals who represent such entities.
14 "(g) GRIEVANCE PROCEDURES.—A COVID–19/in-
15 fectious disease health services planning council shall de-
16 velop procedures for addressing grievances with respect to
17 funding under this subtitle, including procedures for sub-
18 mitting grievances that cannot be resolved to binding arbi-
19 tration. Such procedures shall be described in the by-laws
20 of a COVID–19/infectious disease health services planning
21 council and be consistent with the requirements of sub-
22 section (c).
23 "(h) PUBLIC DELIBERATIONS.—With respect to a
24 planning council under subsection (a), the following ap-
25 plies:

1 "(1) The council may not be chaired solely by
2 an employee of the grantee under this subtitle.
3 "(2) In accordance with criteria established by
4 the Secretary:
5 "(A) The meetings of the council shall be
6 open to the public and shall be held only after
7 adequate notice to the public.
8 "(B) The records, reports, transcripts,
9 minutes, agenda, or other documents which
10 were made available to or prepared for or by
11 the council shall be available for public inspec-
12 tion and copying at a single location.
13 "(C) Detailed minutes of each meeting of
14 the council shall be kept. The accuracy of all
15 minutes shall be certified to by the chair of the
16 council.
17 "(D) This paragraph does not apply to any
18 disclosure of information of a personal nature
19 that would constitute a clearly unwarranted in-
20 vasion of personal privacy, including any disclo-
21 sure of medical information or personnel mat-
22 ters.
23 **"SEC. 2834. DEFINITIONS.**
24 "In this subtitle:

1 “(1) MEDICALLY UNDERSERVED COMMUNITY.—
2 The term ‘medically underserved community’ has the
3 meaning given the term in section 799B(6).
4 “(2) QUALIFIED COMMUNITY.—The term
5 ‘qualified community’ means either of the following:
6 “(A) A political subdivision of a State.
7 “(B) A group of political subdivisions of
8 one or more States.
9 “(3) QUALIFIED GOVERNMENT ENTITY.—The
10 term ‘qualified government entity’ means any of the
11 following:
12 “(A) A State.
13 “(B) A political subdivision of a State.
14 “(C) A group of political subdivisions of
15 one or more States.
16 “(D) A county health department.
17 “(4) RACIAL AND ETHNIC MINORITY GROUP.—
18 The term ‘racial and ethnic minority group’ has the
19 meaning given the term in section 1707(g).
20 “(5) SECRETARY.—The term ‘Secretary’ means
21 the Secretary of Health and Human Services.
22 “(6) STATE.—The term ‘State’ means each of
23 the several States, the District of Columbia, and the
24 territories and possessions of the United States.

1 **"SEC. 2835. AUTHORIZATION OF APPROPRIATION.**

2 "There is authorized to be appropriated to carry out
3 this subtitle $1,000,000,000, to remain available until ex-
4 pended.".

5 TITLE II—EQUALITY IN MEDI- 6 CARE AND MEDICAID TREAT- 7 MENT

8 **SEC. 201. IMPROVING ACCESS TO CARE FOR MEDICARE**
9 **AND MEDICAID BENEFICIARIES.**

10 Section 1115A of the Social Security Act (42 U.S.C.
11 1315a) is amended—
12 (1) in subsection (a)(3)—
13 (A) by inserting after "relevant Federal
14 agencies," the following: "including the Office
15 of Minority Health of the Centers for Medicare
16 & Medicaid Services, the Office of Rural Health
17 Policy of the Health Resources and Services
18 Administration, and the Office on Women's
19 Health in the Office of the Secretary,"; and
20 (B) by inserting after "medicine" the fol-
21 lowing: ", the causes of health disparities and
22 social determinants of health,";
23 (2) in subsection (b)—
24 (A) in paragraph (2)—
25 (i) in subparagraph (A)—

1 (I) by inserting after the first
2 sentence, the following new sentence:
3 "Prior to model selection, the Sec-
4 retary shall consult with the Office of
5 Minority Health of the Centers for
6 Medicare & Medicaid Services, the
7 Federal Office of Rural Health Policy,
8 and the Office on Women's Health to
9 ensure that models under consider-
10 ation address health disparities and
11 social determinants of health as ap-
12 propriate for populations to be cared
13 for under the model.";
14 (II) by inserting ", as well as im-
15 proving access to care received by in-
16 dividuals receiving benefits under such
17 title," after "title"; and
18 (III) by adding at the end the
19 following new sentence: "The models
20 selected under this subparagraph shall
21 include the social determinants of
22 health payment model described in
23 subparagraph (D), the testing of
24 which shall begin not later than De-
25 cember 31, 2020.";

1 (ii) in subparagraph (C), by adding at
2 the end the following new clauses:
3 "(ix) Whether the model will affect
4 access to care from providers and suppliers
5 caring for high-risk patients or operating
6 in underserved areas.
7 "(x) Whether the model has the po-
8 tential to produce reductions in minority
9 and rural health disparities."; and
10 (iii) by adding at the end the fol-
11 lowing new subparagraph:
12 "(D) SOCIAL DETERMINANTS OF HEALTH
13 PAYMENT MODEL.—
14 "(i) IN GENERAL.—The social deter-
15 minants of health payment model described
16 in this subparagraph is a payment model
17 that tests each of the payment and service
18 delivery innovations described in clause (ii)
19 in a region determined appropriate by the
20 Secretary.
21 "(ii) PAYMENT AND SERVICE DELIV-
22 ERY INNOVATIONS DESCRIBED.—For pur-
23 poses of clause (i), the payment and serv-
24 ice delivery innovations described in this
25 clause are the following:

1 "(I) Payment and service delivery
2 innovations for behavioral health serv-
3 ices, focusing on gathering actionable
4 data to address the higher costs asso-
5 ciated with beneficiaries with diag-
6 nosed behavioral conditions.
7 "(II) Payment and service deliv-
8 ery innovations targeting conditions or
9 comorbidities of individuals entitled or
10 enrolled under the Medicare program
11 under title XVIII and enrolled under
12 a State plan under the Medicaid pro-
13 gram under title XIX to increase ca-
14 pacity in underserved areas.
15 "(III) Payment and service deliv-
16 ery innovations targeted on Medicaid-
17 eligible pregnant and postpartum
18 women, up to one year after delivery.
19 "(IV) Payment and service deliv-
20 ery innovations targeted on commu-
21 nities where a percentage of COVID–
22 19 cases, hospitalizations, or deaths
23 for any racial or ethnic minority
24 group that is greater than the per-
25 centage of such cases in the State or

1 county in which the community is lo-
2 cated.''; and
3 (B) in paragraph (4)(A)—
4 (i) in clause (i) at the end, by striking
5 ''and'';
6 (ii) in clause (ii), at the end, by strik-
7 ing the period and inserting ''; and''; and
8 (iii) by adding at the end the fol-
9 lowing new clause:
10 ''(iii) the extent to which the model
11 improves access to care or the extent to
12 which the model improves care for high-
13 risk patients, patients from racial or ethnic
14 minorities, or patients in underserved
15 areas.'';
16 (3) in subsection (c)—
17 (A) in paragraph (2), by striking at the
18 end ''and'';
19 (B) by redesignating paragraph (3) as
20 paragraph (4);
21 (C) by inserting after paragraph (2) the
22 following new paragraph:
23 ''(3) the Office of Minority Health of the Cen-
24 ters for Medicare & Medicaid Services certifies that

1 such expansion will not reduce access to care for
2 low-income, minority, or rural beneficiaries; and'';
3 (D) in paragraph (4), as redesignated by
4 subparagraph (B), by inserting before the pe-
5 riod at the end the following: ''nor increase
6 health disparities experienced by low-income,
7 minority, or rural beneficiaries''; and
8 (E) in the matter following paragraph (4),
9 as redesignated by subparagraph (B), by insert-
10 ing '', improve access to care,'' after ''care'';
11 and
12 (4) in subsection (g)—
13 (A) by inserting ''(or, beginning with 2021,
14 once every year thereafter)'' after ''thereafter'';
15 and
16 (B) by adding at the end the following new
17 sentence: ''For reports for 2021 and each sub-
18 sequent year, each such report shall include in-
19 formation on the following:
20 ''(1) The extent and severity of minority and
21 rural health disparities in Medicare and Medicaid
22 beneficiaries.
23 ''(2) The interventions that address social de-
24 terminants of health in payment models selected by

1 the Center for Medicare and Medicaid Innovation for
2 testing.
3 "(3) The interventions that address social de-
4 terminants of health in payment models not selected
5 by the Center for Medicare and Medicaid Innovation
6 for testing.
7 "(4) The effectiveness of interventions in miti-
8 gating negative health outcomes and higher costs as-
9 sociated with social determinants of health within
10 models selected by the Center for Medicare and
11 Medicaid Innovation for testing.
12 "(5) Changes in disparities among minorities
13 and Medicare and Medicaid beneficiaries in under-
14 served areas that are attributable to provider and
15 supplier participation in a Phase II model.
16 "(6) In consultation with the Comptroller Gen-
17 eral of the United States, estimated Federal savings
18 achieved through the reduction of rural and minority
19 health disparities.
20 "(7) Other areas determined appropriate by the
21 Secretary.".

○