

117TH CONGRESS
1ST SESSION

H. R. 1400

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

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 26, 2021

Mr. CÁRDENAS (for himself and Mrs. WATSON COLEMAN) introduced the following bill; which was referred to the Committee on Energy and Commerce

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”.

6 **SEC. 2. FEDERAL PUBLIC AWARENESS CAMPAIGNS TO AD-**
7 **DRESS COVID–19-RELATED HEALTH DISPARI-**
8 **TIES AND PROMOTE VACCINATION.**

9 (a) IN GENERAL.—The Secretary, acting through the
10 Director of the Centers for Disease Control and Preven-

1 tion and in coordination with the White House COVID–
2 19 Health Equity Task Force, the Office of Minority
3 Health of the Department of Health and Human Services,
4 the Surgeon General, the National Vaccine Program Of-
5 fice, and, as appropriate, in coordination with the relevant
6 Offices of Minority Health in the Department of Health
7 and Human Services, the National Institute on Minority
8 Health and Health Disparities, the Indian Health Service,
9 and other relevant Federal offices and agencies, shall, sub-
10 ject to the availability of funding, develop and implement
11 public awareness campaigns about COVID–19 vaccination
12 and other relevant information about COVID–19 directed
13 at racial and ethnic minority, rural, and other vulnerable
14 populations that have experienced health disparities dur-
15 ing the COVID–19 public health emergency related to
16 rates of vaccination, testing, infection, hospitalization, and
17 death.

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

20 (1) prioritize communities where the greatest
21 health disparities have been identified with respect
22 to rates of vaccination, testing, infection, hospitaliza-
23 tion, and death related to COVID–19, with a focus
24 on disparities affecting racial and ethnic minority,
25 rural, and other vulnerable populations;

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

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

8 (4) provide information based on scientific evi-
9 dence, dispel misinformation, and promote trans-
10 parency regarding—

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

13 (i) the effects of COVID–19 vaccina-
14 tion on disease transmission and severity,
15 and the associated health impacts for indi-
16 viduals, communities, or the Nation;

17 (ii) the effects of COVID–19 vaccina-
18 tion on the economic health of communities
19 or the Nation;

20 (iii) the current or upcoming avail-
21 ability of COVID–19 vaccination with no
22 cost-sharing for most United States resi-
23 dents;

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

1 (v) any relevant information regarding
2 vaccination allocation or populations that
3 are prioritized for vaccination in the re-
4 gion; and

5 (vi) any other information regarding
6 COVID–19 vaccination, as the Secretary
7 determines appropriate;

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

10 (i) the effects of COVID–19 testing
11 on disease transmission;

12 (ii) the availability of COVID–19 test-
13 ing with no cost-sharing for most United
14 States residents; and

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

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

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

22 (c) COORDINATION.—The public awareness cam-
23 paigns under this section shall be complementary to, and
24 coordinated with, any other Federal, State, Tribal, and

1 local efforts, including the grant program described in sec-
2 tion 3, as appropriate.

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

9 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
10 authorized to be appropriated to carry out this section
11 \$50,000,000 for fiscal year 2021.

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

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

1 and other relevant Federal offices and agencies, shall
2 award competitive grants to State, Tribal, and territorial
3 health departments to support public awareness cam-
4 paigns about COVID–19 directed at racial and ethnic mi-
5 nority, rural, and other vulnerable populations that have
6 experienced health disparities during the COVID–19 pub-
7 lic health emergency related to rates of vaccination, test-
8 ing, infection, hospitalization, and death.

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

18 (c) PROTOTYPES.—The Secretary shall develop pro-
19 totype campaign materials and make such materials avail-
20 able on the internet website of the Department of Health
21 and Human Services for grant recipients and eligible local
22 entities to adapt as needed to meet the needs of local com-
23 munities.

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

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

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

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

14 (4) provide information based on scientific evi-
15 dence, dispel misinformation, and promote trans-
16 parency regarding—

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

19 (i) the effects of COVID–19 vaccina-
20 tion on disease transmission and severity,
21 and the associated health impacts for indi-
22 viduals, communities, or the Nation;

23 (ii) the effects of COVID–19 vaccina-
24 tion on the economic health of communities
25 or the Nation;

1 (iii) the current or upcoming avail-
2 ability of COVID–19 vaccination with no
3 cost-sharing for most United States resi-
4 dents;

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

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

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

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

16 (i) the effects of COVID–19 testing
17 on disease transmission;

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

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

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

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

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

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

11 (g) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated to carry out this section
13 \$50,000,000 for fiscal year 2021 and \$25,000,000 for fis-
14 cal year 2022.

15 **SEC. 4. DEFINITIONS.**

16 In this Act—

17 (1) the term “COVID–19 public health emer-
18 gency” means the public health emergency first de-
19 clared by the Secretary of Health and Human Serv-
20 ices under section 319 of the Public Health Service
21 Act (42 U.S.C. 247d) on January 31, 2020, with re-
22 spect to COVID–19;

23 (2) the term “racial and ethnic minority” has
24 the meaning given the term “racial and ethnic mi-

1 nurity group” in section 1707(g) of the Public
2 Health Service Act (42 U.S.C. 300u-6(g));

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

6 (A) the Office of Extramural Research,
7 Education, and Priority Populations of the
8 Agency for Healthcare Research and Quality;

9 (B) the Office of Minority Health and
10 Health Equity of the Centers for Disease Con-
11 trol and Prevention;

12 (C) the Office of Minority Health of the
13 Centers for Medicare & Medicaid Services;

14 (D) the Office of Minority Health and
15 Health Equity of the Food and Drug Adminis-
16 tration;

17 (E) the Office of Health Equity of the
18 Health Resources and Services Administration;
19 and

20 (F) the Office of Behavioral Health Equity
21 of the Substance Abuse and Mental Health
22 Services Administration;

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

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

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

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