

117TH CONGRESS
1ST SESSION

S. 302

To establish a program to support county and municipal government entities in reducing the spread of COVID–19 through standardized testing and evaluation measures, and for other purposes.

IN THE SENATE OF THE UNITED STATES

FEBRUARY 8, 2021

Mr. SCOTT of Florida introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish a program to support county and municipal government entities in reducing the spread of COVID–19 through standardized testing and evaluation measures, 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 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Set Testing and Objec-
5 tives Plan for COVID–19 Act” or the “STOP COVID–
6 19 Act”.

1 **SEC. 2. PROGRAM FOR COVID-19 TESTING, CONTACT TRAC-**
2 **ING, AND OTHER EFFORTS TO REDUCE THE**
3 **SPREAD OF COVID-19.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (referred to in this section as the “Sec-
6 retary”) shall establish a program to award grants to
7 county and municipal government entities, to support
8 COVID-19 testing, contact tracing, and other efforts to
9 reduce the spread of COVID-19 in such counties and mu-
10 nicipalities.

11 (b) ELIGIBLE ENTITIES.—To be eligible to receive a
12 grant under this section, a county or municipal govern-
13 ment entity shall—

14 (1) have a public health department; and

15 (2) submit an application to the Secretary at
16 such time, in such manner, and containing such in-
17 formation as the Secretary may require, including
18 the entity’s operational plan and proposed uses of
19 the grant funds.

20 (c) TECHNICAL SUPPORT.—The Secretary shall pro-
21 vide technical assistance to the public health department
22 of government entities awarded a grant under this section.

23 (d) USE OF FUNDS.—Grants awarded under this sec-
24 tion may be used in support of programs to increase
25 COVID-19 testing and to reduce the spread of COVID-
26 19, which may include hiring staff for COVID-19 testing

1 centers, funding mobile testing centers, hiring contact
2 tracers, purchasing IT equipment, conducting public
3 awareness campaigns, and paying for COVID–19 testing
4 or testing related equipment.

5 (e) REQUIREMENTS.—

6 (1) IN GENERAL.—Each government entity re-
7 ceiving a grant under this section shall—

8 (A) develop a data-driven program for
9 COVID–19 testing, contact tracing, and other
10 efforts to stop the spread of COVID–19;

11 (B) operate a searchable, publicly available
12 website that lists every participating COVID–19
13 PCR testing center in the jurisdiction and, with
14 respect to each such center, state—

15 (i) whether testing is free or the cost
16 of such testing;

17 (ii) whether health insurance covers
18 the testing, and, if so, what information
19 health insurers will require before pro-
20 viding such coverage; and

21 (iii) the average time to obtain a test
22 result; and

23 (C) report weekly on the metrics described
24 in subsection (f)(1), for each neighborhood es-
25 tablished under paragraph (2)—

1 (i) identifying any neighborhood for
2 which there is nonattainment on any such
3 metric during the applicable reporting pe-
4 riod; and

5 (ii) describing the specific mitigation
6 measures planned for any such neighbor-
7 hood to reach attainment, including a de-
8 scription of the measures required under
9 subsection (g)(2).

10 (2) NEIGHBORHOODS.—

11 (A) IN GENERAL.—For purposes of meet-
12 ing the requirements under paragraph (1), each
13 government entity receiving a grant under this
14 section shall divide its jurisdiction into neigh-
15 borhoods, with each neighborhood being an area
16 with approximately 10,000 residents.

17 (B) PROVISION OF INFORMATION ON
18 MAP.—Each government entity shall make
19 available a map of the total jurisdiction that il-
20 lustrates the neighborhoods established pursu-
21 ant to subparagraph (A), and shall provide the
22 information required under paragraph (1) by
23 neighborhood.

24 (C) DESIGNATION OF PARTICULAR NEIGH-
25 BORHOODS.—With respect to any neighborhood

1 that has not met the evaluation standards de-
2 scribed in subsection (f)(2) for a weekly report-
3 ing period under subsection (f)(1), the entity
4 shall highlight such nonattainment on the map,
5 in a manner to notify public users of areas not
6 meeting the evaluation standards.

7 (f) EVALUATION STANDARDS.—

8 (1) IN GENERAL.—The standards for purposes
9 of determining compliance under paragraph (2) are
10 as follows:

11 (A) POSITIVITY RATE.—

12 (i) A positivity rate at or below 5 per-
13 cent for PCR testing.

14 (ii) A rate of newly infected residents
15 at or below 10 residents per 100,000 popu-
16 lation.

17 (iii) PCR testing at or above 750 resi-
18 dents per 100,000 population.

19 (iv) Rate of infection of less than 1.0.

20 (B) CONTACT TRACING.—

21 (i) Eighty percent of new cases of in-
22 fection are contacted by a contact tracer
23 within 24 hours.

24 (ii) Eighty percent of new cases of in-
25 fection identify contacts.

1 (iii) At least a median of 3 contacts
2 identified by a contact tracer per case.

3 (iv) Eighty percent of new cases fol-
4 lowed up on, on a daily basis, by a contact
5 tracer until the subject is out of isolation.

6 (v) Seventy percent of contacts re-
7 spond to the contact tracer.

8 (vi) Eighty-five percent of contacts
9 who are identified are tested.

10 (C) TEST RESULTS.—Eighty-five percent
11 of PCR tests have results within 48 hours.

12 (D) OTHER STANDARDS.—The Secretary
13 may modify or replace standards described in
14 subparagraphs (A), (B), and (C), or add new
15 evaluation standards, provided such modifica-
16 tion, replacement, or addition is based on data-
17 driven research that demonstrates the basis of
18 the Secretary's determination.

19 (2) COMPLIANCE.—A government entity shall
20 be considered to be in compliance with the require-
21 ments of this section for a weekly reporting period
22 if each neighborhood in the entity has met 85 per-
23 cent of the standards under paragraph (1) for such
24 reporting period.

25 (g) EFFECTS OF NONCOMPLIANCE.—

1 (1) GRANT REDUCTION.—

2 (A) INITIAL PERIOD.—For the 2-month
3 period immediately proceeding the date of en-
4 actment of this Act, there shall be no reduction
5 to the grant amount received by a government
6 entity as a result of non-compliance as de-
7 scribed in subsection (f)(2).

8 (B) SUBSEQUENT PERIODS.—Beginning 2
9 months after the date of enactment of this Act,
10 in the case of a government entity that is not
11 in compliance for a reporting period as de-
12 scribed in subsection (f)(2), the entity shall
13 remit to the Federal Government an amount
14 equal to 25 percent of the total Federal funds
15 expended for the government entity pursuant to
16 the grant under this section for the applicable
17 weekly reporting period.

18 (2) TESTING AVAILABILITY MITIGATION EF-
19 FORTS.—In the case of a government entity that is
20 not in compliance for a weekly reporting period as
21 described in subsection (f)(2), the entity shall ensure
22 that, in the subsequent week, in each neighborhood
23 within the jurisdiction that did not meet 85 percent
24 of the standards under subsection (f)(1), residents
25 have access to PCR testing sites as follows:

1 (A) In urban areas, 90 percent of residents
2 have access to a testing site within 2 miles of
3 their residence.

4 (B) In suburban areas, 90 percent of resi-
5 dents have access to a testing site within 5
6 miles of their residence.

7 (C) In rural areas, 70 percent of residents
8 have access to a testing site within 15 miles of
9 their residence.

10 (h) FUNDING.—The Secretary may use any unobli-
11 gated funds made available to the Public Health and So-
12 cial Services Emergency Fund to carry out this section.

13 (i) SUNSET.—This section shall cease to have force
14 or effect on the earlier of the date on which all funds de-
15 scribed in subsection (h) are expended or 180 days after
16 the date of enactment of this Act.

17 **SEC. 3. PROGRAM FOR COVID-19 VACCINATION.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services (referred to in this section as the “Sec-
20 retary”) shall establish a program to award grants to
21 States to support COVID-19 vaccination in the States.

22 (b) APPLICATIONS.—

23 (1) IN GENERAL.—A State desiring a grant
24 under this section shall submit an application to the
25 Secretary, at such time, in such manner, and con-

1 taining such information as the Secretary may re-
2 quire, including a vaccination plan, operational de-
3 tails, and proposed use of the grant funds.

4 (2) TECHNICAL ASSISTANCE.—The Secretary
5 shall provide technical assistance to States for pur-
6 poses of developing the vaccination plans to be in-
7 cluded in applications under paragraph (1).

8 (c) USE OF FUNDS.—Grants awarded under this sec-
9 tion shall be used to support increasing vaccination efforts
10 in the State, such as meeting increased staffing needs, es-
11 tablishing and supporting vaccination centers, conducting
12 public awareness campaigns, and obtaining equipment for
13 vaccine distribution.

14 (d) REQUIREMENTS.—As a condition of receipt of a
15 grant under this section, a State shall agree to—

16 (1) submit and publicly post weekly reports, as
17 described in subsection (e);

18 (2) develop a unified registration process for
19 residents and assign each resident to a vaccination
20 site, with the goal of matching residents with the
21 nearest vaccination site, and taking into account the
22 availability of vaccine supply; and

23 (3) administer 95 percent of the State’s vaccine
24 allocation each month, or, for each month the State
25 fails to administer such amount, remit to the Fed-

1 eral Government an amount equal to 25 percent of
2 the amount received by the State under this section
3 for that month.

4 (e) VACCINE DATA REPORTING.—Each State receiv-
5 ing a grant under this section shall submit to the Sec-
6 retary, and post on a publicly available website, a weekly
7 report on, with respect to the State—

8 (1) the State’s current vaccination plan and
9 vaccine distribution methodology;

10 (2) the State’s vaccination targets for the pro-
11 ceeding week;

12 (3) whether the State met its vaccination tar-
13 gets for the previous week, and, if not, details on
14 why the targets were missed;

15 (4) the daily and weekly cumulative totals of—

16 (A) the number of vaccines (of each type)
17 received;

18 (B) the number of first shot vaccines ad-
19 ministered;

20 (C) the number of vaccine series com-
21 pleted; and

22 (D) the number of vaccine doses wasted or
23 lost;

24 (5) the vaccine priority groups in the State
25 and—

1 (A) an estimate of how many people are in
2 each priority group, by State, county, and
3 neighborhood (as designated under section
4 2(e)(2)(A) pursuant to the program under sec-
5 tion 2, or, in the case of a State not partici-
6 pating in the program under section 2, as des-
7 igned for purposes of this section, as de-
8 scribed section 2(e)(2)(A)); and

9 (B) an estimate of how many people in
10 each priority group have been vaccinated, by
11 State, county, and neighborhood (as so des-
12 igned);

13 (6) the percent of vaccine coverage—

14 (A) by neighborhood (as so designated);

15 (B) by age demographic, and an estimate
16 of how many people are in each such demo-
17 graphic, by State, county, and neighborhood (as
18 so designated); and

19 (C) by race, ethnic group, and sex, and an
20 estimate of how many people are in each such
21 group by State, county, and neighborhood (as
22 so designated);

23 (7) the number of people who scheduled vac-
24 cination—

25 (A) online;

1 (B) by phone; and

2 (C) by walk-up at a vaccination center;

3 (8) the number of vaccinations performed by
4 providers at—

5 (A) mass vaccination centers;

6 (B) physician’s offices and medical prac-
7 tices;

8 (C) hospitals;

9 (D) pharmacies;

10 (E) community centers; and

11 (F) health departments; and

12 (9) the wait time to be vaccinated.

13 (f) FUNDING.—Out of any unobligated amounts
14 made available to the Secretary under the heading “CDC-
15 Wide Activities and Program Support” under the heading
16 “Centers for Disease Control and Prevention” under the
17 heading “Department of Health and Human Services”
18 under title III of the Coronavirus Response and Relief
19 Supplemental Appropriations Act, 2021 (Public Law 116-
20 260), the Secretary may allocate \$8,750,000,000 to carry
21 out this section.

22 (g) STATE.—For purposes of this section, the term
23 “State” includes each of the 50 States, territories, and
24 the District of Columbia.

1 (h) SUNSET.—This section shall cease to have force
2 or effect on the earlier of December 31, 2021, or the date
3 on which the amounts described in subsection (f) have
4 been expended.

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