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(Original Signature of Member)

116TH CONGRESS
2D SESSION

# H. R. ______

To increase the annual funding for the Chronic Disease Prevention and Health Promotion Fund, the National Institute on Minority Health and Health Disparities, and the Offices of Minority Health within the Office of the Secretary of Health and Human Services, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, the Food and Drug Administration, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration to enable the United States and State departments of public health to better combat disparities that have emerged during the COVID–19 crisis and beyond, and for other purposes.

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IN THE HOUSE OF REPRESENTATIVES

Mrs. HAYES introduced the following bill; which was referred to the Committee on ______________________________

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# A BILL

To increase the annual funding for the Chronic Disease Prevention and Health Promotion Fund, the National Institute on Minority Health and Health Disparities, and the Offices of Minority Health within the Office of the Secretary of Health and Human Services, the Agency for Healthcare Research and Quality, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, the Food and Drug Adminis-

tration, the Health Resources and Services Administration, and the Substance Abuse and Mental Health Services Administration to enable the United States and State departments of public health to better combat disparities that have emerged during the COVID–19 crisis and beyond, 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 ''Reducing COVID–19
5 Disparities by Investing in Public Health Act''.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:
8 (1) Funding under this Act is essential to core
9 efforts at the Department of Health and Human
10 Services and in local and State health departments
11 to prevent and control the spread of chronic disease
12 and conditions. The National Center for Chronic
13 Disease Prevention and Health Promotion works to
14 raise awareness of health disparities faced by minor-
15 ity populations of the United States such as Amer-
16 ican Indians, Alaska Natives, Asian Americans, Afri-
17 can Americans, Latino Americans, and Native Ha-
18 waiians or other Pacific Islanders. One of the pri-
19 mary functions of the Center is to reduce risk fac-
20 tors for groups affected by health disparities.

1 (2) Six in ten Americans live with at least one
2 chronic disease, like heart disease and stroke, can-
3 cer, or diabetes. These and other chronic diseases
4 are the leading causes of death and disability in
5 America. Specifically, chronic diseases are respon-
6 sible for 7 in 10 deaths each year. According to the
7 Centers for Disease Control and Prevention
8 (''CDC''), individuals who are at high risk for severe
9 illness from COVID–19 are people with chronic lung
10 disease or moderate to severe asthma, people with
11 serious heart conditions, people who are
12 immunocompromised—sometimes because of cancer
13 or HIV/AIDS, people with diabetes, people with liver
14 disease, people with severe obesity, and people with
15 chronic kidney disease undergoing dialysis.
16 (3) According to hospital data from the first
17 month of the COVID–19 epidemic in the United
18 States released by the CDC, roughly 1 in 3 people
19 who required hospitalizations from COVID–19 were
20 African-American. While 33 percent of total hos-
21 pitalized patients are Black, African Americans con-
22 stitute just 13 percent of the entire American popu-
23 lation. Early data released by States and municipali-
24 ties show that African Americans suffer higher mor-
25 tality rates from COVID–19. Socioeconomic factors

further contribute to racial disparities seen in both prevalence of chronic conditions and exposure to COVID–19. Individuals in low-income communities and people of color are more likely to have many of the chronic health conditions that have been identified as risk factors for complications from COVID–19, yet suffer decreased access to care, compounded by a decreased likelihood of undergoing appropriate treatment.

(4) According to the American Diabetes Association, 12.1 percent of Hispanic Americans, 12.7 percent of African Americans, 8 percent of Asian Americans, and 15.1 percent of American Indians/Alaska Natives have been diagnosed with diabetes, compared to just 7.4 percent of White Americans. The CDC calculated that compared to non-Hispanic Whites, Hispanics are 40 percent more likely to die from diabetes, African Americans are twice as likely to die from diabetes, and American Indians/Alaska Natives are almost twice as likely to die from the disease.

(5) According to the National Institutes of Health, African Americans are more than 30 percent more likely to die from heart disease, are twice as likely to have a stroke—which tends to be more se-

1 vere with a higher morbidity and results in higher
2 mortality, are 40 percent more likely to have high
3 blood pressure, and have a higher rate of hyper-
4 tension and heart failure than their White counter-
5 parts.

6 (6) Minority groups suffer from asthma at a
7 disproportionate rate, have the highest number of
8 emergency room visits and hospital stays due to
9 asthma, and have higher mortality rates from asth-
10 ma than their White counterparts. The prevalence of
11 childhood asthma for African Americans is 12.7 per-
12 cent compared to 8 percent for White Americans,
13 while mortality rates in children and adults are
14 eightfold and threefold higher, respectively, for Afri-
15 can Americans compared to White Americans.

16 (7) President Trump has consistently proposed
17 budgets that would cut the Chronic Disease Preven-
18 tion and Health Promotion Fund. In fiscal year
19 2021, the President proposed to consolidate the
20 CDC's primary chronic disease prevention activities,
21 including tobacco, diabetes, heart disease, and
22 stroke, and nutrition and physical activity, into a
23 single block grant to States, while proposing a
24 $427,000,000 cut to the account. In fiscal year
25 2020, the President proposed a $236,500,000 cut to

1 the account. In fiscal year 2019, the President pro-
2 posed a $138,300,000 cut to the account. In fiscal
3 year 2018, the President proposed a $222,300,000
4 cut to the account.

5 (8) Cuts to this Fund and other public health
6 prevention efforts undermine efforts to create an af-
7 fordable and accessible health care system, and a
8 better quality of life for Americans of all ethnic, ra-
9 cial, and socioeconomic backgrounds. Cuts to this
10 Fund would also exacerbate existing disparities and
11 underlying health conditions that have created seem-
12 ingly vast disparities in hospitalization and mortality
13 rates due to COVID–19.

14 (9) Prevention efforts have proven to be effec-
15 tive. Funding increases for community-based public
16 health programs reduce preventable disease caused
17 by diabetes, cancer, and cardiovascular disease. Im-
18 proved access to intervention, treatment, and afford-
19 able care is also proven to mitigate the development
20 of associated chronic diseases and mortality rates.

21 (10) Increasing the Chronic Disease Prevention
22 and Health Promotion Fund funding to
23 $2,400,000,000 annually will allow the Fund to in-
24 vest in more innovative, evidence-based public health
25 programs, maintain and expand investments in pro-

1 grams with demonstrated success, and help reduce
2 racial health disparities and rates of chronic disease
3 that can put persons of color at greater risk of hos-
4 pitalization or death from COVID–19.
5 (11) Further, the Office of Minority Health in
6 the Office of the Secretary of Health and Human
7 Services (established by section 1707 of the Public
8 Health Service Act (42 U.S.C. 300u–6)) was de-
9 signed for the purpose of ''improving minority health
10 and the quality of health care minorities receive, and
11 eliminating racial and ethnic disparities''. The Office
12 of Minority Health and Health Equity at the CDC
13 serves to decrease health disparities, address social
14 determinants of health, and promote access to high-
15 quality preventative health care. The Office of Mi-
16 nority Health and Health Equity at the Food and
17 Drug Administration promotes and protects the
18 health of diverse populations through research and
19 communication of science that addresses health dis-
20 parities. The National Institute on Minority Health
21 and Health Disparities leads scientific research that
22 advances understanding of minority health and
23 health disparities.
24 (12) Increasing funding for these and other
25 critical health programs will enable the United

1 States and State departments of public health to
2 better combat disparities that have emerged during
3 the COVID–19 crisis and beyond.

4 **SEC. 3. REDUCING COVID–19 DISPARITIES BY INVESTING IN**
5 **PUBLIC HEALTH.**

6 (a) CHRONIC DISEASE PREVENTION AND HEALTH
7 PROMOTION.—There is authorized to be appropriated, and
8 there is hereby appropriated, out of any money in the
9 Treasury not otherwise appropriated, for ''Centers for
10 Disease Control and Prevention—Chronic Disease Preven-
11 tion and Health Promotion'', for fiscal year 2020 and each
12 subsequent fiscal year, $2,400,000,000.

13 (b) NATIONAL INSTITUTE ON MINORITY HEALTH
14 AND HEALTH DISPARITIES.—There is authorized to be
15 appropriated, and there is hereby appropriated, out of any
16 money in the Treasury not otherwise appropriated, to the
17 National Institute on Minority Health and Health Dis-
18 parities, for fiscal year 2020 and each subsequent fiscal
19 year, $672,000,000.

20 (c) OFFICE OF MINORITY HEALTH.—There is au-
21 thorized to be appropriated, and there is hereby appro-
22 priated, out of any money in the Treasury not otherwise
23 appropriated, to the Office of Minority Health in the Of-
24 fice of the Secretary of Health and Human Services (es-
25 tablished by section 1707 of the Public Health Service Act

1 (42 U.S.C. 300u–6)), for fiscal year 2021 and each subse-
2 quent fiscal year, the amount that is twice the amount
3 of funds made available to such Office of Minority Health
4 for fiscal year 2020.
5 (d) OTHER OFFICES OF MINORITY HEALTH WITHIN
6 THE DEPARTMENT OF HEALTH AND HUMAN SERV-
7 ICES.—There is authorized to be appropriated, and there
8 is hereby appropriated, out of any money in the Treasury
9 not otherwise appropriated, to the Office of Minority
10 Health of the Agency for Healthcare Research and Qual-
11 ity, the Office of Minority Health of the Centers for Dis-
12 ease Control and Prevention, the Office of Minority
13 Health of the Centers for Medicare & Medicaid Services,
14 the Office of Minority Health of the Food and Drug Ad-
15 ministration, the Office of Minority Health of the Health
16 Resources and Services Administration, and the Office of
17 Minority Health of Substance Abuse and Mental Health
18 Services Administration (as established pursuant to sec-
19 tion 1707A of the Public Health Service Act (42 U.S.C.
20 300u–6a)), for fiscal year 2021 and each subsequent fiscal
21 year, the amount that is twice the amount of funds made
22 available to the respective Office of Minority Health for
23 fiscal year 2020.