

116TH CONGRESS  
2D SESSION

# H. R. 8938

To direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to establish a standardized procedure for all States to submit weekly reports on hospital policies and metrics related to the response to COVID-19, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

DECEMBER 10, 2020

Ms. GABBARD introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to establish a standardized procedure for all States to submit weekly reports on hospital policies and metrics related to the response to COVID-19, 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. STANDARDIZING COVID-19 DATA REPORTING.**

4 (a) IN GENERAL.—

5 (1) IN GENERAL.—Not later than 30 days after  
6 the date of the enactment of this Act, the Secretary

1 of Health and Human Services, acting through the  
2 Director of the Centers for Disease Control and Pre-  
3 vention and in collaboration with the Administrator  
4 of the Federal Emergency Management Agency,  
5 shall establish a standardized procedure for all  
6 States, acting through the State departments of  
7 health (or other State agencies that administer pub-  
8 lic health programs), to submit in an electronic for-  
9 mat, on a weekly basis, to the Secretary reports that  
10 include the information specified in paragraphs (3)  
11 and (4).

12 (a) HOSPITAL REPORTS.—Beginning on the date  
13 that is 2 weeks after the date of the enactment of this  
14 Act, and every 2 weeks thereafter until the date that is  
15 6 months after the date on which the emergency period  
16 ends, each hospital (or affiliated facility or site thereof)  
17 that received COVID–19 response funding shall, as a con-  
18 dition on receipt of such funding, submit to the relevant  
19 State department of health the following information re-  
20 garding COVID–19:

- 21 (1) With respect to the hospital’s (or affiliated  
22 facility or site thereof) COVID–19 caseload—
- 23 (A) the total number (if greater than zero)  
24 of COVID–19 cases during the emergency pe-  
25 riod;

1 (B) the number of such cases to date;

2 (C) how many patients infected with  
3 COVID-19—

4 (i) have been discharged; and

5 (ii) have died (and the underlying  
6 cause, other than COVID-19, for such  
7 deaths); and

8 (D) how many staff members of the hos-  
9 pital (or affiliated facility or site thereof) have  
10 been infected with COVID-19 and the out-  
11 comes from those cases.

12 (2) With respect to testing for COVID-19 con-  
13 ducted by the hospital (or affiliated facility or site  
14 thereof)—

15 (A) the type of tests conducted;

16 (B) the location where the tests are being  
17 sent for analysis;

18 (C) the turnaround time on results of such  
19 tests;

20 (D) the total tests performed to date; and

21 (E) the results of such tests, disaggregated  
22 by positive, negative, or antibodies present.

23 (3) With respect to the hospital's (or affiliated  
24 facility or site thereof) COVID-19 surge capacity—

1 (A) the current bed availability in the hos-  
2 pital (or affiliated facility or site thereof) under  
3 non-surge conditions and the availability of in-  
4 tensive care unit beds;

5 (B) whether the hospital (or affiliated fa-  
6 cility or site thereof) has established or retro-  
7 fitted new COVID–19 wards;

8 (C) the current ventilator capacity; and

9 (D) any other relevant statistics are deter-  
10 mined by the Secretary.

11 (4) With respect to personal protective equip-  
12 ment, the current availability of all relevant personal  
13 protective equipment at the hospital (or affiliated fa-  
14 cility or site thereof), including whether there are  
15 shortages of such equipment or other necessary  
16 treatment equipment for COVID–19.

17 (e) HOSPITAL POLICY REPORTS.—

18 (1) IN GENERAL.—Beginning on the date that  
19 is 2 weeks after the date of the enactment of this  
20 Act, and every 2 weeks thereafter until the date that  
21 is 6 months after the date on which the emergency  
22 period ends, each hospital (or affiliated facility or  
23 site thereof) that received COVID–19 response fund-  
24 ing shall, as a condition on receipt of such funding,  
25 maintain a standardized, comprehensive, publicly

1 available website detailing the hospital’s (or affili-  
2 ated facility or site thereof) COVID–19-related poli-  
3 cies and procedures that—

4 (A) is available in multiple languages;

5 (B) is published in an accessible manner;

6 (C) is updated on a weekly basis; and

7 (D) contains the information described in  
8 paragraph (2).

9 (2) INFORMATION DESCRIBED.—The informa-  
10 tion described in this section is the following:

11 (A) COVID–19 testing standards, policies,  
12 requirements, and criteria for patients, visitors,  
13 and staff (medical and non-medical).

14 (B) COVID–19 infection control and pre-  
15 vention, including personal protective equipment  
16 usage and disinfection, visitor guidance, patient  
17 placement and triage (such as procedures to  
18 isolate patients infected with COVID–19), best  
19 practices for staff, patients, and visitors, and  
20 whether staff are working both within and out-  
21 side of COVID–19 units or wards.

22 (C) Protocols for staff to leave from and  
23 return to work after being in contact with a  
24 COVID–19 positive case or testing positive for  
25 COVID–19.

1 (D) The availability of telehealth, access to  
2 services (including the rate of payment for such  
3 services).

4 (E) Policies and procedures for surgeries  
5 unrelated to COVID–19.

6 (F) Internal contact tracing policies, if  
7 any.

8 (G) Any other policy the Secretary, acting  
9 through the Director, determines is applicable.

10 (f) DATA REQUIREMENTS.—

11 (1) DISAGGREGATION.—All data reported under  
12 this section with respect to COVID–19 patients shall  
13 be disaggregated by age, sex, race, ethnicity, and  
14 other demographic factors as may be specified by  
15 the Secretary.

16 (2) PRIVACY.—Any information collected pursu-  
17 ant to this section with respect to COVID–19 pa-  
18 tients shall be de-identified and otherwise subject to  
19 all applicable Federal and State privacy laws.

20 (g) FUNDING.—The Secretary shall use to carry out  
21 this section funding made available under the third para-  
22 graph under the heading “Department of Health and  
23 Human Services—Office of the Secretary—Public Health  
24 and Social Services Emergency Fund” of the CARES Act  
25 (Public Law 116–136; 134 Stat. 563).

1 (h) DEFINITIONS.—In this section:

2 (1) The term “appropriate committees of Con-  
3 gress” means—

4 (A) the Committee on Appropriations of  
5 the House of Representatives;

6 (B) the Committee on Energy and Com-  
7 merce of the House of Representatives;

8 (C) the Committee on Ways and Means of  
9 the House of Representatives;

10 (D) the Committee on Appropriations of  
11 the Senate;

12 (E) the Committee on Health, Education,  
13 Labor, and Pensions of the Senate; and

14 (F) the Committee on Finance of the Sen-  
15 ate.

16 (2) The term “COVID–19 response funding”  
17 means Federal funding received under—

18 (A) the Coronavirus Preparedness and Re-  
19 sponse Supplemental Appropriations Act, 2020  
20 (Public Law 116–123), or an amendment made  
21 by that Act;

22 (B) the Families First Coronavirus Re-  
23 sponse Act (Public Law 116–127), or an  
24 amendment made by that Act;

1 (C) the CARES Act (Public Law 116–  
2 136), or an amendment made by that Act;

3 (D) the Paycheck Protection Program and  
4 Health Care Enhancement Act (Public Law  
5 116–139), or an amendment made by that Act;  
6 or

7 (E) any other Federal law under which  
8 Federal assistance is provided to States and  
9 other non-Federal entities for purposes of re-  
10 sponding to COVID–19.

11 (3) The term “emergency period” has the  
12 meaning given such term in section 1135(g)(1)(B)  
13 of the Social Security Act (42 U.S.C. 1320b–  
14 5(g)(1)(B)).

15 (4) The term “Secretary” means the Secretary  
16 of Health and Human Services, acting through the  
17 Director of the Centers for Disease Control and Pre-  
18 vention.

19 (5) The term “State” means each of the several  
20 States, the District of Columbia, the Commonwealth  
21 of Puerto Rico, American Samoa, Guam, the Com-  
22 monwealth of the Northern Mariana Islands, the  
23 Virgin Islands, the Trust Territory of the Pacific Is-  
24 lands, and each federally recognized Indian Tribe.

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