

Equitable Data Collection and Disclosure on COVID-19 Act of 2020

Due to pre-existing health disparities, socioeconomic inequality, and structural racism, communities of color are disproportionately affected by the COVID-19 pandemic. People of color are more likely to have chronic health conditions, such as [heart disease](#) and [asthma](#), that put them at higher risk for complications from the virus. People of color and immigrants are [less likely to be insured](#), and many communities of color face [shortages of health care providers](#), making it difficult to access appropriate and timely care. People of color are also more likely to work in low-wage jobs that [cannot be done remotely](#) and to have [fewer financial resources](#) to draw on in the event of health problems or economic disruption, making it more difficult to avoid exposure. Low-income communities, people with disabilities, immigrants, and tribal communities are also on the frontlines of the coronavirus crisis.

Early reporting on racial disparities in COVID-19 testing and treatment suggest that Black and Latinx communities have been among the hardest hit. In [Michigan](#), African-Americans account for 33% of confirmed COVID-19 cases and 40% of fatalities, despite making up only 14% of the state's population. In [Louisiana](#), 70% of those who have died from COVID-19 so far are Black, compared with 32% of the state's population. Similar trends have been [reported](#) in Milwaukee, Illinois, and North Carolina. [Initial data from Boston](#) shows that among people whose race was reported, more than 40 percent of people infected were Black, compared with only 25% of the population. This past weekend, Chelsea, Mass., a predominately Latinx community, was [cited as a hot spot in the COVID 19 outbreak](#), with initial reporting confirming 400 new cases.

These preliminary state and local reports have renewed calls for the Centers for Disease Control and Prevention (CDC) and other relevant sub-agencies within the Department of Health and Human Services (HHS) to publicly release racial and other demographic information to better inform the pandemic response, specifically in communities of color.

The Equitable Data Collection and Disclosure on COVID-19 Act of 2020 would:

- Require HHS to use all available surveillance systems to post daily updates on the CDC website showing the following data disaggregated by race, ethnicity, sex, age, socioeconomic status, disability status, county, and other demographic information:
 - Data related to COVID-19 testing, including the number of individuals tested and the number of tests that were positive.
 - Data related to treatment for COVID-19, including hospitalizations and intensive care unit admissions and duration;
 - Data related to COVID-19 outcomes, including fatalities.
- Require HHS to take all necessary steps to protect privacy in releasing this data.
- Require HHS to provide a summary of the final statistics and a report to Congress within 60 days after the end of the public health emergency.
- Create a Commission on Ensuring Health Equity during the COVID-19 Public Health Emergency, including federal, state, local, and tribal officials along with independent experts, to provide guidance on how to better collect, develop and analyze racial and other demographic data in responding to future waves of the coronavirus.
- Authorize \$50 million in emergency supplemental funding to the CDC, state public health agencies, the Indian Health Service, and other agencies to conduct or support data collection on racial, ethnic, and other demographic implications of COVID-19.