

119TH CONGRESS
1ST SESSION

S. 2347

To prohibit discrimination in health care and require the provision of equitable health care, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 17, 2025

Mr. PADILLA (for himself, Mr. BOOKER, Mr. SCHIFF, and Mr. GALLEGGO) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To prohibit discrimination in health care and require the provision of equitable health care, 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 “Equal Health Care
5 for All Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) In 1966, Dr. Martin Luther King, Jr. said
9 “Of all the forms of inequality, injustice in health

1 care is the most shocking and inhuman because it
2 often results in physical death.”.

3 (2) Inequity in health care remains a persistent
4 and devastating reality for many communities, and,
5 in particular, communities of color.

6 (3) The inequitable provision of health care has
7 complex causes, many stemming from systemic in-
8 equality in access to health care, housing, nutrition,
9 economic opportunity, education, and other factors.

10 (4) Health care outcomes for Black commu-
11 nities in particular lag far behind those of the popu-
12 lation as a whole.

13 (5) A contributing factor in health disparities is
14 explicit and implicit bias in the delivery of health
15 care, resulting in inferior care and poorer outcomes
16 for some patients on the basis of factors that include
17 race, national origin, sex (including sexual orienta-
18 tion or gender identity), disability, age, and religion.

19 (6) The National Academy of Medicine (for-
20 merly known as the “Institute of Medicine”) issued
21 a report in 2002 titled “Unequal Treatment”, find-
22 ing that racial and ethnic minorities receive lower-
23 quality health care than White individuals do, even
24 when insurance status, income, age, and severity of
25 condition is comparable.

1 (7) Just as Congress has sought to eliminate
2 bias, both explicit and implicit, in employment, hous-
3 ing, and other parts of our society, the elimination
4 of bias and the legacy of structural racism in health
5 care is of paramount importance.

6 **SEC. 3. DATA COLLECTION AND REPORTING.**

7 (a) REQUIRED REPORTING.—

8 (1) IN GENERAL.—The Secretary of Health and
9 Human Services (in this section referred to as the
10 “Secretary”), in consultation with the Director for
11 Civil Rights and Health Equity, the Director of the
12 National Institutes of Health, the Administrator of
13 the Centers for Medicare & Medicaid Services, the
14 Director of the Agency for Healthcare Research and
15 Quality, the Deputy Assistant Secretary for Minority
16 Health, and the Director of the Centers for Disease
17 Control and Prevention, shall by regulation require
18 all health care providers and facilities that are re-
19 quired under other provisions of law to report data
20 on specific health outcomes to the Department of
21 Health and Human Services in aggregate form, to
22 disaggregate such data by demographic characteris-
23 tics, including by race, national origin, sex (including
24 sexual orientation and gender identity), disability,
25 and age, as well as any other factor that the Sec-

1 retary determines would be useful for determining a
2 pattern of inequitable provision of health care.

3 (2) PROPOSED REGULATIONS.—Not later than
4 90 days after the date of enactment of this Act, the
5 Secretary shall issue proposed regulations to carry
6 out paragraph (1).

7 (b) REPOSITORY.—The Secretary shall—

8 (1) not later than 1 year after the date of en-
9 actment of this Act, establish a repository of the
10 disaggregated data reported pursuant to subsection
11 (a); and

12 (2) ensure that such repository does not contain
13 any data that is individually identifiable.

14 **SEC. 4. REQUIRING EQUITABLE HEALTH CARE IN THE HOS-**
15 **PITAL VALUE-BASED PURCHASING PRO-**
16 **GRAM.**

17 (a) EQUITABLE HEALTH CARE AS VALUE MEASURE-
18 MENT.—Section 1886(b)(3)(B)(viii) of the Social Security
19 Act (42 U.S.C. 1395ww(b)(3)(B)(viii)) is amended by
20 adding at the end the following new subclause:

21 “(XIII)(aa) Effective for payments beginning with
22 fiscal year 2026, in expanding the number of measures
23 under subclause (III), the Secretary shall adopt measures
24 that relate to equitable health care furnished by hospitals
25 in inpatient settings.

1 “(bb) In carrying out this subclause, the Secretary
 2 shall solicit input and recommendations from individuals
 3 and groups representing communities of color and other
 4 protected classes and ensure measures adopted pursuant
 5 to this subclause account for social determinants of health,
 6 as defined in section 7(e)(10) of the Equal Health Care
 7 for All Act, such that the social determinants of health
 8 do not adversely affect hospitals if any inequitable out-
 9 comes are not caused by that hospital’s provision of care.

10 “(cc) For purposes of this subclause, the term ‘equi-
 11 table health care’ refers to the principle that high-quality
 12 care should be provided to all individuals and health care
 13 treatment and services should not vary on account of the
 14 real or perceived race, national origin, sex (including sex-
 15 ual orientation and gender identity), disability, or age of
 16 an individual, as well as any other factor that the Sec-
 17 retary determines would be useful for determining a pat-
 18 tern of inequitable provision of health care.”.

19 (b) INCLUSION OF EQUITABLE HEALTH CARE MEAS-
 20 URES.—Section 1886(o)(2)(B) of the Social Security Act
 21 (42 U.S.C. 1395ww(o)(2)(B)) is amended by adding at the
 22 end the following new clause:

23 “(iv) INCLUSION OF EQUITABLE
 24 HEALTH CARE MEASURES.—Beginning in
 25 fiscal year 2026, measures selected under

1 subparagraph (A) shall include the equi-
 2 table health care measures described in
 3 subsection (b)(3)(B)(viii)(XIII).’”.

4 **SEC. 5. INEQUITABLE PROVISION OF HEALTH CARE AS A**
 5 **BASIS FOR PERMISSIVE EXCLUSION FROM**
 6 **MEDICARE AND OTHER FEDERAL HEALTH**
 7 **CARE PROGRAMS.**

8 Section 1128(b) of the Social Security Act (42 U.S.C.
 9 1320a–7(b)) is amended by adding at the end the fol-
 10 lowing new paragraph:

11 “(18) INEQUITABLE PROVISION OF HEALTH
 12 CARE.—

13 “(A) IN GENERAL.—Subject to subpara-
 14 graph (B), any health care provider that the
 15 Secretary determines, under section 7(b)(2) of
 16 the Equal Health Care for All Act, has engaged
 17 in a pattern of inequitable provision of health
 18 care (as defined in subsection (e)(7) of such
 19 Act) on the basis of race, national origin, sex
 20 (including sexual orientation and gender iden-
 21 tity), disability, or age of an individual.

22 “(B) EXCEPTION.—For purposes of car-
 23 rying out subparagraph (A), the Secretary shall
 24 not exclude any health care provider from par-
 25 ticipation in the Medicare program under title

1 XVIII or the Medicaid program under title XIX
 2 if the exclusion of such health care provider
 3 would result in increased difficulty in access to
 4 health care services for underserved or low-in-
 5 come communities.”.

6 **SEC. 6. OFFICE FOR CIVIL RIGHTS AND HEALTH EQUITY OF**
 7 **THE DEPARTMENT OF HEALTH AND HUMAN**
 8 **SERVICES.**

9 (a) NAME OF OFFICE.—Beginning on the date of en-
 10 actment of this Act, the Office for Civil Rights of the De-
 11 partment of Health and Human Services shall be known
 12 as the “Office for Civil Rights and Health Equity” of the
 13 Department of Health and Human Services. Any ref-
 14 erence to the Office for Civil Rights of the Department
 15 of Health and Human Services in any law, regulation,
 16 map, document, record, or other paper of the United
 17 States shall be deemed to be a reference to the Office for
 18 Civil Rights and Health Equity.

19 (b) HEAD OF OFFICE.—The head of the Office for
 20 Civil Rights and Health Equity shall be the Director for
 21 Civil Rights and Health Equity, to be appointed by the
 22 President. Any reference to the Director of the Office for
 23 Civil Rights of the Department of Health and Human
 24 Services in any law, regulation, map, document, record,
 25 or other paper of the United States shall be deemed to

1 be a reference to the Director for Civil Rights and Health
2 Equity.

3 **SEC. 7. PROHIBITING DISCRIMINATION IN HEALTH CARE.**

4 (a) PROHIBITING DISCRIMINATION.—

5 (1) IN GENERAL.—No health care provider
6 may, on the basis, in whole or in part, of race, sex
7 (including sexual orientation and gender identity),
8 disability, age, or religion, subject an individual to
9 the inequitable provision of health care.

10 (2) NOTICE OF PATIENT RIGHTS.—The Sec-
11 retary shall provide to each patient a notice of a pa-
12 tient's rights under this section.

13 (b) ADMINISTRATIVE COMPLAINT AND CONCILIATION
14 PROCESS.—

15 (1) COMPLAINTS AND ANSWERS.—

16 (A) IN GENERAL.—An aggrieved person
17 may, not later than 1 year after an alleged vio-
18 lation of subsection (a) has occurred or con-
19 cluded, file a complaint with the Director alleg-
20 ing inequitable provision of health care by a
21 provider described in subsection (a).

22 (B) COMPLAINT.—A complaint submitted
23 pursuant to subparagraph (A) shall be in writ-
24 ing and shall contain such information and be
25 in such form as the Director requires.

(C) OATH OR AFFIRMATION.—The complaint and any answer made under this subsection shall be made under oath or affirmation, and may be reasonably and fairly modified at any time.

(2) RESPONSE TO COMPLAINTS.—

(A) IN GENERAL.—Upon the filing of a complaint under this subsection, the following procedures shall apply:

(i) COMPLAINANT NOTICE.—The Director shall serve notice upon the complainant acknowledging receipt of such filing and advising the complainant of the time limits and procedures provided under this section.

(ii) RESPONDENT NOTICE.—The Director shall, not later than 30 days after receipt of such filing—

(I) serve on the respondent a notice of the complaint, together with a copy of the original complaint; and

(II) advise the respondent of the procedural rights and obligations of respondents under this section.

1 (iii) ANSWER.—The respondent may
 2 file, not later than 60 days after receipt of
 3 the notice from the Director, an answer to
 4 such complaint.

5 (iv) INVESTIGATIVE DUTIES.—The Di-
 6 rector shall—

7 (I) make an investigation of the
 8 alleged inequitable provision of health
 9 care; and

10 (II) complete such investigation
 11 within 180 days (unless it is impracti-
 12 cable to complete such investigation
 13 within 180 days) after the filing of
 14 the complaint.

15 (B) INVESTIGATIONS.—

16 (i) PATTERN OR PRACTICE.—In the
 17 course of investigating the complaint, the
 18 Director may seek records of care provided
 19 to patients other than the complainant if
 20 necessary to demonstrate or disprove an
 21 allegation of inequitable provision of health
 22 care or to determine whether there is a
 23 pattern or practice of such care.

24 (ii) ACCOUNTING FOR SOCIAL DETER-
 25 MINANTS OF HEALTH.—In investigating

1 the complaint and reaching a determina-
2 tion on the validity of the complaint, the
3 Director shall account for social deter-
4 minants of health and the effect of such
5 social determinants on health care out-
6 comes, so that the health care provider
7 named in the complaint is not held ac-
8 countable for a factor outside of the con-
9 trol of the provider's provision of health
10 care.

11 (iii) INABILITY TO COMPLETE INVES-
12 TIGATION.—If the Director is unable to
13 complete (or finds it is impracticable to
14 complete) the investigation within 180
15 days after the filing of the complaint (or,
16 if the Secretary takes further action under
17 paragraph (6)(B) with respect to a com-
18 plaint, within 180 days after the com-
19 mencement of such further action), the Di-
20 rector shall notify the complainant and re-
21 spondent in writing of the reasons in-
22 volved.

23 (iv) REPORT TO STATE LICENSING
24 AUTHORITIES.—On concluding each inves-
25 tigation under this subparagraph, the Di-

1 rector shall provide to each State licensing
2 authority that is responsible for the licens-
3 ing of the health care provider under inves-
4 tigation, information specifying the results
5 of the investigation.

6 (C) REPORT.—

7 (i) FINAL REPORT.—On completing
8 each investigation under this paragraph,
9 the Director shall prepare a final investiga-
10 tive report.

11 (ii) MODIFICATION OF REPORT.—A
12 final report under this subparagraph may
13 be modified if additional evidence is later
14 discovered.

15 (3) CONCILIATION.—

16 (A) IN GENERAL.—During the period be-
17 ginning on the date on which a complaint is
18 filed under this subsection and ending on the
19 date of final disposition of such complaint (in-
20 cluding during an investigation under para-
21 graph (2)(B)), the Director shall, to the extent
22 feasible, engage in conciliation with respect to
23 such complaint.

24 (B) CONCILIATION AGREEMENT.—A con-
25 ciliation agreement arising out of such concilia-

tion shall be an agreement between the respondent and the complainant, and shall be subject to approval by the Director.

(C) RIGHTS PROTECTED.—The Director shall approve a conciliation agreement only if the agreement protects the rights of the complainant and other persons similarly situated.

(D) REPORTING OF AGREEMENT.—

(i) IN GENERAL.—Subject to clause (ii), the Secretary shall make available to the State licensing authority described in paragraph (2)(B)(iv) a copy of a conciliation agreement entered into pursuant to this subsection unless the complainant and respondent otherwise agree, and the Secretary determines, that disclosure is not required to further the purposes of this subsection.

(ii) LIMITATION.—A conciliation agreement that is made available to the State licensing authority pursuant to clause (i) may not disclose individually identifiable health information.

(4) FAILURE TO COMPLY WITH CONCILIATION AGREEMENT.—Whenever the Director has reason-

1 able cause to believe that a respondent has breached
2 a conciliation agreement, the Director shall refer the
3 matter to the Attorney General to consider filing a
4 civil action to enforce such agreement.

5 (5) WRITTEN CONSENT FOR DISCLOSURE OF
6 INFORMATION.—Nothing said or done in the course
7 of conciliation under this subsection may be made
8 public, or used as evidence in a subsequent pro-
9 ceeding under this subsection, without the written
10 consent of the parties to the conciliation.

11 (6) PROMPT JUDICIAL ACTION.—

12 (A) IN GENERAL.—If the Director deter-
13 mines at any time following the filing of a com-
14 plaint under this subsection that prompt judi-
15 cial action is necessary to carry out the pur-
16 poses of this subsection, the Director may rec-
17 ommend that the Attorney General promptly
18 commence a civil action under subsection (d).

19 (B) IMMEDIATE SUIT.—If the Director de-
20 termines at any time following the filing of a
21 complaint under this subsection that the public
22 interest would be served by allowing the com-
23 plainant to bring a civil action under subsection
24 (c) in a State or Federal court immediately, the
25 Director shall certify that the administrative

1 process has concluded and that the complainant
2 may file such a suit immediately.

3 (7) ANNUAL REPORT.—Not later than 1 year
4 after the date of enactment of this Act, and annually
5 thereafter, the Director shall make publicly available
6 a report detailing the activities of the Office for Civil
7 Rights and Health Equity under this subsection, in-
8 cluding—

9 (A) the number of complaints filed and the
10 basis on which the complaints were filed;

11 (B) the number of investigations under-
12 taken as a result of such complaints; and

13 (C) the disposition of all such investiga-
14 tions.

15 (c) ENFORCEMENT BY PRIVATE PERSONS.—

16 (1) IN GENERAL.—

17 (A) CIVIL ACTION.—

18 (i) IN SUIT.—A complainant under
19 subsection (b) may commence a civil action
20 to obtain appropriate relief with respect to
21 an alleged violation of subsection (a), or
22 for breach of a conciliation agreement
23 under subsection (b), in an appropriate
24 district court of the United States or State
25 court—

1 (I) not sooner than the earliest
2 of—

3 (aa) the date a conciliation
4 agreement is reached under sub-
5 section (b);

6 (bb) the date of a final dis-
7 position of a complaint under
8 subsection (b); or

9 (cc) 180 days after the first
10 day of the alleged violation; and

11 (II) not later than 2 years after
12 the final day of the alleged violation.

13 (ii) STATUTE OF LIMITATIONS.—The
14 computation of such 2-year period shall
15 not include any time during which an ad-
16 ministrative proceeding (including inves-
17 tigation or conciliation) under subsection
18 (b) was pending with respect to a com-
19 plaint under such subsection.

20 (B) BARRING SUIT.—If the Director has
21 obtained a conciliation agreement under sub-
22 section (b) regarding an alleged violation of
23 subsection (a), no action may be filed under
24 this paragraph by the complainant involved
25 with respect to the alleged violation except for

1 the purpose of enforcing the terms of such an
2 agreement.

3 (2) RELIEF WHICH MAY BE GRANTED.—

4 (A) IN GENERAL.—In a civil action under
5 paragraph (1), if the court finds that a viola-
6 tion of subsection (a) or breach of a conciliation
7 agreement has occurred, the court may award
8 to the plaintiff actual and punitive damages,
9 and may grant as relief, as the court deter-
10 mines to be appropriate, any permanent or tem-
11 porary injunction, temporary restraining order,
12 or other order (including an order enjoining the
13 defendant from engaging in a practice violating
14 subsection (a) or ordering such affirmative ac-
15 tion as may be appropriate).

16 (B) FEES AND COSTS.—In a civil action
17 under paragraph (1), the court, in its discre-
18 tion, may allow the prevailing party, other than
19 the United States, a reasonable attorney's fee
20 and costs. The United States shall be liable for
21 such fees and costs to the same extent as a pri-
22 vate person.

23 (3) INTERVENTION BY ATTORNEY GENERAL.—

24 Upon timely application, the Attorney General may
25 intervene in a civil action under paragraph (1), if

1 the Attorney General certifies that the case is of
2 general public importance.

3 (d) ENFORCEMENT BY THE ATTORNEY GENERAL.—

4 (1) COMMENCEMENT OF ACTIONS.—

5 (A) PATTERN OR PRACTICE CASES.—The
6 Attorney General may commence a civil action
7 in any appropriate district court of the United
8 States if the Attorney General has reasonable
9 cause to believe that any health care provider
10 covered by subsection (a)—

11 (i) is engaged in a pattern or practice
12 that violates such subsection; or

13 (ii) is engaged in a violation of such
14 subsection that raises an issue of signifi-
15 cant public importance.

16 (B) CASES BY REFERRAL.—The Director
17 may determine, based on a pattern of com-
18 plaints, a pattern of violations, a review of data
19 reported by a health care provider covered by
20 subsection (a), or any other means, that there
21 is reasonable cause to believe a health care pro-
22 vider is engaged in a pattern or practice that
23 violates subsection (a). If the Director makes
24 such a determination, the Director shall refer
25 the related findings to the Attorney General. If

1 the Attorney General finds that such reasonable
 2 cause exists, the Attorney General may com-
 3 mence a civil action in any appropriate district
 4 court of the United States.

5 (2) ENFORCEMENT OF SUBPOENAS.—The At-
 6 torney General, on behalf of the Director, or another
 7 party at whose request a subpoena is issued under
 8 this subsection, may enforce such subpoena in ap-
 9 propriate proceedings in the district court of the
 10 United States for the district in which the person to
 11 whom the subpoena was addressed resides, was
 12 served, or transacts business.

13 (3) RELIEF WHICH MAY BE GRANTED IN CIVIL
 14 ACTIONS.—

15 (A) IN GENERAL.—In a civil action under
 16 paragraph (1), the court—

17 (i) may award such preventive relief,
 18 including a permanent or temporary in-
 19 junction, temporary restraining order, or
 20 other order against the person responsible
 21 for a violation of subsection (a) as is nec-
 22 essary to assure the full enjoyment of the
 23 rights granted by this subsection;

24 (ii) may award such other relief as the
 25 court determines to be appropriate, includ-

1 ing monetary damages, to aggrieved per-
2 sons; and

3 (iii) may, to vindicate the public inter-
4 est, assess punitive damages against the
5 respondent—

6 (I) in an amount not exceeding
7 \$500,000, for a first violation; and

8 (II) in an amount not exceeding
9 \$1,000,000, for any subsequent viola-
10 tion.

11 (B) FEES AND COSTS.—In a civil action
12 under this subsection, the court, in its discre-
13 tion, may allow the prevailing party, other than
14 the United States, a reasonable attorney's fee
15 and costs. The United States shall be liable for
16 such fees and costs to the extent provided by
17 section 2412 of title 28, United States Code.

18 (4) INTERVENTION IN CIVIL ACTIONS.—Upon
19 timely application, any person may intervene in a
20 civil action commenced by the Attorney General
21 under paragraphs (1) and (2) if the action involves
22 an alleged violation of subsection (a) with respect to
23 which such person is an aggrieved person (including
24 a person who is a complainant under subsection (b))

1 or a conciliation agreement to which such person is
2 a party.

3 (e) DEFINITIONS.—In this section:

4 (1) AGGRIEVED PERSON.—The term “aggrieved
5 person” means—

6 (A) a person who believes that the person
7 was or will be injured in violation of subsection
8 (a); or

9 (B) the personal representative or estate of
10 a deceased person who was injured in violation
11 of subsection (a).

12 (2) DIRECTOR.—The term “Director” means
13 the Director for Civil Rights and Health Equity of
14 the Department of Health and Human Services.

15 (3) DISABILITY.—The term “disability” has the
16 meaning given such term in section 3 of the Ameri-
17 cans with Disabilities Act of 1990 (42 U.S.C.
18 12102).

19 (4) CONCILIATION.—The term “conciliation”
20 means the attempted resolution of issues raised by
21 a complaint, or by the investigation of such com-
22 plaint, through informal negotiations involving the
23 complainant, the respondent, and the Secretary.

24 (5) CONCILIATION AGREEMENT.—The term
25 “conciliation agreement” means a written agreement

1 setting forth the resolution of the issues in concilia-
 2 tion.

3 (6) INDIVIDUALLY IDENTIFIABLE HEALTH IN-
 4 FORMATION.—The term “individually identifiable
 5 health information” means any information, includ-
 6 ing demographic information collected from an indi-
 7 vidual—

8 (A) that is created or received by a health
 9 care provider covered by subsection (a), health
 10 plan, employer, or health care clearinghouse;

11 (B) that relates to the past, present, or fu-
 12 ture physical or mental health or condition of,
 13 the provision of health care to, or the past,
 14 present, or future payment for the provision of
 15 health care to, the individual; and

16 (C)(i) that identifies the individual; or

17 (ii) with respect to which there is a reason-
 18 able basis to believe that the information can be
 19 used to identify the individual.

20 (7) INEQUITABLE PROVISION OF HEALTH
 21 CARE.—The term “inequitable provision of health
 22 care” means the provision of any health care service,
 23 by a health care provider in a manner that—

24 (A) fails to meet a high-quality care stand-
 25 ard, meaning the health care provider fails to—

1 (i) avoid harm to patients as a result
 2 of the health services that are intended to
 3 help the patient;

4 (ii) provide health services based on
 5 scientific knowledge to all patients who
 6 benefit;

7 (iii) refrain from providing services to
 8 patients not likely to benefit;

9 (iv) provide care that is responsive to
 10 patient preferences, needs, and values; and

11 (v) avoids waits or delays in care; and

12 (B) is discriminatory in intent or effect
 13 based at least in part on a basis specified in
 14 subsection (a).

15 (8) RESPONDENT.—The term “respondent”
 16 means the person or other entity accused in a com-
 17 plaint of a violation of subsection (a).

18 (9) SECRETARY.—The term “Secretary” means
 19 the Secretary of Health and Human Services.

20 (10) SOCIAL DETERMINANTS OF HEALTH.—The
 21 term “social determinants of health” means condi-
 22 tions in the environments in which individuals live,
 23 work, attend school, and worship, that affect a wide
 24 range of health, functioning, and quality-of-life out-
 25 comes and risks.

1 (f) RULE OF CONSTRUCTION.—Nothing in this sec-
 2 tion shall be construed as repealing or limiting the effect
 3 of title VI of the Civil Rights Act of 1964 (42 U.S.C.
 4 2000d et seq.), section 1557 of the Patient Protection and
 5 Affordable Care Act (42 U.S.C. 18116), section 504 of
 6 the Rehabilitation Act of 1973 (29 U.S.C. 794), or the
 7 Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.).

8 **SEC. 8. FEDERAL HEALTH EQUITY COMMISSION.**

9 (a) ESTABLISHMENT OF COMMISSION.—

10 (1) IN GENERAL.—There is established the
 11 Federal Health Equity Commission (in this section
 12 referred to as the “Commission”).

13 (2) MEMBERSHIP.—

14 (A) IN GENERAL.—The Commission shall
 15 be composed of—

16 (i) 8 voting members appointed under
 17 subparagraph (B); and

18 (ii) the nonvoting, ex officio members
 19 described in subparagraph (C).

20 (B) VOTING MEMBERS.—Not more than 4
 21 of the members described in subparagraph
 22 (A)(i) shall at any one time be of the same po-
 23 litical party. Such members shall have recog-
 24 nized expertise in and personal experience with
 25 racial and ethnic health inequities, health care

1 needs of vulnerable and marginalized popu-
2 lations, and health equity as a vehicle for im-
3 proving health status and health outcomes.
4 Such members shall be appointed to the Com-
5 mission as follows:

6 (i) 4 members of the Commission
7 shall be appointed by the President.

8 (ii) 2 members of the Commission
9 shall be appointed by the President pro
10 tempore of the Senate, upon the rec-
11 ommendations of the majority leader and
12 the minority leader of the Senate. Each
13 member appointed to the Commission
14 under this clause shall be appointed from
15 a different political party.

16 (iii) 2 members of the Commission
17 shall be appointed by the Speaker of the
18 House of Representatives upon the rec-
19 ommendations of the majority leader and
20 the minority leader of the House of Rep-
21 resentatives. Each member appointed to
22 the Commission under this clause shall be
23 appointed from a different political party.

1 (C) EX OFFICIO MEMBER.—The Commis-
 2 sion shall have the following nonvoting, ex offi-
 3 cio members:

4 (i) The Director for Civil Rights and
 5 Health Equity of the Department of
 6 Health and Human Services.

7 (ii) The Deputy Assistant Secretary
 8 for Minority Health of the Department of
 9 Health and Human Services.

10 (iii) The Director of the National In-
 11 stitute on Minority Health and Health Dis-
 12 parities.

13 (iv) The Chairperson of the Advisory
 14 Committee on Minority Health established
 15 under section 1707(c) of the Public Health
 16 Service Act (42 U.S.C. 300u–6(c)).

17 (3) TERMS.—The term of office of each mem-
 18 ber of the Commission appointed under paragraph
 19 (2)(B) shall be 6 years.

20 (4) CHAIRPERSON; VICE CHAIRPERSON.—

21 (A) CHAIRPERSON.—The President shall,
 22 with the concurrence of a majority of the mem-
 23 bers of the Commission appointed under para-
 24 graph (2)(B), designate a Chairperson from

1 among the members of the Commission ap-
2 pointed under such paragraph.

3 (B) VICE CHAIRPERSON.—

4 (i) DESIGNATION.—The Speaker of
5 the House of Representatives shall, in con-
6 sultation with the majority leaders and the
7 minority leaders of the Senate and the
8 House of Representatives and with the
9 concurrence of a majority of the members
10 of the Commission appointed under para-
11 graph (2)(B), designate a Vice Chairperson
12 from among the members of the Commis-
13 sion appointed under such paragraph. The
14 Vice Chairperson may not be a member of
15 the same political party as the Chair-
16 person.

17 (ii) DUTY.—The Vice Chairperson
18 shall act in place of the Chairperson in the
19 absence of the Chairperson.

20 (5) REMOVAL OF MEMBERS.—The President
21 may remove a member of the Commission only for
22 neglect of duty or malfeasance in office.

23 (6) QUORUM.—A majority of members of the
24 Commission appointed under paragraph (2)(B) shall

1 constitute a quorum of the Commission, but a lesser
2 number of members may hold hearings.

3 (b) DUTIES OF THE COMMISSION.—

4 (1) IN GENERAL.—The Commission shall—

5 (A) monitor and report on the implementa-
6 tion of this Act; and

7 (B) investigate, monitor, and report on
8 progress towards health equity and the elimi-
9 nation of health disparities.

10 (2) ANNUAL REPORT.—The Commission
11 shall—

12 (A) submit to the President and Congress
13 at least one report annually on health equity
14 and health disparities; and

15 (B) include in such report—

16 (i) a description of actions taken by
17 the Department of Health and Human
18 Services and any other Federal agency re-
19 lated to health equity or health disparities;
20 and

21 (ii) recommendations on ensuring eq-
22 uitable health care and eliminating health
23 disparities.

24 (c) POWERS.—

25 (1) HEARINGS.—

1 (A) IN GENERAL.—The Commission or, at
 2 the direction of the Commission, any sub-
 3 committee or member of the Commission, may,
 4 for the purpose of carrying out this section, as
 5 the Commission or the subcommittee or mem-
 6 ber considers advisable—

7 (i) hold such hearings, meet and act
 8 at such times and places, take such testi-
 9 mony, receive such evidence, and admin-
 10 ister such oaths; and

11 (ii) require, by subpoena or otherwise,
 12 the attendance and testimony of such wit-
 13 nesses and the production of such books,
 14 records, correspondence, memoranda, pa-
 15 pers, documents, tapes, and materials.

16 (B) LIMITATION ON HEARINGS.—The
 17 Commission may hold a hearing under subpara-
 18 graph (A)(i) only if the hearing is approved—

19 (i) by a majority of the members of
 20 the Commission appointed under sub-
 21 section (a)(2)(B); or

22 (ii) by a majority of such members
 23 present at a meeting when a quorum is
 24 present.

1 (2) ISSUANCE AND ENFORCEMENT OF SUB-
2 POENAS.—

3 (A) ISSUANCE.—A subpoena issued under
4 paragraph (1) shall—

5 (i) bear the signature of the Chair-
6 person of the Commission; and

7 (ii) be served by any person or class
8 of persons designated by the Chairperson
9 for that purpose.

10 (B) ENFORCEMENT.—In the case of contu-
11 macy or failure to obey a subpoena issued
12 under paragraph (1), the United States district
13 court for the district in which the subpoenaed
14 person resides, is served, or may be found may
15 issue an order requiring the person to appear at
16 any designated place to testify or to produce
17 documentary or other evidence.

18 (C) NONCOMPLIANCE.—Any failure to
19 obey the order of the court may be punished by
20 the court as a contempt of court.

21 (3) WITNESS ALLOWANCES AND FEES.—

22 (A) IN GENERAL.—Section 1821 of title
23 28, United States Code, shall apply to a witness
24 requested or subpoenaed to appear at a hearing
25 of the Commission.

1 (B) EXPENSES.—The per diem and mile-
 2 age allowances for a witness shall be paid from
 3 funds available to pay the expenses of the Com-
 4 mission.

5 (4) POSTAL SERVICES.—The Commission may
 6 use the United States mails in the same manner and
 7 under the same conditions as other agencies of the
 8 Federal Government.

9 (5) GIFTS.—The Commission may accept, use,
 10 and dispose of gifts or donations of services or prop-
 11 erty.

12 (d) ADMINISTRATIVE PROVISIONS.—

13 (1) STAFF.—

14 (A) DIRECTOR.—There shall be a full-time
 15 staff director for the Commission who shall—

16 (i) serve as the administrative head of
 17 the Commission; and

18 (ii) be appointed by the Chairperson
 19 with the concurrence of the Vice Chair-
 20 person.

21 (B) OTHER PERSONNEL.—The Commis-
 22 sion may—

23 (i) appoint such other personnel as it
 24 considers advisable, subject to the provi-
 25 sions of title 5, United States Code, gov-

erning appointments in the competitive service, and the provisions of chapter 51 and subchapter III of chapter 53 of that title relating to classification and General Schedule pay rates; and

(ii) may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals not in excess of the daily equivalent paid for positions at the maximum rate for GS-15 of the General Schedule under section 5332 of title 5, United States Code.

(2) COMPENSATION OF MEMBERS.—

(A) NON-FEDERAL EMPLOYEES.—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which the member is engaged in the performance of the duties of the Commission.

1 (B) FEDERAL EMPLOYEES.—Each member
 2 of the Commission who is an officer or em-
 3 ployee of the Federal Government shall serve
 4 without compensation in addition to the com-
 5 pensation received for the services of the mem-
 6 ber as an officer or employee of the Federal
 7 Government.

8 (C) TRAVEL EXPENSES.—A member of the
 9 Commission shall be allowed travel expenses, in-
 10 cluding per diem in lieu of subsistence, at rates
 11 authorized for an employee of an agency under
 12 subchapter I of chapter 57 of title 5, United
 13 States Code, while away from the home or reg-
 14 ular place of business of the member in the per-
 15 formance of the duties of the Commission.

16 (3) COOPERATION.—The Commission may se-
 17 cure directly from any Federal department or agency
 18 such information as the Commission considers nec-
 19 essary to carry out this Act. Upon request of the
 20 Chairman of the Commission, the head of such de-
 21 partment or agency shall furnish such information to
 22 the Commission.

23 (e) PERMANENT COMMISSION.—Section 1013 of title
 24 5, United States Code, shall not apply to the Commission.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—There
 2 are authorized to be appropriated for fiscal year 2025 and
 3 each fiscal year thereafter such sums as may be necessary
 4 to carry out the duties of the Commission.

5 **SEC. 9. GRANTS FOR HOSPITALS TO PROMOTE EQUITABLE**
 6 **HEALTH CARE AND OUTCOMES.**

7 (a) IN GENERAL.—Not later than 180 days after the
 8 date of the enactment of this Act, the Secretary of Health
 9 and Human Services (in this section referred to as the
 10 “Secretary”) shall award grants to hospitals to promote
 11 equitable health care treatment and services, and reduce
 12 disparities in care and outcomes.

13 (b) CONSULTATION.—In establishing the criteria for
 14 grants under this section and evaluating applications for
 15 such grants, the Secretary shall consult with the Director
 16 for Civil Rights and Health Equity of the Department of
 17 Health and Human Services.

18 (c) USE OF FUNDS.—A hospital shall use funds re-
 19 ceived from a grant under this section to establish or ex-
 20 pand programs to provide equitable health care to all pa-
 21 tients and to ensure equitable health care outcomes. Such
 22 uses may include—

23 (1) providing explicit and implicit bias training
 24 to medical providers and staff;

- 1 (2) providing translation or interpretation serv-
2 ices for patients;
3 (3) recruiting and training a diverse workforce;
4 (4) tracking data related to care and outcomes;
5 and
6 (5) training on cultural sensitivity.

7 (d) PRIORITY.—In awarding grants under this sec-
8 tion, the Secretary shall give priority to hospitals that
9 have received disproportionate share hospital payments
10 under section 1886(r) of the Social Security Act (42
11 U.S.C. 1395ww(r)) or section 1923 of such Act (42 U.S.C.
12 1396r-4) with respect to fiscal year 2025.

13 (e) SUPPLEMENT, NOT SUPPLANT.—Grants awarded
14 under this section shall be used to supplement, not sup-
15 plant, any nongovernment efforts, or other Federal, State,
16 or local funds provided to a recipient.

17 (f) EQUITABLE HEALTH CARE DEFINED.—The term
18 “equitable health care” has the meaning given such term
19 in subclause (VIII)(cc) of section 1886(b)(3)(B)(viii) of
20 the Social Security Act (42 U.S.C.
21 1395ww(b)(3)(B)(viii)), as added by section 4(a).

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