

Equitable Data Collection and Disclosure on COVID-19 Act of 2021

Due to pre-existing health disparities, socioeconomic inequality, and structural racism, communities of color and Indigenous communities 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.

From the beginning of this pandemic, Black, brown, and American Indian/Alaska Native (AI/AN) people in the United States have suffered the largest burden of illness, hospitalization and death from COVID-19. The Centers for Disease Control and Prevention (CDC) [reports](#) that AI/AN people are nearly four times as likely as white people to be hospitalized for COVID-19, and that Black and Hispanic/Latino people are about twice as likely to die of COVID-19 as white people. Nonetheless, significant gaps in data reporting remain. Even a year into the pandemic, [race and ethnicity data](#) is available for only half (52%) of COVID-19 cases.

The Equitable Data Collection and Disclosure on COVID-19 Act of 2021:

- Requires 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, tribal affiliation, socioeconomic status, disability status, and county:
 - 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; and
 - Data related to COVID-19 vaccinations, including the number and percentage of vaccines administered to each group; the number of vaccines offered, accepted, and refused; and the most common reasons for refusal.
- Requires HHS to take all necessary steps to protect privacy and Tribal sovereignty in releasing this data.
- Creates a Commission on Ensuring Data for Health Equity, including federal, state, local, and Tribal officials along with independent experts, to provide guidance on how to better collect, develop and analyze racial, Tribal, disability, and other demographic data in responding to future public health emergencies.
- Authorizes \$50 million in emergency supplemental funding to HHS to conduct or support data collection on the racial and ethnic implications of COVID-19, including supporting capacity building in state and local health departments to collect and transmit racial and ethnic data.