

118TH CONGRESS  
1ST SESSION

# H. R. 2904

To amend the Public Health Service Act to provide for public health research and investment into understanding and eliminating structural racism and police violence.

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## IN THE HOUSE OF REPRESENTATIVES

APRIL 26, 2023

Ms. PRESSLEY (for herself, Ms. LEE of California, Mr. MCGOVERN, Mr. SARBANES, Ms. SCHAKOWSKY, Mr. HIGGINS of New York, Mr. TAKANO, Mr. CARTER of Louisiana, Mr. THOMPSON of Mississippi, Mr. GARCÍA of Illinois, Mr. ESPAILLAT, Mrs. WATSON COLEMAN, Ms. WASSERMAN SCHULTZ, Ms. MATSUI, Ms. BUSH, Ms. SCANLON, Ms. WILSON of Florida, Ms. NORTON, Ms. CROCKETT, Ms. SEWELL, Ms. VELÁZQUEZ, Mrs. CHERFILUS-McCORMICK, Ms. STANSBURY, Mr. BOWMAN, Ms. JAYAPAL, Mr. POCAN, Mrs. McCLELLAN, Mr. NADLER, Mr. COHEN, Mr. IVEY, Mr. SOTO, Mr. RUPPERSBERGER, Mr. SMITH of Washington, Ms. MENG, Mr. TORRES of New York, Mr. PAYNE, Mr. VARGAS, Mrs. BEATTY, Ms. JACKSON LEE, Ms. WILLIAMS of Georgia, Ms. BROWN, Mr. CARSON, Ms. CASTOR of Florida, and Ms. OMAR) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to provide for public health research and investment into understanding and eliminating structural racism and police violence.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Anti-Racism in Public  
3 Health Act of 2023”.

4 **SEC. 2. DEFINITIONS.**

5 In this Act:

6 (1) **ANTIRACISM.**—The term “antiracism” is a  
7 collection of antiracist policies that lead to racial eq-  
8 uity, and are substantiated by antiracist ideas.

9 (2) **ANTIRACIST.**—The term “antiracist” is any  
10 measure that produces or sustains racial equity be-  
11 tween racial groups.

12 **SEC. 3. PUBLIC HEALTH RESEARCH AND INVESTMENT IN**  
13 **DISMANTLING STRUCTURAL RACISM.**

14 Part B of title III of the Public Health Service Act  
15 (42 U.S.C. 243 et seq.) is amended by adding at the end  
16 the following:

17 **“SEC. 320B. NATIONAL CENTER ON ANTIRACISM AND**  
18 **HEALTH.**

19 “(a) **IN GENERAL.**—

20 “(1) **NATIONAL CENTER.**—There is established  
21 within the Centers for Disease Control and Preven-  
22 tion a center to be known as the ‘National Center  
23 on Antiracism and Health’ (referred to in this sec-  
24 tion as the ‘Center’). The Director of the Centers for  
25 Disease Control and Prevention shall appoint a di-  
26 rector to head the Center who has experience living

1 in and working with racial and ethnic minority com-  
2 munities. The Center shall promote public health  
3 by—

4 “(A) declaring racism a public health crisis  
5 and naming racism as an historical and present  
6 threat to the physical and mental health and  
7 well-being of the United States and world;

8 “(B) aiming to develop new knowledge in  
9 the science and practice of antiracism, including  
10 by identifying the mechanisms by which racism  
11 operates in the provision of health care and in  
12 systems that impact health and well-being;

13 “(C) transferring that knowledge into  
14 practice, including by developing interventions  
15 that dismantle the mechanisms of racism and  
16 replace such mechanisms with equitable struc-  
17 tures, policies, practices, norms, and values so  
18 that a healthy society can be realized; and

19 “(D) contributing to a national and global  
20 conversation regarding the impacts of racism on  
21 the health and well-being of the United States  
22 and world.

23 “(2) GENERAL DUTIES.—The Secretary, acting  
24 through the Center, shall undertake activities to

1 carry out the mission of the Center as described in  
2 paragraph (1), such as the following:

3 “(A) Conduct research into, collect, ana-  
4 lyze and make publicly available data on, and  
5 provide leadership and coordination for the  
6 science and practice of antiracism, the public  
7 health impacts of structural racism, and the ef-  
8 fectiveness of intervention strategies to address  
9 these impacts. Topics of research and data col-  
10 lection under this subparagraph may include  
11 identifying and understanding—

12 “(i) policies and practices that have a  
13 disparate impact on the health and well-  
14 being of communities of color;

15 “(ii) the public health impacts of im-  
16 plicit racial bias, White supremacy, weath-  
17 ering, xenophobia, discrimination, and  
18 prejudice;

19 “(iii) the social determinants of health  
20 resulting from structural racism, including  
21 poverty, housing, employment, political  
22 participation, and environmental factors;  
23 and

24 “(iv) the intersection of racism and  
25 other systems of oppression, including as

1           related to age, sexual orientation, gender  
2           identity, and disability status.

3           “(B) Award noncompetitive grants and co-  
4           operative agreements to eligible public and non-  
5           profit private entities, including State, local,  
6           territorial, and Tribal health agencies and orga-  
7           nizations, for the research and collection, anal-  
8           ysis, and reporting of data on the topics de-  
9           scribed in subparagraph (A).

10          “(C) Establish, through grants or coopera-  
11          tive agreements, at least 3 regional centers of  
12          excellence, located in racial and ethnic minority  
13          communities, in antiracism for the purpose of  
14          developing new knowledge in the science and  
15          practice of antiracism in health by researching,  
16          understanding, and identifying the mechanisms  
17          by which racism operates in the health space,  
18          racial and ethnic inequities in health care ac-  
19          cess and outcomes, the history of successful  
20          antiracist movements in health, and other  
21          antiracist public health work.

22          “(D) Establish a clearinghouse within the  
23          Centers for Disease Control and Prevention for  
24          the collection and storage of data generated  
25          under the programs implemented under this

1 section for which there is not an otherwise ex-  
2 isting surveillance system at the Centers for  
3 Disease Control and Prevention. Such data  
4 shall—

5 “(i) be comprehensive and disaggre-  
6 gated, to the extent practicable, by includ-  
7 ing racial, ethnic, primary language, sex,  
8 gender identity, sexual orientation, age, so-  
9 cioeconomic status, and disability dispari-  
10 ties;

11 “(ii) be made publicly available;

12 “(iii) protect the privacy of individuals  
13 whose information is included in such data;  
14 and

15 “(iv) comply with privacy protections  
16 under the regulations promulgated under  
17 section 264(c) of the Health Insurance  
18 Portability and Accountability Act of 1996.

19 “(E) Provide information and education to  
20 the public on the public health impacts of struc-  
21 tural racism and on antiracist public health  
22 interventions.

23 “(F) Consult with other Centers and Na-  
24 tional Institutes within the Centers for Disease  
25 Control and Prevention, including the Office of

1           Minority Health and Health Equity and the  
2           Center for State, Tribal, Local, and Territorial  
3           Support, to ensure that scientific and pro-  
4           grammatic activities initiated by the agency  
5           consider structural racism in their designs,  
6           conceptualizations, and executions, which shall  
7           include—

8                     “(i) putting measures of racism in  
9                     population-based surveys;

10                    “(ii) establishing a Federal Advisory  
11                    Committee on racism and health for the  
12                    Centers for Disease Control and Preven-  
13                    tion;

14                    “(iii) developing training programs,  
15                    curricula, and seminars for the purposes of  
16                    training public health professionals and re-  
17                    searchers around issues of race, racism,  
18                    and antiracism;

19                    “(iv) providing standards and best  
20                    practices for programming and grant re-  
21                    cipient compliance with Federal data col-  
22                    lection standards, including section 4302  
23                    of the Patient Protection and Affordable  
24                    Care Act; and

1 “(v) establishing leadership and stake-  
2 holder councils with experts and leaders in  
3 racism and public health disparities.

4 “(G) Coordinate with the Indian Health  
5 Service and with the Centers for Disease Con-  
6 trol and Prevention’s Tribal Advisory Com-  
7 mittee to ensure meaningful Tribal consulta-  
8 tion, the gathering of information from Tribal  
9 authorities, and respect for Tribal data sov-  
10 ereignty.

11 “(H) Engage in government to government  
12 consultation with Indian Tribes and Tribal or-  
13 ganizations.

14 “(I) At least every 2 years, produce and  
15 publicly post on the Centers for Disease Control  
16 and Prevention’s website a report on antiracist  
17 activities completed by the Center, which may  
18 include newly identified antiracist public health  
19 practices.

20 “(b) AUTHORIZATION OF APPROPRIATIONS.—There  
21 is authorized to be appropriated such sums as may be nec-  
22 essary to carry out this section.”.



1 **SEC. 4. PUBLIC HEALTH RESEARCH AND INVESTMENT IN**  
2 **POLICE VIOLENCE.**

3 (a) IN GENERAL.—The Secretary of Health and  
4 Human Services shall establish within the National Center  
5 for Injury Prevention and Control of the Centers for Dis-  
6 ease Control and Prevention (referred to in this section  
7 as the “Center”) a law enforcement violence prevention  
8 program.

9 (b) GENERAL DUTIES.—In implementing the pro-  
10 gram under subsection (a), the Center shall conduct re-  
11 search into, and provide leadership and coordination for—

12 (1) the understanding and promotion of knowl-  
13 edge about the public health impacts of uses of force  
14 by law enforcement, including police brutality and  
15 violence;

16 (2) developing public health interventions and  
17 perspectives for eliminating deaths, injury, trauma,  
18 and negative mental health effects from police pres-  
19 ence and interactions, including police brutality and  
20 violence; and

21 (3) ensuring comprehensive data collection,  
22 analysis, and reporting regarding police violence and  
23 misconduct in consultation with the Department of  
24 Justice and independent researchers.

25 (c) FUNCTIONS.—Under the program under sub-  
26 section (a), the Center shall—

1           (1) summarize and enhance the knowledge of  
2           the distribution, status, and characteristics of law  
3           enforcement-related death, trauma, and injury;

4           (2) conduct research and prepare, with the as-  
5           sistance of State public health departments—

6                 (A) statistics on law enforcement-related  
7                 death, injury, and brutality;

8                 (B) studies of the factors, including legal,  
9                 socioeconomic, discrimination, and other factors  
10                that correlate with or influence police brutality;

11               (C) public information about uses of force  
12               by law enforcement, including police brutality  
13               and violence, for the practical use of the public  
14               health community, including publications that  
15               synthesize information relevant to the national  
16               goal of understanding police violence and meth-  
17               ods for its control;

18               (D) information to identify socioeconomic  
19               groups, communities, and geographic areas in  
20               need of study, and a strategic plan for research  
21               necessary to comprehend the extent and nature  
22               of police uses of force by law enforcement, in-  
23               cluding police brutality and violence, and deter-  
24               mine what options exist to reduce or eradicate  
25               death and injury that result; and

1 (E) best practices in police violence preven-  
2 tion in other countries;

3 (3) award grants, contracts, and cooperative  
4 agreements to provide for the conduct of epidemio-  
5 logic research on uses of force by law enforcement,  
6 including police brutality and violence, by Federal,  
7 State, local, and private agencies, institutions, orga-  
8 nizations, and individuals;

9 (4) award grants, contracts, and cooperative  
10 agreements to community groups, independent re-  
11 search organizations, academic institutions, and  
12 other entities to support, execute, or conduct re-  
13 search on interventions to reduce or eliminate uses  
14 of force by law enforcement, including police bru-  
15 tality and violence;

16 (5) coordinate with the Department of Justice,  
17 and other Federal, State, and local agencies on the  
18 standardization of data collection, storage, and re-  
19 trieval necessary to collect, evaluate, analyze, and  
20 disseminate information about the extent and nature  
21 of uses of force by law enforcement, including police  
22 brutality and violence, as well as options for the  
23 eradication of such practices;

24 (6) submit an annual report to Congress on re-  
25 search findings with recommendations to improve

1 data collection and standardization and to disrupt  
2 processes in policing that preserve and reinforce rac-  
3 ism and racial disparities in public health;

4 (7) conduct primary research and explore uses  
5 of force by law enforcement, including police bru-  
6 tality and violence, and options for its control; and

7 (8) study alternatives to law enforcement re-  
8 sponse as a method of reducing police violence.

9 (d) AUTHORIZATION OF APPROPRIATIONS.—There is  
10 authorized to be appropriated, such sums as may be nec-  
11 essary to carry out this section.

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