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(Original Signature of Member)

117TH CONGRESS
2D SESSION

H. R. _____

To authorize the Secretary of Health and Human Services to award grants to eligible entities for creating or enhancing capacity to treat patients with Long COVID through a multidisciplinary approach.

IN THE HOUSE OF REPRESENTATIVES

Ms. PRESSLEY introduced the following bill; which was referred to the Committee on _____

A BILL

To authorize the Secretary of Health and Human Services to award grants to eligible entities for creating or enhancing capacity to treat patients with Long COVID through a multidisciplinary approach.

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 “Targeting Resources
5 for Equitable Access to Treatment for Long COVID Act”
6 or the “Treat Long COVID Act”.

1 **SEC. 2. GRANT PROGRAM TO SUPPORT MULTIDISCI-**
2 **PLINARY LONG COVID CLINICS.**

3 (a) ESTABLISHMENT OF PROGRAM.—The Secretary
4 of Health and Human Services (in this section referred
5 to as the “Secretary”) shall award grants on a competitive
6 basis to eligible entities for the purpose of creating or en-
7 hancing capacity to treat patients with Long COVID (also
8 referred to as post-acute sequelae of COVID–19 and post–
9 COVID conditions) through a multidisciplinary approach.

10 (b) USE OF FUNDS.—An eligible entity receiving a
11 grant under this section shall use the grant, for the pur-
12 pose described in subsection (a), to—

13 (1) enhance the capacity of one or more exist-
14 ing multidisciplinary Long COVID clinics to serve
15 the Long COVID population; or

16 (2) create one or more multidisciplinary clinics
17 to address the physical and mental health needs of
18 Long COVID patients.

19 (c) ELIGIBLE ENTITIES.—To be eligible to receive a
20 grant under this section, an entity shall be a health care
21 provider, Federally qualified health center (as defined in
22 section 1861(aa) of the Social Security Act (42 U.S.C.
23 1395x(aa)), rural health clinic, urban Indian health cen-
24 ter, or State or local public health department, that—

1 (1)(A) operates an existing multidisciplinary
2 Long COVID clinic or other specialized Long
3 COVID program; or

4 (B) demonstrates an intent to create a multi-
5 disciplinary Long COVID clinic or other specialized
6 Long COVID program; and

7 (2) submits to the Secretary an application at
8 such time, in such manner, and containing such in-
9 formation and assurances as the Secretary may re-
10 quire.

11 (d) **EQUITABLE ACCESS.**—In order to ensure equi-
12 table access treatment—

13 (1) no grantee under this section shall deny ac-
14 cess to treatment with respect to Long COVID
15 based on insurance coverage, date or method of di-
16 agnosis, or previous hospitalization;

17 (2) a grantee under this section shall with re-
18 spect to Long COVID—

19 (A) offer equity-centered resources, infor-
20 mation, and training to safety net health sys-
21 tems; and

22 (B) disseminate best practices and treat-
23 ment approaches that enhance access to high-
24 quality care to everyone where they live; and

1 (3) treatment for Long COVID shall be in-
2 cluded as a COVID–19 treatment, consistent with
3 the American Rescue Plan Act of 2021 (Public Law
4 117–2).

5 (e) GRANT AMOUNT.—The amount of a grant award-
6 ed under this section shall not exceed \$2,000,000.

7 (f) GRANT PERIOD.—The period of a grant under
8 this section shall be up to three years, with an opportunity
9 for renewal.

10 (g) PRIORITY.—In awarding grants under subsection
11 (a), the Secretary shall give priority to eligible entities
12 that—

13 (1) submit a plan to engage with medically un-
14 derserved communities, and with populations dis-
15 proportionately impacted by COVID–19, in a degree
16 sufficient to advance health care equity in Long
17 COVID treatment and outcomes;

18 (2) demonstrate capacity (or an intent to build
19 capacity) to facilitate patient access to multidisci-
20 plinary health care providers with expertise in treat-
21 ing Long COVID symptoms and other complex post-
22 viral conditions, including such providers who are
23 primary and specialty care physicians (such as
24 physiatrists, neurologists, cardiologists, immunol-
25 ogists, and pulmonologists), therapists, nurses, care

1 coordinators, social workers, nutritionists, and be-
2 havioral health specialists; and

3 (3) submit a plan to ensure ongoing multidisci-
4 plinary continuing education on infection-triggered
5 conditions for—

6 (A) physicians treating Long COVID; and

7 (B) other physicians and health care work-
8 ers who are not treating Long COVID, but are
9 otherwise serving patients in the community.

10 (h) REPORTS.—

11 (1) ANNUAL REPORTS BY GRANTEES TO SEC-
12 RETARY.—On an annual basis, a recipient of a grant
13 under this section shall—

14 (A) submit to the Secretary, and make
15 publicly available, a report on the activities car-
16 ried out through the grant; and

17 (B) include quantitative and qualitative
18 evaluations of such activities, including the ex-
19 perience of individuals who received health care
20 through such grant.

21 (2) ANNUAL REPORTS BY SECRETARY TO CON-
22 GRESS.—Not later than the end of each of fiscal
23 years 2023 through 2025, the Secretary shall submit
24 to the Congress, and make publicly available, a re-
25 port that—

1 (A) summarizes the reports received under
2 paragraph (1);

3 (B) evaluates the effectiveness of grants
4 under this section; and

5 (C) makes recommendations with respect
6 to expanding coverage for clinical care for Long
7 COVID.

8 (i) AUTHORIZATION OF APPROPRIATIONS.—To carry
9 out this section, there are authorized to be appropriated
10 such sums as may be necessary for each of fiscal years
11 2023 through 2025.