To provide for the establishment of COVID–19 and pandemic response centers of excellence.

IN THE SENATE OF THE UNITED STATES

JULY 12, 2021

Mrs. GILLIBRAND (for herself, Mr. CASSIDY, Mr. BROWN, and Mr. BOOZMAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To provide for the establishment of COVID–19 and pandemic response centers of excellence.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “COVID–19 and Pandemic Response Centers of Excellence Act of 2021”.

SEC. 2. COVID–19 AND PANDEMIC RESPONSE CENTERS OF EXCELLENCE.

(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the “Sec-
(1) COVID–19, including—
   (A) testing and diagnostics, including availability and accessibility;
   (B) patient care, including related follow-up care for COVID–19 survivors;
   (C) best practices in the use of supplies and therapeutics;
   (D) mental health treatment of frontline health care workers and other caregivers;
   (E) health, health care disparities, and best practices for promoting health equity;
   (F) research; and
   (G) education and training, including for health professionals, scientists, and communities; and

(2) future pandemic preparedness and response, including the priorities described in paragraph (1)—
   (A) working in a coordinated fashion with the advisory committee under subsection (e) and respective State and local health authorities for the purposes of disseminating information,
best practices, and other such public health-related measures; and

(B) readiness to conduct or contribute to basic, clinical, and translational research into novel or existing public health threats to save lives, which is not limited to participating in diverse clinical trial research or vaccine, diagnostic, or therapeutic development, however appropriate.

(b) ELIGIBILITY.—To be eligible to receive a grant, contract, or cooperative agreement under subsection (a), an entity shall—

(1) be an academic medical center; and

(2) submit to the Secretary of Health and Human Services an application at such time, in such manner, and containing such information as the Secretary may require, including a description of—

(A) how the entity will conduct or contribute to the activities described in such subsection;

(B) how many individuals with COVID–19 the entity has cared for and the entity’s continued capacity and expertise to provide such care, and how the entity improves health outcomes,
and reduces health inequities among such individuals;

(C) how the entity plans to comprehensively care for COVID–19 survivors;

(D) how the entity identifies and addresses the mental health needs of the frontline health care workforce to ensure the ability of such individuals to continue to care for the community, in addition to current and future COVID–19 patients;

(E) how the entity will conduct research and address health and health care inequities by identifying, implementing, or developing COVID–19 evidenced-based strategies and interventions and engaging the populations heavily impacted by COVID–19 in their community;

(F) how the entity will engage with the community and share information concerning COVID–19 basic, clinical, translational, and implementation research, including vaccine research;

(G) the most significant risk factors and comorbidities of COVID–19 patients observed by the entity and strategies employed by the en-
entity to reduce the risk of COVID–19 trans-
mission;

(H) the long-term health effects of
COVID–19 and effective treatments utilized by
the entity to treat those infected with COVID–
19;

(I) secondary factors in COVID–19 mobil-
ity and mortality identified by the entity, such
as antibiotic resistant infections and blood clot-
ting disorders;

(J) how the entity will collaborate with
other health care institutions, public health
agencies, and community-based organizations to
ensure equitable care to marginalized and un-
derserved populations, including rural and eth-
nic minority communities;

(K) how the entity will conduct research
involving the unique pathophysiology of
COVID–19 in children and adolescents and the
unique needs of pregnant women; and

(L) how the entity is prepared to con-
tribute to advance planning and real-time re-
response efforts for subsequent outbreaks that
present a significant potential to imminently be-
come a national public health emergency.
(c) ADVISORY COMMITTEE.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary shall establish an advisory committee to facilitate collaboration, information sharing, and the dissemination of best practices relating to the COVID–19 pandemic, in addition to preparing for, monitoring, mitigating, and responding to future pandemics. The advisory committee shall be composed of a designee of each of the following:

(A) The Director of the Centers for Disease Control and Prevention.

(B) The Director of the National Institutes of Health.

(C) The Commissioner of Food and Drugs.

(D) The Assistant Secretary for Preparedness and Response.

(E) The Director of the Biomedical Advanced Research and Development Authority.

(F) The Secretary of Defense.

(G) A representative from each center of excellence under this section.

(H) Not more than 20 representatives from national organizations that work with and are able to represent populations disproportion-
ally impacted by COVID–19, and populations
vulnerable for disproportionate impact during a
subsequent pandemic, and other health dispari-
ties.

(2) MEETINGS.—The advisory committee under
paragraph (1) shall convene not less than twice an-
nually.

(d) COVID–19 AND PANDEMIC RESPONSE CENTERS
OF EXCELLENCE PROGRAM FUND.—

(1) Establishment of fund.—There is es-
tablished a fund to be known as the “COVID–19
and Pandemic Response Centers of Excellence Pro-
gram Fund” (referred to in this section as the
“Fund”) to provide awards under this section.

(2) Appropriations.—Out of any funds in the
Treasury not otherwise appropriated, there are au-
thorized to be appropriated, and there are appro-
priated, to the Fund, $500,000,000.

(e) Amount of award.—With respect to each cen-
ter that receives an award under subsection (a), the
amount of such award shall be not less than $10,000,000
for fiscal year 2021, and $5,000,000 for each of fiscal
years 2022, 2023, 2024, 2025, and 2026.

(f) Condition.—Each center of excellence shall, as
a condition of receipt of funds under subsection (a), sub-
mit to the Secretary a budget that describes the activities
to be funded under the award, which may include the pur-
chasing of equipment, costs related to construction, and
other such activities that contribute to the center’s ability
to address the issues described in subsection (a) and to
address and prepare for future pandemics.

(g) Reporting Process.—An entity that receives
an award under this section shall work with an office with-
in the Department of Health and Human Services, as des-
ignated by the Secretary, to submit progress reports and
other such reports determined necessary by the Secretary.

(h) Advisory Committee Reporting.—Not later
than 1 year after the date of enactment of this Act, and
every year thereafter, the Advisory Committee shall sub-
mit to the Committee on Health, Education, Labor, and
Pensions of the Senate and the Committee on Energy and
Commerce of the House of Representatives a report which
shall include a synthesized analysis of all centers of excel-
rence grantee findings, best practices determined for each
item under paragraph (1) and (2) of subsection (a), policy
recommendations, and other reports determined necessary
by the Secretary.

(i) FACA.—The Federal Advisory Committee Act (5
U.S.C. App.) shall apply to this Act.
(j) DISTRIBUTION.—In awarding grants, contracts, and cooperative agreements under this section, the Secretary shall, to the extent practicable, ensure an equitable national geographic distribution of such grants, contracts, and cooperative agreement including areas of the United States where the incidence of COVID–19 cases, or cases of a disease responsible for a subsequent pandemic, is highest.

(k) ACADEMIC MEDICAL CENTER DEFINED.—In this section, the term “academic medical center” means an institution—

(1) with—

(A) integrated health care delivery;
(B) medical education and training;
(C) basic, clinical, translational, and implementation research operations; and
(2) that meets such other criteria as the Secretary may establish.