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 SENATE OF THE UNITED STATES

APRIL 6, 2022

Ms. DUCKWORTH (for herself, Mr. MARKEY, and Mr. Kaine) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 Representatives of the United States of America in Congress assembled,

2 SECTION 1. SHORT TITLE.

3 This Act may be cited as the “Targeting Resources for Equitable Access to Treatment for Long COVID Act” or the “TREAT Long COVID Act”.

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SEC. 2. GRANT PROGRAM TO SUPPORT MULTIDISCIPLINARY LONG COVID CLINICS.

(a) Establishment of Program.—The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall award grants on a competitive basis to eligible entities for the purpose of creating or enhancing capacity to treat patients with Long COVID (also referred to as post-acute sequelae of COVID–19 and post-COVID conditions) through a multidisciplinary approach.

(b) Use of Funds.—An eligible entity receiving a grant under this section shall use the grant, for the purpose described in subsection (a), to—

(1) enhance the capacity of one or more existing multidisciplinary Long COVID clinics to serve the Long COVID population; or

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

(c) Eligible Entities.—To be eligible to receive a grant under this section, an entity shall be a health care provider, Federally qualified health center (as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)), rural health clinic (as defined in such section), urban Indian health center, or State or local public health department, that—
(1)(A) operates an existing multidisciplinary Long COVID clinic or other specialized Long COVID program; or

(B) demonstrates an intent to create a multidisciplinary Long COVID clinic or other specialized Long COVID program; and

(2) submits to the Secretary an application at such time, in such manner, and containing such information and assurances as the Secretary may require.

(d) EQUITABLE ACCESS.—In order to ensure equitable access to treatment—

(1) no grantee under this section shall deny access to treatment with respect to Long COVID based on insurance coverage, date or method of diagnosis, or previous hospitalization;

(2) a grantee under this section shall with respect to Long COVID—

(A) offer equity-centered resources, information, and training to safety net health systems; and

(B) disseminate best practices and treatment approaches that enhance access to high-quality care to everyone where they live; and
(3) treatment for Long COVID shall be included as a COVID–19 treatment, consistent with the American Rescue Plan Act of 2021 (Public Law 117–2).

(e) Grant Amount.—The amount of a grant awarded under this section shall not exceed $2,000,000.

(f) Grant Period.—The period of a grant under this section shall not exceed 3 years, with an opportunity for renewal.

(g) Priority.—In awarding grants under this section, the Secretary shall give priority to eligible entities that—

(1) submit a plan to engage with medically underserved communities, and with populations disproportionately impacted by COVID–19, in a degree sufficient to advance health care equity in Long COVID treatment and outcomes;

(2) demonstrate capacity (or an intent to build capacity) to facilitate patient access to multidisciplinary health care providers with expertise in treating Long COVID symptoms and other complex post-viral conditions, including such providers who are primary and specialty care physicians (such as physiatrists, neurologists, cardiologists, immunologists, and pulmonologists), therapists, nurses, care
coordinators, social workers, nutritionists, and behavioral health specialists; and

(3) submit a plan to ensure ongoing multidisciplinary continuing education on infection-triggered conditions for—

(A) physicians treating Long COVID; and

(B) other physicians and health care workers who are not treating Long COVID, but are otherwise serving patients in the community.

(h) REPORTS.—

(1) ANNUAL REPORTS BY GRANTEES TO SECRETARY.—On an annual basis, a recipient of a grant under this section shall—

(A) submit to the Secretary, and make publicly available, a report on the activities carried out through the grant; and

(B) include quantitative and qualitative evaluations of such activities, including the experience of individuals who received health care through such grant.

(2) ANNUAL REPORTS BY SECRETARY TO CONGRESS.—Not later than the last day of each of fiscal years 2023 through 2025, the Secretary shall submit to the Congress, and make publicly available, a report that—
(A) summarizes the reports received under paragraph (1);

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

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

(i) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2023 through 2025.