

118TH CONGRESS  
1ST SESSION

# H. R. 3258

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.

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## IN THE HOUSE OF REPRESENTATIVES

MAY 11, 2023

Ms. PRESSLEY (for herself, Ms. BLUNT ROCHESTER, Mr. BEYER, Mr. QUIGLEY, Ms. JACOBS, Ms. VELÁZQUEZ, Ms. PORTER, Ms. CHU, Mr. CARTER of Louisiana, Mr. BERA, Ms. NORTON, Mr. SMITH of Washington, Mr. GRIJALVA, Ms. TLAIB, Ms. STANSBURY, Mr. BOWMAN, Mr. CLEAVER, Mr. KRISHNAMOORTHY, Ms. OMAR, Mr. MCGOVERN, Ms. BARRAGÁN, Ms. BUSH, Ms. KUSTER, Mr. KHANNA, Mr. TRONE, and Mrs. CHERFILUS-McCORMICK) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## 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,*

1 **SECTION 1. SHORT TITLE.**

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

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

7 (a) ESTABLISHMENT OF PROGRAM.—The Secretary  
8 of Health and Human Services (in this section referred  
9 to as the “Secretary”) shall award grants on a competitive  
10 basis to eligible entities for the purpose of creating or en-  
11 hancing capacity to treat patients with Long COVID (also  
12 referred to as Post-Acute Sequelae of COVID–19 and  
13 post-COVID conditions) and its associated conditions  
14 through a multidisciplinary approach.

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

18 (1) enhance the capacity of one or more exist-  
19 ing multidisciplinary Long COVID clinics to serve  
20 the Long COVID population; or

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

24 (c) ELIGIBLE ENTITIES.—To be eligible to receive a  
25 grant under this section, an entity shall be a health care  
26 provider, Federally qualified health center (as defined in

1 section 1861(aa) of the Social Security Act (42 U.S.C.  
2 1395x(aa))), rural health clinic, urban Indian health cen-  
3 ter, or State or local public health department, that—

4 (1)(A) operates an existing multidisciplinary  
5 Long COVID clinic or other specialized Long  
6 COVID program; or

7 (B) demonstrates an intent to create a multi-  
8 disciplinary Long COVID clinic or other specialized  
9 Long COVID program; and

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

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

16 (1) no grantee under this section shall deny ac-  
17 cess to treatment with respect to Long COVID  
18 based on insurance coverage, date or method of di-  
19 agnosis, preexisting conditions, or previous hos-  
20 pitalization;

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

23 (A) offer equity-centered resources, infor-  
24 mation, and training to safety net health sys-  
25 tems; and

1 (B) disseminate best practices and treat-  
2 ment approaches that enhance access to high-  
3 quality care to everyone where they live; and

4 (3) treatment for Long COVID shall be in-  
5 cluded as a COVID–19 treatment, consistent with  
6 the American Rescue Plan Act of 2021 (Public Law  
7 117–2).

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

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

13 (g) PRIORITY.—In awarding grants under subsection  
14 (a), the Secretary shall give priority to eligible entities  
15 that—

16 (1) submit a plan to engage with Long COVID  
17 patient organizations, medically underserved commu-  
18 nities, and populations disproportionately impacted  
19 by COVID–19, in a degree sufficient to advance  
20 health care equity in Long COVID treatment and  
21 outcomes;

22 (2) demonstrate capacity (or an intent to build  
23 capacity) to facilitate patient access to multidisci-  
24 plinary health care providers with expertise in treat-  
25 ing Long COVID and its associated conditions, as

1 well as other infection-associated chronic conditions,  
2 including such providers who are primary and spe-  
3 cialty care physicians capable of comprehensive, sys-  
4 temic care, such as psychiatrists, neurologists, cardi-  
5 ologists, immunologists, pulmonologists, therapists,  
6 nurses, care coordinators, social workers, nutrition-  
7 ists, and behavioral health specialists; and

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

11 (A) physicians treating Long COVID and  
12 its associated conditions; and

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

16 (h) REPORTS.—

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

20 (A) submit to the Secretary, and make  
21 publicly available, a report on the activities car-  
22 ried out through the grant; and

23 (B) include quantitative and qualitative  
24 evaluations of such activities, including the ex-

1           perience of individuals who received health care  
2           through such grant.

3           (2) ANNUAL REPORTS BY SECRETARY TO CON-  
4           GRESS.—Not later than the end of each of fiscal  
5           years 2023 through 2025, the Secretary shall submit  
6           to the Congress, and make publicly available, a re-  
7           port that—

8                   (A) summarizes the reports received under  
9                   paragraph (1);

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

12                   (C) makes recommendations with respect  
13                   to expanding coverage for clinical care for Long  
14                   COVID and its associated conditions.

15           (i) AUTHORIZATION OF APPROPRIATIONS.—To carry  
16           out this section, there are authorized to be appropriated  
17           such sums as may be necessary for each of fiscal years  
18           2024 through 2026.

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