

117TH CONGRESS
2D SESSION

H. R. 7482

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

APRIL 7, 2022

Ms. PRESSLEY (for herself, Ms. BLUNT ROCHESTER, and Mr. BEYER) introduced the following bill; which was referred to the Committee on Energy and Commerce

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.

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