

117TH CONGRESS
2D SESSION

H. R. 7617

To provide for a national public health education campaign, grant program, and task force for recommended preventive health care services during the COVID–19 pandemic and future pandemics, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 28, 2022

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

A BILL

To provide for a national public health education campaign, grant program, and task force for recommended preventive health care services during the COVID–19 pandemic and future pandemics, and for other purposes.

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 “Preventive Care
5 Awareness Act of 2022”.

1 **SEC. 2. PUBLIC HEALTH CAMPAIGN REGARDING PREVENT-**
2 **ATIVE HEALTH.**

3 The Secretary of Health and Human Services (re-
4 ferred to in this Act as the “Secretary”), in consultation
5 with the Director of the Centers for Disease Control and
6 Prevention, the Surgeon General of the Public Health
7 Service, and the Administrator of the Centers for Medi-
8 care & Medicaid Services, shall carry out a coordinated,
9 focused national public health education effort to enhance
10 access by individuals and providers to evidence-based and
11 evidence-informed health information about preventive
12 health care, with particular consideration for decreasing
13 disparities in utilization of recommended preventive health
14 care services by individuals in rural and underserved com-
15 munities who have delayed or forgone receiving rec-
16 ommended clinical preventive health care services during
17 the COVID–19 pandemic.

18 **SEC. 3. COVID–19 PREVENTIVE HEALTH CARE GRANT PRO-**
19 **GRAM.**

20 (a) USE OF ALLOTMENTS.—Section 1904 of the Pub-
21 lic Health Service Act (42 U.S.C. 300w–3) is amended—

22 (1) in subsection (a)(1)—

23 (A) by redesignating subparagraphs (E)
24 through (G) as subparagraphs (F) through (H),
25 respectively;

1 (B) in subparagraph (G), as redesignated,
2 by striking “(A) through (E)” and inserting
3 “(A) through (F)”;

4 (C) in subparagraph (H), as redesignated,
5 by striking “(A) through (F)” and inserting
6 “(A) through (G)”;

7 (D) by inserting after subparagraph (D)
8 the following:

9 “(E) Activities to increase patient uptake of
10 recommended clinical preventive health care services
11 during the COVID–19 pandemic, with particular
12 consideration for decreasing disparities in utilization
13 of such preventive health care services by reaching
14 individuals in geographically diverse rural and un-
15 derserved communities who have delayed or forgone
16 receiving recommended clinical preventive health
17 care services during the COVID–19 pandemic.”; and

18 (2) in subsection (b), in the matter following
19 paragraph (5), by striking “subsection (a)(1)(E)”
20 and inserting “subsection (a)(1)(F)”.

21 (b) ALLOTTED AMOUNT.—Subsection (a) of section
22 1904 of the Public Health Service Act (42 U.S.C. 300w–
23 3) is amended by adding at the end the following:

24 “(4) Of the total amount paid to the States under
25 section 1903 for each of fiscal years 2023 and 2024, the

1 Secretary shall ensure that the States, in the aggregate,
2 use at least \$50,000,000 for activities under paragraph
3 (1)(E).”.

4 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
5 1920(a) of the Public Health Service Act (42 U.S.C.
6 300x–9(a)) is amended by adding at the end the following:
7 “In addition to the amounts authorized to be appropriated
8 by the preceding sentence, for the purpose of carrying out
9 paragraphs (1)(E) and (4) of section 1904, there is au-
10 thorized to be appropriated \$50,000,000 for each of fiscal
11 years 2023 and 2024.”.

12 **SEC. 4. TASK FORCE ON PREVENTIVE HEALTH CARE DUR-**
13 **ING PUBLIC HEALTH EMERGENCIES.**

14 (a) TASK FORCE ON PREVENTIVE HEALTH CARE IN
15 RESPONSE TO THE COVID–19 PUBLIC HEALTH EMER-
16 GENCY.—

17 (1) ESTABLISHMENT.—The Secretary shall con-
18 vene a task force to develop Federal recommenda-
19 tions regarding preventive health care during the
20 COVID–19 pandemic and future pandemics.

21 (2) DUTIES.—The task force established under
22 paragraph (1) shall develop and publicly post, in a
23 manner than is accessible for those with disabilities
24 or limited English proficiency, Federal recommenda-
25 tions to promote preventive health care visits and

1 improve health outcomes during and after the
2 COVID–19 pandemic and during future pandemics,
3 with particular consideration for outcomes of rural
4 or underserved communities. Such recommendations
5 shall—

6 (A) address, with particular attention to
7 ensuring equitable services, reducing disparities
8 in health outcomes, and promoting culturally
9 and linguistically appropriate care—

10 (i) measures to facilitate preventive
11 health care;

12 (ii) strategies to increase access to
13 care for individuals at high risk or with
14 elevated risk factors;

15 (iii) how to identify, prevent, and
16 treat mental health and substance use dis-
17 orders which may have arisen or increased
18 during the COVID–19 pandemic;

19 (iv) strategies to address provision of
20 preventive health care services, maintain
21 the delivery of common health services and
22 preventive health care services, and in-
23 crease the ability to accommodate patient
24 care preferences while maintaining safety
25 and quality; and

1 (v) such other matters as the task
2 force determines appropriate;

3 (B) identify barriers to the implementation
4 of the recommendations;

5 (C) take into consideration existing State
6 programs and other programs that have dem-
7 onstrated effectiveness in promoting preventive
8 health care during the COVID–19 pandemic,
9 for purposes of future public health emer-
10 gencies; and

11 (D) identify—

12 (i) policies specific to COVID–19 that,
13 as the public health emergency declared
14 with respect to COVID–19 under section
15 319 of the Public Health Service Act (42
16 U.S.C. 247d) abates, can be safely discon-
17 tinued when appropriate or necessary; and

18 (ii) policies implemented during such
19 public health emergency that should be
20 continued.

21 (3) MEMBERSHIP.—The task force established
22 under paragraph (1) shall be comprised of the fol-
23 lowing:

24 (A) One representative of each of the fol-
25 lowing:

- 1 (i) The Director of the Centers for
2 Disease Control and Prevention.
- 3 (ii) The Administrator of the Health
4 Resources and Services Administration.
- 5 (iii) The Assistant Secretary for Men-
6 tal Health and Substance Use.
- 7 (iv) The Administrator of the Centers
8 for Medicare & Medicaid Services.
- 9 (v) The Director of the Agency for
10 Healthcare Research and Quality.
- 11 (vi) The Director of the Indian Health
12 Service.
- 13 (vii) The Deputy Assistant Secretary
14 for Minority Health.
- 15 (viii) The Director of the Office on
16 Women's Health.
- 17 (ix) The Assistant Secretary for Pre-
18 paredness and Response.
- 19 (B) Such other members as the Secretary
20 determines appropriate.

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