

117TH CONGRESS
1ST SESSION

S. 2307

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.

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 “COVID–19 and Pan-
5 demic Response Centers of Excellence Act of 2021”.

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

8 (a) IN GENERAL.—Not later than 90 days after the
9 date of enactment of this Act, the Secretary of Health and
10 Human Services (referred to in this Act as the “Sec-

1 retary”) shall award grants, contracts, or cooperative
2 agreements to academic medical centers for the establish-
3 ment or continued support of not less than 10 centers of
4 excellence to address issues associated with—

5 (1) COVID–19, including—

6 (A) testing and diagnostics, including
7 availability and accessibility;

8 (B) patient care, including related follow-
9 up care for COVID–19 survivors;

10 (C) best practices in the use of supplies
11 and therapeutics;

12 (D) mental health treatment of frontline
13 health care workers and other caregivers;

14 (E) health, health care disparities, and
15 best practices for promoting health equity;

16 (F) research; and

17 (G) education and training, including for
18 health professionals, scientists, and commu-
19 nities; and

20 (2) future pandemic preparedness and response,
21 including the priorities described in paragraph (1)—

22 (A) working in a coordinated fashion with
23 the advisory committee under subsection (c)
24 and respective State and local health authorities
25 for the purposes of disseminating information,

1 best practices, and other such public health-re-
2 lated measures; and

3 (B) readiness to conduct or contribute to
4 basic, clinical, and translational research into
5 novel or existing public health threats to save
6 lives, which is not limited to participating in di-
7 verse clinical trial research or vaccine, diag-
8 nostic, or therapeutic development, however ap-
9 propriate.

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

13 (1) be an academic medical center; and

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

18 (A) how the entity will conduct or con-
19 tribute to the activities described in such sub-
20 section;

21 (B) how many individuals with COVID-19
22 the entity has cared for and the entity's contin-
23 ued capacity and expertise to provide such care,
24 and how the entity improves health outcomes,

1 and reduces health inequities among such indi-
2 viduals;

3 (C) how the entity plans to comprehen-
4 sively care for COVID–19 survivors;

5 (D) how the entity identifies and addresses
6 the mental health needs of the frontline health
7 care workforce to ensure the ability of such in-
8 dividuals to continue to care for the community,
9 in addition to current and future COVID–19
10 patients;

11 (E) how the entity will conduct research
12 and address health and health care inequities
13 by identifying, implementing, or developing
14 COVID–19 evidenced-based strategies and
15 interventions and engaging the populations
16 heavily impacted by COVID–19 in their com-
17 munity;

18 (F) how the entity will engage with the
19 community and share information concerning
20 COVID–19 basic, clinical, translational, and
21 implementation research, including vaccine re-
22 search;

23 (G) the most significant risk factors and
24 comorbidities of COVID–19 patients observed
25 by the entity and strategies employed by the en-

1 tity to reduce the risk of COVID–19 trans-
2 mission;

3 (H) the long-term health effects of
4 COVID–19 and effective treatments utilized by
5 the entity to treat those infected with COVID–
6 19;

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

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

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

21 (L) how the entity is prepared to con-
22 tribute to advance planning and real-time re-
23 sponse efforts for subsequent outbreaks that
24 present a significant potential to imminently be-
25 come a national public health emergency.

1 (c) ADVISORY COMMITTEE.—

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

11 (A) The Director of the Centers for Dis-
12 ease Control and Prevention.

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

15 (C) The Commissioner of Food and Drugs.

16 (D) The Assistant Secretary for Prepared-
17 ness and Response.

18 (E) The Director of the Biomedical Ad-
19 vanced Research and Development Authority.

20 (F) The Secretary of Defense.

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

23 (H) Not more than 20 representatives
24 from national organizations that work with and
25 are able to represent populations disproportion-

1 ally impacted by COVID–19, and populations
 2 vulnerable for disproportionate impact during a
 3 subsequent pandemic, and other health dispari-
 4 ties.

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

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

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

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

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

24 (f) CONDITION.—Each center of excellence shall, as
 25 a condition of receipt of funds under subsection (a), sub-

1 mit to the Secretary a budget that describes the activities
2 to be funded under the award, which may include the pur-
3 chasing of equipment, costs related to construction, and
4 other such activities that contribute to the center's ability
5 to address the issues described in subsection (a) and to
6 address and prepare for future pandemics.

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

12 (h) ADVISORY COMMITTEE REPORTING.—Not later
13 than 1 year after the date of enactment of this Act, and
14 every year thereafter, the Advisory Committee shall sub-
15 mit to the Committee on Health, Education, Labor, and
16 Pensions of the Senate and the Committee on Energy and
17 Commerce of the House of Representatives a report which
18 shall include a synthesized analysis of all centers of excel-
19 lence grantee findings, best practices determined for each
20 item under paragraph (1) and (2) of subsection (a), policy
21 recommendations, and other reports determined necessary
22 by the Secretary.

23 (i) FACA.—The Federal Advisory Committee Act (5
24 U.S.C. App.) shall apply to this Act.

1 (j) DISTRIBUTION.—In awarding grants, contracts,
2 and cooperative agreements under this section, the Sec-
3 retary shall, to the extent practicable, ensure an equitable
4 national geographic distribution of such grants, contracts,
5 and cooperative agreement including areas of the United
6 States where the incidence of COVID–19 cases, or cases
7 of a disease responsible for a subsequent pandemic, is
8 highest.

9 (k) ACADEMIC MEDICAL CENTER DEFINED.—In this
10 section, the term “academic medical center” means an in-
11 stitution—

12 (1) with—

13 (A) integrated health care delivery;

14 (B) medical education and training;

15 (C) basic, clinical, translational, and imple-
16 mentation research operations; and

17 (2) that meets such other criteria as the Sec-
18 retary may establish.

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