

117TH CONGRESS  
2D SESSION

**S.** \_\_\_\_\_

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 SENATE OF THE UNITED STATES

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

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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,*

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 (as defined in such section),  
24 urban Indian health center, or State or local public health  
25 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 to 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 not exceed 3 years, with an opportunity  
9           for renewal.

10          (g) PRIORITY.—In awarding grants under this sec-  
11          tion, 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 last day 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.