

117TH CONGRESS
1ST SESSION

S. _____

To provide for the establishment of COVID–19 and pandemic response centers of excellence.

IN THE SENATE OF THE UNITED STATES

Mrs. GILLIBRAND (for herself and Mr. CASSIDY) introduced the following bill; which was read twice and referred to the Committee on _____

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) health, health care disparities, and
13 best practices for promoting health equity;

14 (E) research; and

15 (F) education and training, including for
16 health professionals, scientists, and commu-
17 nities; and

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

20 (A) working in a coordinated fashion with
21 the advisory committee under subsection (c)
22 and respective State and local health authorities
23 for the purposes of disseminating information,
24 best practices, and other such public health-re-
25 lated measures; and

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

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

11 (1) be an academic medical center; and

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

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

19 (B) how many individuals with COVID–19
20 the entity has cared for and the entity’s contin-
21 ued capacity and expertise to provide such care,
22 and how the entity improves health outcomes,
23 and reduces health inequities among such indi-
24 viduals;

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

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

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

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

21 (G) the most significant risk factors and
22 comorbidities of COVID–19 patients observed
23 by the entity and strategies employed by the en-
24 tity to reduce the risk of COVID–19 trans-
25 mission;

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

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

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

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

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

24 (c) ADVISORY COMMITTEE.—

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

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

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

14 (C) The Commissioner of Food and Drugs.

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

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

19 (F) The Secretary of Defense.

20 (G) A representative from each centers of
21 excellence under this section.

22 (H) Not more than 20 representatives
23 from national organizations that work with and
24 are able to represent populations
25 disproportionately impacted by COVID–19, and

1 populations vulnerable for disproportionate im-
2 pact during a subsequent pandemic, and other
3 health disparities.

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

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

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

14 (2) APPROPRIATIONS.—Out of any funds in the
15 Treasury not otherwise appropriated, there are au-
16 thorized to be appropriated, and there are appro-
17 priated, to the Fund, \$500,000,000 for the second
18 calendar quarter of fiscal year 2020.

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 the first calendar quarter of fiscal year 2021, and
23 \$5,000,000 for each of fiscal years 2022, 2023, 2024,
24 2025, and 2026.

1 (f) **CONDITION.**—Each center of excellence shall, as
2 a condition of receipt of funds under subsection (a), sub-
3 mit to the Secretary a budget that describes the activities
4 to be funded under the award, which may include the pur-
5 chasing of equipment, costs related to construction, and
6 other such activities that contribute to the center’s ability
7 to address the issues described in subsection (a) and to
8 address and prepare for future pandemics.

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

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

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

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

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

14 (1) with—

15 (A) integrated health care delivery;

16 (B) medical education and training;

17 (C) basic, clinical, translational, and imple-
18 mentation research operations; and

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