

117TH CONGRESS  
1ST SESSION

# H. R. 4292

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

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## IN THE HOUSE OF REPRESENTATIVES

JUNE 30, 2021

Ms. VELÁZQUEZ (for herself, Mr. KATKO, Mr. PASCRELL, Ms. JOHNSON of Texas, Mrs. CAROLYN B. MALONEY of New York, Mr. TONKO, Ms. CLARKE of New York, Ms. SEWELL, Mr. CARSON, Mr. SUOZZI, Ms. MENG, Mr. HIGGINS of New York, Mr. ALLRED, Mr. VEASEY, Ms. ROSS, Mrs. FLETCHER, and Mr. SIRES) introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To provide for the establishment of COVID–19 and pandemic response centers of excellence, 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 “COVID–19 and Pan-  
5       demic Response Centers of Excellence Act”.

1 **SEC. 2. COVID-19 AND PANDEMIC RESPONSE CENTERS OF**  
2 **EXCELLENCE.**

3 (a) IN GENERAL.—Not later than 90 days after the  
4 date of enactment of this Act, the Secretary of Health and  
5 Human Services (referred to in this Act as the “Sec-  
6 retary”) shall award grants, contracts, or cooperative  
7 agreements to academic medical centers for the establish-  
8 ment or continued support of not less than 10 centers of  
9 excellence to address issues associated with—

10 (1) COVID-19, including—

11 (A) testing and diagnostics, including  
12 availability and accessibility;

13 (B) patient care, including related follow-  
14 up care for COVID-19 survivors;

15 (C) best practices in the use of supplies  
16 and therapeutics;

17 (D) mental health treatment of frontline  
18 health care workers and other caregivers;

19 (E) health, health care disparities, and  
20 best practices for promoting health equity;

21 (F) research; and

22 (G) education and training, including for  
23 health professionals, scientists, and commu-  
24 nities; and

25 (2) future pandemic preparedness and response,  
26 including—

1 (A) the priorities specified in paragraph  
2 (1);

3 (B) working in a coordinated fashion with  
4 the advisory committee established under sub-  
5 section (c) and respective State and local health  
6 authorities for the purposes of disseminating in-  
7 formation, best practices, and other such public  
8 health-related measures; and

9 (C) readiness to conduct or contribute to  
10 basic, clinical, translational, and implementa-  
11 tion research into novel or existing public health  
12 threats, such as participating in diverse clinical  
13 trial research or vaccine, diagnostic, or thera-  
14 peutic development, however appropriate.

15 (b) ELIGIBILITY.—To be eligible to receive a grant,  
16 contract, or cooperative agreement under subsection (a),  
17 an entity shall—

18 (1) be an academic medical center; and

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

23 (A) how the entity will conduct or con-  
24 tribute to the activities described in such sub-  
25 section;

1 (B) how many individuals with COVID–19  
2 the entity has cared for and the entity’s contin-  
3 ued capacity and expertise to provide such care,  
4 and how the entity improves health outcomes  
5 for such individuals, and reduces health inequi-  
6 ties among such individuals;

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

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

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

22 (F) how the entity will engage with the  
23 community and share information concerning  
24 COVID–19 basic, clinical, translational, and

1 implementation research, including vaccine re-  
2 search;

3 (G) the most significant risk factors and  
4 comorbidities of COVID–19 patients observed  
5 by the entity and strategies employed by the en-  
6 tity to reduce the risk of COVID–19 trans-  
7 mission;

8 (H) the long-term health effects of  
9 COVID–19 and effective treatments utilized by  
10 the entity to treat those infected with COVID–  
11 19;

12 (I) secondary factors in COVID–19 mobil-  
13 ity and mortality identified by the entity, such  
14 as antibiotic resistant infections and blood clot-  
15 ting disorders;

16 (J) how the entity will collaborate with  
17 other health care institutions, public health  
18 agencies, and community-based organizations to  
19 ensure equitable care to marginalized and un-  
20 derserved populations, including rural and eth-  
21 nic minority communities;

22 (K) how the entity will conduct research  
23 involving the unique pathophysiology of  
24 COVID–19 in children and adolescents and  
25 unique needs of pregnant women; and

1           (L) how the entity is prepared to con-  
2           tribute to advance planning and real-time re-  
3           sponse efforts for subsequent outbreaks that  
4           present a significant potential to imminently be-  
5           come a national public health emergency.

6           (c) ADVISORY COMMITTEE.—

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

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

18                (B) The Director of the National Institutes  
19                of Health.

20                (C) The Commissioner of Food and Drugs.

21                (D) The Assistant Secretary for Prepared-  
22                ness and Response.

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

25                (F) The Secretary of Defense.

1 (G) A representative from each center of  
2 excellence established under this section.

3 (H) Not more than 20 representatives  
4 from national organizations that work with and  
5 can represent populations disproportionately  
6 impacted by COVID–19, populations vulnerable  
7 for disproportionate impact during a subse-  
8 quent pandemic, and populations disproportion-  
9 ately impacted by other health disparities.

10 (2) MEETINGS.—The advisory committee under  
11 paragraph (1) shall convene not less than twice an-  
12 nually.

13 (3) VOTES.—In carrying out its duties pursu-  
14 ant to section 9 of the Federal Advisory Committee  
15 Act (5 U.S.C. App.), the advisory committee shall  
16 vote on which best practices with respect to COVID–  
17 19 and pandemic response to disseminate.

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

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

1           (2) APPROPRIATIONS.—Out of any funds in the  
2       Treasury not otherwise appropriated, there are au-  
3       thorized to be appropriated, and there are appro-  
4       priated, to the Fund, \$500,000,000 for the second  
5       calendar quarter of fiscal year 2022.

6       (e) AMOUNT OF AWARD.—The amount of an award  
7       to a center of excellence under subsection (a) shall be not  
8       less than \$10,000,000 for the first calendar quarter of fis-  
9       cal year 2022, and \$5,000,000 for each of fiscal years  
10      2023, 2024, 2025, 2026, and 2027.

11      (f) CONDITION.—Each center of excellence shall, as  
12      a condition of receipt of funds under subsection (a), sub-  
13      mit to the Secretary a budget that describes the activities  
14      to be funded under the award, which may include the pur-  
15      chasing of equipment, costs related to construction, and  
16      other such activities that contribute to the center’s ability  
17      to address the issues described in subsection (a) and to  
18      address and prepare for future pandemics.

19      (g) REPORTING PROCESS.—An entity that receives  
20      an award under this section shall work with an office with-  
21      in the Department of Health and Human Services, as des-  
22      ignated by the Secretary, to submit annual progress re-  
23      ports and other such annual reports determined necessary  
24      by the Secretary.



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

8 (i) ADVISORY COMMITTEE REPORTING.—Not later  
9 than 1 year after the date of enactment of this Act, and  
10 every year thereafter, the advisory committee established  
11 under subsection (c) shall submit to the Committee on  
12 Health, Education, Labor, and Pensions of the Senate and  
13 the Committee on Energy and Commerce of the House  
14 of Representatives a report which shall include a syn-  
15 thesized analysis of all Centers of Excellence grantees  
16 findings, best practices determined for each item specified  
17 under paragraphs (1) and (2) of subsection (a), policy rec-  
18 ommendations, and other reports determined necessary by  
19 the Secretary.

20 (j) ACADEMIC MEDICAL CENTER DEFINED.—In this  
21 section, the term “academic medical center” means—

22 (1) an institution with—

23 (A) integrated health care delivery;

24 (B) medical education and training; and

- 1 (C) basic, clinical, translational, and imple-  
2 mentation research operations; and  
3 (2) an institution that meets such other criteria  
4 as the Secretary may establish.

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