

117TH CONGRESS
1ST SESSION

S. 3098

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.

IN THE SENATE OF THE UNITED STATES

OCTOBER 28, 2021

Ms. KLOBUCHAR (for herself, Ms. COLLINS, Ms. BALDWIN, Mr. ROUNDS, Ms. ROSEN, Mr. THUNE, and Ms. SMITH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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.

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 2021”.

1 **SEC. 2. PUBLIC HEALTH CAMPAIGN.**

2 The Secretary of Health and Human Services (re-
3 ferred to in this section as the “Secretary”), in collabora-
4 tion with the Director of the Centers for Disease Control
5 and Prevention, the Surgeon General, and the Adminis-
6 trator of the Centers for Medicare & Medicaid Services,
7 shall undertake a coordinated, focused national public
8 health education effort to enhance access by individuals
9 and providers to accurate, evidence-based health informa-
10 tion about preventive health care, with particular consider-
11 ation for decreasing disparities in utilization of rec-
12 ommended preventive health care services by reaching
13 rural and underserved communities who have delayed or
14 forgone receiving recommended clinical preventive health
15 care services during the COVID–19 pandemic.

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

18 (a) IN GENERAL.—For the purpose of increasing pa-
19 tient uptake of recommended clinical preventive health
20 care services during the COVID–19 pandemic, the Sec-
21 retary, acting through the Director of the Centers for Dis-
22 ease Control and Prevention, shall award grants on a non-
23 competitive basis to States, localities, territories, Indian
24 Tribes, Tribal organizations, urban Indian health organi-
25 zations, and health service providers to Indian Tribes, with
26 particular consideration for decreasing disparities in utili-

1 zation of such preventive health care services by reaching
 2 individuals in geographically diverse rural and under-
 3 served communities who have delayed or forgone receiving
 4 recommended clinical preventive health care services dur-
 5 ing the COVID–19 pandemic.

6 (b) GUIDANCE.—The Secretary shall issue grant
 7 guidance on the administration of the grant program
 8 under paragraph (1), including with respect to permitted
 9 uses of funds and eligibility requirements.

10 (c) AUTHORIZATION OF APPROPRIATIONS.—There is
 11 authorized to be appropriated to carry out this section
 12 \$50,000,000 for the period of fiscal years 2022 and 2023.

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

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

18 (1) ESTABLISHMENT.—The Secretary of Health
 19 and Human Services (referred to in this section as
 20 the “Secretary”), in collaboration with the Director
 21 of the Centers for Disease Control and Prevention
 22 and the Administrator of the Health Resources and
 23 Services Administration, shall convene a task force
 24 to develop Federal recommendations regarding pre-

1 ventive health care during the COVID–19 pandemic
2 and future pandemics.

3 (2) DUTIES.—The task force established under
4 paragraph (1) shall develop, publicly post, and up-
5 date Federal recommendations in multiple languages
6 to promote preventive health care visits and improve
7 health outcomes during and after the COVID–19
8 pandemic and during future pandemics, with par-
9 ticular consideration for outcomes of rural or under-
10 served communities. Such recommendations shall—

11 (A) address, with particular attention to
12 ensuring equitable services, reducing disparities
13 in health outcomes, and promoting culturally
14 and linguistically appropriate care—

15 (i) measures to facilitate preventive
16 health care;

17 (ii) strategies to increase access to
18 care for individuals at high risk or with
19 elevated risk factors;

20 (iii) how to identify, address, and
21 treat mental and behavioral health condi-
22 tions, such as anxiety, substance use dis-
23 order, and depression, which may have
24 arisen or increased during the COVID–19
25 pandemic;

1 (iv) strategies to address provision of
2 preventative health care services given hos-
3 pital capacity concerns in communities
4 with a surge in COVID–19 cases and to
5 provide individuals with options that re-
6 duce potential for cross-contamination,
7 lessen disruption to providing common
8 health services and preventive health care,
9 and increase the ability to implement pa-
10 tient care preferences while maintaining
11 safety and quality; and

12 (v) such other matters as the task
13 force determines appropriate;

14 (B) identify barriers to the implementation
15 of the recommendations;

16 (C) take into consideration existing State
17 programs and other programs that have dem-
18 onstrated effectiveness in promoting preventive
19 health care during the COVID–19 pandemic,
20 for purposes of future public health emer-
21 gencies; and

22 (D) identify policies specific to COVID–19
23 that, as a public health emergency abates, can
24 be safely discontinued when appropriate or nec-

1 essary, as well as policies that should be contin-
2 ued.

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

6 (A) One representative of each of the fol-
7 lowing:

8 (i) The Secretary of Health and
9 Human Services.

10 (ii) The Director of the Centers for
11 Disease Control and Prevention.

12 (iii) The Administrator of the Health
13 Resources and Services Administration.

14 (iv) The Administrator of the Sub-
15 stance Abuse and Mental Health Services
16 Administration.

17 (v) The Administrator of the Centers
18 for Medicare & Medicaid Services.

19 (vi) The Director of the Agency for
20 Healthcare Research and Quality.

21 (vii) The Director of the Indian
22 Health Service.

23 (viii) The Director of the Office of Mi-
24 nority Health.

1 (ix) The Director of the Office on
2 Women's Health.

3 (x) The Assistant Secretary for Pre-
4 paredness and Response.

5 (B) Such other members as the Secretary
6 of Health and Human Services determines ap-
7 propriate.

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