



APTA Legislative Update 118th Congress Bill Status

APTA Legislation

[EMPOWER Act](#) (H.R. 4878/S. 2459)

The EMPOWER Act would remove the current direct supervision requirement for physical therapist assistants and occupational therapy assistants providing Medicare Part B services in a private practice setting. The bill would also require the U.S. Government Accountability Office to analyze how the Medicare Part B 15% payment differential for services provided by PTAs and OTAs has impacted access to physical and occupational therapy in rural and medically underserved areas.

- Primary sponsors: Rep. Debbie Lesko, R-Ariz., and Sen. Tom Carper, D-Del.
- House co-sponsors: 22.
- Senate co-sponsors: 4.
- Status: Referred to House Energy and Committee and House Ways and Means Committee. Referred to Senate Finance Committee.
- Current activities and next steps: Increase number of House and Senate co-sponsors. Push for markup in House Energy and Commerce Committee.

Additional Resources:

- [APTA position paper.](#)
- [APTA News: APTA-Backed PTA Supervision Bill Introduced.](#)
- [Sen. Carper press release.](#)
- [Rep. Lesko press release.](#)

[Physical Therapist Workforce and Patient Access Act](#) (H.R. 4829)

This bill would allow PTs to participate in the National Health Service Corps Loan Repayment Program, an initiative that repays up to \$50,000 in outstanding student loans to certain health care professionals who agree to work for at least two years in a designated Health Professional Shortage Area. This bill would expand patient access to essential physical therapist services to children and adults who receive care at rural health clinics and federally qualified health centers, also known as community health centers. The legislation elevates the status of PTs in the health centers by, among other measures, allowing them to bill independently for services billed to Medicare and Medicaid. The bill is endorsed by the National Rural Health Association and the National Association of Community Health Centers.

- Primary sponsor: Rep. Diana DeGette, D-Colo.
- House co-sponsors: 17.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee.
- Current activities and next steps: Increase number of House co-sponsors. Introduction of a Senate companion bill. Push for markup in House Energy and Commerce Committee.

Additional Resources:

- [APTA position paper.](#)
- [APTA News: PT Student Loan Repayment Bill Returns.](#)

REDUCE Act (H.R. 7279)

Currently, Medicare Part B guidelines permit Medicare beneficiaries to receive therapy evaluation and treatment services with or without a physician's order. However, under current certification requirements, the therapy provider must submit the plan of care to the patient's physician and have it signed and returned within 30 days to receive payment. The REDUCE Act would clarify a new streamlined model such that in those cases when outpatient therapy services are provided under a physician's order, the plan of care certification requirement will be deemed satisfied if the qualified therapist simply submits the plan of care to the patient's referring physician within 30 days of the initial evaluation; therapists would no longer need to obtain a signed plan of care within 30 days from the referring physician.

- Primary sponsor: Rep. Don Davis, D-N.C.
- House co-sponsors: 1.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee.
- Current activities and next steps: Introduction of a Senate companion bill. Increase number of House co-sponsors. Push for markup in House Energy and Commerce Committee.

Additional Resources:

- [APTA News: APTA-Supported Bill Aims to Eliminate a Medicare Plan of Care Burden.](#)
- [PR Newswire: APTA press release.](#)

Prevent Interruptions in Physical Therapy Act (H.R. 1617/S.793)

This bill expands the ability of PTs to engage in what the Centers for Medicare & Medicaid Services is calling "reciprocal billing and fee-for-service," otherwise known as "locum tenens," to all PTs. Currently, only PTs in rural and underserved areas are allowed to arrange for another qualified PT to treat their patients during a temporary absence due to illness, vacation, continuing education, pregnancy, and other events, and still receive payment from Medicare.

- Primary sponsors: Rep. Gus Bilirakis, R-Fla., and Sen. Ben Ray Lujan, D-N.M.
- House co-sponsors: 71.
- Senate co-sponsors: 14.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee. Referred to Senate Finance Committee.
- Current activities and next steps: Increase number of House and Senate co-sponsors. Push for hearing and markup in House Energy and Commerce Committee.

Additional Resources:

- [APTA position paper.](#)
- [APTA News: APTA-Backed Bipartisan Legislation Aims to Help PTs Avoid Interruptions in Care.](#)
- [Rep. Bilirakis press release.](#)
- [APTA News: 'Locum Tenens' for PTs Set to Begin in June.](#)

SAFE Act (H.R. 7618)

This bill would ensure that beneficiaries who were identified by their physicians as having experienced a fall in the year prior to their Initial Preventive Physical Examination (known as the "Welcome to Medicare" visit) would be referred to a physical therapist for falls screening and preventive services. In addition, beneficiaries who've been enrolled in Medicare for at least a year and who choose to participate in an annual wellness visit (different from an annual physical) would be referred for a separate falls risk assessment and potential additional PT services if the annual wellness visit reveals that they've fallen within the previous year.

- Primary sponsor: Rep. Carol Miller, R-WVa
- House cosponsors: 1
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee. Current activities and next steps: Introduction of a Senate companion bill. Push for markup in House Energy and Commerce Committee. Increase number of House co-sponsors.

Additional Resources:

- APTA position paper: Coming soon!
- [News | APTA-Backed Legislation Beefs Up Falls Screening, Prevention by PTs in Medicare | APTA](#)
- [APTA press release](#)

[Optimizing Postpartum Outcomes Act \(H.R. 2480\)](#)

This bill directs the Secretary of the Department of Health and Human Services to develop several provisions that would significantly strengthen Medicaid's emphasis on pelvic care for individuals in the postpartum period. Specifically, the legislation aims to increase awareness of the pelvic floor services – particularly pelvic health PT services – covered under Medicaid and the Children's Health Insurance Program. The bill instructs CMS to develop and issue guidance on best practices, financing options, screenings, referrals, and access, as well as terminology and diagnostic codes. It also instructs GAO to take a look at possible gaps in the pelvic health services state Medicaid and CHIP agencies currently offer. Additionally, if the law passes, HHS would be required to educate and train health professionals and postpartum individuals on the importance of pelvic health and pelvic health physical therapy.

- Primary sponsors: Rep. Don Bacon, R-Neb.
- House co-sponsors: 27.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee.
- Current activities and next steps: Introduction of a Senate companion bill. Push for markup in House Energy and Commerce Committee. Increase number of House co-sponsors.

Additional Resources:

- [APTA position paper.](#)
- [APTA News: APTA-Supported Bill Promoting Pelvic Floor Physical Therapy in Medicaid Returns.](#)
- [Rep. Bacon press release.](#)

[Expanded Telehealth Access Act \(H.R. 3875/S. 2880\)](#)

This bill instructs CMS to permanently adopt what is now a temporary waiver of restrictions on Medicare payment for telehealth delivered by PTs, PTAs, occupational therapists, occupational therapy assistants, speech-language pathologists, and audiologists. The HHS Secretary also would be allowed to further expand the list of authorized telehealth providers.

- Primary sponsors: Rep. Mickie Sherrill, D-N.J., and Sen. Steve Daine, R-Mont.
- House co-sponsors: 51.
- Senate co-sponsors: 5.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee. Referred to Senate Finance Committee.
- Current activities and next steps: Push for mark up in House Energy and Commerce Committee. Increase number of House and Senate co-sponsors.

Additional Resources:

- [APTA position paper.](#)
- [APTA News: APTA-Endorsed Bill Would Make Telehealth for PTs, PTAs Permanent Under Medicare.](#)

Medicare O&P Patient Centered Care Act (H.R. 4315)

This legislation would ensure that Medicare beneficiaries are able to access the orthotic and prosthetic devices they need through three major provisions. First, ensure that Medicare beneficiaries have timely access to a replacement custom-fitted and custom-fabricated orthosis if an ordering physician determines that a replacement orthosis is necessary due to a change in the physiological condition of the patient, there has been an irreparable change in the condition of the orthosis, or the cost of repairs would be excessive. Under current law, Medicare beneficiaries often wait years before the Medicare program will cover a replacement orthosis, regardless of whether the orthosis is medically necessary. Second, put into law an exemption from competitive bidding for physical therapists, occupational therapy practitioners, orthotists and prosthetists, and physicians when providing off-the-shelf, or OTS, orthoses to Medicare beneficiaries in the course of their practice, allowing these providers to furnish OTS orthoses without a competitive bidding contract. Finally, reduce the likelihood of waste, fraud, and abuse by prohibiting “drop-shipment” of all custom-fitted and custom-fabricated orthoses and all prostheses to a Medicare beneficiary’s home without any clinical intervention by a provider or supplier. This would result in significant cost-savings to the Medicare program while protecting patient access to clinical assessments, fittings, adjustments, and other related clinical care.

- Primary sponsor: Rep. Glenn Thompson, R-Pa.
- House co-sponsors: 35.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee.
- Current activities and next steps: Increase number of House co-sponsors. Push for markup in the House Energy and Commerce Committee. Introduction of a Senate companion bill.

Additional Resources:

- [Rep. Thompson press release.](#)

States Handling Access to Reciprocity for Employment, or SHARE, Act (H.R. 1310)

This bill addresses the use and sharing of information related to FBI background checks with state licensure boards and interstate compact commissions. The legislation would help ensure that criminal background checks are processed to better enable PT participation in the PT State Compact. This would help to address health care workforce shortages and increase patient access to PT care.

- Primary sponsor: Rep. Tracey Mann, R-Kan.
- House co-sponsors: 25.
- Status: Referred to House Education and the Workforce Committee and House Judiciary Committee.
- Current activities and next steps: Increase House co-sponsors. Introduction of a Senate companion bill.

Additional Resources:

- [APTA position paper.](#)
- [Rep. Mann press release.](#)
- [Council of State Governments story on SHARE Act.](#)

APTA-Supported Medicare Payment Reform Legislation

Strengthening Medicare for Patients and Providers Act (H.R. 2474)

This bill modifies certain adjustments to payment amounts under the Medicare Physician Fee Schedule. Payment amounts under the physician fee schedule are based on a service's relative value, a conversion factor, and a geographic adjustment factor. The bill would provide an update that is equal to the annual percentage increase in the Medicare Economic Index, which is a specialized index that is generally used to determine allowed charges for physician services based on annual price changes.

- Primary sponsors: Rep. Raul Ruiz, D-Calif.
- House co-sponsors: 114.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee.
- Current activities and next steps: Increase number of House co-sponsors. Push for markup in House Energy and Commerce Committee. Seek inclusion of the bill into larger Medicare reform package.

Additional Resources:

- [APTA position paper.](#)
- [Rep. Ruiz press release.](#)

[Physician Fee Schedule Update and Improvements Act \(H.R. 6545\)](#)

This bill would enact reforms by the extending Medicare payment floor for work geographic index to Jan. 1, 2025; update the budget neutrality threshold from \$20 million to \$53 million for 2025 and provide an inflationary adjustment for 2030 and every five years thereafter; and update (at least every five years) direct costs used to calculate practice expense relative value units including consultation with physician specialty societies.

- Primary sponsors: Rep. Mariannette Miller-Meeks, R-Iowa.
- House co-sponsors: 14.
- Status: Passed out of House Energy and Commerce Committee on Dec. 6, 2023.
- Current activities and next steps: Increase number of House co-sponsors. Push for inclusion of bill in larger Medicare reform package.

[Provider Reimbursement Stability Act \(H.R. 6371\)](#)

This legislation would reform the MPFS budget neutrality requirements. This bipartisan legislation would add crucial stability and predictability to fee schedule payments by requiring CMS to reconcile inaccurate utilization projections based on actual claims; raising the budget neutrality threshold from \$20 million to \$53 million and increasing it every five years by the cumulative increase in the Medicare Economic Index; updating practice expense inputs, such as clinical labor costs, at least every five years; and limiting the year-to-year conversion factor variance to no more than 2.5% each year.

- Primary sponsor: Rep. Greg Murphy, R-N.C.
- House co-sponsors: 15.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee. Marked up in the House Energy and Commerce Subcommittee on Health on Nov. 15, 2023.
- Current activities and next steps: Increase number of House co-sponsors. Push for inclusion of bill in larger Medicare reform package.

[The Preserving Access to Home Health Act \(H.R. 5159/S. 2137\)](#)

This legislation would repeal permanent and temporary Medicare payment adjustments, repeal the requirement that CMS make determinations related to the impact of behavior changes on estimated aggregate expenditures, eliminate CMS' authority to adjust home health payments based on such determinations under the Patient-Driven Groupings Model, and instructs the Medicare Payment Advisory Commission, or MedPAC, to analyze the Medicare Home Health Program. The bill instructs MedPAC to review and report on aggregate trends under Medicare Advantage, Medicaid, and other payers and consider the impact of all payers on access to care for Medicare home health beneficiaries. To verify its calculations, MedPAC would be required to make its calculations public. This provision would also add requirements for Medicare home health cost reports to include data on visit utilization and total payments by program.

- Primary sponsor: Rep. Joe Courtney, D-Conn.
- House co-sponsors: 20.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee.

Other APTA-Endorsed Legislation of Interest

(note: not a complete list)

[IDEA Full Funding Act \(H.R. 4519/S. 2217\)](#)

This bill provides permanent, mandatory funding for the grant program that assists states and outlying areas in providing special education and related services to children with disabilities.

- Primary sponsor: Rep. Jared Huffman, D-Calif., and Sen. Chris Van Hollen, D-MD.
- House co-sponsors: 139.
- Senate co-sponsors: 31.
- Status: Referred to the House Education and the Workforce Committee and Senate Committee on Health, Education, Labor, and Pensions.

Additional Resources:

- [APTA News: APTA to Congress: Keep Your Funding Promises to Children With Disabilities.](#)
- [Rep. Huffman press release.](#)

[Improving Access to Medicare Coverage Act \(H.R. 5138\)](#)

This bill deems an individual receiving outpatient observation services in a hospital as an inpatient for purposes of satisfying the three-day inpatient hospital-stay requirement with respect to Medicare coverage of skilled nursing facility, or SNF, services. Generally, individuals must have been an inpatient at a hospital for at least three days in order to qualify for SNF services. An individual's time spent under observation at a hospital for purposes of determining whether the individual should be admitted does not count towards this requirement.

- Primary sponsor: Rep. Joe Courtney, D-Conn.
- House co-sponsors: 20.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee.

[Electrodiagnostic Medicine Patient Protection and Fraud Elimination Act \(H.R. 2639\)](#)

This bill requires, as a condition for Medicare payment, specified electrodiagnostic services to be furnished by qualified facilities that comply with accreditation, training, and other quality control requirements, as established under the bill. Specifically, the bill requires nerve conduction studies and needle electromyography tests to be furnished by facilities that are accredited by an organization that is approved by CMS. The accrediting organization must certify that the facility meets certain standards, including having a quality control program and requiring those who administer needle electromyography tests to have at least three months of specialized training. The bill also establishes an advisory committee that would include a physical therapist to support CMS in developing appropriate facility standard.

- Primary sponsors: Rep. Pete Sessions, R-Texas.
- House co-sponsors: 1.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee.

- Current activities and next steps: Increase House co-sponsors. Push for markup in the House Energy and Commerce Committee.

Rural Hospital Closure Act (S.1571)

This bill allows additional hospitals to qualify as critical access hospitals, or CAHs, that receive special payment under Medicare. Currently, in order to qualify as a CAH under Medicare, a hospital must either (1) be located more than 35 miles (or 15 miles in mountainous regions or areas with only secondary roads) from another hospital, or (2) have been certified prior to Jan. 1, 2006, by the state as a necessary provider of services in the area. The bill allows a hospital to also qualify if the hospital is a small, rural hospital that (1) serves a Health Professional Shortage Area, or a high number of low-income individuals or Medicare or Medicaid beneficiaries; (2) has experienced financial losses for two consecutive years; and (3) attests to having a strategic plan to address financial solvency. The Government Accountability Office must study the effects of the bill's implementation. CMS must subsequently establish a mechanism and issue guidance on how newly designated CAHs may transition to different payment models under Medicare.

- Primary sponsor: Sen. Richard Durbin, D-III.
- Senate co-sponsors: 7.
- Status: Referred to Senate Finance Committee.

The Personal Health Investment Today, or PHIT, Act (H.R. 1582/S. 786)

This bill allows a medical care tax deduction for up to \$1,000 (\$2,000 for a joint return or a head of household) of qualified sports and fitness expenses per year. The bill defines qualified sports and fitness expenses as amounts paid exclusively for participating in a physical activity, including (1) fitness facility memberships, (2) physical exercise or activity programs, or (3) equipment for a physical exercise or activity program.

- Primary sponsors: Rep. Mike Kelly, R-Pa., and Sen. John Thune, R-S.D.
- House co-sponsors: 63.
- Senate co-sponsors: 17.
- Status: Referred to House Ways and Means Committee. Referred to Senate Finance Committee.

Additional Resource:

- PassPHIT.org.

Protecting Student Athletes From Concussions Act (H.R. 5704/S. 205)

This bill conditions each state's receipt of federal funds on the state's establishment of specified minimum requirements for the prevention and treatment of concussions in school sports. The bill would provide guidance to strengthen elementary and secondary school procedures for preventing, identifying, and treating student-athletes who sustain concussions.

- Primary sponsors: Rep. Mark DeSaulnier, C-Calif., and Sen. Richard Durbin, D-III.
- House co-sponsors: 7.
- Senate co-sponsors: 0.
- Status: Referred to the House Education and the Workforce Committee. Referred to the Senate Committee on Health, Education, Labor, and Pensions.

Additional Resources:

- [Sen. Durbin press release](#).

Promoting Physical Activity for Americans Act (S. 397)

The bill would require the Secretary of Health and Human Services to publish a report that provides physical activity recommendations at least every 10 years based on the latest scientific evidence.

- Primary sponsors: Sen. Sherrod Brown, D-Ohio.
- Senate co-sponsors: 3.
- Status: Referred to the Senate Committee on Health, Education, Labor, and Pensions.

[No Fees for EFTs Act](#) (H.R. 6487/S. 3805)

Under the Affordable Care Act, health plans are required to offer health care practices the option to receive reimbursements electronically. However insurers often impose charges between 2-5% on health care providers for electronic fund transfers, or EFTs. This bipartisan legislation would prohibit health plans from imposing fees on health care providers for electronic funds transfers and health care payment and remittance advice transactions.

- Primary sponsor: Rep. Gregory Murphy, R-N.C., and Sen. Bill Cassidy, R-La.
- House co-sponsors: 10.
- Senate co-sponsors: 1.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee.

[Freedom to Invest in Tomorrow's Workforce Act](#) (H.R. 1477/S. 722)

This bill allows the use of funds in a qualified tuition program (commonly known as a 529 account) to pay for expenses associated with obtaining or maintaining recognized postsecondary credentials.

- Primary sponsors: Rep. Robb Wittman, R-Va., and Sen. Amy Klobuchar, D-Minn.
- House co-sponsors: 114.
- Senate co-sponsors: 19.
- Status: Referred to House Ways and Means Committee. Referred to Senate Finance Committee.

Additional Resources:

- [Power of Associations: Tomorrow's Workforce Coalition – Advocating for a Stronger Workforce.](#)

[The Disaster Relief Medicaid Act, or DRMA](#) (H.R. 6029/S. 3120)

This legislation would ensure that individuals eligible for Medicaid who are forced to relocate due to a disaster or public health emergency are able to continue to access their critical Medicaid-supported services. The act includes five specific provisions: (1) Provides uninterrupted access to Medicaid services when recipients must evacuate across state lines, increasing health maintenance and community living, and preventing institutionalization during disasters or public health emergencies. (2) Helps states meet the needs of relief-eligible survivors through a limited time 100% federal match for displaced individuals. (3) Provides technical assistance and support to develop innovative state strategies to respond to an influx of out-of-state individuals. (4) Creates a grant to help states develop an emergency response corps to provide home and community-based services. (5) Guarantees that a 100% federal matching payment for medical assistance is provided to states in disaster and public health emergency areas.

- Primary sponsors: Rep. Jimmy Panetta, D-Calif., and Sen. Bob Casey, D-Pa.
- House Cosponsors: 7.
- Senate Cosponsors: 10.
- Status: Referred to House Energy and Commerce Committee and House Ways and Means Committee. Referred to Senate Finance Committee.

Additional Resources:

- [REAAADI for Disasters Act & DRMA.](#)

[REAAADI for Disasters Act](#) (H.R. 2371/S. 1049)

This bill would establish a National Commission on Disability Rights and Disasters to study the needs of people with disabilities, older adults, and others with access and functional needs. The commission would make recommendations for best practices at the local, state, tribal, and federal levels for ensuring older adults and people with disabilities are included in all aspects of disaster preparedness, including accessible communication, protection of civil rights, accessible transportation and evacuation, and accessible health and medical services. The bill would also create a national network of centers focused on training and technical assistance, as well as research, to assist states and localities in better involving and supporting people with disabilities and older adults during and after disasters. It would also direct the Department of Justice to review the spending of disaster funds by federal agencies and states to ensure funds have been spent in accordance with the Americans with Disabilities Act. Covered activities include emergency shelters, services, and reconstruction of buildings. Finally, it would create a competitive grant program to pilot strategies for greater inclusion of people with disabilities and older adults in disaster preparation, response, recovery, and mitigation, and require DOJ to examine how the civil rights of people with disabilities and older adults are or are not upheld during and following disasters.

- Primary sponsors: Rep. Debbie Dingell, D-Mich., and Sen. Bob Casey, D-Pa.
- House co-sponsors: 11.
- Senate co-sponsors: 13.
- Status: Referred to the House Committee on Transportation and Infrastructure, the House Education and the Workforce Committee, and the House Energy and Commerce Committee. Referred to the Senate Committee on Health, Education, Labor, and Pensions.

Additional Resources:

- [REAAADI for Disasters Act & DRMA.](#)

[HEADS UP Act](#) (H.R. 3380)

This act would give Americans with intellectual and developmental disabilities access to new primary care and specialist services, incentivize new research, and authorize more favorable reimbursement rates for providers who treat Americans with intellectual and developmental disabilities. The “Medically Underserved” designation was created with the passage of the Health Centers Consolidation Act of 1996. Despite years of advocacy and clear evidence that people with intellectual and developmental disabilities are underserved, Congress has failed to provide them with the legal designation. Doing so would open up more than 25 government programs for the population across agencies, including the Health Services and Resources Administration.

- Primary sponsor: Rep. Seth Moulton, D-Mass.
- House co-sponsors: 19.
- Status: Referred to the House Energy and Commerce Committee.

Additional Resources:

- [Society for Developmental & Behavioral Pediatrics: The HEADS UP Act of 2023.](#)

[Long COVID RECOVERY NOW Act](#) (H.R. 1114)

This bill establishes grants and requires actions to support treatment, research, and other efforts to address long COVID (persistent, long-term symptoms following recovery from acute COVID-19 infection). Specifically, the bill establishes grants for treating individuals with long COVID. These include grants for certain health clinics and primary care providers to treat patients, including by addressing food insecurity and other social needs that could interfere with treatment; health care providers or public health departments to set up or expand specialized clinics or programs using a multidisciplinary approach; and primary care providers to support the development of evidence and other resources related to treatments. The bill also establishes

grants for long COVID patient registries and research on long COVID in pediatric populations. Further, HHS must (1) set up a website to educate health care providers and the public about long COVID, and (2) issue guidance on ways to assist individuals with long COVID through Medicaid and the Children's Health Insurance Program. The bill also expands access for treating long COVID through Medicaid, CHIP, and the Community Mental Health Services Block Grant.

- Primary sponsor: Rep. Lisa Blunt Rochester, D-Del.
- House co-sponsors: 6.
- Status: Referred to House Energy and Commerce Committee.

TREAT Long Covid Act (H.R. 3258)

This bill requires HHS to award competitive grants to create or expand the capacity of clinics that treat patients with persistent, long-term symptoms following recovery from acute COVID-19 (i.e., long COVID) and associated conditions. Eligible recipients include federally qualified health centers, rural health clinics, urban Indian health centers, and state and local health departments.

- Primary sponsor: Rep. Ayanna Pressley, D-Mass.
- House co-sponsors: 40.
- Status: Referred to House Energy and Commerce Committee.

Additional Resources:

- [Rep. Pressley press release.](#)

CARE For Long COVID Act (H.R. 1616/S. 801)

This bill requires research, education, and other activities to support individuals who have long COVID or related conditions that may result directly, or indirectly, from COVID-19 infection. HHS must also conduct or support research along with other agencies on how the U.S. health care system responds to long COVID and related conditions. This includes research on the effectiveness of treatments and strategies to mitigate disparities in health outcomes. In addition, HHS must (1) educate the public and health care providers about treatments for, conditions associated with, and other aspects of long COVID and related conditions; and (2) disseminate information and resources on how long COVID affects rights associated with employment, disability status, and education.

- Primary sponsors: Rep. Don Beyer, D-Va., and Sen. Tim Kaine, D-Va.
- House co-sponsors: 1.
- Senate co-sponsors: 11.
- Status: Referred to House Energy and Commerce Committee. Referred to Senate Committee on Health, Education, Labor, and Pensions.

Additional Resources:

- [Sen. Kaine press release.](#)
- [Rep. Beyer press release.](#)

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