

116TH CONGRESS  
2D SESSION

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

To amend the Public Health Service Act to provide for a national campaign to raise awareness of the importance of seeking preventive health services and the utilization of such services.

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IN THE SENATE OF THE UNITED STATES

Mr. WARNER (for himself and Mr. SCOTT of South Carolina) introduced the following bill; which was read twice and referred to the Committee on \_\_\_\_\_

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**A BILL**

To amend the Public Health Service Act to provide for a national campaign to raise awareness of the importance of seeking preventive health services and the utilization of such services.

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 “Getting Early Treat-  
5 ment and Comprehensive Assessments Reduces Emer-  
6 gencies Act of 2020” or the “GET CARE Act of 2020”.

1 **SEC. 2. IMPROVING AWARENESS AND UTILIZATION OF PRE-**  
2 **VENTIVE CARE TO REDUCE DISEASE, ILL-**  
3 **NESS AND OTHER MEDICAL CONDITIONS.**

4 Part B of title III of the Public Health Service Act  
5 (42 U.S.C. 243 et seq.) is amended by adding at the end  
6 the following:

7 **“SEC. 320B. PUBLIC AWARENESS CAMPAIGN ON THE IM-**  
8 **PORTANCE OF PREVENTIVE CARE SERVICES.**

9 “(a) IN GENERAL.—The Secretary, acting through  
10 the Director of the Centers for Disease Control and Pre-  
11 vention and other offices and agencies, as appropriate,  
12 shall award competitive grants to one or more public or  
13 private entities to carry out a national, evidence-based  
14 campaign to increase awareness of the importance of rec-  
15 ommended preventive care services for the prevention and  
16 control of diseases and illness during the COVID–19 pan-  
17 demic, combat misinformation about seeking preventive  
18 care during the COVID–19 pandemic, reiterate the safety  
19 of health care facilities, emphasize the availability of in-  
20 person and virtual preventative care, and disseminate sci-  
21 entific and evidence-based, preventive care-related infor-  
22 mation, with the goal of increasing the number of individ-  
23 uals of all ages seeking recommended preventive care, as  
24 applicable, particularly in medically underserved commu-  
25 nities, communities of color, and communities dispropor-  
26 tionately impacted by the COVID–19 pandemic.

1           “(b) CONSULTATION.—In carrying out the campaign  
2 under this section, the Secretary shall consult with appro-  
3 priate public health and health care experts, including the  
4 United States Preventive Services Task Force and medical  
5 and public health associations and nonprofit organiza-  
6 tions, in the development, implementation, and evaluation  
7 of the evidence-based public awareness campaign.

8           “(c) REQUIREMENTS.—The campaign under this sec-  
9 tion—

10           “(1) shall be a national, evidence-based initia-  
11 tive;

12           “(2) may include the use of television, radio,  
13 the internet, and other telecommunications tech-  
14 nologies;

15           “(3) may be focused to address specific needs  
16 of communities that are medically underserved, com-  
17 munities of color, communities disproportionately  
18 impacted by the COVID–19 pandemic, or other com-  
19 munities as appropriate;

20           “(4) shall include the development of resources  
21 for medically underserved communities, including  
22 culturally and linguistically appropriate resources;

23           “(5) shall include the dissemination of informa-  
24 tion about recommended preventive care services to  
25 health care providers and health care facilities, in-

1 including tools for providers to communicate with pa-  
2 tients about those services;

3 “(6) shall be complementary to, and coordi-  
4 nated with, any other Federal efforts and State ef-  
5 forts, as appropriate;

6 “(7) shall assess the effectiveness of commu-  
7 nication strategies to increase the use of preventive  
8 care services; and

9 “(8) may include the dissemination of scientific  
10 and evidence-based preventive care services informa-  
11 tion to providers, patients, and other stakeholders,  
12 such as—

13 “(A) advancements in evidence-based re-  
14 search related to diseases, illnesses, and other  
15 medical conditions that may be mitigated by  
16 preventive care services;

17 “(B) information on preventive care for in-  
18 dividuals and communities,

19 “(C) information on diseases, illnesses, and  
20 other medical conditions that may be prevented  
21 by preventive care;

22 “(D) information on preventive care and  
23 the systems in place to monitor the safety of  
24 providing preventive care during and after the  
25 COVID–19 pandemic; and

1           “(E) information on the relative risk of ac-  
2           cessing care during the COVID–19 pandemic  
3           versus forgoing preventive care.

4           “(d) EVALUATION.—The Secretary shall—

5           “(1) establish benchmarks and metrics to quan-  
6           titatively measure and evaluate the awareness cam-  
7           paign under this section;

8           “(2) conduct qualitative assessments regarding  
9           the awareness campaign under this section; and

10           “(3) prepare and submit to the Committee on  
11           Health, Education, Labor, and Pensions of the Sen-  
12           ate and Committee on Energy and Commerce of the  
13           House of Representatives an evaluation of the  
14           awareness campaign under this section.”.

15 **SEC. 3. GRANTS TO ADDRESS DISEASES, ILLNESSES, AND**  
16 **MEDICAL CONDITIONS WHERE REGULAR**  
17 **PREVENTIVE CARE CAN IMPROVE HEALTH**  
18 **OUTCOMES.**

19           Section 317(k) of the Public Health Service Act (42  
20 U.S.C. 247b(k)) is amended—

21           (1) by redesignating paragraphs (3) and (4) as  
22           paragraphs (4) and (5), respectively; and

23           (2) by inserting after paragraph (2) the fol-  
24           lowing:

1           “(3) The Secretary may make grants to States, polit-  
2 ical subdivisions of States, and other public and nonprofit  
3 private entities for—

4           “(A) planning, implementation, and evaluation  
5 of activities to address diseases, illnesses, and med-  
6 ical conditions where regular preventive care can im-  
7 prove health outcomes, including activities to—

8           “(i) identify medically underserved commu-  
9 nities with reduced access to or utilization of  
10 recommended preventive care services, commu-  
11 nities of color, and communities disproportion-  
12 ately impacted by the COVID–19 pandemic;

13           “(ii) pilot innovative approaches to improve  
14 the utilization of recommended preventive care  
15 services in medically underserved communities  
16 with reduced access to or utilization of such  
17 services among communities of color and com-  
18 munities disproportionately impacted by the  
19 COVID–19 pandemic;

20           “(iii) reduce barriers to accessing preven-  
21 tive care, information on how to safely access  
22 care during the COVID–19 pandemic, and in-  
23 formation about health benefits of seeking pre-  
24 ventive care;

1           “(iv) partner with community organiza-  
2           tions, health care providers, public health orga-  
3           nizations, local health departments, and other  
4           stakeholders to develop and deliver evidence-  
5           based interventions to increase the usage of rec-  
6           ommended preventive care; and

7           “(v) improve delivery of evidence-based  
8           preventive care-related information to the pub-  
9           lic; and

10          “(B) research related to strategies for improv-  
11          ing awareness of scientific and evidence-based, pre-  
12          ventive care-related information, including for medi-  
13          cally underserved communities with reduced access  
14          to or utilization of preventive care, for communities  
15          of color, and in communities disproportionately im-  
16          pacted by the COVID–19 pandemic, in order to un-  
17          derstand barriers to preventive care, improve the uti-  
18          lization of recommended preventive care services,  
19          and assess the public health outcomes of such strate-  
20          gies.”.

21 **SEC. 4. AUTHORIZATION OF APPROPRIATIONS.**

22          There are authorized to be appropriated to carry out  
23          section 320B of the Public Health Service Act, as added  
24          by section 2, and section 317(k)(3) of such Act, as amend-

1 ed by section 3, such sums as may be necessary for fiscal  
2 years 2020 through 2024.