118TH CONGRESS
1ST SESSION

S. _____

To improve access to and the quality of primary health care, expand the health workforce, and for other purposes.

IN THE SENATE OF THE UNITED STATES

_____

_____ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To improve access to and the quality of primary health care, expand the health workforce, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Primary Care and Health Workforce Expansion Act''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—COMMUNITY HEALTH CENTERS; NATIONAL HEALTH SERVICE CORPS

Sec. 101. Community health centers.
Sec. 102. National Health Service Corps.

Sec. 103. Food as medicine and increased coordination between community health centers and WIC.

TITLE II—EXPANDING THE NUMBER OF DOCTORS IN AMERICA

Sec. 201. Program of payments to children's hospitals that operate graduate medical education programs.
Sec. 202. Teaching health centers graduate medical education.
Sec. 203. Medicare Graduate Medical Education.
Sec. 204. Rural residency planning and development program.
Sec. 205. Primary care training and enhancement program.
Sec. 206. Expanding the number of minority doctors.
Sec. 207. Team-based primary care health centers act.

TITLE III—EXPANDING THE NUMBER OF NURSES IN AMERICA

Sec. 301. Expanding associate degree nursing programs.
Sec. 302. Nurse faculty loan program.
Sec. 303. Nurse corps scholarship and loan repayment program.
Sec. 304. Grants for family nurse practitioner training programs.
Sec. 305. Nursing education enhancement and modernization grants in underserved areas.
Sec. 306. Addressing the maternity care provider shortage.
Sec. 307. Return to work incentives for nurses.

TITLE IV—EXPANDING THE NUMBER OF DENTISTS IN AMERICA

Sec. 401. State oral health workforce improvement grant program.
Sec. 402. Oral health training programs.

TITLE V—EXPANDING THE BEHAVIORAL HEALTH WORKFORCE, DIRECT CARE WORKFORCE, AND THE NUMBER OF FAMILY CAREGIVERS IN AMERICA

Sec. 501. Mental and behavioral health education and training grants.
Sec. 502. Mental Health Professionals Workforce Shortage Loan Repayment Act.
Sec. 503. Health Care Capacity for Pediatric Mental Health Act.
Sec. 504. Direct care workforce and family caregivers.
Sec. 505. Peer support networks for family caregivers.
Sec. 506. Women's addiction leadership institute.
Sec. 507. Community health workforce.
Sec. 508. Natural disaster training program.
Sec. 509. Palliative Care and Hospice Education and Training Act.

TITLE VI—PILOT PROGRAMS

Sec. 601. Pilot program related to reducing hospital readmissions.
Sec. 602. Pilot program related to health care clinics for public employees.
Sec. 603. Community-based training of dental students.

TITLE VII—MISCELLANEOUS HEALTH WORKFORCE

Sec. 701. Telehealth Technology-Enabled Learning Project (Project ECHO).
Sec. 702. Rural Health Workforce Pathway Act.
Sec. 703. Health worker well-being.
Sec. 704. Welcome Back to the Health Care Workforce.
Sec. 705. Allied Health Opportunity Act.

Sec. 706. Workplace violence prevention for health care and social service workers.

TITLE VIII—HEALTH POLICY REFORMS

Sec. 801. Establishing requirements with respect to the use of prior authorization.
Sec. 802. Billing requirements for on-campus and off-campus departments of a provider.
Sec. 803. Prohibiting noncompete agreements.

TITLE IX—ENHANCING ACCESS TO AFFORDABLE BIOSIMILAR BIOLOGICAL PRODUCTS

Sec. 901. Enhancing access to affordable biosimilar biological products.

TITLE X—MISCELLANEOUS PROVISIONS

Sec. 1001. Medicaid Improvement Fund.

TITLE I—COMMUNITY HEALTH CENTERS; NATIONAL HEALTH SERVICE CORPS

SEC. 101. COMMUNITY HEALTH CENTERS.

(a) COMMUNITY HEALTH CENTER FUND.—Section 10503 of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2) is amended—

(1) in subsection (b)(1)(F)—

(A) by striking ''2008 and'' and inserting ''2008,''; and

(B) by inserting before the semicolon the following: ''$10,020,000,000 for fiscal year 2024, $10,870,000,000 for fiscal year 2025, $11,720,000,000 for fiscal year 2026, $12,570,000,000 for fiscal year 2027, and $13,420,000,000 for fiscal year 2028''; and

(2) by adding at the end the following:

''(f) PRIORITY USE OF FUNDS.—For fiscal years 2024 through 2028, in awarding amounts appropriated under subsection (b)(1)(F), the Secretary shall prioritize awards to entities for purposes of—

''(1) expanding the number of patients served by health centers, including through Health Center Program New Access Points, including school-based service sites;

''(2) expanding access to comprehensive primary care services offered by health centers; and

''(3) expanding services that enable all individuals to use the services of health centers.''.

(b) CAPITAL FUNDING.—Section 10503(c) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(c)) is amended—

(1) in the subsection heading, by inserting ''; CAPITAL FUNDING'' after ''CONSTRUCTION'';

(2) by striking ''There is'' and inserting the following:

''(1) CONSTRUCTION.—There is''; and

(3) by adding at the end the following:

''(2) CAPITAL FUNDING.—There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, $6,900,000,000, to be used by the Secretary

of Health and Human Services for the alteration, renovation, construction, equipment, and other capital improvement costs of health centers that receive funding under section 330 of the Public Health Service Act (42 U.S.C. 254b).''.

(c) SCHOOL-BASED HEALTH CENTERS.—Section 10503 of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2), as amended by subsection (a), is further amended by adding at the end the following:

''(g) SCHOOL-BASED HEALTH CENTERS.—For each of fiscal years 2024 through 2028, of the amounts appropriated under subsection (b)(1)(F) for a fiscal year, the Secretary shall use $500,000,000 for purposes of carrying out the school-based health centers grant program under section 399Z–1 of the Public Health Service Act (42 U.S.C. 280h–5).''.

(d) ALLOCATION OF FUNDS.—Section 10503 of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2), as amended by subsection (c), is further amended by adding at the end the following:

''(h) ALLOCATION OF FUNDS.—For each of fiscal years 2024 through 2028, of the amounts appropriated under subsection (b)(1)(F) for a fiscal year, the Secretary shall use—

''(1) at least $400,000,000 for the purposes of supporting existing health centers to expand opening hours; and

''(2) at least $100,000,000 for the purposes of supporting health centers that partner with hospitals to create programs to prevent avoidable emergency room use.''.

(e) SUPPLEMENTAL FUNDING FOLLOWING NATURAL DISASTER OR SERVICE REDUCTIONS.—

(1) IN GENERAL.—There is established a Fund, to be administered through the Office of the Secretary of the Department of Health and Human Services, for purposes of providing funding to health centers receiving funding under section 330 of the Public Health Service Act (42 U.S.C. 254b), in the event of service reductions due to natural disasters or other events (including closure of a hospital, or health care provider that provided comparable primary care services, in the service area of such a health center or in a neighboring service area), for operational costs or hazard pay to manage additional demand and greater acuity of care.

(2) FUNDING.—There is appropriated, out of amounts in the Treasury not otherwise appropriated, to the Fund established under paragraph (1) such

sums as may be necessary for each of fiscal years 2024 through 2028, to remain available until expended.

(f) REQUIRED PRIMARY HEALTH SERVICES.—Section 330(b) of the Public Health Service Act (42 U.S.C. 254b(b)) is amended—

(1) in paragraph (1)(A)(i)—

(A) in subclause (IV), by striking ''and'' at the end; and

(B) by adding at the end the following:

''(VI) mental health and substance use disorder services; and

''(VII) dental services (including preventive);''; and

(2) in paragraph (2)—

(A) by striking subparagraph (A); and

(B) by redesignating subparagraphs (B) through (D) as subparagraphs (A) through (C), respectively.

(g) HEALTH EQUITY FOR PEOPLE WITH DISABILITIES.—

(1) IN GENERAL.—Section 330 of the Public Health Service Act (42 U.S.C. 254b) is amended—

(A) in subsection (a)(1)—

(i) in the matter preceding subparagraph (A), by inserting ''including people with disabilities within these populations;'' after ''public housing,''; and

(ii) in subparagraph (A), by inserting ''including accessible healthcare services'' before the semicolon;

(B) in subsection (b)—

(i) in paragraph (1)(A)—

(I) in clause (i), in the matter preceding subclause (I), by inserting '', including accessible healthcare services'' after ''health services'';

(II) in clause (iv), by inserting '', including people with disabilities,'' after ''enable individuals''; and

(III) in clause (v), by inserting '', including people with disabilities,'' after ''health center''; and

(ii) by adding at the end the following:

''(4) DISABILITY.—The term 'disability' has the meaning given such term in the Americans with Disabilities Act of 1990.'';

(C) in subsection (c)(1)—

(i) in the matter preceding subparagraph (A)—

(I) by inserting ‘‘, including people with disabilities within these medically underserved populations’’ before the first period; and

(II) by inserting ‘‘accessible’’ after ‘‘lease of’’; and

(ii) in subparagraph (E), by inserting ‘‘non-profit health and wellness agencies,’’ after ‘‘local hospitals,’’;

(D) in subsection (d)—

(i) in paragraph (1)(A), by inserting ‘‘or with disabilities’’ before the semicolon; and

(ii) in paragraph (3), by inserting ‘‘or for addressing barriers to care affecting people with disabilities in their communities’’ before the period;

(E) in subsection (e)(6)(A)(ii), insert ‘‘, or will serve a significant population of people with disabilities’’ after ‘‘other applicants’’;

(F) in subsection (f)(1)(B), by inserting ‘‘, including people with disabilities,’’ after ‘‘women and children’’;

(G) in subsection (g)(1)(A), by inserting ", including people with disabilities" before the semicolon;

(H) in subsection (h)(1), by striking "and veterans at risk of homelessness" and inserting "veterans at risk of homelessness, and people with disabilities who are homeless or at risk of homelessness";

(I) in subsection (i)(1), by inserting ", inclusive of people with disabilities in these communities" before the period; and

(J) in subsection (j)(4)—

(i) in subparagraph (A), by striking "and" at the end;

(ii) in subparagraph (B), by striking the period and inserting "; or"; and

(iii) by adding at the end the following:

"(C) provide communication devices, aids, or services to meet disability accessibility requirements.".

(2) RULE OF CONSTRUCTION.—Nothing in the amendments made by paragraph (1) shall be construed to modify the manner in which funding is provided to targeted populations on the date of en-

actment of this Act or to otherwise shift the focus of programming for such populations. Such amendments are intended to ensure that members of targeted populations with disabilities are included in such programming, have access to care, and are served under programs under section 330 of the Public Health Service Act (as amended by this subsection).

SEC. 102. NATIONAL HEALTH SERVICE CORPS.

Section 10503(b)(2) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(2)) is amended—

(1) in subparagraph (G), by striking ''; and'' and inserting a semicolon;

(2) in subparagraph (H), by striking the period and inserting a semicolon; and

(3) by adding at the end the following:

''(I) $2,300,000,000 for fiscal year 2024; and

''(J) $1,500,000,000 for each of fiscal years 2025 through 2028.''.

SEC. 103. FOOD AS MEDICINE AND INCREASED COORDINATION BETWEEN COMMUNITY HEALTH CENTERS AND WIC.

Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by adding at the end the following:

"SEC. 761. FOOD AS MEDICINE AND INCREASED COORDINATION BETWEEN COMMUNITY HEALTH CENTERS AND WIC.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may award grants to health centers receiving funding under section 330, for the purposes of enhancing nutrition services in order to address the dietary, nutritional, and health needs and risks for pregnant and postpartum women, breastfeeding women, infants, and children and to improve patient health outcomes, including by—

''(1) recruiting and hiring health professionals, such as nurses, registered dieticians, nutritionists, and lactation support professionals, in health centers; and

''(2) supporting cooking and nutrition classes.

''(b) USES OF FUNDS.—In addition to the recruiting and hiring described in subsection (a)(1), recipients of awards under such subsection may use grant funds to sup-

port current health center employees who are enrolled in dietetics, nutrition, and lactation support professional training through an institution of higher education (as defined in section 101 of the Higher Education Act of 1965) that has an accredited professional training program or accredited bachelor's, master's, or doctoral degree program in dietetics or nutrition sciences or lactation support.

''(c) PRIORITY.—In awarding grants under this section, the Secretary may give priority to health centers that—

''(1) have partnerships with community-based organizations and State agencies (as defined in section 17(b) of the Child Nutrition Act of 1966) administering the special supplemental nutrition program for women, infants, and children established under section 17 of such Act;

''(2) are located in medically underserved areas, or areas with disproportionately high rates of maternal or infant mortality or morbidity; and

''(3) are historically Black colleges and universities (as defined by the term 'part B institution' in section 322 of the Higher Education Act of 1965), Tribal Colleges or Universities (as defined in section 316(b)(3) of such Act), or minority-serving institutions (as described in section 371 of such Act); or

''(4) demonstrate a commitment to addressing the nutritional and health needs and risks for pregnant and postpartum women, breastfeeding women, infants, and children and other medically underserved populations.

''(d) APPROPRIATIONS.— To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise , $50,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

TITLE II—EXPANDING THE NUMBER OF DOCTORS IN AMERICA

SEC. 201. PROGRAM OF PAYMENTS TO CHILDREN'S HOSPITALS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

Section 340E(f) of the Public Health Service Act (42 U.S.C. 256e(f)) is amended by adding at the end the following:

''(3) APPROPRIATIONS.—There are appropriated, out of amounts in the Treasury not otherwise appropriated—

''(A) for payments under subsection (b)(1)(A), $105,000,000 for each of fiscal years 2024 through 2028; and

"(B) for payments under subsection (b)(1)(B), $220,000,000 for each of fiscal years 2024 through 2028.".

SEC. 202. TEACHING HEALTH CENTERS GRADUATE MEDICAL EDUCATION.

(a) FUNDING.—Section 340H(g)(1) of the Public Health Service Act (42 U.S.C. 256h(g)(1)) is amended—

(1) by striking "such sums as may be necessary, not to exceed";

(2) by striking "2017, and" and inserting "2017,"; and

(3) by inserting "$264,000,000 for fiscal year 2024, $338,000,000 for fiscal year 2025, $489,000,000 for fiscal year 2026, $504,000,000 for fiscal year 2027, and $519,000,000 for fiscal year 2028," after "2023,".

(b) PER RESIDENT AMOUNT.—Section 340H(a)(2) of the Public Health Service Act (42 U.S.C. 256h(a)(2)) is amended by adding at the end the following: "Beginning in fiscal year 2024, in accordance with paragraph (1), but notwithstanding the capped amount referenced in subsections (b)(2) and (d)(2), the minimum per resident amount of payments described in this subsection shall be increased by $49,623 for fiscal year 2024, $55,912 for

fiscal year 2025, $62,309 for fiscal year 2026, $69,061 for fiscal year 2027, and $75,933 for fiscal year 2028.''.

(c) AMOUNT OF PAYMENTS.—Section 340H of the Public Health Service Act (42 U.S.C. 256h) is amended—

(1) in subsection (b)(2)—

(A) in subparagraph (A), by striking ''amount of funds appropriated under subsection (g) for such payments for that fiscal year'' and inserting ''total amount of funds available under subsection (g) and any amounts recouped under subsection (f)''; and

(B) in subparagraph (B), by striking ''appropriated in a fiscal year under subsection (g)'' and inserting ''available under subsection (g) and any amounts recouped under subsection (f)''; and

(2) in subsection (d)(2)(B), by striking ''amount appropriated for such expenses as determined in subsection (g)'' and inserting ''total amount of funds available under subsection (g) and any amounts recouped under subsection (f)''.

(d) PRIORITY PAYMENTS.—Section 340H(a)(3) of Public Health Service Act (42 U.S.C. 256H(a)(3)) is amended—

(1) in subparagraph (A), by striking ''; or'' and inserting a semicolon;

(2) in subparagraph (B), by striking the period and inserting ''; or''; and

(3) by adding at the end the following:

''(C) are located in a State that does not already have a qualified teaching health center.''.

SEC. 203. MEDICARE GRADUATE MEDICAL EDUCATION.

(a) IN GENERAL.—Section 1886(h) of the Social Security Act (42 U.S.C. 1395ww(h)) is amended—

(1) in paragraph (4)(F)(i), by striking ''and (10)'' and inserting ''(10), and (11)'';

(2) in paragraph (4)(H)(i), by striking ''and (10)'' and inserting ''(10), and (11)'';

(3) in paragraph (7)(E), by inserting ''paragraph (11),'' after ''paragraph (10),''; and

(4) by adding at the end the following new paragraph:

''(11) DISTRIBUTION OF ADDITIONAL RESIDENCY POSITIONS.—

''(A) ADDITIONAL RESIDENCY POSITIONS.—

''(i) IN GENERAL.—For each of fiscal years 2024 through 2028 (and succeeding

fiscal years if the Secretary determines that there are additional residency positions available to distribute under clause (iii)(II)), the Secretary shall increase the otherwise applicable resident limit for each qualifying hospital (as defined in subparagraph (G)) that submits a timely application under this subparagraph by such number as the Secretary may approve for portions of cost reporting periods occurring on or after July 1 of the fiscal year of the increase. Except as provided in clause (iii), the aggregate number of increases in the otherwise applicable resident limit under this subparagraph shall be equal to 2,000 in each of fiscal years 2024 through 2028.

''(ii) PROCESS FOR DISTRIBUTING POSITIONS.—

''(I) ROUNDS OF APPLICATIONS.—The Secretary shall initiate 5 separate rounds of applications for an increase under clause (i), 1 round with respect to each of fiscal years 2024 through 2028.

"(II) NUMBER AVAILABLE.—In each of such rounds, the aggregate number of positions available for distribution in the fiscal year as a result of an increase in the otherwise applicable resident limit (as described in clause (i)) shall be distributed, plus any additional positions available under clause (iii).

"(III) DISTRIBUTION FOR PRIMARY CARE AND PSYCHIATRY RESIDENCIES.—Of the positions available for distribution under this paragraph in a fiscal year—

"(aa) at least 25 percent shall be distributed for a primary care residency (as defined in subparagraph (F)); and

"(bb) at least 15 percent shall be distributed for a psychiatry residency (as defined in such subparagraph).

"(IV) TIMING.—The Secretary shall notify hospitals of the number of positions distributed to the hospital

under this paragraph as result of an increase in the otherwise applicable resident limit by January 31 of the fiscal year of the increase. Such increase shall be effective for portions of cost reporting periods beginning on or after July 1 of that fiscal year.

''(iii) POSITIONS NOT DISTRIBUTED DURING THE FISCAL YEAR.—

''(I) IN GENERAL.—If the number of resident full-time equivalent positions distributed under this paragraph in a fiscal year is less than the aggregate number of positions available for distribution in the fiscal year (as described in clause (i), including after application of this subclause), the difference between such number distributed and such number available for distribution shall be added to the aggregate number of positions available for distribution in the following fiscal year.

''(II) EXCEPTION IF POSITIONS NOT DISTRIBUTED BY END OF FISCAL

YEAR 2028.—If the aggregate number of positions distributed under this paragraph during the 5-year period of fiscal years 2024 through 2028 is less than 10,000, the Secretary shall, in accordance with the considerations described in subparagraph (B)(i) and the priority described in subparagraph (B)(ii), conduct an application and distribution process in each subsequent fiscal year until such time as the aggregate amount of positions distributed under this paragraph is equal to 10,000.

''(B) DISTRIBUTION TO CERTAIN HOSPITALS.—

''(i) CONSIDERATION IN DISTRIBUTION.—In determining for which hospitals the increase in the otherwise applicable resident limit is provided under subparagraph (A), the Secretary shall take into account the demonstrated likelihood of the hospital filling the positions made available under this paragraph within the first 5 cost reporting periods beginning after the

date the increase would be effective, as determined by the Secretary.

''(ii) MINIMUM DISTRIBUTION FOR CERTAIN CATEGORIES OF HOSPITALS.—With respect to the aggregate number of such positions available for distribution under this paragraph, the Secretary shall distribute not less than 10 percent of such aggregate number to each of the following categories of hospitals:

''(I) Hospitals that are located in a rural area (as defined in subsection (d)(2)(D)) or are treated as being located in a rural area pursuant to subsection (d)(8)(E), hospitals that are located in a census tract assigned a rural-urban commuting area code of 4 or greater, hospitals that are a sole community hospital (as defined in subsection (d)(5)(D)(iii)), and hospitals that are located in a non-contiguous area.

''(II) Hospitals in which the reference resident level of the hospital (as specified in subparagraph (G)(iii))

is greater than the otherwise applicable resident limit.

"(III) Hospitals in States with—

"(aa) new medical schools that received 'Candidate School' status from the Liaison Committee on Medical Education or that received 'Pre-Accreditation' status from the American Osteopathic Association Commission on Osteopathic College Accreditation on or after January 1, 2000, and that have achieved or continue to progress toward 'Full Accreditation' status (as such term is defined by the Liaison Committee on Medical Education) or toward 'Accreditation' status (as such term is defined by the American Osteopathic Association Commission on Osteopathic College Accreditation); or

"(bb) additional locations and branch campuses established on or after January 1, 2000, by

medical schools with 'Full Accreditation' status (as such term is defined by the Liaison Committee on Medical Education) or 'Accreditation' status (as such term is defined by the American Osteopathic Association Commission on Osteopathic College Accreditation).

"(IV) Hospitals that serve areas designated as health professional shortage areas under section 332(a)(1)(A) of the Public Health Service Act, as determined by the Secretary.

"(V) Hospitals with a sponsoring institution for a residency or fellowship program that is a minority-serving institution, as described in section 371(a) or 326(e)(1) of the Higher Education Act of 1965.

"(iii) SPECIAL RULE.—In distributing positions under clause (ii), the Secretary shall not prioritize hospitals in multiple categories over hospitals in an individual

category or based on section 332 of the Public Health Service Act.

''(C) PROHIBITION ON DISTRIBUTION TO HOSPITALS WITHOUT AN INCREASE AGREEMENT.—No increase in the otherwise applicable resident limit of a hospital may be made under this paragraph unless such hospital agrees to increase the total number of full-time equivalent residency positions under the approved medical residency training program of such hospital by the number of such positions made available by such increase under this paragraph.

''(D) LIMITATION.—

''(i) IN GENERAL.—Except as provided in clause (ii), a hospital may not receive more than 75 full-time equivalent additional residency positions in the aggregate under this paragraph and paragraphs (9) and (10) over the period of fiscal years 2024 through 2028.

''(ii) INCREASE IN NUMBER OF ADDITIONAL POSITIONS A HOSPITAL MAY RECEIVE.—The Secretary shall increase the aggregate number of full-time equivalent additional residency positions a hospital

may receive under this paragraph over such period if the Secretary estimates that the number of positions available for distribution under subparagraph (A) exceeds the number of applications approved under such subparagraph over such period.

''(E) APPLICATION OF PER RESIDENT AMOUNTS FOR PRIMARY CARE AND NONPRIMARY CARE.—With respect to additional residency positions in a hospital attributable to the increase provided under this paragraph, the approved FTE per resident amounts are deemed to be equal to the hospital per resident amounts for primary care and nonprimary care computed under paragraph (2)(D) for that hospital.

''(F) PERMITTING FACILITIES TO APPLY AGGREGATION RULES.—The Secretary shall permit hospitals receiving additional residency positions attributable to the increase provided under this paragraph to, beginning in the fifth year after the effective date of such increase, apply such positions to the limitation amount under paragraph (4)(F) that may be aggregated pursuant to paragraph (4)(H) among members of the same affiliated group.

''(G) DEFINITIONS.—In this paragraph:

''(i) OTHERWISE APPLICABLE RESIDENT LIMIT.—The term 'otherwise applicable resident limit' means, with respect to a hospital, the limit otherwise applicable under subparagraphs (F)(i) and (H) of paragraph (4) on the resident level for the hospital determined without regard to this paragraph but taking into account paragraphs (7)(A), (7)(B), (8)(A), (8)(B), (9)(A), (9)(B), (10)(A), and (10)(B).

''(ii) PRIMARY CARE RESIDENCY.—The term 'primary care residency' means a residency in a program described in paragraph (5)(H).

''(iii) PSYCHIATRY RESIDENCY.—The term 'psychiatry residency' means a residency in psychiatry, addiction medicine, addiction psychiatry, pain medicine, child and adolescent psychiatry, consultation-liaison psychiatry, geriatric psychiatry, brain injury medicine, forensic psychiatry, hospice and palliative medicine, and sleep medicine. Such term includes a residency in a program that is a prerequisite (as de-

termined by the Secretary) for a residency described in the preceding sentence.

''(iv) QUALIFYING HOSPITAL.—The term 'qualifying hospital' means a hospital described in any of subclauses (I) through (V) of subparagraph (B)(ii).

''(v) REFERENCE RESIDENT LEVEL.—The term 'reference resident level' means, with respect to a hospital, the resident level for the most recent cost reporting period of the hospital ending on or before the date of enactment of this paragraph, for which a cost report has been settled (or, if not, submitted (subject to audit)), as determined by the Secretary.

''(vi) RESIDENT LEVEL.—The term 'resident level' has the meaning given such term in paragraph (7)(C)(i).''.

(b) IME.—

(1) IN GENERAL.—Section 1886(d)(5)(B)(v) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(v)), in the third sentence, is amended by striking ''and (h)(10)'' and inserting ''(h)(10), and (h)(11)''.

(2) CONFORMING PROVISION.—Section 1886(d)(5)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) is amended by adding after clause (xiii) the following new clause:

''(ix) For discharges occurring on or after July 1, 2024, insofar as an additional payment amount under this subparagraph is attributable to resident positions distributed to a hospital under subsection (h)(11), the indirect teaching adjustment factor shall be computed in the same manner as provided under clause (ii) with respect to such resident positions.''.

(c) STUDY AND REPORT ON STRATEGIES FOR INCREASING DIVERSITY.—

(1) STUDY.—The Comptroller General of the United States (in this subsection referred to as the ''Comptroller General'') shall conduct a study on strategies for increasing the diversity of the health professional workforce. Such study shall include an analysis of strategies for increasing the number of health professionals from rural, lower income, and underrepresented minority communities, including which strategies are most effective for achieving such goal.

(2) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller

General shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

SEC. 204. RURAL RESIDENCY PLANNING AND DEVELOPMENT PROGRAM.

For purposes of carrying out the rural residency planning and development program established pursuant to section 711(b)(5) of the Social Security Act (42 U.S.C. 912(b)(5)), there are appropriated, out of amounts in the Treasury not otherwise appropriated, $37,500,000 for each of fiscal years 2024 through 2028, to remain available until expended.

SEC. 205. PRIMARY CARE TRAINING AND ENHANCEMENT PROGRAM.

Section 747(c) of the Public Health Service Act (42 U.S.C. 293k(c)) is amended—

(1) in the subsection heading, by striking ''AUTHORIZATION OF''; and

(2) in paragraph (1), by striking ''authorized to be appropriated $48,924,000 for each of fiscal years 2021 through 2025'' and inserting ''appropriated, out of amounts in the Treasury not otherwise appropriated, $125,000,000 for fiscal year 2024 and

$90,000,000 each of fiscal years 2025 through 2028''.

SEC. 206. EXPANDING THE NUMBER OF MINORITY DOCTORS.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall award grants to accredited schools of medicine at historically Black colleges and universities (as defined by the term 'part B institution' in section 322 of the Higher Education Act of 1965) for the purpose of increasing enrollment of medical students. Funds awarded under this section may be used for costs associated with faculty, infrastructure, clinical support, research support, student supports, and any other costs, as determined by the Secretary.

(b) APPROPRIATIONS.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, $300,000,000 for fiscal year 2024, to remain available until expended.

SEC. 207. TEAM-BASED PRIMARY CARE HEALTH CENTERS ACT.

(a) SHORT TITLE.—This section may be cited as the ''Primary Care Team Education Centers Act'' or the ''PCTEC Act''.

(b) PURPOSES.—The purposes of this section are—

(1) to establish and expand primary care team education centers to—

(A) enhance and support the capacity of community-based ambulatory patient care centers to serve as sites to develop the next generation of health professionals to care for the needs of communities; and

(B) develop and implement innovative employment, appointment, and compensation models to enhance and expand preceptors in primary care; and

(2) to improve access to care by ensuring that more health professional students have clinical education experiences in multidisciplinary primary care settings.

(c) ESTABLISHMENT OF PROGRAM.—

(1) IN GENERAL.—Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

"SEC. 399V–8. SUPPORT AND DEVELOPMENT OF PRIMARY CARE TEAM EDUCATION CENTERS.

''(a) PROGRAM AUTHORIZED.—The Secretary may award grants to eligible entities for the purpose of establishing and expanding primary care team education centers.

''(b) AMOUNT AND DURATION.—A grant awarded under subsection (a) shall be for a term of not more than 5 years and the maximum grant award may not be more than $400,000 a year.

''(c) USE OF FUNDS.—An eligible entity receiving a grant under subsection (a) shall use grant funds to establish or expand a primary care team education center to—

''(1) develop or enhance partnerships with institutions of higher education that provide a recognized postsecondary credential in health care, or health care organizations that the Secretary has determined are capable of carrying out such a grant or contract, to—

''(A) address clinical faculty, clinical site, and clinical preceptor shortages for health professionals by—

''(i) establishing mutually beneficial and sustainable agreements for precepting by the clinical staff of the primary care team education center, through models designed to enhance—

''(I) recruitment and retention of such staff; and

''(II) the role of such staff in ensuring the effectiveness and sustain-

ability of the clinical site as part of the health professional student clinical education of a partnering entity; and

''(ii) implementing a plan to address recruitment and retention of primary care team education center clinical staff who have entered into agreements under clause (i); and

''(B) support health professional student training in primary care by—

''(i) implementing curricula to integrate health professional student clinical education into primary care team education centers, including strategies to address health professional well-being and mental health; and

''(ii) providing support for health professional students, including assistance for housing near, or transportation to or from, the clinical site during the clinical training period;

''(2) integrate and expand the role of health professionals not traditionally involved in the eligible entity's primary care team, such as school nurses in elementary or secondary schools and community

health workers, as part of the service continuum of the primary care team education center; and

''(3) promote career advancement for health professionals employed by the primary care team education center.

''(d) AWARD BASIS.—In selecting recipients for grants under subsection (a), the Secretary shall give priority to grant applications that—

''(1) demonstrate how the program to be supported under the grant will, for the region to be served—

''(A) identify the health professions with labor shortages; and

''(B) increase the number of health professionals with disadvantaged backgrounds working in such health professions; and

''(2) provide preceptor training and support to encourage eligible preceptors to participate in clinical training, including nurses and advanced practice nurses.

''(e) LIMITATION.—The recipient of a grant under section 749A or 340H shall not be eligible to receive a grant under subsection (a).

''(f) TECHNICAL ASSISTANCE.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall, directly or through grants or contracts, provide technical assistance for eligible entities receiving grants under subsection (a).

''(2) LIMITATION.—For each year, the Secretary shall use not more than 5 percent of the amount made available to carry out this section for technical assistance under this subsection.

''(g) ANNUAL REPORT.—The Secretary shall submit an annual report to Congress on the grants awarded under subsection (a). Each such report shall, at a minimum, include—

''(1) the total number of grants awarded under subsection (a);

''(2) a description of the primary care team education centers supported under each such grant;

''(3) the number of students, by profession, who engaged in such primary care team education centers during the applicable academic year, in the aggregate and disaggregated by grantee;

''(4) in the aggregate and disaggregated by grantee—

''(A) the number of health professional staff at such primary care team education centers engaged in classroom teaching or clinical precepting under the grant;

''(B) an estimate of the number of teaching or precepting hours provided under the grant;

''(C) the number of health professional students, and the number of advanced practice nursing students, trained under the grant; and

''(D) the number of health care professional preceptors recruited and retained under the grant; and

''(5) a description of how each grantee met the needs of the health professionals served under the grant

''(h) DEFINITIONS.—In this section:

''(1) ELIGIBLE ENTITY.—The term 'eligible entity' means an entity described in any of clauses (i) through (v) of section 749A(f)(3)(B).

''(2) INSTITUTION OF HIGHER EDUCATION.—The term 'institution of higher education' has the meaning given the term in section 102 of the Higher Education Act of 1965.

''(3) PRECEPTOR.—The term 'preceptor' means a health professional who provides supervision and personalized experiential learning training and instruction and mentoring opportunities in the clinical practice of a health profession to a student in a health profession.

''(4) PRIMARY CARE TEAM.—The term 'primary care team' means a team of 2 or more health providers who provide health services to individuals, families, or communities by working collaboratively with patients and their caregivers, to the extent preferred by each patient, to accomplish shared goals within and across settings in order to achieve coordinated, high-quality care.

''(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section—

''(1) $10,000,000 for fiscal year 2024;

''(2) $25,000,000 for fiscal year 2025;

''(3) $50,000,000 for fiscal year 2026; and

''(4) such sums as may be necessary for each fiscal year thereafter.''.

(2) LIMITATION ON ELIGIBILITY FOR OTHER TEACHING HEALTH CENTER DEVELOPMENT GRANTS.—

(A) SECTION 749A.—Section 749A of the Public Health Service Act (42 U.S.C. 293l–1) is amended—

(i) by redesignating subsections (f) and (g) as subsections (g) and (h), respectively; and

(ii) by inserting after subsection (e) the following:

''(f) LIMITATION.—A recipient of a grant under section 399V–8 shall not be eligible to receive a grant under this section.''.

(B) GRADUATE MEDICAL EDUCATION PROGRAM TEACHING HEALTH CENTERS.—Section 340H(a) of the Public Health Service Act (42 U.S.C. 256h(a)) is amended by adding at the end the following:

''(4) LIMITATION.—A recipient of a grant under section 399V–8 shall not be eligible to receive a payment under this section.''.

(C) CONFORMING AMENDMENT.—Section 760(c)(2)(A) of the Public Health Service Act (42 U.S.C. 294k(c)(2)(A)) is amended by striking ''section 749A(f)'' and inserting ''section 749A(g)''.

TITLE III—EXPANDING THE NUMBER OF NURSES IN AMERICA

SEC. 301. EXPANDING ASSOCIATE DEGREE NURSING PROGRAMS.

Part D of title VIII of the Public Health Service Act (42 U.S.C. 296p et seq.) is amended by adding at the end the following:

"SEC. 832. EXPANDING ASSOCIATE DEGREE NURSING PROGRAMS.

''(a) AUTHORIZATION.—From the amounts appropriated under subsection (g), the Secretary, acting through the Administrator of the Health Resources and Services Administration, in consultation with the Secretary of Education and the heads of other agencies, as appropriate, shall award grants to institutions of higher education (as defined in section 101 of the Higher Education Act of 1965) that offer an accredited registered nursing program at the associate degree level for purposes of expanding the faculty and facilities of such program to accommodate additional students in such program.

''(b) USES OF FUNDS.—

''(1) REQUIRED USE.—A recipient of a grant under this section shall use the grant funds to expand the number of students enrolled in the recipi-

ent's accredited registered nursing program, which may include the uses of funds described in paragraph (2).

''(2) OTHER ELIGIBLE USES OF FUNDS.—Grants awarded under this section may be used for—

''(A) increasing the number of nurse faculty and nurse faculty salaries;

''(B) expanding the number of qualified preceptors at clinical rotation sites;

''(C) providing direct support for students enrolled in such programs;

''(D) supporting partnerships with health facilities for clinical training; the purchase of distance learning technologies and expanding methods of delivery of instruction to include alternatives to onsite learning;

''(E) the collection, analysis, and dissemination of data on educational outcomes and best practices identified through the activities described in this section;

''(F) the purchase of simulation equipment or the provision of faculty training of simulation equipment; and

"(G) other capital projects necessary to support 2-year nursing programs.

"(c) DETERMINATION OF NUMBER OF STUDENTS AND APPLICATION.—Each institution of higher education that offers a program described in subsection (a) that desires to receive a grant under this section shall—

"(1) determine, for the 4 academic years preceding the academic year for which the determination is made, the average number of matriculated nursing program students in the institution's accredited registered nursing program at the associate degree level for such academic years, within 150 percent of normal time for completion; and

"(2) submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require, including the average number determined under paragraph (1).

"(d) GRANT AMOUNT; AWARD BASIS.—

"(1) GRANT AMOUNT.—For each academic year after academic year 2023–2024, the Secretary is authorized to provide to each institution of higher education awarded a grant under this section an amount that is not less than $100,000.

"(2) DISTRIBUTION OF GRANTS.—

"(A) IN GENERAL.—The Secretary shall use funds available to award grants under this section for each fiscal year to award grants to public institutions of higher education at which the highest degree that is predominantly awarded to students is an associate's degree and other public institutions of higher education (as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)), that offer an accredited registered nursing program at the associate degree level for the purpose of expanding such programs.

"(B) CONSIDERATIONS IN MAKING AWARDS.—In awarding grants under this section, the Secretary shall consider the following:

"(i) GEOGRAPHIC DISTRIBUTION.—Providing an equitable geographic distribution of such grants.

"(ii) URBAN AND RURAL AREAS.—Distributing such grants to urban and rural areas.

"(iii) RANGE AND TYPE OF INSTITUTION.—Ensuring that the activities to be assisted are developed for a range of types and sizes of institutions of higher edu-

cation, including institutions that provide on-site learning.

''(iv) MINORITY-SERVING INSTITUTIONS.—Providing a priority to minority-serving institutions, as defined in section 371(a) of the Higher Education Act of 1965.

''(e) DEFINITION.—For purposes of this section, the term 'health facility' means an Indian health service center, a Native Hawaiian health center, a Federally qualified health center, a rural health clinic, a nursing home, a home health agency, a hospice program, a public health clinic, a State or local department of public health, a skilled nursing facility, or an ambulatory surgical center.

''(f) PROHIBITION.—

''(1) IN GENERAL.—Funds provided under this section may not be used for the construction of new facilities.

''(2) RULE OF CONSTRUCTION.—Nothing in paragraph (1) shall be construed to prohibit funds provided under this section from being used for the repair or renovation of facilities.

''(g) APPROPRIATIONS.—There is appropriated, out of any money in the Treasury not otherwise appropriated, to the Secretary to carry out this section $400,000,000

for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 302. NURSE FACULTY LOAN PROGRAM.

Section 846A of the Public Health Service Act (42 U.S.C. 297n–1) is amended by adding at the end the following:

''(f) ADDITIONAL FUNDING.—To carry out this section, in addition to amounts otherwise made available, including under section 871(b), there are appropriated, out of amounts in the Treasury not otherwise appropriated, $57,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 303. NURSE CORPS SCHOLARSHIP AND LOAN REPAYMENT PROGRAM.

Section 846 of the Public Health Service Act (42 U.S.C. 297n) is amended by adding at the end the following:

''(f) ADDITIONAL FUNDING.—To carry out this section, in addition to amounts otherwise made available, including under section 871(b), there are appropriated, out of amounts in the Treasury not otherwise appropriated, $277,800,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 304. GRANTS FOR FAMILY NURSE PRACTITIONER TRAINING PROGRAMS.

Section 5316 of the Patient Protection and Affordable Care Act (42 U.S.C. 296j–1) is amended—

(1) in the section heading, by striking ''**DEMONSTRATION**'';

(2) in subsection (a), by striking ''demonstration'';

(3) in subsection (d)—

(A) in paragraph (1)(B), by striking ''and'' at the end;

(B) by redesignating paragraph (2) as paragraph (3); and

(C) by inserting after paragraph (1) the following:

''(2)(A) in the case of an entity that does not have an established training program for nurse practitioners at the time of the application, demonstrate plans to establish a new training program for nurse practitioners; or

''(B) in the case of an entity that has an established training program for nurse practitioners at the time of the application, demonstrate plans to use the grant under this section to offer not fewer than 4 additional positions for new nurse practitioners to participate in such program; and'';

(4) in subsection (g), by striking ''not to exceed $600,000'' and inserting ''that is not less than $1,000,000''; and

(5) by amending subsection (i) to read as follows:

''(i) FUNDING.—To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise appropriated, $50,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 305. NURSING EDUCATION ENHANCEMENT AND MODERNIZATION GRANTS IN UNDERSERVED AREAS.

(a) IN GENERAL.—Part D of title VIII of the Public Health Service Act (42 U.S.C. 296p et seq.), as amended by section 301, is further amended by adding at the end the following:

''SEC. 833. NURSING EDUCATION ENHANCEMENT AND MODERNIZATION GRANTS IN UNDERSERVED AREAS.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration—

''(1) shall award grants to schools of nursing at institutions of higher education (as defined in section 101 of the Higher Education Act of 1965)—

''(A) for increasing the number of faculty and students at such schools; and

''(B) for the enhancement and modernization of nursing education programs; and

''(2) may award grants to schools of nursing for supporting career advancement for nurses and nurse faculty.

''(b) ELIGIBILITY.—To be eligible to receive a grant under this section, a school of nursing shall agree to—

''(1) increase faculty wages to a level that is not less than the average salary paid to clinical nurses with the same level of education as the faculty member, in the applicable geographical area; and

''(2) increase enrollment in the school of nursing by at least 20 percent over the 5-year period beginning on the date of receipt of the grant.

''(c) PRIORITY.—In selecting grant recipients under this section, the Secretary shall give priority to schools of nursing that—

''(1) are located in, or prepare students to practice in, a medically underserved area (as defined in section 330I(a));

''(2) are located in, or prepare students to practice in, a health professional shortage area as defined under section 332(a);

''(3) are minority-serving institutions of higher education described in section 371(a) of the Higher Education Act of 1965; or

''(4) are located in, or prepare students to practice in, a rural area.

''(d) CONSIDERATION.—In awarding grants under this section, the Secretary, to the extent practicable, may ensure equitable distribution of awards among the geographic regions of the United States.

''(e) USE OF FUNDS.—A school of nursing that receives a grant under this section shall use the funds awarded through such grant for activities that include—

''(1) enhancing enrollment and retention of students at such school using evidence-based practices, with a priority for students from disadvantaged backgrounds (including racial or ethnic groups underrepresented in the nursing workforce), individuals from rural and underserved areas, low-income individuals, and first generation college students (as defined in section 402A(h)(3) of the Higher Education Act of 1965), including through mentorship programs, providing tools and programming for underrepresented students, and addressing other student needs;

''(2) retaining current faculty, and hiring new faculty, with an emphasis on faculty from racial or ethnic groups who are underrepresented in the nursing workforce;

''(3) partnering with a health care facility, nurse-managed health clinic, community health center, or other facility that provides health care in order to provide educational opportunities for the purpose of establishing or expanding clinical education;

''(4) modernizing infrastructure at such school, including audiovisual or other equipment, simulation and augmented reality resources, telehealth technologies, and virtual and physical laboratories;

''(5) creating, supporting, or modernizing educational programs and curriculum at such school;

''(6) enhancing and expanding nursing programs that prepare nurse researchers and scientists;

''(7) establishing nurse-led intradisciplinary and interprofessional educational partnerships;

''(8) supporting registered nurses in pursuit of baccalaureate or advanced nursing degrees with a goal of becoming nurse faculty; or

''(9) other activities that the Secretary determines further the development, improvement, and expansion of schools of nursing.

''(f) REPORTS FROM ENTITIES.—Each school of nursing awarded a grant under this section shall submit an annual report to the Secretary on the activities conducted under such grant, and other information as the Secretary may require.

''(g) REPORT TO CONGRESS.—Not later than 5 years after the date of the enactment of this section, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that provides a summary of the activities and outcomes associated with grants made under this section. Such report shall include—

''(1) a list of schools of nursing receiving grants under this section, including the primary geographic location of any school of nursing that was improved or expanded through such a grant;

''(2) the total number of students who are enrolled at or who have graduated from any school of nursing, within 150 percent of normal time to completion, that was improved or expanded through a grant under this section, which such statistic shall—

''(A) to the extent such information is available, be deidentified and disaggregated by race, ethnicity, age, sex, geographic region, disability status, and other relevant factors; and

''(B) include an indication of the number of such students who are from racial or ethnic groups underrepresented in the nursing workforce, such students who are from rural or underserved areas, such students who are low-income students, and such students who are first generation college students (as defined in section 402A(h)(3) of the Higher Education Act of 1965);

''(3) to the extent such information is available, the effects of the grants awarded under this section on retaining and hiring of faculty, including any increase in diverse faculty, the number of clinical education partnerships, the modernization of nursing education infrastructure, and other ways this section helps strengthen the nursing workforce;

''(4) recommendations for improving the grants awarded under this section; and

''(5) any other considerations as the Secretary determines appropriate.

''(h) APPROPRIATIONS.—To carry out this section, in addition to any amounts made available under section 871(a), there is appropriated, out of amounts in the Treasury not otherwise appropriated, $1,000,000,000 for fiscal year 2024, to remain available through the end of fiscal year 2028.''.

(b) STRENGTHENING NURSE EDUCATION.— The heading of part D of title VIII of the Public Health Service Act (42 U.S.C. 296p et seq.) is amended by striking ''**BASIC**''.

SEC. 306. ADDRESSING THE MATERNITY CARE PROVIDER SHORTAGE.

(a) MIDWIFERY SCHOOLS AND PROGRAMS.—

(1) IN GENERAL.—Title VII of the Public Health Service Act is amended by inserting after section 760 of such Act (42 U.S.C. 294k) the following:

''SEC. 760A. MIDWIFERY SCHOOLS AND PROGRAMS.

''(a) IN GENERAL.—The Secretary may award grants to institutions of higher education (as defined in subsections (a) and (b) of section 101 of the Higher Education Act of 1965) for the following:

''(1) Direct support of students in an accredited midwifery school or program.

''(2) Establishment or expansion of an accredited midwifery school or program.

''(3) Securing, preparing, or providing support for increasing the number of, qualified preceptors for training the students of an accredited midwifery school or program.

''(b) SPECIAL CONSIDERATIONS.—In awarding grants under subsection (a), the Secretary give special consideration to any institution of higher education that—

''(1) agrees to prioritize students who plan to practice in a health professional shortage area designated under section 332; and

''(2) demonstrates a focus on increasing racial and ethnic minority representation in midwifery education.

''(c) RESTRICTION.—The Secretary shall not provide any assistance under this section to be used with respect to a midwifery school or program within a school of nursing (as defined in section 801).

''(d) APPROPRIATIONS.—

''(1) IN GENERAL.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, $15,000,000 for the period of fiscal years 2024 through 2028, to remain available until expended.

"(2) ALLOCATION.—Of the amounts made available to carry out this section for any fiscal year, the Secretary shall use—

"(A) 50 percent for subsection (a)(1);

"(B) 25 percent for subsection (a)(2); and

"(C) 25 percent for subsection (a)(3).".

(2) DEFINITIONS.—

(A) MIDWIFERY SCHOOL OR PROGRAM.—Section 799B(1)(A) of the Public Health Service Act (42 U.S.C. 295p(1)(A)) is amended—

(i) by inserting "'midwifery school or program'," before "and 'school of chiropractic'";

(ii) by inserting "a degree or certificate in midwifery or an equivalent degree or certificate," before "and a degree of doctor of chiropractic or an equivalent degree"; and

(iii) by striking "any such school" and inserting "any such school or program".

(B) ACCREDITED.—Section 799B(1)(E) of the Public Health Service Act (42 U.S.C. 295p(1)(E)) is amended by inserting "or a midwifery school or program," before "or a graduate program in health administration".

(b) NURSE-MIDWIVES.—Title VIII of the Public Health Service Act is amended by inserting after section 811 of that Act (42 U.S.C. 296j) the following:

"SEC. 812. MIDWIFERY EXPANSION PROGRAM.

''(a) IN GENERAL.—The Secretary may award grants to schools of nursing for the following:

''(1) Direct support of students in an accredited nurse-midwifery school or program.

''(2) Establishment or expansion of an accredited nurse-midwifery school or program.

''(3) Securing, preparing, or providing support for increasing the numbers of, preceptors at clinical training sites to precept students training to become certified nurse-midwives.

''(b) SPECIAL CONSIDERATIONS.—In awarding grants under subsection (a), the Secretary give special consideration to any school of nursing that—

''(1) agrees to prioritize students who choose to pursue an advanced education degree in nurse-midwifery to practice in a health professional shortage area designated under section 332; and

''(2) demonstrates a focus on increasing racial and ethnic minority representation in nurse-midwifery education.

''(c) APPROPRIATIONS.—

"(1) IN GENERAL.—To carry out this section, in addition to any amounts made available under section 871(a), there is appropriated, out of amounts in the Treasury not otherwise appropriated, $20,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.

"(2) ALLOCATION.—Of the amounts made available to carry out this section for any fiscal year, the Secretary shall use—

"(A) 50 percent for subsection (a)(1);

"(B) 25 percent for subsection (a)(2); and

"(C) 25 percent for subsection (a)(3).".

SEC. 307. RETURN TO WORK INCENTIVES FOR NURSES.

Part D of title VIII of the Public Health Service Act (42 U.S.C. 296p et seq.), as amended by section 305, is further amended by adding at the end the following:

"SEC. 834. RETURN TO WORK INCENTIVES FOR NURSES.

"(a) IN GENERAL.—Beginning in fiscal year 2024, the Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a program to incentivize licensed nurses to return to the clinical workforce.

"(b) ELIGIBILITY; AWARDS.—A licensed nurse who has been out of the clinical workforce for at least 2 years, and who agrees to return to work full-time in a nonprofit

health facility in an underserved community shall be eligible to receive an award in the amount of $20,000 upon fulfilling a 2-year service commitment at such health facility.

''(c) DEFINITION.—In this section, the term 'health facility' means an Indian health service center, a Native Hawaiian health center, a nonprofit hospital, a Federally qualified health center, a rural health clinic, a nursing home, a home health agency, a hospice program, a public health clinic, a State or local department of public health, a skilled nursing facility, or an ambulatory surgical center.

''(d) FUNDING.—To carry out this section, in addition to amounts available under section 871, there are appropriated, out of amounts in the Treasury not otherwise appropriated, $100,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

TITLE IV—EXPANDING THE NUMBER OF DENTISTS IN AMERICA

SEC. 401. STATE ORAL HEALTH WORKFORCE IMPROVEMENT GRANT PROGRAM.

Subsection (f) of section 340G of the Public Health Service Act (42 U.S.C. 256g) is amended to read as follows:

''(f) APPROPRIATIONS.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, $29,800,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 402. ORAL HEALTH TRAINING PROGRAMS.

Subsection (f) of section 748 of the Public Health Service Act (42 U.S.C. 293k–2) is amended to read as follows:

''(f) APPROPRIATIONS.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, $55,400,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

TITLE V—EXPANDING THE BEHAVIORAL HEALTH WORKFORCE, DIRECT CARE WORKFORCE, AND THE NUMBER OF FAMILY CAREGIVERS IN AMERICA

SEC. 501. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.

Section 756(f) of the Public Health Service Act (42 U.S.C. 294e–1(f)) is amended to read as follows:

''(f) APPROPRIATIONS.—

''(1) IN GENERAL.—To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise appropriate, $387,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.

''(2) INCREASING RETENTION.—Of the amount appropriated under paragraph (1) for a fiscal year, not less than 10 percent shall be allocated to awards to eligible institutions for purposes of increasing retention in behavioral health workforce programs.''.

SEC. 502. MENTAL HEALTH PROFESSIONALS WORKFORCE SHORTAGE LOAN REPAYMENT ACT.

(a) SHORT TITLE.—This section may be cited as the ''Mental Health Professionals Workforce Shortage Loan Repayment Act of 2023''.

(b) PROGRAM.—Title VII of the Public Health Service Act is amended—

(1) by redesignating part G (42 U.S.C. 295j et seq.) as part H; and

(2) by inserting after part F (42 U.S.C. 294n et seq.) the following:

"PART G—MENTAL HEALTH PROFESSIONALS IN WORKFORCE SHORTAGE

"SEC. 783. LOAN REPAYMENT PROGRAM FOR MENTAL HEALTH PROFESSIONALS IN WORKFORCE SHORTAGES.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall carry out a program under which—

''(1) the Secretary enters into agreements with individuals to make payments in accordance with subsection (b) on the principal of and interest on any eligible loan; and

''(2) the individuals each agree to complete a period of service in a mental health professional shortage area.

''(b) PAYMENTS.—For each year of obligated service by an individual pursuant to an agreement under subsection (a), the Secretary shall make a payment to such individual as follows:

''(1) SERVICE IN A SHORTAGE AREA.—The Secretary shall pay—

''(A) for each year of obligated service by an individual pursuant to an agreement under subsection (a), ⅙ of the principal of and interest on each eligible loan of the individual which

is outstanding on the date the individual began service pursuant to the agreement; and

''(B) for completion of the sixth and final year of such service, the remainder of such principal and interest.

''(2) MAXIMUM AMOUNT.—The total amount of payments under this section to any individual shall not exceed $250,000.

''(c) ELIGIBLE LOANS.—The loans eligible for repayment under this section are each of the following:

''(1) Any loan for education in mental health or a related field leading to a master's degree, leading to a doctoral degree, or consisting of post-doctoral study.

''(2) Any Federal Direct Stafford Loan, Federal Direct PLUS Loan, or Federal Direct Unsubsidized Stafford Loan, or Federal Direct Consolidation Loan (as such terms are used in section 455 of the Higher Education Act of 1965).

''(3) Any Federal Perkins Loan under part E of title I of the Higher Education Act of 1965.

''(4) Any other Federal loan as determined appropriate by the Secretary.

''(d) PERIOD OF SERVICE.—The period of service required by an agreement under subsection (a) shall consist

of up to 6 years of full-time employment, with no more than one year passing between any two years of covered employment, as a mental health professional in the United States in a mental health professional shortage area.

''(e) INELIGIBILITY FOR DOUBLE BENEFITS.—No borrower may, for the same service, receive a reduction of loan obligations or a loan repayment under both—

''(1) this subsection; and

''(2) any federally supported loan forgiveness program, including under section 338B, 338I, or 846 of this Act, or section 428J, 428L, 455(m), or 460 of the Higher Education Act of 1965.

''(f) BREACH.—

''(1) LIQUIDATED DAMAGES FORMULA.—The Secretary may establish a liquidated damages formula to be used in the event of a breach of an agreement entered into under subsection (a).

''(2) LIMITATION.—The failure by an individual to complete the full period of service obligated pursuant to such an agreement, taken alone, shall not constitute a breach of the agreement, so long as the individual completed in good faith the years of service for which payments were made to the individual under this section.

''(g) ADDITIONAL CRITERIA.—The Secretary—

''(1) may establish such criteria and rules to carry out this section as the Secretary determines are needed and in addition to the criteria and rules specified in this section; and

''(2) shall give notice to the committees specified in subsection (h) of any criteria and rules so established.

''(h) REPORT TO CONGRESS.—Not later than 5 years after the date of enactment of this section, and every other year thereafter, the Secretary shall prepare and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate a report on—

''(1) the number and location of borrowers who have qualified for loan repayments under this section; and

''(2) the impact of this section on the availability of mental health services in mental health professional shortage areas.

''(i) DEFINITION.—In this section:

''(1) The term 'mental health professional' means a full-time job (including a fellowship) where the primary intent and function of the job is the direct treatment or recovery support of patients with or in recovery from a mental health disorder, such

as a physician (MD or DO), psychiatric nurse, social worker, marriage and family therapist, mental health counselor, occupational therapist, psychologist, psychiatrist, child and adolescent psychiatrist, or neurologist.

''(2) The term 'mental health professional shortage area' means—

''(A) an area designated under section 332 with respect to a shortage of mental health professionals; or

''(B) any facility, program, center, or clinic as determined appropriate by the Secretary for purposes of this section because of a shortage of mental health professionals, including private physician practices and other medical facilities designated under section 332(a) as having such a shortage.

''(j) FUNDING.—To carry out this section, there are appropriated $25,000,000 for each of fiscal years 2024 through 2028.''.

SEC. 503. HEALTH CARE CAPACITY FOR PEDIATRIC MENTAL HEALTH ACT.

(a) SHORT TITLE.—This section may be cited as the ''Health Care Capacity for Pediatric Mental Health Act of 2023''.

(b) PROGRAMS TO SUPPORT PEDIATRIC MENTAL, EMOTIONAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER HEALTH CARE.—Subpart V of part D of title III of the Public Health Service Act (42 U.S.C. 256 et seq.) is amended by adding at the end the following:

"SEC. 340A–1. PROGRAM TO SUPPORT PEDIATRIC MENTAL, EMOTIONAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER HEALTH CARE INTEGRATION AND COORDINATION.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, in consultation with the Assistant Secretary for Mental Health and Substance Use, shall award grants, contracts, or cooperative agreements to eligible entities for the purpose of supporting pediatric mental, emotional, behavioral, and substance use disorder health care integration and coordination to meet local community needs in underserved and high-need communities.

''(b) ELIGIBLE ENTITIES.—Entities eligible for grants under subsection (a) include—

''(1) children's hospitals;

''(2) facilities that provide trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate intensive pediatric mental, emotional, behavioral, or substance use disorder

health services in partial hospital, day treatment, intensive outpatient program, or walk-in crisis assessment program settings; and

''(3) other entities providing trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate intensive pediatric mental, emotional, behavioral, or substance use disorder health services, as the Secretary determines appropriate.

''(c) PRIORITIZATION.—In making awards under subsection (a), the Secretary shall prioritize—

''(1) applicants that demonstrate plans to utilize funds to expand access to integrated care and care coordination for the prevention, screening, assessment, and treatment of pediatric mental health disorders, eating disorders, developmental disorders, and substance use disorders in high-need, rural, or underserved communities;

''(2) applicants that demonstrate plans to coordinate with and complement initiatives to improve pediatric mental health and substance use disorder care implemented through other Federal programs; and

''(3) applicants that demonstrate a significant role in care for children in the region.

''(d) USE OF FUNDS.—Activities that may be funded through an award under subsection (a) include—

''(1) increasing the capacity of eligible entities to integrate trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate pediatric mental, emotional, behavioral, and substance use disorder health services, including through telehealth access to, and co-location of, mental, emotional, behavioral, and substance use disorder health providers;

''(2) facilitating access to trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate intensive pediatric mental, emotional, behavioral, or substance use disorder health services in partial hospital, day treatment, intensive outpatient program, or walk-in crisis assessment program settings, in order to prevent hospitalizations and support children as they transition back to their homes and communities;

''(3) supporting the collection of data on pediatric mental, emotional, behavioral, and substance use disorder health care needs, service utilization and availability, and demographic data, to identify unmet needs and barriers in access to care, in a

manner that protects personal privacy, consistent with applicable Federal and State privacy laws;

''(4) establishing or maintaining community-based pediatric mental health and substance use disorder partnerships, such as partnerships with local educational agencies, early childhood education programs, community-based organizations, and community-based mental health and substance use disorder care providers, to address identified gaps in access to care; and

''(5) training for non-clinical pediatric health care workers, including care coordinators, community health workers, and navigators, on providing trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate care for pediatric mental health disorders, eating disorders, developmental disorders, and substance use disorders, and on local resources to support children and their caregivers.

''(e) FUNDING.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, such sums as may be necessary for each of fiscal years 2024 through 2028, to remain available until expended.

"SEC. 340A–2. PEDIATRIC MENTAL, EMOTIONAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER HEALTH WORKFORCE TRAINING PROGRAM.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, in consultation with the Assistant Secretary for Mental Health and Substance Use and the Administrator of the Centers for Medicare & Medicaid Services, shall award grants, contracts, or cooperative agreements to eligible entities for the purpose of supporting evidence-based pediatric mental, emotional, behavioral, and substance use disorder health workforce training.

''(b) ELIGIBLE ENTITIES.—Entities eligible for grants under subsection (a) include—

''(1) children's hospitals;

''(2) facilities that provide trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate intensive pediatric mental, emotional, behavioral, or substance use disorder health services in partial hospital, day treatment, intensive outpatient program, or walk-in crisis assessment program settings, that can prevent hospitalizations and support children as they transition back to their homes and communities; and

''(3) other entities providing trauma-informed, culturally-sensitive, linguistically-inclusive, develop-

mentally-appropriate intensive pediatric mental, emotional, behavioral, or substance use disorder health services, as the Secretary determines appropriate.

''(c) PRIORITIZATION.—In making awards under subsection (a), the Secretary shall prioritize applicants that serve high-need, rural, or underserved communities, and that demonstrate plans to utilize funds to expand access to prevention, screening, assessment, and treatment of pediatric mental health disorders, eating disorders, developmental disorders, and substance use disorders.

''(d) USE OF FUNDS.—Activities that may be supported through an award under subsection (a) include expanded training to enhance the capabilities of the existing workforce, including primary care providers, pediatricians, psychiatrists, psychologists, nurses, social workers, counselors, and other health care providers, as the Secretary determines appropriate, to provide trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate care for pediatric mental health disorders, eating disorders, developmental disorders, and substance use disorders.

''(e) REPORTING.—

''(1) REPORTS FROM AWARD RECIPIENTS.—Not later than 180 days after the completion of activities

funded by an award under this section, the entity that received such award shall submit a report to the Secretary on the activities conducted using funds from such award, and other information as the Secretary may require.

''(2) REPORTS TO CONGRESS.—Not later than 180 days after receiving reports from all award recipients, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the projects and activities conducted with funds awarded under this section, and the outcome of such projects and activities. Such report shall include—

''(A) the number of projects supported by awards made under this section;

''(B) an overview of the impact, if any, of such projects on access to pediatric mental, emotional, behavioral, and substance use disorder health services;

''(C) recommendations for improving the investment program under this section; and

''(D) any other considerations as the Secretary determines appropriate.

''(f) FUNDING.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, such sums as may be necessary for each of fiscal years 2024 through 2028, to remain available until expended.''.

(c) INCREASING FEDERAL INVESTMENT IN PEDIATRIC MENTAL, EMOTIONAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER HEALTH SERVICES.—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

"TITLE XXXIV—ASSISTANCE FOR MODERNIZATION OF PEDIATRIC MENTAL, EMOTIONAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER HEALTH CARE INFRASTRUCTURE

"SEC. 3401. INCREASING FEDERAL INVESTMENT IN PEDIATRIC MENTAL, EMOTIONAL, BEHAVIORAL, AND SUBSTANCE USE DISORDER HEALTH SERVICES.

''(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, in consultation with the Assistant Secretary for Mental Health and Substance Use, shall award

grants, contracts, or cooperative agreements to eligible entities for the purpose of improving their ability to provide trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate pediatric mental, emotional, behavioral, and substance use disorder health services, including by—

''(1) constructing or modernizing sites of care for trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate pediatric mental, emotional, behavioral, and substance use disorder health services;

''(2) expanding capacity to provide trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate pediatric mental, emotional, behavioral, or substance use disorder health services, including enhancements to digital infrastructure, telehealth capabilities, or other improvements to patient care infrastructure; and

''(3) supporting the reallocation of existing resources to accommodate pediatric mental, emotional, and behavioral health and substance use disorder patients, including by converting or adding sufficient capacity to establish or increase the entity's inventory of licensed and operational, trauma-informed, culturally-sensitive, linguistically-inclusive, develop-

mentally-appropriate intensive pediatric mental, emotional, behavioral, and substance use disorder health care programs, such as partial hospital, day treatment, intensive outpatient programs, or walk-in crisis assessment programs, in order to prevent hospitalizations and support children as they transition back to their homes and communities.

''(b) ELIGIBLE ENTITIES.—Entities eligible for grants under subsection (a) include—

''(1) children's hospitals;

''(2) facilities that provide trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate intensive pediatric mental, emotional, behavioral, or substance use disorder health services in partial hospital, day treatment, intensive outpatient program, or walk-in crisis assessment program settings, that can prevent hospitalizations and support children as they transition back to their homes and communities; and

''(3) other entities providing trauma-informed, culturally-sensitive, linguistically-inclusive, developmentally-appropriate intensive pediatric mental, emotional, behavioral, or substance use disorder health services, as the Secretary determines appropriate.

''(c) PRIORITIZATION.—In making awards under subsection (a), the Secretary shall prioritize applicants that serve high-need, rural, or underserved communities, and that demonstrate plans to utilize funds to expand access to prevention, screening, assessment, and treatment of pediatric mental health disorders, eating disorders, developmental disorders, and substance use disorders.

''(d) SUPPLEMENT, NOT SUPPLANT.—Funds provided under this section shall be used to supplement, and not supplant, Federal and non-Federal funds available for carrying out the activities described in this section.

''(e) REPORTING.—

''(1) REPORTS FROM AWARD RECIPIENTS.—Not later than 180 days after the completion of activities funded by an award under this section, the entity that received such award shall submit a report to the Secretary on the activities conducted using funds from such award, and other information as the Secretary may require.

''(2) REPORTS TO CONGRESS.—Not later than 180 days after receiving reports from all award recipients under paragraph (1), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of

Representatives a report on the projects and activities conducted with funds awarded under this section, and the outcome of such projects and activities. Such report shall include—

''(A) the number of projects supported by awards made under this section;

''(B) an overview of the impact, if any, of such projects on pediatric health care infrastructure, including any impact on access to pediatric mental, emotional, behavioral, and substance use disorder health services;

''(C) recommendations for improving the investment program under this section; and

''(D) any other considerations as the Secretary determines appropriate.

''(f) FUNDING.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, such sums as may be necessary for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 504. DIRECT CARE WORKFORCE AND FAMILY CAREGIVERS.

(a) DEFINITIONS.—In this section:

(1) APPRENTICESHIP PROGRAM.—The term ''apprenticeship program'' means an apprenticeship

program registered under the Act of August 16, 1937 (commonly known as the ''National Apprenticeship Act''; 50 Stat. 664, chapter 663; 29 U.S.C. 50 et seq.), including any requirement, standard, or rule promulgated under such Act.

(2) COMMUNITY COLLEGE.—The term ''community college'' means—

(A) a degree-granting public institution of higher education (as defined in section 101 of the Higher Education Act of 1965) at which—

(i) the highest degree awarded is an associate degree; or

(ii) an associate degree is the most frequently awarded degree;

(B) a 2-year Tribal College or University (as defined in section 316(b)(3) of the Higher Education Act of 1965);

(C) a degree-granting Tribal College or University (as defined in section 316(b)(3) of the Higher Education Act of 1965) at which—

(i) the highest degree awarded is an associate degree; or

(ii) an associate degree is the most frequently awarded degree; or

(D) a branch campus of a 4-year public institution of higher education (as defined in section 101 of the Higher Education Act of 1965), if, at such branch campus—

(i) the highest degree awarded is an associate degree; or

(ii) an associate degree is the most frequently awarded degree.

(3) DIRECT CARE PROFESSIONAL.—The term ''direct care professional''—

(A) means an individual who, in exchange for compensation, provides services to a person with a disability or an older individual that promotes the independence of such person or individual, including—

(i) services that enhance the independence and community inclusion for such person or individual, including traveling with such person or individual or attending and assisting such person or individual while visiting friends and family, shopping, or socializing;

(ii) services such as coaching and supporting such person or individual in communicating needs, achieving self-expres-

sion, pursuing personal goals, living independently, and participating actively in employment or voluntary roles in the community;

(iii) services such as providing assistance with activities of daily living (such as feeding, bathing, toileting, and ambulation) and with tasks such as meal preparation, shopping, light housekeeping, and laundry;

(iv) services that support such person or individual at home, work, educational settings, or in any other community setting; or

(v) services that promote health and wellness, including scheduling and taking such person or individual to health care appointments, communicating with health and allied health professionals administering medications, implementing health and behavioral health interventions and treatment plans, monitoring and recording health status and progress; and

(B) may include—

(i) a direct support professional supporting people with intellectual and developmental disabilities;

(ii) a home and community-based services manager or direct support professional manager;

(iii) a self-directed care worker;

(iv) a personal care service worker;

(v) a direct care worker, as defined in section 799B of the Public Health Service Act (42 U.S.C. 295p); or

(vi) any other position or job related to the home care or direct care workforce, such as positions or jobs in respite care or palliative care, as determined by the Secretary, in consultation with the Center for Medicare & Medicaid Services and the Secretary of Labor.

(4) DIRECT CARE WORKFORCE.—The term ''direct care workforce'' means the broad workforce of direct care professionals.

(5) FAMILY CAREGIVER.—The term ''family caregiver'' has the meaning given such term in section 2 of the RAISE Family Caregivers Act (42

U.S.C. 3030s note; Public Law 115–119) and includes paid and unpaid family caregivers.

(6) ELIGIBLE ENTITY.—The term ''eligible entity'' means an entity—

(A) that is—

(i) a State;

(ii) a labor organization, joint labor-management organization, or employer of direct care professionals;

(iii) a nonprofit entity with experience in aging, disability, or supporting the rights and interests of, training of, or educating direct care professionals or family caregivers;

(iv) an Indian Tribe, Tribal organization, or Urban Indian organization;

(v) a community college or other institution of higher education; or

(vi) a consortium of entities listed in any of clauses (i) through (v);

(B) that agrees to include, as applicable with respect to the type of grant the entity is seeking under this subtitle and the activities supported through such grant, older individuals, people with disabilities, direct care profes-

sionals, and family caregivers, as advisors and trainers in such activities; and

(C) that agrees to consult with the State Medicaid agency of the State (or each State) served by the grant on the grant activities, to the extent that such agency (or each such agency) is not the eligible entity.

(7) EMPLOYER.—The terms ''employ'' and ''employer'' have the meanings given the terms in section 3 of the Fair Labor Standards Act of 1938 (29 U.S.C. 203 et seq.).

(8) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms ''Indian Tribe'' and ''Tribal organization'' have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(9) INSTITUTION OF HIGHER EDUCATION.—The term ''institution of higher education'' means—

(A) an institution of higher education, as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001); or

(B) a postsecondary vocational institution, as defined in section 102(c) of such Act (20 U.S.C. 1002(c)).

(10) OLDER INDIVIDUAL.—The term ''older individual'' means an individual who is 60 years of age or older.

(11) PERSON WITH A DISABILITY.—The term ''person with disability'' means an individual with a disability, as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102).

(12) PROJECT PARTICIPANT.—The term ''project participant'' means an individual participating in a project or activity assisted with a grant under this subtitle, including (as applicable for the category of the grant) a direct care professional, or an individual training to be such a professional, or a family caregiver.

(13) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services, acting through the Administrator for Community Living.

(14) SELF-DIRECTED CARE PROFESSIONAL.—The term ''self-directed care professional'' means a direct care professional who is employed by an individual who is an older individual, a person with a disability, or a representative of such older individual or person with a disability, and such older individual or person with a disability has the decision-

making authority over certain supports and services provided by the direct care professional and takes direct responsibility to manage those supports and services.

(15) SUPPORTIVE SERVICES.—The term ''supportive services'' means services that are necessary to enable an individual to participate in activities assisted with a grant under this subtitle, such as transportation, child care, dependent care, housing, workplace accommodations, employee benefits such as paid sick leave and child care, workplace health and safety protections, wages and overtime pay, and needs-related payments.

(16) URBAN INDIAN ORGANIZATION.—The term ''urban Indian organization'' has the meaning given the term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(17) WORKFORCE INNOVATION AND OPPORTUNITY ACT TERMS.—The terms ''career pathway'', ''career planning'', ''in-demand industry sector or occupation'', ''individual with a barrier to employment'', ''local board'', ''on-the-job training'', ''recognized postsecondary credential'', ''region'', and ''State board'' have the meanings given such terms

in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

(18) WORK-BASED LEARNING.—The term ''work-based learning'' has the meaning given the term in section 3 of the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2302).

(b) AUTHORITY TO ESTABLISH A TECHNICAL ASSISTANCE CENTER FOR BUILDING THE DIRECT CARE WORKFORCE.—

(1) PROGRAM AUTHORIZED.—The Secretary shall establish a national technical assistance center (referred to in this section as the ''Center'') for, in consultation with the Secretary of Labor, the Secretary of Education, the Administrator of the Centers for Medicare & Medicaid Services, and the heads of other entities as necessary—

(A) supporting direct care workforce creation, training and education, recruitment, retention, and advancement; and

(B) supporting family caregivers and activities of family caregivers as a critical part of the support team for older individuals or people with disabilities.

(2) ADVISORY COUNCIL.—The Secretary shall convene an advisory council to provide recommenda-

tions to the Center with respect to the duties of the Center under this section and may engage individuals and entities described in subparagraphs (C)(ii), and (L), of subsection (d)(2) (without regard to a specific project described in such paragraphs) for service on the advisory council.

(3) ACTIVITIES.—The Center may—

(A) develop recommendations for training and education curricula for direct care professionals, which such recommendations may include recommendations for curricula for higher education, postsecondary credentials, and programs with community colleges;

(B) develop learning and dissemination strategies to—

(i) engage States and other entities in activities supported under this subtitle and best practices; and

(ii) distribute findings from activities supported by grants under this subtitle;

(C) develop recommendations for training and education curricula and other strategies for supporting family caregivers;

(D) explore the national data gaps, workforce shortage areas, and data collection strate-

gies for direct care professionals and make recommendations to the Director of the Office of Management and Budget for an occupation category in the Standard Occupational Classification system for direct support professionals as a healthcare support occupation;

(E) recommend career development and advancement opportunities for direct care professionals, which may include occupational frameworks, national standards, recruitment campaigns, pre-apprenticeship and on-the-job training opportunities, apprenticeship programs, career ladders or pathways, specializations or certifications, or other activities; and

(F) develop strategies for assisting with reporting and evaluation of grant activities under subsection (f).

(c) AUTHORITY TO AWARD GRANTS.—

(1) GRANTS.—

(A) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary, in consultation with the Administrator of the Centers for Medicare & Medicaid Services, the Secretary of Labor, and the Secretary of Education, shall award grants described in

subparagraph (B) to eligible entities. A grant awarded under this subsection may be in more than 1 category described in such subparagraph.

(B) CATEGORIES OF GRANTS.—The categories of grants described in this subparagraph are each of the following:

(i) DIRECT CARE PROFESSIONAL GRANTS.—Grants to eligible entities to create and carry out projects for the purposes of recruiting, retaining, or providing advancement opportunities for direct care professionals who are not described in clause (ii) or (iii), including through education or training programs for such professionals or individuals seeking to become such professionals.

(ii) DIRECT CARE PROFESSIONAL MANAGERS GRANTS.—Grants to eligible entities to create and carry out projects for the purposes of recruiting, retaining, or providing advancement opportunities for direct care professionals who are managers or supervisory staff that have coaching, training, managerial, supervisory, or other

oversight responsibilities, including through education or training programs for such professionals or individuals seeking to become such professionals.

(iii) SELF-DIRECTED CARE PROFESSIONALS GRANTS.—Grants to eligible entities to create and carry out projects for the purposes of recruiting, retaining, or providing advancement opportunities for self-directed care professionals, including through education or training programs for such professionals or individuals seeking to become such professionals.

(iv) FAMILY CAREGIVER GRANTS.—Grants to eligible entities to create and carry out projects for providing support to paid or unpaid family caregivers through educational, training, or other resources, including resources for caregiver self-care or educational or training resources for individuals newly in a caregiving role or seeking additional support in the role of a family caregiver.

(C) PROJECTS FOR ADVANCEMENT OPPORTUNITIES.—Not less than 30 percent of

projects assisted with grants under this section shall be projects to provide career pathways that offer opportunities for professional development and advancement opportunities to direct care professionals.

(2) TREATMENT OF CONTINUATION ACTIVITIES.—An eligible entity that carries out activities described in paragraph (1)(B) prior to receipt of a grant under this section may use such grant to continue carrying out such activities, and, in using such grant to continue such activities, shall be treated as an eligible entity carrying out a project through a grant under this section.

(d) PROJECT PLANS.—

(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit to the Secretary a project plan for each project to be developed and carried out (including for activities to be continued as described in subsection (c)(2))) with the grant at such time, in such manner, and containing such information as the Secretary may require.

(2) CONTENTS.—A project plan submitted by an eligible entity under paragraph (1) shall include a description of information determined relevant by the Secretary for purposes of the category of the

grant and the activities to be carried out through the grant. Such information may include (as applicable) the following:

(A) Demographic information regarding the population in the State or relevant geographic area, including a description of the populations likely to need long-term care services, such as people with disabilities and older individuals.

(B) Projections of unmet need for services provided by direct care professionals based on enrollment waiting lists under home and community-based waivers under section 1115 of the Social Security Act (42 U.S.C. 1315) or section 1915(c) of such Act (42 U.S.C. 1396n(c)) and other relevant data to the extent practicable and feasible, such as direct care workforce vacancy rates, crude separation rates, and the number of direct care professionals, including such professionals who are managers or supervisors, in the region.

(C) An advisory committee to advise the eligible entity on activities to be carried out through the grant. Such advisory committee—

(i) may be comprised of entities listed in subparagraph (L); and

(ii) shall include—

(I) older individuals or persons with a disability;

(II) organizations representing the rights and interests of people receiving services by the direct care professionals or family caregivers targeted by the project;

(III) individuals who are direct care professionals or family caregivers targeted by the project and organizations representing the rights and interests of direct care professionals or family caregivers;

(IV) as applicable, employers of individuals described in subclause (III) and labor organizations representing such individuals;

(V) representatives of the State Medicaid agency, the State agency defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002), the State developmental dis-

abilities office, and the State mental health agency, in the State (or each State) to be served by the project; and

(VI) representatives reflecting diverse racial, cultural, ethnic, geographic, socioeconomic, and gender identity and sexual orientation perspectives.

(D) Current or projected job openings for, or relevant labor market information related to, the direct care professionals targeted by the project in the State or region to be served by the project, and the geographic scope of the workforce to be served by the project.

(E) Specific efforts and strategies that the project will undertake to reduce barriers to recruitment, retention, or advancement of the direct care professionals targeted by the project, including an assurance that such efforts will include—

(i) an assessment of the wages or other compensation or benefits necessary to recruit and retain the direct care professionals targeted by the project;

(ii) a description of the project's projected compensation or benefits for the direct care professionals targeted by the project at the State or local level, including a comparison of such projected compensation or benefits to regional and national compensation or benefits and a description of how wages and benefits received by project participants will be impacted by the participation in and completion of the project; and

(iii) a description of the projected impact of workplace safety issues on the recruitment and retention of direct care professionals targeted by the project, including the availability of personal protective equipment.

(F) In the case of a project offering an education or training program for direct care professionals, a description of such program (including how the core competencies identified by the Centers for Medicare & Medicaid Services will be incorporated, curricula, models, and standards used under the program, and any associated recognized postsecondary credentials

for which the program provides preparation, as applicable), which shall include an assurance that such program will provide to each project participant in such program—

(i) relevant training regarding the rights of recipients of home and community based services, including their rights to—

(I) receive services in integrated settings that provide access to the broader community;

(II) exercise self-determination;

(III) be free from all forms of abuse, neglect, or exploitation; and

(IV) person-centered planning and practices, including participation in planning activities;

(ii) relevant training to ensure that each project participant has the necessary skills to recognize abuse and understand their obligations with regard to reporting and responding to abuse appropriately in accordance with relevant Federal and State law;

(iii) relevant training regarding the provision of culturally competent, linguistically inclusive, and disability competent supports to recipients of services provided by the direct care professionals targeted by the project;

(iv) an apprenticeship program, work-based learning, or on-the-job training opportunities;

(v) supervision or mentoring; and

(vi) for any on-the-job training portion of the program, a progressively increasing, clearly defined schedule of wages to be paid to each such participant that—

(I) is consistent with skill gains or attainment of a recognized postsecondary credential received as a result of participation in or completion of such program; and

(II) ensures the entry wage is not less than the greater of—

(aa) the minimum wage required under section 6(a) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206(a)); or

(bb) the applicable wage required by other applicable Federal or State law, or a collective bargaining agreement.

(G) Any other innovative models or processes the eligible entity will implement to support the retention and career advancement of the direct care professionals targeted by the project.

(H) The supportive services and benefits to be provided to the project participants in order to support the employment, retention, or career advancement of the direct care professionals targeted by the project.

(I) How the eligible entity will make use of career planning to support the identification of advancement opportunities and career pathways for the direct care professionals in the State or region to be served by the project.

(J) How the eligible entity will collect and submit to the Secretary workforce data and outcomes of the project.

(K) How the project—

(i) will—

(I) provide adequate and safe equipment and facilities for training and supervision, including a safe work environment free from discrimination, which may include the provision of personal protective equipment and other necessary equipment to prevent the spread of infectious disease among the direct care professionals targeted by the project and recipients of services provided by such professionals;

(II) incorporate remote training and education opportunities or technology-supported opportunities;

(III) for training and education curricula, incorporate evidenced-supported practices for adult learners and universal design for learning and ensure recipients of services provided by the direct care professionals or family caregivers targeted by the project participate in the development and implementation of such training and education curricula;

(IV) use outreach, recruitment, and retention strategies designed to reach and retain a diverse workforce;

(V) incorporate methods to monitor satisfaction with project activities for project participants and individuals receiving services from such participants;

(VI) incorporate evidence-supported practices for family caregiver engagement; and

(VII) incorporate core competencies identified by the Centers for Medicare & Medicaid Services; and

(ii) may incorporate continuing education programs and specialty training, with a specific focus on—

(I) trauma-informed care;

(II) behavioral health, including co-occurring behavioral health conditions and intellectual or developmental disabilities;

(III) Alzheimer's and dementia care;

(IV) chronic disease management; and

(V) the use of supportive or assistive technology.

(L) How the eligible entity will consult on the implementation of the project, or coordinate the project with, each of the following entities, to the extent that each such entity is not the eligible entity:

(i) The State Medicaid agency, State agency defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002), and the State developmental disabilities office for the State (or each State) to be served by the project.

(ii) The local board and State board for each region, or State, to be served by the project.

(iii) In the case of a project that carries out an education or training program, a nonprofit organization with demonstrated experience in the development or delivery of curricula or coursework.

(iv) A nonprofit organization, including a labor organization, that fosters the

professional development and collective engagement of the direct care professionals targeted by the project.

(v) Area agencies on aging, as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

(vi) Centers for independent living, as described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.).

(vii) The State Council on Developmental Disabilities (as such term is used in subtitle B of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15021 et seq.)) for the State (or each State) to be served by the project.

(viii) Aging and Disability Resource Centers (as defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002)).

(ix) A nonprofit State provider association that represents providers who employ the direct care professionals targeted

by the project, where such associations exist.

(x) An entity that employs the direct care professionals targeted by the project.

(xi) University Centers for Excellence in Developmental Disabilities Education, Research, and Service supported under subtitle D of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15061 et seq.).

(xii) The State protection and advocacy system described in section 143 of such Act (42 U.S.C. 15043) of the State (or each State) to be served by the project.

(xiii) Direct care professionals or direct care workforce organizations representing underserved communities, including communities of color.

(M) How the eligible entity will consult throughout the project with—

(i) individuals employed or working as the direct care professionals or family caregivers targeted by the project;

(ii) representatives of such professionals or caregivers;

(iii) individuals assisted by such professionals or caregivers;

(iv) the families of such professionals or caregivers; and

(v) individuals receiving education or training to become such professionals or caregivers.

(N) Outreach efforts to individuals for participation in such project, including targeted outreach efforts to—

(i) individuals who are recipients of assistance under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or individuals who are eligible for such assistance; and

(ii) individuals with barriers to employment.

(3) CONSIDERATIONS.—In selecting eligible entities to receive a grant under this subtitle, the Secretary shall ensure—

(A) equitable geographic and demographic diversity, including by selecting recipients serving rural areas and selecting recipients serving urban areas; and

(B) that selected eligible entities will serve areas where the occupation of direct care professional, or a related occupation, is an in-demand industry sector or occupation.

(e) USES OF FUNDS; SUPPLEMENT, NOT SUPPLANT.—

(1) USES OF FUNDS.—

(A) IN GENERAL.—Each eligible entity receiving a grant under this subtitle shall use the funds of such grant to carry out at least 1 project described in subsection (c)(1)(B).

(B) ADMINISTRATIVE COSTS.—Each eligible entity receiving a grant under this section shall not use more than 5 percent of the funds of such grant for costs associated with the administration of activities under this section.

(C) DIRECT SUPPORT.—Each eligible entity receiving a grant under this section (except for a grant described in subsection (c)(1)(B)(iv)) shall use not less than 5 percent of the funds of such grant to provide direct financial benefits or supportive services to direct care professionals to support the financial needs of such participants during the duration of the project activities.

(2) SUPPLEMENT, NOT SUPPLANT.—An eligible entity receiving a grant under this section shall use such grant only to supplement, and not supplant, the amount of funds that, in the absence of such grant, would be available to address the recruitment, training and education, retention, and advancement of direct care professionals or provide support for family caregivers, in the State or region served by the eligible entity.

(3) PROHIBITION.—No amounts made available under this section may be used for any activity that is subject to the reporting requirements set forth in section 203(a) of the Labor-Management Reporting and Disclosure Act of 1959 (29 U.S.C. 433(a)).

(f) EVALUATIONS AND REPORTS; TECHNICAL ASSISTANCE.—

(1) REPORTING REQUIREMENTS BY GRANT RECIPIENTS.—

(A) IN GENERAL.—An eligible entity receiving a grant under this section shall cooperate with the Secretary and annually provide a report to the Secretary that includes any relevant data requested by the Secretary in a manner specified by the Secretary.

(B) CONTENTS.—The data requested by the Secretary for an annual report may include any of the following (as determined relevant by the Secretary with respect to the category of the grant and each project supported through the grant):

(i) The number of individuals and the demographics of these individuals served by each project supported by the grant, including—

(I) the number of individuals recruited through each such project to be employed as a direct care professional;

(II) the number of individuals who through each such project attained employment as a direct care professional; and

(III) the number of individuals who enrolled in each such project and withdrew or were terminated from each such project without completing training or attaining employment as a direct care professional.

(ii) The number of family caregivers participating in an education or training program through each project supported by the grant.

(iii) The number of project participants who through each such project participated in and completed—

(I) work-based learning;

(II) on-the-job training;

(III) an apprenticeship program; or

(IV) a professional development or mentoring program.

(iv)(I) Other services, benefits, or supports (other than the services, benefits, or supports described in clause (iii)) provided through each such project to assist in the recruitment, retention, or advancement of direct care professionals (including through education or training for such professionals or individuals seeking to become such professionals);

(II) the number of individuals who accessed such services, benefits, or supports; and

(III) the impact of such services, benefits, or supports.

(v) The crude separation and vacancy rates of direct care professionals, and such rates for those professionals who are managers or supervisors, in the geographic region for a number of years before the grant was awarded, as determined by the Secretary, and annually thereafter for the duration of the grant period.

(vi) How each project supported by the grant assessed satisfaction with respect to—

(I) project participants assisted by the project;

(II) individuals receiving services delivered by project participants, including—

(aa) any impact on the health or health outcomes of such individuals; and

(bb) any impact on the ability of individuals to transition to or remain in the community in an environment that meets the

criteria established in the section 441.301(c)(4) of title 42, Code of Federal Regulations (or successor regulations); and

(III) employers of such project participants.

(vii) The performance of the eligible entity with respect to the indicators of performance on unsubsidized employment, median earnings, credential attainment, measurable skill gains, and employer satisfaction.

(viii) Any other information with respect to outcomes of the project as determined by the Secretary.

(2) ANNUAL REPORT TO CONGRESS BY SECRETARY.—Not later than 2 years after the date of enactment of this Act, and each year thereafter until all projects supported through a grant under this subtitle are completed, the Secretary shall prepare and submit to Congress an annual report on the progress of each project supported through a grant under this subtitle and the activities of the technical assistance center established under subsection (b).

(3) GAO REPORT.—Not later than 1 year after the date on which all projects supported through a grant under this section are completed, the Comptroller General of the United States shall conduct a study and submit to Congress a report including—

(A) an assessment of how the technical assistance center established under subsection (b) and the projects supported through a grant under this subtitle assisted in the creation, recruitment, training and education, retention, and advancement of the direct care workforce or in providing support for family caregivers; and

(B) recommendations for such legislative or administrative actions needed for improving the assistance described in subparagraph (A), as the Comptroller General determines appropriate.

(4) INDEPENDENT EVALUATIONS.—Not later than 6 months after the date of enactment of this Act, the Secretary shall enter into a contract with an independent entity to provide independent evaluations of activities supported by grants under this subtitle and activities of the technical assistance center established under subsection (b).

(g) APPROPRIATIONS.—

(1) IN GENERAL.—There are appropriated, out of amounts in the Treasury not otherwise appropriated—

(A) for the establishment and activities of the technical assistance center under subsection (b), $2,000,000 for each of fiscal years 2024 through 2028; and

(B) for grants under subsection (c), $1,000,000,000 for fiscal year 2024.

(2) AVAILABILITY.—Amounts made available under this section shall remain available until September 30, 2033.

SEC. 505. PEER SUPPORT NETWORKS FOR FAMILY CAREGIVERS.

Subpart IV of part D of title III of the Public Health Service Act (42 U.S.C. 255 et seq.) is amended by adding at the end the following:

"SEC. 339A. PEER SUPPORT NETWORKS FOR FAMILY CAREGIVERS.

''(a) IN GENERAL.—The Secretary shall award grants to eligible entities to develop or expand in-person and virtual peer support programs for family caregivers, in order to provide mental health support and referrals.

''(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall—

''(1) be a State, a nonprofit organization, an institution of higher education as defined in section 101 of the Higher Education Act of 1965 , a junior or community college as defined in section 312(f) of the Higher Education Act of 1965, or an Indian Tribe as defined in section 4 of the Indian Self-Determination and Education Assistance Act; and

''(2) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

''(c) PRIORITY.—The Secretary, in making grants under this section, shall give priority to entities that propose to serve or currently serve—

''(1) regions and populations that are identified by the Secretary as being underserved with respect to peer support programs for family caregivers;

''(2) low-income communities;

''(3) underserved racial and ethnic communities;

''(4) communities with a high number of aliens, as defined in section 101(a) of the Immigration and Nationality Act, or of individuals with limited English proficiency;

''(5) the LGBTQ+ community; or

''(6) caregivers younger than age 35.

''(d) FAMILY CAREGIVERS DEFINED.—For purposes of this section, the term 'family caregiver' has the meaning given such term in section 2 of the RAISE Family Caregivers Act and includes paid and unpaid family caregivers.

''(e) APPROPRIATIONS.—To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise appropriated, such sums as may be necessary for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 506. WOMEN'S ADDICTION LEADERSHIP INSTITUTE.

Subpart 1 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by inserting after section 509 the following:

''SEC. 510. WOMEN'S ADDICTION LEADERSHIP INSTITUTE.

''(a) IN GENERAL.—The Secretary, acting through the Director of the Center for Substance Abuse Treatment, shall continue in effect the women's addiction leadership institute, for purposes of strengthening the capacity of the Center to meet the prevention, treatment, and recovery needs of women with substance use disorder and mental health needs by—

''(1) developing and improving the leadership skills of participants in the institute;

''(2) establishing a network of the next generation of leaders in women's substance use disorder and mental health services; and

''(3) establishing a model of women's leadership training.

''(b) FUNDING.—To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise appropriated, $1,500,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 507. COMMUNITY HEALTH WORKFORCE.

Section 765 of the Public Health Service Act (42 U.S.C. 295) is amended by adding at the end the following:

''(f) APPROPRIATIONS.—To carry out this section and section 2501 of the American Rescue Plan Act of 2021 (Public Law 117–2), there is appropriated, out of amounts in the Treasury not otherwise appropriated, $450,000,000 for fiscal year 2024, to remain available until expended.''.

SEC. 508. NATURAL DISASTER TRAINING PROGRAM.

Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.) is amended by adding at the end the following:

"Subpart 4—Natural Disaster Training

"SEC. 779. NATURAL DISASTER TRAINING PROGRAM.

''(a) IN GENERAL.—The Secretary shall award grants, on a competitive basis, to health professions schools to develop and integrate training on the impact of tornadoes, storms and flooding, heat waves, and other natural disasters on health care.

''(b) HEALTH PROFESSIONS SCHOOLS.—For purposes of this section, the term 'health professions school' means a medical school, school of nursing, midwifery program or other evidence-based birth care training program, physician assistant education program, mental health care professional schools, career and technical education health sciences program, public health program, community health worker training program, teaching hospital, residency or fellowship program, or other school or program, as the Secretary determines appropriate.

''(c) APPROPRIATIONS.—To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise appropriated, such sums as may be necessary for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 509. PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING ACT.

(a) SHORT TITLE.—This section may be cited as the ''Palliative Care and Hospice Education and Training Act''.

(b) PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING.—

(1) IN GENERAL.—Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by inserting after section 759 the following:

''SEC. 759A. PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING.

''(a) PALLIATIVE CARE AND HOSPICE EDUCATION PROGRAMS.—

''(1) IN GENERAL.—The Secretary shall award grants or contracts under this section to entities described in paragraph (1), (3), or (4) of section 799B, and section 801(2), for the establishment or operation of Palliative Care and Hospice Education Programs that meet the requirements of paragraph (2).

''(2) REQUIREMENTS.—

''(A) IN GENERAL.—A Palliative Care and Hospice Education Program receiving an award under this section shall support the training of

health professionals in palliative and hospice care, including traineeships or fellowships. Such programs shall emphasize, as appropriate, patient and family engagement, integration of palliative and hospice care with primary and specialty care, and collaboration with community partners to address gaps in health care for individuals with serious or life-threatening illnesses.

''(B) ACTIVITIES.—Activities conducted by a program under this section may include the following:

''(i) Clinical training on providing integrated palliative and hospice care services.

''(ii) Interprofessional training to practitioners from multiple disciplines and specialties, including training on the provision of care to individuals with serious or life-threatening illnesses.

''(iii) Establishing or maintaining training-related community-based programs for individuals with serious or life-threatening illnesses and caregivers to improve quality of life, and where appro-

priate, health outcomes for individuals who have serious or life-threatening illnesses.

"(C) NONDUPLICATION.—A Palliative Care and Hospice Education Program under this section shall not duplicate the activities of existing education centers funded under this section or under section 753 or 865.

"(3) PRIORITIES IN MAKING AWARDS.—In awarding grants and contracts under paragraph (1), the Secretary—

"(A) shall give priority to programs that demonstrate coordination with another Federal or State program, or another public or private entity;

"(B) shall give priority to applicants with programs or activities that are expected to substantially benefit—

"(i) individuals in rural or medically underserved areas, frontier health professional shortage areas (as defined in section 799B), or Indian Tribes or Tribal organizations;

"(ii) pediatric populations; or

"(iii) racial and ethnic minority populations; and

"(C) may give priority to any program that—

"(i) integrates palliative and hospice care into primary care practice;

"(ii) provides training to integrate palliative and hospice care into other specialties across care settings, including practicing clinical specialists, health care administrators, faculty without backgrounds in palliative or hospice care, and students from all health professions;

"(iii) emphasizes integration of palliative and hospice care into existing service delivery locations and care across settings, including primary care clinics, medical homes, federally qualified health centers, ambulatory care clinics, hospitals, including critical access hospitals, emergency care settings, assisted living and nursing facilities, and home- and community-based settings;

"(iv) supports the training and retraining of faculty, primary and specialty care providers, other direct care providers,

and other appropriate professionals on palliative or hospice care;

''(v) emphasizes education and engagement of family or caregivers on palliative and hospice care management within the context of chronic disease management and strategies to meet the needs of such family or caregivers; or

''(vi) proposes to conduct outreach to communities that have a shortage of palliative and hospice workforce professionals.

''(4) EXPANSION OF EXISTING PROGRAMS.—Nothing in this section shall be construed to—

''(A) prevent the Secretary from providing grants or contracts to expand existing education programs, including geriatric education programs established under section 753 or 865, to provide for education and training focused specifically on palliative care, including for non-geriatric populations; or

''(B) limit the number of education programs that may be funded in a community.

''(b) PALLIATIVE MEDICINE PHYSICIAN TRAINING.—

''(1) IN GENERAL.—The Secretary may make grants to, and enter into contracts with, schools of

medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs at institutions of higher education (as defined in section 101 of the Higher Education Act of 1965) for the purpose of providing support for projects that fund the training of physicians who plan to teach or practice palliative medicine.

''(2) REQUIREMENTS.—Each project for which a grant or contract is made under this subsection shall—

''(A) be staffed by full-time teaching physicians who have experience or training in interprofessional team-based palliative medicine;

''(B) be based in a hospice and palliative medicine fellowship program accredited by the Accreditation Council for Graduate Medical Education;

''(C) provide training in interprofessional team-based palliative medicine through a variety of service rotations, such as consultation services, acute care services, extended care facilities, ambulatory care and comprehensive evaluation units, hospices, home care, and community care programs;

''(D) develop specific performance-based measures to evaluate the competency of trainees; and

''(E) provide training in interprofessional team-based palliative medicine through one or both of the training options described in paragraph (3).

''(3) TRAINING OPTIONS.—The training options referred to in subparagraph (E) of paragraph (2) are as follows:

''(A) 1-year retraining programs in hospice and palliative medicine for physicians who are faculty at schools of medicine and osteopathic medicine, or others determined appropriate by the Secretary.

''(B) 1- or 2-year training programs that are designed to provide training in interprofessional team-based hospice and palliative medicine for physicians who have completed graduate medical education programs in any medical specialty leading to board eligibility in hospice and palliative medicine pursuant to the American Board of Medical Specialties.

''(4) DEFINITIONS.—For purposes of this subsection, the term 'graduate medical education'

means a program sponsored by a school of medicine, a school of osteopathic medicine, a hospital, or a public or private institution of higher education (as defined in section 101 of the Higher Education Act of 1965) that—

''(A) offers postgraduate medical training in the specialties and subspecialties of medicine; and

''(B) has been accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association through its Committee on Postdoctoral Training.

''(c) PALLIATIVE CARE AND HOSPICE ACADEMIC CAREER AWARDS.—

''(1) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program to provide awards, to be known as the 'Palliative Care and Hospice Academic Career Awards', to allopathic and osteopathic medical schools, nursing schools, and other programs, including social work, physician assistant, and chaplaincy education programs, or other programs of graduate medical education (as defined in subsection (b)(4)) identified by the Secretary applying on behalf of eligible individuals to promote the

career development of such individuals as academic hospice and palliative care specialists.

''(2) ELIGIBLE INDIVIDUALS.—For purposes of this subsection, the term 'eligible individual' means an individual who—

''(A) is board certified or board eligible in hospice and palliative medicine or has completed required specialty training in palliative and hospice care in the disciplines of nursing, social work, physician assistant, chaplaincy, or other discipline identified by the Secretary; and

''(B) has a junior (nontenured) faculty appointment at an accredited (as determined by the Secretary) allopathic or osteopathic medical school, nursing school, or other programs, including social work, physician assistant, chaplaincy, or other education programs identified by the Secretary.

''(3) LIMITATIONS.—No award under paragraph (1) may be made to an eligible individual unless the entity on behalf of the eligible individual—

''(A) has submitted to the Secretary an application, at such time, in such manner, and containing such information as the Secretary

may require, and the Secretary has approved such application;

"(B) provides, in such form and manner as the Secretary may require, assurances that the individual will meet the service requirement described in paragraph (6); and

"(C) provides, in such form and manner as the Secretary may require, assurances that the individual has a full-time faculty appointment in a health professions institution and documented commitment from such institution to spend a majority of the total funded time of such individual on teaching and developing skills in education in interprofessional team-based palliative care.

"(4) MAINTENANCE OF EFFORT.—An entity which receives an award under paragraph (1) shall provide assurances to the Secretary that funds provided to the eligible individual under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the eligible individual.

"(5) AMOUNT AND TERM.—

"(A) AMOUNT.—The amount of an award under this subsection shall be equal to the

award amount provided for under section 753(b)(5)(A) for the fiscal year involved.

''(B) TERM.—The term of an award made under this subsection shall not exceed 5 years.

''(C) PAYMENT TO INSTITUTION.—The Secretary shall make payments for awards under this subsection to institutions, including allopathic and osteopathic medical schools, nursing schools, and other programs, including social work, physician assistant, or chaplaincy education programs.

''(6) SERVICE REQUIREMENT.—An individual who receives an award under this subsection shall provide training in palliative care and hospice, including the training of interprofessional teams of health care professionals. The provision of such training shall constitute a majority of the total funded obligations of such individual under the award.

''(d) PALLIATIVE CARE WORKFORCE DEVELOPMENT.—

''(1) IN GENERAL.—The Secretary shall award grants or contracts under this subsection to entities that operate a Palliative Care and Hospice Education Program pursuant to subsection (a)(1).

''(2) APPLICATION.—To be eligible for an award under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(3) USE OF FUNDS.—Amounts awarded under a grant or contract under paragraph (1) shall be used to carry out the fellowship program described in paragraph (4).

''(4) FELLOWSHIP PROGRAM.—

''(A) IN GENERAL.—Pursuant to paragraph (3), a Palliative Care and Hospice Education Program that receives an award under this subsection shall use such funds to offer short-term intensive courses (referred to in this subsection as a 'fellowship') that focus on interprofessional team-based palliative care that provide supplemental training for faculty members in allopathic and osteopathic medical schools, nursing schools, and other programs, including psychology, pharmacy, social work, physician assistant, and chaplaincy education programs, or other health disciplines, as approved by the Secretary. Such a fellowship shall be open to

current faculty, and appropriately credentialed volunteer faculty and practitioners, who do not have formal training in palliative care, to upgrade their knowledge and clinical skills for the care of individuals with serious or life-threatening illness and to enhance their interdisciplinary and interprofessional teaching skills.

''(B) LOCATION.—A fellowship under this paragraph shall be offered either at the Palliative Care and Hospice Education Program that is sponsoring the course, in collaboration with other Palliative Care and Hospice Education Programs, or at allopathic and osteopathic medical schools, nursing schools, or other programs, including pharmacy, social work, physician assistant, chaplaincy, and psychology education programs, or other health professions schools and programs of graduate medical education (as defined in subsection (b)(4)) approved by the Secretary.

''(5) TARGETS.—A Palliative Care and Hospice Education Program that receives an award under paragraph (1) shall meet targets approved by the Secretary for providing training in interprofessional team-based palliative care to a certain number of

faculty or practitioners during the term of the award, as well as other parameters established by the Secretary.

''(6) AMOUNT OF AWARD.—Each award under paragraph (1) shall be not more than $150,000. Not more than 24 Palliative Care and Hospice Education Programs may receive an award under such paragraph.

''(7) MAINTENANCE OF EFFORT.—A Palliative Care and Hospice Education Program that receives an award under paragraph (1) shall provide assurances to the Secretary that funds provided to the Program under the award will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by such Program.

''(e) PALLIATIVE CARE AND HOSPICE CAREER INCENTIVE AWARDS.—

''(1) IN GENERAL.—The Secretary shall award grants or contracts under this subsection to institutions, including allopathic and osteopathic medical schools, nursing schools, and other programs, including social work, physician assistant, psychology, chaplaincy, and pharmacy education programs, or other programs of graduate medical education (as

defined in subsection (c)(4)) approved by the Secretary, applying on behalf of individuals described in paragraph (2) to foster greater interest among a variety of health professionals in entering the field of palliative care.

''(2) ELIGIBLE INDIVIDUALS.—To be eligible to receive an award under paragraph (1), an individual shall—

''(A) be an advanced practice nurse, a social worker, physician assistant, pharmacist, chaplain, psychologist, or other health care professional pursuing a doctorate, masters, or other advanced degree with a focus in interprofessional team-based palliative care or related fields in an accredited school or education program; and

''(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(3) CONDITIONS OF AWARD.—As a condition of receiving an award under paragraph (1), an individual shall agree that, following completion of the award period, the individual will teach or practice palliative care in health-related educational, home,

hospice, or long-term care settings for a minimum of 5 years under guidelines established by the Secretary.

''(4) PAYMENT TO INSTITUTION.—The Secretary shall make payments for awards under paragraph (1) to institutions that include allopathic and osteopathic medical schools, nursing schools, and other programs, including social work, physician assistant, psychology, chaplaincy, and pharmacy education programs or other programs approved by the Secretary.

''(f) FUNDING.—To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise appropriated, $15,000,000 for each of the fiscal years 2024 through 2028, to remain available until expended.''.

(2) EFFECTIVE DATE.—The amendment made by this subsection shall be effective beginning on the date that is 90 days after the date of enactment of this Act.

(c) HOSPICE AND PALLIATIVE NURSING.—

(1) NURSE EDUCATION, PRACTICE, AND QUALITY GRANTS.—Section 831(b)(3) of the Public Health Service Act (42 U.S.C. 296p(b)(3)) is amended by inserting ''hospice and palliative nursing,'' after ''coordinated care,''.

(2) PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING PROGRAMS.—Part D of title VIII of the Public Health Service Act (42 U.S.C. 296p et seq.), as amended by section 307, is further amended by adding at the end the following:

"SEC. 835. PALLIATIVE CARE AND HOSPICE EDUCATION AND TRAINING.

''(a) PROGRAM AUTHORIZED.—The Secretary shall award grants to, or enter into contracts with, eligible entities to develop and implement, in coordination with programs under section 759A, programs and initiatives to train and educate individuals in providing interprofessional team-based palliative care in health-related educational, hospital, hospice, home, or long-term care settings.

''(b) USE OF FUNDS.—An eligible entity that receives a grant under subsection (a) shall use funds under such grant to—

''(1) provide training to individuals who will provide palliative care in health-related educational, hospital, home, hospice, or long-term care settings;

''(2) develop and disseminate curricula relating to palliative care in health-related educational, hospital, home, hospice, or long-term care settings;

''(3) train faculty members in palliative care in health-related educational, hospital, home, hospice, or long-term care settings; or

''(4) provide continuing education to individuals who provide palliative care in health-related educational, home, hospice, or long-term care settings.

''(c) APPLICATION.—An eligible entity desiring a grant under subsection (a) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require.

''(d) ELIGIBLE ENTITY.—For purposes of this section, the term 'eligible entity' shall include a school of nursing, a health care facility, a program leading to certification as a certified nurse assistant, a partnership of such a school and facility, or a partnership of such a program and facility.

''(e) FUNDING.—To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise appropriated, $5,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

(3) DISSEMINATION OF PALLIATIVE CARE INFORMATION.—Part A of title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is

amended by adding at the end the following new section:

"SEC. 904. DISSEMINATION OF PALLIATIVE CARE INFORMATION.

"(a) IN GENERAL.—Under the authority under section 902(a) to disseminate information on health care and on systems for the delivery of such care, the Director may disseminate information to inform patients, families, and health professionals about the benefits of palliative care throughout the continuum of care for patients with serious or life-threatening illness.

"(b) INFORMATION DISSEMINATED.—

"(1) MANDATORY INFORMATION.—If the Director elects to disseminate information under subsection (a), such dissemination shall include the following:

"(A) PALLIATIVE CARE.—Information, resources, and communication materials about palliative care as an essential part of the continuum of quality care for patients and families facing serious or life-threatening illness (including cancer, heart, kidney, liver, lung, and infectious diseases; as well as neurodegenerative disease such as dementia, Parkinson's disease, or amyotrophic lateral sclerosis).

"(B) PALLIATIVE CARE SERVICES.—Specific information regarding the services provided to patients by professionals trained in hospice and palliative care, including pain and symptom management, support for shared decision making, care coordination, psychosocial care, and spiritual care, explaining that such services may be provided starting at the point of diagnosis and alongside curative treatment and are intended to—

"(i) provide patient-centered and family-centered support throughout the continuum of care for serious and life-threatening illness;

"(ii) anticipate, prevent, and treat physical, emotional, social, and spiritual suffering;

"(iii) optimize quality of life; and

"(iv) facilitate and support the goals and values of patients and families.

"(C) PALLIATIVE CARE PROFESSIONALS.—Specific materials that explain the role of professionals trained in hospice and palliative care in providing team-based care (including pain and symptom management, support for shared

decision making, care coordination, psychosocial care, and spiritual care) for patients and families throughout the continuum of care for serious or life-threatening illness.

''(D) RESEARCH.—Evidence-based research demonstrating the benefits of patient access to palliative care throughout the continuum of care for serious or life-threatening illness.

''(E) POPULATION-SPECIFIC MATERIALS.—Materials targeting specific populations, including beneficiaries of Medicare, Medicaid, and the Veterans Health Administration, and patients with serious or life-threatening illness who are among medically underserved populations (as defined in section 330(b)(3)) and families of such patients or health professionals serving medically underserved populations, including pediatric patients, young adult and adolescent patients, racial and ethnic minority populations, and other priority populations specified by the Director.

''(2) REQUIRED PUBLICATION.—Information and materials disseminated under paragraph (1) shall be posted on the Internet websites of relevant Federal departments and agencies, including the De-

partment of Veterans Affairs, the Centers for Medicare & Medicaid Services, and the Administration on Aging.

''(c) CONSULTATION.—The Director shall consult with appropriate professional societies, hospice and palliative care stakeholders, and relevant patient advocate organizations with respect to palliative care, psychosocial care, and complex chronic illness with respect to the following:

''(1) The planning and implementation of the dissemination of palliative care information under this section.

''(2) The development of information to be disseminated under this section.

''(3) A definition of the term 'serious or life-threatening illness' for purposes of this section.''.

(d) CLARIFICATION.—

(1) RESTRICTION ON THE USE OF FEDERAL FUNDS.—None of the funds made available under this section (or an amendment made by this section) may be used to provide, promote, or provide training with regard to any item or service for which Federal funding is unavailable under section 3 of Public Law 105–12 (42 U.S.C. 14402).

(2) ADDITIONAL CLARIFICATION.—As used in this section (or an amendment made by this sec-

tion), palliative care and hospice shall not be furnished for the purpose of causing, or the purpose of assisting in causing, a patient's death, for any reason.

(e) ENHANCING NIH RESEARCH IN PALLIATIVE CARE.—

(1) IN GENERAL.—Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following new section:

"SEC. 409K. ENHANCING RESEARCH IN PALLIATIVE CARE.

''The Secretary, or his or her designee, shall develop and implement a strategy to be applied across the institutes and centers of the National Institutes of Health to expand and intensify national research programs in palliative care in order to address the quality of care and quality of life for the rapidly growing population of patients in the United States with serious or life-threatening illnesses, including cancer; heart, kidney, liver, lung, and infectious diseases; as well as neurodegenerative diseases such as dementia, Parkinson's disease, or amyotrophic lateral sclerosis.''.

(2) EXPANDING TRANS-NIH RESEARCH REPORTING TO INCLUDE PALLIATIVE CARE RESEARCH.—Section 402A(c)(2)(B) of the Public Health Service

Act (42 U.S.C. 282a(c)(2)(B)) is amended by inserting ''and, beginning January 1, 2024, for conducting or supporting research with respect to palliative care'' after ''or national centers''.

TITLE VI—PILOT PROGRAMS

SEC. 601. PILOT PROGRAM RELATED TO REDUCING HOSPITAL READMISSIONS.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall establish a pilot program under which the Secretary awards grants to support consortia of eligible entities in implementing evidence-based primary care and other support services that prevent avoidable hospital readmissions. Grants awarded under this section shall be for a 5-year period beginning in fiscal year 2024.

(b) CONSORTIA OF ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, a consortium of eligible entities shall—

(1) consist of Federally-qualified health centers, rural health centers, and Tribal health facilities, all located in a single State, in partnership with a nonprofit hospital; and

(2) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(c) SELECTION OF AWARDEES.—

(1) IN GENERAL.—The Secretary shall award 6 grants under this section to consortia described in subsection (b). In making such awards, the Secretary shall ensure that each consortia receiving a grant operates in a different State.

(2) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to applications from consortia proposing to work with—

(A) State and local governmental agencies and nonprofit organizations with a demonstrated history of successfully providing culturally competent, linguistically inclusive support services in their communities;

(B) critical access hospitals, as defined in section 1861(mm) of the Social Security Act (42 U.S.C. 1395x(mm)); or

(C) medical schools operated by historically Black colleges and universities (as defined by the term 'part B institution' in section 322 of the Higher Education Act of 1965) or minority-serving institutions (as described in section 371 of the Higher Education Act of 1965).

(d) USE OF FUNDS.—A consortia receiving a grant under this section—

(1) shall use such funds to provide in-home health services to underserved populations and populations at a high risk for preventable hospital readmissions, such as low-income individuals, racial and ethnic minorities, older individuals, individuals living in rural areas, medically underserved areas, or health professional shortage areas, and individuals with chronic illnesses following hospital discharge;

(2) may use such funds to provide health and non-health community-based services to individuals described in paragraph (1), in addition to the services described in paragraph (1), to address the social determinants of health and prevent avoidable hospital readmissions, such as through non-emergency medical transportation, prescription delivery, care coordination, grocery and meal delivery, nutrition services, housing, utilities assistance; and

(3) may use up to 4 percent of the grant amount for planning and development, data collection and reporting, and other administrative purposes, such as structured assessment of patient and caregiver needs, including comprehensive discharge planning, patient and caregiver education, ongoing assessment and adjustments to plans, as needed, and care coordination after discharge.

(e) REPORTING.—

(1) REPORTS FROM CONSORTIA.—Each consortium receiving a grant under this section shall submit such reports on the program supported by the grant as the Secretary may require.

(2) REPORTS TO CONGRESS.—Not later than 1 year after the date on which the program under this section terminates under subsection (g), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the program.

(f) SUNSET.—The grant program under this section shall terminate on September 30, 2028.

(g) APPROPRIATIONS.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, $30,000,000 for fiscal year 2024, to remain available through the end of fiscal year 2028.

SEC. 602. PILOT PROGRAM RELATED TO HEALTH CARE CLINICS FOR PUBLIC EMPLOYEES.

(a) DEFINITIONS.—In this section:

(1) ELIGIBLE PATIENT.—The term ''eligible patient''—

(A) with respect to a grant awarded under subsection (b), means an eligible employee or a dependent of such an employee; and

(B) with respect to a contract or compact awarded under subsection (c), means an eligible member or a dependent of such a member.

(2) ELIGIBLE EMPLOYEE.—The term ''eligible employee'' means any individual employed by a State, political subdivision of a State, or an interstate governmental agency, including a State employee described in section 304(a) of the Government Employee Rights Act of 1991 (42 U.S.C. 2000e–16c(a)).

(3) ELIGIBLE MEMBER.—The term ''eligible member'' means an individual who is a member of an Indian Tribe or Tribal organization that has entered into a contract or compact under subsection (c).

(4) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms ''Indian Tribe'' and ''Tribal organization'' have the meanings given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

(5) STATE.—The term ''State'' means any State of the United States, the District of Columbia,

the Commonwealth of Puerto Rico, American Samoa, Guam, the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, and any other territory or possession of the United States.

(6) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(b) COMPETITIVE GRANTS.—

(1) IN GENERAL.—Beginning in fiscal year 2024, the Secretary shall award grants on a competitive basis to 6 States to establish and administer at least one health clinic for eligible patients in accordance with the requirements under subsection (d).

(2) PERIOD.—Each grant awarded under this subsection shall be for a period of 5 years.

(3) APPLICATIONS.—A State seeking a grant under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require, including—

(A) the plan of the State regarding—

(i) who will provide services supported by the grant; and

(ii) in the case such services are to be provided through a vendor, how the State will oversee and manage the vendor with respect to such services;

(B) the geographic proximity of each health clinic the State plans to support through the grant to employee work sites;

(C) how the data and other aspects of privacy of eligible patients will be protected;

(D) the electronic capability of the State to collect, aggregate, and report data and collaborate electronically with other providers serving eligible employees;

(E) how the State will comply with the requirements under subsection (d);

(F) an estimate of the number of eligible employees that will utilize services supported by the grant; and

(G) the services that the State will make available through each clinic supported by the grant.

(4) PRIORITIZATION OF GRANT AWARDS.—In awarding grants under this subsection to States that apply for such a grant, the Secretary shall consider each of the following:

(A) The description of how the State will comply with the requirements under subsection (d) as provided in the application of the State under paragraph (3)(E).

(B) The degree to which the grant will improve the health care outcomes of eligible employees in the State.

(C) The extent of the need of the State for a grant under this subsection and the need to protect the health care needs of the United States as a whole.

(c) CONTRACTS OR COMPACTS WITH INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—

(1) IN GENERAL.—Beginning in fiscal year 2024, the Secretary shall award funding through contracts or compacts pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5301 et seq.), distributed on a fair and equitable formula as developed through consultation with Indian Tribes and Tribal organizations, to Indian Tribes and Tribal organizations to establish and administer at least one health clinic for eligible patients in accordance with the requirements under subsection (d).

(2) APPLICATIONS.—An Indian Tribe or Tribal organization seeking a contract or compact under this subsection shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may reasonably require through consultation with Indian Tribes and Tribal organizations.

(d) ACTIVITIES AND REQUIREMENTS.—

(1) IN GENERAL.—A grant, contract, or compact awarded under this section shall be used to establish and administer at least one health clinic to exclusively serve eligible patients and satisfy all requirements under paragraph (2).

(2) REQUIREMENTS.—The recipient of a grant, contract, or compact under this section shall—

(A) ensure that each health clinic established and administered under this section provides all services to eligible patients at no cost to such patients;

(B) compensate each employee of such clinic—

(i) on a salary basis or per hour, rather than per procedure; and

(ii) at a rate that is not less than the higher of—

(I) $17 an hour; or

(II) the minimum wage required by other applicable Federal, State, or local law or a collective bargaining agreement;

(C) ensure that each such clinic provides, at a minimum, each service described in paragraph (3) and serves an eligible patient population of at least 5,000 individuals;

(D) conduct targeted outreach to eligible employees or eligible members to inform them about the services and activities provided through such grant, contract, or compact;

(E) ensure that health insurance premiums for eligible employees or eligible members are not increased based on projected or actual cost savings to such employees, members, or the recipient based upon receipt of the grant, contract, or compact;

(F) conduct regular monitoring of the performance of vendors carrying out services supported by the grant, contract, or compact; and

(G) monitor performance and outcomes of the health clinic supported by the grant, contract, or compact and submit to the Secretary

an annual report on such performance and outcomes.

(3) HEALTH CLINIC SERVICES.—The services described in this paragraph are the required primary health services described in section 330(b)(1) of the Public Health Service Act (42 U.S.C. 254(b)(1)).

(e) AMOUNT.—Each grant awarded under subsection (b), or funding through a contract or compact under subsection (c), shall be in an amount not to exceed $5,000,000.

(f) FUNDING.—

(1) GENERAL APPROPRIATIONS.—

(A) IN GENERAL.—For purposes of awarding grants, contracts, or compacts under this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, 30,000,000 for fiscal year 2024.

(B) CONTRACTS AND COMPACTS.—Of the amount appropriated under subparagraph (A), not less than 5 percent shall be reserved for purposes of carrying out subsection (c).

(2) TECHNICAL ASSISTANCE.—

(A) IN GENERAL.—For purposes of providing technical assistance to States, Indian Tribes, and Tribal organizations completing

and submitting applications under this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated—

(i) for fiscal year 2024, $1,000,000; and

(ii) for each of fiscal years 2025 through 2028, the amount appropriated under this paragraph for the preceding fiscal year increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) for the most recent 12-month period for which applicable data is available.

(3) AVAILABILITY.—Amounts appropriated under this subsection shall remain available through the end of fiscal year 2028.

(4) STATE FUNDING.—A State receiving a grant under subsection (b) may use non-Federal funding to supplement the program supported by such grant.

SEC. 603. COMMUNITY-BASED TRAINING OF DENTAL STUDENTS.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Sec-

retary'') shall establish a pilot program under which the Secretary awards grants to eligible entities for the purpose of supporting the community-based training of dental students. Such grants shall be for a 5-year period, beginning in fiscal year 2024.

(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant under this section, an entity shall—

(1) be a Federally-qualified health center, rural health center, or Tribal health facility; and

(2) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(c) SELECTION OF AWARDEES.—

(1) IN GENERAL.—The Secretary shall award 6 grants under this section to eligible entities described in subsection (b). In making such awards, the Secretary shall ensure that each entity receiving a grant operates in a different State (including each of the several States and the District of Columbia), territory, or Tribal territory.

(2) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities that—

(A) have a focus on training students in rural and underserved areas;

(B) partner with dental professional schools and programs associated with a historically Black college or university (as defined by the term 'part B institution' in section 322 of the Higher Education Act of 1965) or minority-serving institution (as described in section 371 of the Higher Education Act of 1965); or

(C) are located in a State or geographic area without a dental school.

(d) USE OF FUNDS.—An eligible entity receiving a grant under this section—

(1) shall use such funds to establish a training program for dental, dental hygienist, dental therapy, and dental assistant students in a community-based, outpatient setting;

(2) may use such funds—

(A) to support faculty and preceptor wages and living stipends for trainees; or

(B) to purchase equipment, education tools, and make renovations or alterations to a training site; and

(3) may use up to 5 percent of the grant amount for planning and development, data collection and reporting, other administrative purposes.

(e) REPORTING.—

(1) REPORTS FROM ELIGIBLE ENTITIES.—Each eligible entity receiving a grant under this section shall submit such reports on the program supported by the grant as the Secretary may require.

(2) REPORTS TO CONGRESS.—Not later than 1 year after the date on which the program under this section terminates under subsection (g), the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the program.

(f) SUNSET.—The grant program under this section shall terminate on September 30, 2028.

(g) APPROPRIATIONS.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, $4,500,000 for fiscal year 2024, to remain available through the end of fiscal year 2028.

TITLE VII—MISCELLANEOUS HEALTH WORKFORCE

SEC. 701. TELEHEALTH TECHNOLOGY-ENABLED LEARNING PROJECT (PROJECT ECHO).

Subsection (k) of section 330N of the Public Health Service Act (42 U.S.C. 254c–20) is amended to read as follows:

''(k) APPROPRIATIONS.—

''(1) IN GENERAL.—To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise appropriated, $20,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.

''(2) RESERVED AMOUNT.—Of the amount appropriated under paragraph (1) for fiscal year 2024, the Secretary shall reserve not less than 10 percent for grants under this section to eligible entities that are health centers receiving a grant under section 330.''.

SEC. 702. RURAL HEALTH WORKFORCE PATHWAY ACT.

(a) SHORT TITLE.—This section may be cited as the ''Rural Health Workforce Pathway Act''.

(b) ESTABLISHMENT OF PROGRAM.—Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.), as amended by section 306, is further amended by adding at the end the following:

''SEC. 760B. RURAL HEALTH WORKFORCE GRANT PROGRAM.

''(a) DEFINITIONS.—In this section:

''(1) CARL D. PERKINS CAREER AND TECHNICAL EDUCATION ACT DEFINITIONS.—The terms 'career guidance and academic counseling' and 'program of study' have the meanings given the terms

in section 3 of the Carl D. Perkins Career and Technical Education Act of 2006.

''(2) ESEA DEFINITIONS.—The terms 'elementary school', 'local educational agency', and 'secondary school' have the meanings given the terms in section 8101 of the Elementary and Secondary Education Act of 1965.

''(3) INSTITUTION OF HIGHER EDUCATION.—The term 'institution of higher education' means an institution of higher education as defined in section 101 of the Higher Education Act of 1965 or a postsecondary vocational institution, as defined in section 102(c) of such Act.

''(4) WORKFORCE INNOVATION AND OPPORTUNITY ACT DEFINITIONS.—The terms 'career pathway', 'industry or sector partnership', and 'local board' have the meanings given the terms in section 3 of the Workforce Innovation and Opportunity Act.

''(b) AUTHORIZATION OF GRANTS.—

''(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Secretary of Education, shall award grants on a competitive basis to eligible entities to develop career exploration programs aligned to career and

technical education programs of study to bring awareness to public elementary school and secondary school students in underserved rural communities about health care professions careers and provide children and youth underserved rural community health care experiences related to such careers.

''(2) GRANT PERIOD.—Each grant awarded under this section shall be for a period not to exceed 5 years.

''(c) ELIGIBLE ENTITIES.—

''(1) IN GENERAL.—To be eligible to receive a grant under this section, an entity shall meet the following requirements:

''(A) Be a consortium consisting of a local educational agency and at least 2 of the following:

''(i) An institution of higher education (as defined in section 101 of the Higher Education Act of 1965) that provides a recognized postsecondary credential in health care.

''(ii) A health care practice, facility, or provider organization.

''(iii) A State, Indian Tribe or Tribal organization, or a local governmental entity.

''(iv) A local board.

''(v) An industry or sector partnership.

''(vi) A nonprofit organization representing the interests of underserved rural communities and rural health care.

''(vii) An area health education center.

''(viii) A rural health clinic.

''(ix) Any other entity as determined appropriate by the Secretary.

''(B) Submit an application to the Secretary at such time, in such manner, and containing such information that the Secretary may require, including a plan for the long-term tracking of participants supported by the grant under this section.

''(2) MATCHING FUNDS.—In order to ensure the institutional commitment of an entity to a program supported by a grant under this section, to be eligible to receive such a grant, the Secretary may require the entity seeking such grant to agree to

make available (directly or through contributions from State, county or municipal governments, or the public or private sector) recurring non-Federal contributions in cash or in kind (including plant, equipment, or services) towards the costs of operating the program in an amount that is equal to not less than 20 percent of the total costs of operating such program.

''(d) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities that—

''(1) include in its consortium—

''(A) an entity that has demonstrated alignment with a State plan or local application developed under the Carl D. Perkins Career and Technical Education Act of 2006;

''(B) a high-need local educational agency, as defined in section 200 of the Higher Education Act of 1965, or a local educational agency eligible to receive assistance under part B of title V of the Elementary and Secondary Education Act of 1965;

''(C) an institution of higher education at which at least 30 percent of the enrolled students are Federal Pell Grant recipients; or

''(D) a minority-serving institution of higher education described in any of paragraphs (1) through (7) of section 371(a) of the Higher Education Act of 1965; and

''(2) provide a plan to sustain the program funded under the grant beyond the period of the grant.

''(e) USE OF FUNDS; REQUIREMENTS.—An eligible entity receiving a grant under this section shall use the grant funds to establish, improve, or expand an underserved rural community training program for public elementary school students and secondary school students that meets the following requirements:

''(1) Carrying out program planning, including—

''(A) development and support of a coordinating body to organize, administer, and oversee the activities of the consortium;

''(B) conducting a needs analysis using data, including community demographics, workforce estimates, and capacity of training programs to direct work of the consortium; and

''(C) developing a regional articulation plan that benefits students with respect to re-

ducing barriers to program entry, reducing time to graduation, and lower cost training options.

''(2) Carrying out age-appropriate education activities and promotion of the program that align with section 135(b)(1) of the Carl D. Perkins Career and Technical Education Act of 2006, including—

''(A) engaging and exposing public elementary school students in underserved rural communities to health career workforce opportunities, and including caregivers as practicable;

''(B) engaging and exposing public secondary school students in underserved rural communities to health career workforce opportunities in such communities, including providing career guidance and academic counseling on health care professions career opportunities;

''(C) developing strategies to address resiliency and mental health among public elementary school and secondary school students in underserved rural communities interested in health care professions careers in such communities;

''(D) providing age-appropriate mentoring, academic enrichment, career exploration or support for public elementary school and secondary

school students in underserved rural communities, carried out by health care professionals or peers;

"(E) enrolling secondary school students (including those in underserved rural communities) in health care career and technical education programs of study or career pathways in underserved rural communities;

"(F) developing and enrolling of public secondary school students in pre- and youth-apprenticeships or summer programs that provide clinical or other health care professions focused experiences in underserved rural communities;

"(G) collaborating with career and technical education and institutions of higher education to design and implement innovative models of rural health training education that includes an underserved rural community-based approach to distance learning educational opportunities;

"(H) providing financial supplemental support for student transportation to, and housing at, the program site, as appropriate; and

"(I) such other activities as the Secretary determines appropriate.

''(3) Each such program shall be carried out for a term of not less than 5 years.

''(f) TECHNICAL ASSISTANCE.—The Administrator of the Health Resources and Services Administration shall, directly or indirectly, provide technical assistance to grant recipients for purposes of carrying out the programs described in subsection (e).

''(g) REPORTING.—

''(1) ANNUAL REPORTING BY RECIPIENTS.—

''(A) IN GENERAL.—An eligible entity receiving a grant under this section shall submit an annual report to the Secretary on the progress of the program supported by such grant, based on criteria the Secretary determines appropriate, including the program selection of students who participated in the program.

''(B) CONTENTS.—Each report required under subparagraph (A) shall include any data requested by the Secretary, which may include, as appropriate, the number of participants and the demographics of such participants served by the program supported by the grant, including the number of participants who enrolled in the

program and withdrew prior to completion of the program.

''(2) REPORTS TO CONGRESS.—

''(A) ANNUAL REPORTS.—Not later than 2 years after the date of enactment of the Primary Care and Health Workforce Expansion Act, and annually thereafter until all programs supported through a grant under this section are completed, the Secretary shall prepare and submit to Congress a report that includes the progress of each program supported by a grant under this section and the challenges experienced by grantees with respect to such programs.

''(B) GRANT CYCLE FINAL REPORT.—The Administrator of the Health Resources and Services Administration shall submit a report to Congress on the lessons learned through the programs supported by grants under this section and that based on such lessons identifies best practices for career exploration programs with a focus on underserved rural communities.

''(h) SUPPLEMENT NOT SUPPLANT.—Any eligible entity receiving funds under this section shall use such funds to supplement, not supplant, any other Federal, State, and

local funds that would otherwise be expended by such entity to carry out the activities described in this section.

''(i) FUNDING.—There are appropriated, out of amounts in the Treasury not otherwise appropriated, $5,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 703. HEALTH WORKER WELL-BEING.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary''), in coordination with the Director of the National Institute for Occupational Safety and Health, the Assistant Secretary for Mental Health and Substance Use, and the Administrator of the Health Resources and Services Administration, shall—

(1) not later than 1 year after the date of enactment of this Act, develop a research-based tool for assessing health worker well-being, as described in subsection (b); and

(2) not less frequently than biennially, collect deidentified data on health worker well-being using the tool developed pursuant to paragraph (1) and make such data publicly available as described in subsection (c).

(b) ASSESSMENT TOOL.—The tool for the assessment of health worker well-being developed under subsection (a)(1) shall—

(1) include the use of an anonymous, voluntary, validated worker survey; and

(2) at minimum, assess the views of health workers on—

(A) workplace policies and culture;

(B) workplace physical environment and safety;

(C) circumstances outside of work impacting performance; and

(D) physical and mental health status of workers.

(c) PUBLIC AVAILABILITY OF AGGREGATE DATA AND THE ASSESSMENT TOOL.—The Secretary shall—

(1) make available, through a publicly-available data repository, aggregated and de-identified data collected by the voluntary assessment of health worker well-being under subsection (a);

(2) make the assessment tool developed under subsection (a)(1) publicly available in a format that allows employers, researchers, and other entities to voluntarily use and administer such assessment for

purposes of using information collected by the assessment to improve health worker well-being; and

(3) conduct outreach to employers, researchers, and other relevant entities to increase awareness of the availability of the tool for the assessment of health worker well-being.

(d) BURDEN ON PARTICIPANTS.—In developing the assessment tool under subsection (a)(1), the Secretary shall minimize the burden of the voluntary data collection process using such tool on the health workers who are being assessed.

(e) CONFIDENTIALITY.—The Secretary shall ensure that the assessment tool developed under subsection (a)(1), the process of data collection under subsection (a), and the publicly available data under subsection (c)(1), do not involve the collection or disclosure of any individually identifiable information on the workers who are being assessed.

(f) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed to require that the assessment tool developed under subsection (a)(1) or the data collected through such tool be used for purposes of quality measurement or payment systems under the Medicare program under title XVIII of the Social Security Act (42 U.S.C.

1395 et seq.) or the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(g) REPORT.—Not later than 2 years after the date of enactment of this Act, and biennially thereafter, the Secretary shall—

(1) submit to Congress a report on the findings of the assessment under subsection (a), including any recommendations to address health worker well-being; and

(2) make such report publicly available.

(h) HEALTH WORKER WELL-BEING.—For purposes of this Act, the term ''health worker well-being'' means the quality of life with respect to the health and work-related environment of an individual as related to organizational and psychosocial factors.

(i) FUNDING.—To carry out this section, there is appropriated, out of amounts in the Treasury not otherwise appropriated, $3,000,000 for each of fiscal years 2024 through 2028, to remain available until expended.

SEC. 704. WELCOME BACK TO THE HEALTH CARE WORKFORCE.

Subpart 3 of part E of title VII of the Public Health Service Act (42 U.S.C. 295f et seq.) is amended by adding at the end the following:

"SEC. 778A. WELCOME BACK TO THE HEALTH CARE WORKFORCE.

"(a) GRANTS AUTHORIZED.—

"(1) IN GENERAL.—Not later than 1 year after the date of enactment of the Primary Care and Health Workforce Expansion Act, the Secretary shall award grants to eligible entities to provide career support for internationally educated health care professionals to integrate into, and expand, the health care workforce.

"(2) CONSULTATION.—Before awarding any grants under this section, the Secretary shall consult with the Secretary of Labor and the Secretary of Education.

"(b) APPLICATION.—

"(1) IN GENERAL.—An eligible entity desiring a grant under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

"(2) CONTENTS.—An application submitted under paragraph (1) shall include—

"(A) a description of each project described in subsection (d) that the eligible entity proposes to develop or continue under the grant;

"(B) information demonstrating that the eligible entity has the capacity to fully carry out and administer such projects;

"(C) a plan for the proposed projects that includes, at a minimum—

"(i) demographic information regarding the population to be served by the grant and how the current health care workforce, as of the date of application, is not meeting the health needs of the community to be served, including information on the health care workforce shortages in the area to be served by the grant; and

"(ii) a description of how the eligible entity will make use of grant funds to support the identification and advancement of internationally educated health care professionals in the geographic area to be served by the grant;

"(D) a description of the eligible entity's experience in working with internationally educated health care professionals;

"(E) a description of the partnership the eligible entity has formed with various entities,

including institutions of higher education and health care employers; and

''(F) any additional information determined relevant by the Secretary.

''(c) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities whose projects support the recruitment and retention of—

''(1) internationally educated health care professionals in professions in communities experiencing gaps between their existing health care workforce, as of the date of the application for the grant, and the needs of the community; or

''(2) internationally educated health care professionals in rural communities.

''(d) USE OF FUNDS.—

''(1) SUPPORTED PROJECTS.—

''(A) IN GENERAL.—Subject to paragraphs (2) and (3), an eligible entity receiving a grant under this section shall use grant funds to carry out—

''(i) 1 or more system-level improvement projects described in subparagraph (B); and

"(ii) 1 or more individual-level improvement projects described in subparagraph (C).

"(B) SYSTEM-LEVEL IMPROVEMENTS.—A project described in this subparagraph expands culturally and linguistically competent supports for internationally educated health care professionals, which may include—

"(i) establishing a network of partners that offer prerequisite educational opportunities and continuing education opportunities;

"(ii) developing peer support and mentoring opportunities;

"(iii) educating employers regarding the abilities and capacities of internationally educated health care professionals;

"(iv) developing career ladder opportunities for internationally educated health care professionals, such as—

"(I) developing a system to provide ongoing supportive services once employment is obtained;

"(II) funding leadership development, continuing education, pre-

paratory classes, examinations, and licensing and certification costs, in order to support health care workforce advancement; or

"(III) education and support on how to serve as an educator in a clinical or academic setting; or

"(v) creating and carrying out projects for the purposes of increasing the retention of internationally educated health care professionals in the health care workforce.

"(C) INDIVIDUAL-LEVEL IMPROVEMENTS.—A project described in this subparagraph tailors individual support for internationally educated health care professionals, which may include—

"(i) support for the licensing process;

"(ii) funding and facilitating access to accelerated and contextualized courses on English as a second language and board or licensure examination preparation;

"(iii) culturally competent, linguistically inclusive, individualized career counseling and coaching;

"(iv) individualized guidance and support for the credentialing evaluation process;

"(v) providing individualized work-readiness supports and clinical experience and training for internationally educated health care professionals who need such supports, experience, or training;

"(vi) educating internationally educated health care professionals employed by the eligible entity on their rights as employees;

"(vii) providing individualized supportive services to internationally educated health care professionals in order to support their employment, retention, or career advancement, which may include support for living expenses, health care, or transportation; or

"(viii) assisting internationally educated health care professionals in obtaining overseas academic or training records.

"(2) USE FOR ADMINISTRATIVE COSTS.—Each eligible entity receiving a grant under this section may use not more than 10 percent of the grant

funds for costs associated with the administration of the projects under this subsection.

''(3) MINIMUM REQUIREMENT TO PROVIDE DIRECT SUPPORT.—Each eligible entity receiving a grant under this section shall use not less than 20 percent of the grant funds to carry out projects described in paragraph (1)(B).

''(e) SUPPLEMENT, NOT SUPPLANT.—An eligible entity receiving a grant under this section shall use such grant only to supplement, and not supplant, the amount of funds that otherwise would be available to address the recruitment, training and education, retention, and advancement of internationally educated health care professionals in the health care workforce of the State or region served by the eligible entity.

''(f) EVALUATIONS AND REPORTS.—

''(1) REPORTING REQUIREMENTS BY GRANT RECIPIENTS.—

''(A) IN GENERAL.—An eligible entity receiving a grant under this section shall annually provide a report on the grant to the Secretary, at such time and containing such data and information as requested by the Secretary.

''(B) CONTENTS.—The report submitted under subparagraph (A) shall include—

"(i) the number of internationally educated health care professionals who participated in the projects supported under the grant; and

"(ii) for each project carried out under the grant, in the aggregate and disaggregated by the demographic categories as required by the Secretary—

"(I) the number of internationally educated health care professionals who accessed services, benefits, or supports through the project;

"(II) the number of internationally educated health care professionals who through the project attained employment in the health care workforce, in the aggregate and disaggregated by occupation and industry;

"(III) the number of internationally educated health care professionals who participated in the project and withdrew, unsuccessfully attempted to obtain board certification, or were terminated from the project without completing training or attaining em-

ployment in the health care workforce; and

"(IV) data on the country of education of the participating internationally educated health care professionals.

"(2) ANNUAL REPORTS TO CONGRESS BY SECRETARY.—Not later than 2 years after the date of enactment of the Primary Care and Health Workforce Expansion Act, and each year thereafter until all projects supported under this section are completed, the Secretary shall prepare and submit to Congress a report on the progress of each project supported under a grant under this section.

"(g) DEFINITIONS.—In this section:

"(1) ELIGIBLE ENTITY.—The term 'eligible entity' means a consortium of 2 or more of the following:

"(A) A hospital, health system, or other entity that provides health care.

"(B) A community-based or other nonprofit entity with experience in clinical health or public health services.

"(C) An institution of higher education.

"(D) An area health education center.

"(E) A State government, local government, or Indian Tribe.

"(F) A Federally qualified health center.

"(G) Any other type of entity determined appropriate by the Secretary.

"(2) EMPLOY; EMPLOYER.—The terms 'employ' and 'employer' have the meanings given the terms in section 3 of the Fair Labor Standards Act of 1938.

"(3) HEALTH CARE WORKFORCE.—The term 'health care workforce' means the workforce comprised of health care providers with direct patient care and support responsibilities and public health workers.

"(4) INDIAN TRIBE.—The term 'Indian Tribe' means the recognized governing body of any Indian or Alaska Native Tribe, band, nation, pueblo, village, community band, or component reservation individually identified (including parenthetically) in the list published most recently as of the date of enactment of the Primary Care and Health Workforce Expansion Act, pursuant to section 104 of the Federally Recognizes Indian Tribe List Act of 1994 (25 U.S.C. 5131).

"(5) INSTITUTION OF HIGHER EDUCATION.—The term 'institution of higher education' has the

meaning given the term in section 101 of the Higher Education Act of 1965.

''(6) INTERNATIONALLY EDUCATED HEALTH CARE PROFESSIONAL.—The term 'internationally educated health care professional' means an individual who—

''(A) completed the education requirements for a health care workforce profession in another country; and

''(B) is—

''(i) lawfully admitted for permanent residence;

''(ii) admitted as a refugee under section 207 of the Immigration and Nationality Act;

''(iii) granted asylum under section 208 of such Act; or

''(iv) an alien otherwise authorized to be employed in the United States.

''(h) FUNDING.—To carry out this section, there are appropriated, out of amounts in the Treasury not otherwise appropriated, such sums as may be necessary for each of fiscal years 2024 through 2028, to remain available until expended.''.

SEC. 705. ALLIED HEALTH OPPORTUNITY ACT.

(a) SHORT TITLE.—This section may be cited as the ''Allied Health Opportunity Act''.

(b) AWARDS FOR ALLIED HEALTH AND OTHER DISCIPLINES.—Section 755(b)(1) of the Public Health Service Act (42 U.S.C. 294e(b)(1)) is amended—

(1) in subparagraph (B), by striking ''to individuals who have baccalaureate degrees in health-related sciences'';

(2) in the flush text at the end of subparagraph (I), by striking ''; and'' and inserting a semicolon;

(3) in subparagraph (J), by striking the period and inserting ''; and''; and

(4) by adding at the end the following:

''(K) those that establish or support a dual or concurrent enrollment program (as defined in section 8101 of the Elementary and Secondary Education Act of 1965) if the dual or concurrent enrollment program—

''(i) provides outreach on allied health careers requiring an industry-recognized credential, a certificate, or an associate degree, to all public high schools served by the local educational agency that is a partner in the partnership offering the dual or concurrent enrollment program;

"(ii) provides information to high school students about the training requirements and expected salary of allied health professions; and

"(iii) provides academic and financial aid counseling to students who participate in the dual or concurrent enrollment program.".

SEC. 706. WORKPLACE VIOLENCE PREVENTION FOR HEALTH CARE AND SOCIAL SERVICE WORKERS.

(a) WORKPLACE VIOLENCE PREVENTION STANDARD.—

(1) IN GENERAL.—

(A) INTERIM FINAL STANDARD.—

(i) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor shall issue an interim final standard on workplace violence prevention—

(I) to require certain employers in the health care and social service sectors, and certain employers in sectors that conduct activities similar to the activities in the health care and

social service sectors, to develop and implement a comprehensive workplace violence prevention plan and carry out other activities or requirements described in paragraph (3) to protect health care workers, social service workers, and other personnel from workplace violence;

(II) that shall, at a minimum, be based on the Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers published by the Occupational Safety and Health Administration of the Department of Labor in 2015 and adhere to the requirements of this subtitle; and

(III) that provides for a period determined appropriate by the Secretary, not to exceed 1 year, during which the Secretary shall prioritize technical assistance and advice consistent with section 21(d) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 670(d)) to employers

subject to the standard with respect to compliance with the standard.

(ii) INAPPLICABLE PROVISIONS OF LAW AND EXECUTIVE ORDER.—The following provisions of law and Executive orders shall not apply to the issuance of the interim final standard under this subparagraph:

(I) The requirements applicable to occupational safety and health standards under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

(II) The requirements of chapters 5 and 6 of title 5, United States Code.

(III) Subchapter I of chapter 35 of title 44, United States Code (commonly referred to as the ''Paperwork Reduction Act'').

(IV) Executive Order No. 12866 (58 Fed. Reg. 51735; relating to regulatory planning and review), as amended.

(iii) NOTICE AND COMMENT.—Notwithstanding clause (ii)(II), the Secretary shall, prior to issuing the interim final standard under this subparagraph, provide notice in the Federal Register of the interim final standard and a 30-day period for public comment.

(iv) EFFECTIVE DATE OF INTERIM STANDARD.—The interim final standard shall—

(I) take effect on a date that is not later than 30 days after issuance, except that such interim final standard may include a reasonable phase-in period for the implementation of required engineering controls that take effect after such date;

(II) be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)); and

(III) be in effect until the final standard described in subparagraph (B) becomes effective and enforceable.

(v) FAILURE TO PROMULGATE.—If an interim final standard described in clause (i) is not issued not later than 1 year of the date of enactment of this Act, the provisions of this subsection shall be in effect and enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)) until such provisions are superseded in whole by an interim final standard issued by the Secretary that meets the requirements of clause (i).

(B) FINAL STANDARD.—

(i) PROPOSED STANDARD.—Not later than 2 years after the date of enactment of this Act, the Secretary of Labor shall, pursuant to section 6 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655), promulgate a proposed standard on workplace violence prevention—

(I) for the purposes described in subparagraph (A)(i)(I); and

(II) that shall include, at a minimum, requirements contained in the interim final standard required under subparagraph (A).

(ii) FINAL STANDARD.—Not later than 42 months after the date of enactment of this Act, the Secretary shall issue a final standard on such proposed standard that shall—

(I) provide no less protection than any workplace violence standard adopted by a State plan that has been approved by the Secretary under section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667), provided the Secretary finds that the final standard is feasible on the basis of the best available evidence; and

(II) be effective and enforceable in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational

Safety and Health Act of 1970 (29 U.S.C. 655(b)).

(2) SCOPE AND APPLICATION.—In this subsection:

(A) COVERED FACILITY.—

(i) IN GENERAL.—The term ''covered facility'' includes the following:

(I) Any hospital, including any specialty hospital, in-patient or outpatient setting, or clinic operating within a hospital license, or any setting that provides outpatient services.

(II) Any residential treatment facility, including any nursing home, skilled nursing facility, hospice facility, Alzheimer's and memory care facility, and long-term care facility.

(III) Any nonresidential treatment or service setting.

(IV) Any medical treatment or social service setting or clinic at a correctional or detention facility.

(V) Any community care setting, including a community-based residen-

tial facility, group home, and mental health clinic.

(VI) Any psychiatric treatment facility.

(VII) Any drug abuse or substance use disorder treatment center.

(VIII) Any independent freestanding emergency center.

(IX) Any facility described in subclauses (I) through (VIII) operated by a Federal Government agency and required to comply with occupational safety and health standards pursuant to part 1960 of title 29, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act).

(X) Any other facility the Secretary determines should be covered under the standards promulgated under paragraph (1).

(ii) EXCLUSION.—The term ''covered facility'' does not include an office of a physician, dentist, podiatrist, or any other health practitioner that is not physically lo-

cated within a covered facility described in subclauses (I) through (X) of clause (i).

(B) COVERED SERVICES.—

(i) IN GENERAL.—The term ''covered service'' includes the following services and operations:

(I) Any services and operations provided in any field work setting, including home health care, home-based hospice, and home-based social work.

(II) Any emergency services and transport, including such services provided by firefighters and emergency responders.

(III) Any services described in subclauses (I) and (II) performed by a Federal Government agency and required to comply with occupational safety and health standards pursuant to part 1960 of title 29, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act).

(IV) Any other services and operations the Secretary determines

should be covered under the standards promulgated under paragraph (1).

(ii) EXCLUSION.—The term ''covered service'' does not include child day care services.

(C) COVERED EMPLOYER.—

(i) IN GENERAL.—The term ''covered employer'' includes a person (including a contractor, a subcontractor, a temporary service firm, or an employee leasing entity) that employs an individual to work at a covered facility or to perform covered services.

(ii) EXCLUSION.—The term ''covered employer'' does not include an individual who privately employs, in the individual's residence, a person to perform covered services for the individual or a family member of the individual.

(D) COVERED EMPLOYEE.—The term ''covered employee'' includes an individual employed by a covered employer to work at a covered facility or to perform covered services.

(3) REQUIREMENTS FOR WORKPLACE VIOLENCE PREVENTION STANDARD.—Each standard described

in paragraph (1) shall include, at a minimum, the following requirements:

(A) WORKPLACE VIOLENCE PREVENTION PLAN.—Not later than 6 months after the date of promulgation of the interim final standard under paragraph (1)(A), or 18 months after the date of enactment of this Act in a case described in paragraph (1)(A)(v), a covered employer shall develop, implement, and maintain an effective written workplace violence prevention plan (in this section referred to as the ''Plan'') for covered employees at each covered facility and for covered employees performing a covered service on behalf of such employer, which meets the following:

(i) PLAN DEVELOPMENT.—Each Plan—

(I) shall be developed and implemented with the meaningful participation of direct care employees, other employees, and employee representatives, for all aspects of the Plan;

(II) shall be tailored and specific to conditions and hazards for the covered facility or the covered service, in-

cluding patient-specific risk factors and risk factors specific to each work area or unit;

(III) shall be suitable for the size, complexity, and type of operations at the covered facility or for the covered service, and remain in effect at all times; and

(IV) may be in consultation with stakeholders or experts who specialize in workplace violence prevention, emergency response, or other related areas of expertise for all relevant aspects of the Plan.

(ii) PLAN CONTENT.—Each Plan shall include procedures and methods for the following:

(I) Identification of the individual and the individual's position responsible for implementation of the Plan.

(II) With respect to each work area and unit at the covered facility or while covered employees are performing the covered service, risk as-

sessment and identification of workplace violence risks and hazards to employees exposed to such risks and hazards (including environmental risk factors and patient-specific risk factors), which shall be—

(aa) informed by past violent incidents specific to such covered facility or such covered service; and

(bb) conducted with, at a minimum—

(AA) direct care employees;

(BB) where applicable, the representatives of such employees; and

(CC) the employer.

(III) Hazard prevention, engineering controls, or work practice controls to correct hazards, in a timely manner, applying industrial hygiene principles of the hierarchy of controls, which—

(aa) may include security and alarm systems, adequate exit routes, monitoring systems, barrier protection, established areas for patients and clients, lighting, entry procedures, staffing and working in teams, and systems to identify and flag clients with a history of violence; and

(bb) shall ensure that employers correct, in a timely manner, hazards identified in any violent incident investigation described in subparagraph (B) and any annual report described in subparagraph (E).

(IV) Reporting, incident response, and post-incident investigation procedures, including procedures—

(aa) for employees to report workplace violence risks, hazards, and incidents;

(bb) for employers to respond to reports of workplace violence;

(cc) for employers to perform a post-incident investigation and debriefing of all reports of workplace violence with the participation of employees and their representatives;

(dd) to provide medical care or first aid to affected employees; and

(ee) to provide employees with information about available trauma and related counseling.

(V) Procedures for emergency response, including procedures for threats of mass casualties and procedures for incidents involving a firearm or a dangerous weapon.

(VI) Procedures for communicating with and training the covered employees on workplace violence hazards, threats, and work practice controls, the employer's plan, and procedures for confronting, responding to, and reporting workplace violence

threats, incidents, and concerns, and employee rights.

(VII) Procedures for—

(aa) ensuring the coordination of risk assessment efforts, Plan development, and implementation of the Plan with other employers who have employees who work at the covered facility or who are performing the covered service; and

(bb) determining which covered employer or covered employers shall be responsible for implementing and complying with the provisions of the standard applicable to the working conditions over which such employers have control.

(VIII) Procedures for conducting the annual evaluation under subparagraph (F).

(iii) AVAILABILITY OF PLAN.—Each Plan shall be made available at all times to

the covered employees who are covered under such Plan.

(B) VIOLENT INCIDENT INVESTIGATION.—

(i) IN GENERAL.—As soon as practicable after a workplace violence incident, risk, or hazard of which a covered employer has knowledge, the employer shall conduct an investigation of such incident, risk, or hazard under which the employer shall—

(I) review the circumstances of the incident, risk, or hazard, and whether any controls or measures implemented pursuant to the Plan of the employer were effective; and

(II) solicit input from involved employees, their representatives, and supervisors about the cause of the incident, risk, or hazard, and whether further corrective measures (including system-level factors) could have prevented the incident, risk, or hazard.

(ii) DOCUMENTATION.—A covered employer shall document the findings, recommendations, and corrective measures

taken for each investigation conducted under this subparagraph.

(C) TRAINING AND EDUCATION.—With respect to the covered employees covered under a Plan of a covered employer, the employer shall provide training and education to such employees who may be exposed to workplace violence hazards and risks, which meet the following requirements:

(i) Annual training and education shall include information on the Plan, including identified workplace violence hazards, work practice control measures, reporting procedures, record keeping requirements, response procedures, anti-retaliation policies, and employee rights.

(ii) Additional hazard recognition training shall be provided for supervisors and managers to ensure they—

(I) can recognize high-risk situations; and

(II) do not assign employees to situations that predictably compromise the safety of such employees.

(iii) Additional training shall be provided for each such covered employee whose job circumstances have changed, within a reasonable timeframe after such change.

(iv) Additional training shall be provided for each such covered employee whose job circumstances require working with victims of torture, trafficking, or domestic violence.

(v) Applicable training shall be provided under this paragraph for each new covered employee prior to the employee's job assignment.

(vi) All training shall provide such employees opportunities to ask questions, give feedback on training, and request additional instruction, clarification, or other followup.

(vii) All training shall be provided in-person and by an individual with knowledge of workplace violence prevention and of the Plan, except that any annual training described in clause (i) provided to an employee after the first year such training

is provided to such employee may be conducted by live video if in-person training is impracticable.

(viii) All training shall be appropriate in content and vocabulary to the language, educational level, and literacy of such covered employees.

(D) RECORDKEEPING AND ACCESS TO PLAN RECORDS.—

(i) IN GENERAL.—Each covered employer shall—

(I) maintain for not less than 5 years—

(aa) records related to each Plan of the employer, including workplace violence risk and hazard assessments, and identification, evaluation, correction, and training procedures;

(bb) a violent incident log described in clause (ii) for recording all workplace violence incidents; and

(cc) records of all incident investigations as required under subparagraph (B)(ii); and

(II)(aa) make such records and logs available, upon request, to covered employees and their representatives for examination and copying in accordance with section 1910.1020 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), and in a manner consistent with HIPAA privacy regulations (defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d–9(b)(3))) and part 2 of title 42, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act); and

(bb) ensure that any such records and logs that may be copied, transmitted electronically, or otherwise removed from the employer's control for purposes of this clause omit any element of personal identifying information sufficient to allow identification

of any patient, resident, client, or other individual alleged to have committed a violent incident (including the individual's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals such individual's identity).

(ii) VIOLENT INCIDENT LOG DESCRIPTION.—Each violent incident log shall—

(I) be maintained by a covered employer for each covered facility controlled by the employer and for each covered service being performed by a covered employee on behalf of such employer;

(II) be based on a template developed by the Secretary not later than 1 year after the date of enactment of this Act;

(III) include, at a minimum, a description of—

(aa) the violent incident (including environmental risk factors present at the time of the incident);

(bb) the date, time, and location of the incident, and the names and job titles of involved employees;

(cc) the nature and extent of injuries to covered employees;

(dd) a classification of the perpetrator who committed the violence, including whether the perpetrator was—

(AA) a patient, client, resident, or customer of a covered employer;

(BB) a family or friend of a patient, client, resident, or customer of a covered employer;

(CC) a stranger;

(DD) a coworker, supervisor, or manager of a covered employee;

(EE) a partner, spouse, parent, or relative of a covered employee; or

(FF) any other appropriate classification;

(ee) the type of violent incident (such as type 1 violence, type 2 violence, type 3 violence, or type 4 violence); and

(ff) how the incident was abated;

(IV) not later than 7 days after the employer learns of such incident, contain a record of each violent incident, which is updated to ensure completeness of such record;

(V) be maintained for not less than 5 years; and

(VI) in the case of a violent incident involving a privacy concern case, protect the identity of employees in a manner consistent with section 1904.29(b) of title 29, Code of Federal Regulations (as such section is in

effect on the date of enactment of this Act).

(iii) ANNUAL SUMMARY.—

(I) COVERED EMPLOYERS.—Each covered employer shall prepare and submit to the Secretary an annual summary of each violent incident log for the preceding calendar year that shall—

(aa) with respect to each covered facility, and each covered service, for which such a log has been maintained, include—

(AA) the total number of violent incidents;

(BB) the number of recordable injuries related to such incidents; and

(CC) the total number of hours worked by the covered employees for such preceding year;

(bb) be completed on a form provided by the Secretary;

(cc) be posted for 3 months beginning February 1 of each year in a manner consistent with the requirements of part 1904 of title 29, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act), relating to the posting of summaries of injury and illness logs;

(dd) be located in a conspicuous place or places where notices to employees are customarily posted; and

(ee) not be altered, defaced, or covered by other material.

(II) SECRETARY.—Not later than 1 year after the promulgation of the interim final standard under paragraph (1)(A), or 2 years after the date of enactment of this Act in a case described in paragraph (1)(A)(v), the Secretary shall make available a platform for the electronic submission

of annual summaries required under this clause.

(E) ANNUAL REPORT.—

(i) REPORT TO SECRETARY.—Not later than February 15 of each year, each covered employer shall report to the Secretary, on a form provided by the Secretary, the frequency, quantity, and severity of workplace violence, and any incident response and post-incident investigation (including abatement measures) for the incidents set forth in the annual summary of the violent incident log described in subparagraph (D)(iii).

(ii) REPORT TO CONGRESS.—Not later than 6 months after February 15 of each year, the Secretary shall submit to Congress a summary of the reports received under clause (i). The contents of the summary of the Secretary to Congress shall not disclose any confidential information.

(F) ANNUAL EVALUATION.—Each covered employer shall conduct an annual written evaluation, conducted with the full, active participa-

tion of covered employees and employee representatives, of—

(i) the implementation and effectiveness of the Plan, including a review of the violent incident log; and

(ii) compliance with training required by each standard described in section 511, and specified in the Plan.

(G) PLAN UPDATES.—Each covered employer shall incorporate changes to the Plan, in a manner consistent with subparagraph (A)(i)(II) and based on findings from the most recent annual evaluation conducted under subparagraph (F), as appropriate.

(H) ANTI-RETALIATION.—

(i) POLICY.—Each covered employer shall adopt a policy prohibiting any person (including an agent of the employer) from the discrimination or retaliation described in clause (ii).

(ii) PROHIBITION.—No covered employer shall discriminate or retaliate against any employee for—

(I) reporting a workplace violence incident, threat, or concern to, or

seeking assistance or intervention with respect to such incident, threat, or concern from, the employer, law enforcement, local emergency services, or a local, State, or Federal government agency; or

(II) exercising any other rights under this paragraph.

(iii) ENFORCEMENT.—This subparagraph shall be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

(4) RULES OF CONSTRUCTION.—Notwithstanding section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 667)—

(A) nothing in this subsection shall be construed to curtail or limit authority of the Secretary under any other provision of the law;

(B) the rights, privileges, or remedies of covered employees shall be in addition to the rights, privileges, or remedies provided under any Federal or State law, or any collective bargaining agreement;

(C) nothing in this subsection shall be construed to limit or prevent health care workers, social service workers, and other personnel from reporting violent incidents to appropriate law enforcement; and

(D) nothing in this subsection shall be construed to limit or diminish any protections in relevant Federal, State, or local law related to—

(i) domestic violence;

(ii) stalking;

(iii) dating violence; and

(iv) sexual assault.

(5) OTHER DEFINITIONS.—In this subsection:

(A) WORKPLACE VIOLENCE.—

(i) IN GENERAL.—The term ''workplace violence'' means any act of violence or threat of violence, without regard to intent, that occurs at a covered facility or while a covered employee performs a covered service.

(ii) EXCLUSIONS.—The term ''workplace violence'' does not include lawful acts of self-defense or lawful acts of defense of others.

(iii) INCLUSIONS.—The term ''workplace violence'' includes—

(I) the threat or use of physical force against a covered employee that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, without regard to whether the covered employee sustains an injury, psychological trauma, or stress; and

(II) an incident involving the threat or use of a firearm or a dangerous weapon, including the use of common objects as weapons, without regard to whether the employee sustains an injury, psychological trauma, or stress.

(B) TYPE 1 VIOLENCE.—The term ''type 1 violence''—

(i) means workplace violence directed at a covered employee at a covered facility or while performing a covered service by an individual who has no legitimate business at the covered facility or with respect to such covered service; and

(ii) includes violent acts by any individual who enters the covered facility or worksite where a covered service is being performed with the intent to commit a crime.

(C) TYPE 2 VIOLENCE.—The term ''type 2 violence'' means workplace violence directed at a covered employee by customers, clients, patients, students, inmates, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(D) TYPE 3 VIOLENCE.—The term ''type 3 violence'' means workplace violence directed at a covered employee by a present or former employee, supervisor, or manager.

(E) TYPE 4 VIOLENCE.—The term ''type 4 violence'' means workplace violence directed at a covered employee by an individual who is not an employee, but has or is known to have had a personal relationship with such employee, or with a customer, client, patient, student, inmate, or any individual for whom a covered facility provides services or for whom the employee performs covered services.

(F) THREAT OF VIOLENCE.—The term ''threat of violence'' means a statement or conduct that—

(i) causes an individual to fear for such individual's safety because there is a reasonable possibility the individual might be physically injured; and

(ii) serves no legitimate purpose.

(G) ALARM.—The term ''alarm'' means a mechanical, electrical, or electronic device that does not rely upon an employee's vocalization in order to alert others.

(H) DANGEROUS WEAPON.—The term ''dangerous weapon'' means an instrument capable of inflicting death or serious bodily injury, without regard to whether such instrument was designed for that purpose.

(I) ENGINEERING CONTROLS.—

(i) IN GENERAL.—The term ''engineering controls'' means an aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between a covered employee and the hazard.

(ii) INCLUSIONS.—For purposes of reducing workplace violence hazards, the term ''engineering controls'' includes electronic access controls to employee occupied areas, weapon detectors (installed or handheld), enclosed workstations with shatter-resistant glass, deep service counters, separate rooms or areas for high-risk patients, locks on doors, removing access to or securing items that could be used as weapons, furniture affixed to the floor, opaque glass in patient rooms (which protects privacy, but allows the health care provider to see where the patient is before entering the room), closed-circuit television monitoring and video recording, sight-aids, and personal alarm devices.

(J) ENVIRONMENTAL RISK FACTORS.—

(i) IN GENERAL.—The term ''environmental risk factors'' means factors in the covered facility or area in which a covered service is performed that may contribute to the likelihood or severity of a workplace violence incident.

(ii) CLARIFICATION.—Environmental risk factors may be associated with the specific task being performed or the work area, such as working in an isolated area, poor illumination or blocked visibility, and lack of physical barriers between individuals and persons at risk of committing workplace violence.

(K) PATIENT-SPECIFIC RISK FACTORS.—The term ''patient-specific risk factors'' means factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, including—

(i) a patient's treatment and medication status, and history of violence and use of drugs or alcohol; and

(ii) any conditions or disease processes of the patient that may cause the patient to experience confusion or disorientation, be nonresponsive to instruction, behave unpredictably, or engage in disruptive, threatening, or violent behavior.

(L) SECRETARY.—The term ''Secretary'' means the Secretary of Labor.

(M) WORK PRACTICE CONTROLS.—

(i) IN GENERAL.—The term ''work practice controls'' means procedures and rules that are used to effectively reduce workplace violence hazards.

(ii) INCLUSIONS.—The term ''work practice controls'' includes—

(I) assigning and placing sufficient numbers of staff to reduce patient-specific type 2 violence hazards;

(II) provision of dedicated and available safety personnel such as security guards;

(III) employee training on workplace violence prevention methods and techniques to de-escalate and minimize violent behavior; and

(IV) employee training on procedures for response in the event of a workplace violence incident and for post-incident response.

(b) APPLICATION OF THE WORKPLACE VIOLENCE PREVENTION STANDARD TO CERTAIN FACILITIES RECEIVING MEDICARE FUNDS.—

(1) IN GENERAL.—Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(A) in subsection (a)(1)—

(i) in subparagraph (X), by striking ''and'' at the end;

(ii) in subparagraph (Y), by striking the period at the end and inserting '', and''; and

(iii) by inserting after subparagraph (Y) the following new subparagraph:

''(Z) in the case of hospitals that are not otherwise subject to the Occupational Safety and Health Act of 1970 (or a State occupational safety and health plan that is approved under 18(b) of such Act) and skilled nursing facilities that are not otherwise subject to such Act (or such a State occupational safety and health plan), to comply with the Workplace Violence Prevention Standard (as promulgated under section 511 of the Primary Care and Health Workforce Expansion Act).''; and

(B) in subsection (b)(4)—

(i) in subparagraph (A), by inserting ''and a hospital or skilled nursing facility that fails to comply with the requirement of subsection (a)(1)(Z) (relating to the Workplace Violence Prevention Standard)''

after ''Bloodborne Pathogens standard)''; and

(ii) in subparagraph (B)—

(I) by striking ''(a)(1)(U)'' and inserting ''(a)(1)(V)''; and

(II) by inserting ''(or, in the case of a failure to comply with the requirement of subsection (a)(1)(Z), for a violation of the Workplace Violence Prevention standard referred to in such subsection by a hospital or skilled nursing facility, as applicable, that is subject to the provisions of such Act)'' before the period at the end.

(2) EFFECTIVE DATE.—The amendments made by paragraph (1) shall apply beginning on the date that is 1 year after the date of issuance of the interim final standard on workplace violence prevention required under subsection (a)(1).

TITLE VIII—HEALTH POLICY REFORMS

SEC. 801. ESTABLISHING REQUIREMENTS WITH RESPECT TO THE USE OF PRIOR AUTHORIZATION.

(a) PUBLIC HEALTH SERVICE ACT.—Part D of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–111 et seq.) is amended by adding at the end the following:

"SEC. 2799A–11. PRIOR AUTHORIZATION REQUIREMENTS.

''(a) IN GENERAL.—Beginning with the third plan year beginning after the date of the enactment of the Primary Care and Health Workforce Expansion Act, in the case of a group health plan or health insurance issuer offering group or individual health insurance coverage that imposes any prior authorization requirement with respect to any applicable service during a plan year, such plan or issuer shall—

''(1) establish the electronic prior authorization program described in subsection (b) and issue real-time decisions with respect to prior authorization requests for services identified by the Secretary under paragraph (3)(B) of such subsection;

''(2) meet the transparency requirements specified in subsection (c); and

''(3) meet the patient protection standards specified pursuant to subsection (d).

''(b) ELECTRONIC PRIOR AUTHORIZATION PROGRAM.—

''(1) IN GENERAL.—For purposes of subsection (a)(1), the electronic prior authorization program described in this subsection is a program that provides for the secure electronic transmission of—

''(A) a prior authorization request from a health care professional to a group health plan or health insurance issuer with respect to an applicable service to be provided to an individual, including such clinical information necessary to evidence medical necessity; and

''(B) a response, in accordance with this subsection, from such plan or issuer to such professional.

''(2) ELECTRONIC TRANSMISSION.—

''(A) EXCLUSIONS.—For purposes of this paragraph, a facsimile, a proprietary payer portal that does not meet standards specified by the Secretary, or an electronic form shall not be treated as an electronic transmission described in paragraph (1).

''(B) STANDARDS.—

"(i) IN GENERAL.—In order to ensure appropriate clinical outcome for individuals, for purposes of this subsection, an electronic transmission described in paragraph (1) shall comply with technical standards adopted by the Secretary in consultation with standard-setting organizations determined appropriate by the Secretary, health care professionals, group health plans and health insurance issuers, and health information technology software vendors. In adopting such standards with respect to which an electronic transmission described in paragraph (1) shall comply, the Secretary shall ensure that such transmissions support attachments containing applicable clinical information and shall prioritize the adoption of standards that support integration with interoperable health information technology certified under a program of voluntary certification kept or recognized by the National Coordinator for Health Information Technology consistent with section 3001(c)(5).

''(ii) TRANSACTION STANDARD.—The Secretary shall include in the standards adopted under clause (i) a standard with respect to the transmission of attachments described in such clause, and data elements and operating rules for such transmission, consistent with health care industry standards.

''(3) REAL-TIME DECISIONS.—

''(A) IN GENERAL.—The program described in paragraph (1) shall provide for real-time decisions (as defined by the Secretary in accordance with subparagraph (D)) by a group health plan or health insurance issuer with respect to prior authorization requests for applicable services identified by the Secretary pursuant to subparagraph (B) for a plan year if such requests contain all documentation described in subparagraph (D)(ii) required by such plan or issuer.

''(B) IDENTIFICATION OF REQUESTS.—For purposes of subparagraph (A) and with respect to a period of 2 plan years, not later than 30 months after the date of enactment of the Primary Care and Health Workforce Expansion

Act, the Secretary shall identify applicable services for which prior authorization requests are routinely approved, and shall update the identification of such services for each subsequent period of 2 plan years.

''(C) DATA COLLECTION AND CONSULTATION WITH RELEVANT ELIGIBLE PROFESSIONAL ORGANIZATIONS AND RELEVANT STAKEHOLDERS.—The Secretary shall issue a request for information from group health plans, health insurance issuers, providers, suppliers, patient advocacy organizations, consumer organizations, and other stakeholders for purposes of identifying requests for a period under subparagraph (B).

''(D) DEFINITION OF REAL-TIME DECISION.—

''(i) IN GENERAL.—In establishing the definition of a real-time decision for purposes of subparagraph (A), the Secretary shall take into account current medical practice, technology, health care industry standards, and other relevant information and factors to ensure the accurate and timely furnishing of services to individuals.

"(ii) UPDATE.—The Secretary shall update, not less often than once every 2 years, the definition of a real-time decision for purposes of subparagraph (A), taking into account changes in medical practice, changes in technology, changes in health care industry standards, and other relevant information, such as the information submitted by group health plans and health insurance issuers under subsection (c)(1)(A), and factors to ensure the accurate and timely furnishing of services to individuals.

"(E) IMPLEMENTATION.—The Secretary shall use rulemaking for each of the following:

"(i) Establishing the definition of a 'real-time decision' for purposes of subparagraph (A).

"(ii) Updating such definition pursuant to subparagraph (D)(ii).

"(iii) Identifying applicable items or services pursuant to subparagraph (B) for the initial period of 2 plan years as described in such subparagraph.

"(iv) Updating the identification of such services for each subsequent period of 2 plan years as described in subparagraph (B).

"(4) OTHER REQUIREMENTS.—With respect to a participant, beneficiary, or enrollee that is undergoing an active course of treatment—

"(A) approval of a prior authorization request for a course of treatment under the electronic prior authorization program shall be valid for as long as medically necessary to avoid disruptions in care, in accordance with applicable coverage criteria, the medical history of the participant, beneficiary, or enrollee, and the recommendations of the treating provider; and

"(B) for a participant, beneficiary, or enrollee newly enrolled in the group health plan or health insurance coverage, such plan or the issuer offering such coverage shall provide coverage for a minimum 90-day transition period for any active course of treatment the participant, beneficiary, or enrollee was receiving at the time of enrollment, even if the service is furnished by an out-of-network provider.

''(c) TRANSPARENCY REQUIREMENTS.—A group health plan and health insurance issuer offering group or individual health insurance coverage shall meet the following requirements:

''(1) The plan or issuer, annually and in a manner specified by the Secretary, shall submit to the Secretary the following information:

''(A) A list of all applicable services that were subject to a prior authorization requirement under the group health plan or health insurance coverage offered by the issuer during the previous plan year.

''(B) The percentage and number of requests for prior authorization with respect to each service approved during the previous plan year by the plan or issuer in an initial determination and the percentage and number of such requests denied during such plan year by such plan or issuer in an initial determination (both in the aggregate and categorized by each service).

''(C) The percentage and number of requests for prior authorization submitted during the previous plan year that were made for such plan year (categorized by each service).

"(D) The percentage and number of requests for prior authorization submitted during the previous plan year for such plan year that were approved (categorized by each service).

"(E) The percentage and number of requests for prior authorization that were denied during the previous plan year by the plan or issuer in an initial determination and that were subsequently appealed.

"(F) The number of appeals of requests for prior authorization resolved during the preceding plan year, and the percentage and number of such resolved appeals that resulted in approval of coverage of the service that was the subject of such request, categorized by each applicable service and categorized by each level of appeal (including judicial review).

"(G) The percentage and number of requests for prior authorization that were denied, and the percentage and number of such requests that were approved, by the plan or issuer during the previous plan year through the utilization of decision support technology, artificial intelligence technology, machine-learning tech-

nology, clinical decision-making technology, or any other technology specified by the Secretary.

''(H) The average and the median amount of time (in hours) that elapsed during the previous plan year between the submission of a request for prior authorization to the plan or issuer and a determination by the plan or issuer with respect to such request for each such service, excluding any such requests that were not submitted with any required medical or other documentation.

''(I) The percentage and number of requests for prior authorization that were excluded from the calculation described in subparagraph (H) based on the plan's or issuer's determination that such requests were not submitted with any required medical or other documentation.

''(J) Information on each occurrence during the previous plan year in which, during a surgical or medical procedure involving benefits for a service with respect to which such plan or issuer had approved a prior authorization request, the provider determined that a different or additional service was medically necessary,

including a specification of whether such plan or issuer subsequently approved the furnishing of such different or additional services.

''(K) A disclosure and description of any technology described in subparagraph (G) that the plan or issuer utilized during the previous plan year in making determinations with respect to requests for prior authorization.

''(L) The number of grievances received by such plan or issuer during the previous plan year that were related to a prior authorization requirement.

''(M) Such other information as the Secretary determines appropriate.

''(2) The plan or issuer shall provide—

''(A) to each provider who seeks to enter into a contract with the plan or issuer as an in-network provider, the list described in paragraph (1)(A) and any policies or procedures used by the plan or issuer for making determinations with respect to prior authorization requests;

''(B) to each such provider that enters into such a contract, access to the criteria used by the plan or issuer for making such determina-

tions and an itemization of the medical or other documentation required to be submitted by a provider with respect to such a request; and

''(C) to participants, beneficiaries, and enrollees of the plan or coverage, upon request, access to the criteria used by the plan or issuer for making determinations with respect to prior authorization requests for a service.

''(d) PATIENT PROTECTION STANDARDS.—The Secretary shall, through rulemaking, specify requirements with respect to the use of prior authorization by group health plans and health insurance issuers for applicable services to ensure—

''(1) that such plans and issuers adopt transparent prior authorization programs developed in consultation with providers and suppliers with contracts in effect with such plans and group and individual health insurance coverage offered by such issuers for providing such services under such plans and coverage that allow for the modification of prior authorization requirements based on the performance of such providers and suppliers with respect to adherence to evidence-based medical guidelines and other quality criteria;

''(2) that such plans and issuers conduct annual reviews of such services for which prior authorization requirements are imposed under such plans or coverage through a process that takes into account input from providers and suppliers with such contracts in effect and is based on analysis of past prior authorization requests and current coverage and clinical criteria;

''(3) continuity of care for individuals transitioning to, or between, coverage under such plans and coverage in order to minimize any disruption to ongoing treatment attributable to prior authorization requirements under such plans and coverage;

''(4) that such plans and issuers make timely prior authorization determinations, provide rationales for denials, and ensure requests are reviewed by qualified medical personnel; and

''(5) that such plans and issuers provide information on the appeals process to the participant, beneficiary, or enrollee when denying any request for prior authorization with respect to a service.

''(e) APPLICABLE SERVICE.—For purposes of this section, the term 'applicable service' means, with respect to a group health plan or group or individual health insur-

ance coverage, any service for which benefits are available under such plan or coverage.

''(f) TIMEFRAME FOR RESPONSE TO PRIOR AUTHORIZATION REQUESTS.—In the case of determination made by a plan or issuer with respect to a prior authorization request for an applicable service that is submitted on or after the date on which subsection (a) takes effect, the plan or issuer shall notify the participant, beneficiary, or enrollee (and the practitioner involved, as appropriate) of such determination not later than the earlier of—

''(1) the time period for notification required pursuant to section 2719(a); or

''(2) 7 days after receipt of such request, or such shorter timeframe as the Secretary may specify through rulemaking, taking into account feedback from stakeholders, including participants, beneficiaries, and enrollees.

''(g) REPORT TO CONGRESS.—Not later than the end of the second plan year beginning on or after the date of the enactment of this subsection, and biennially thereafter through the date that is 10 years after such date of enactment, the Secretary shall submit to Congress a report containing an evaluation of the implementation of the requirements of this subsection, an analysis of an issues in implementing such requirements faced by group

health plans and health insurance issuers, and a description of the information submitted under subsection (c)(1)(A) with respect to—

''(1) in the case of the first such report, such second plan year; and

''(2) in the case of a subsequent report, the 2 full plan years preceding the date of the submission of such report.''.

(b) ERISA.—

(1) IN GENERAL.—Subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1185 et seq.) is amended by adding at the end the following:

''SEC. 726. PRIOR AUTHORIZATION REQUIREMENTS.

''(a) IN GENERAL.—Beginning with the third plan year beginning after the date of the enactment of the Primary Care and Health Workforce Expansion Act, in the case of a group health plan or health insurance issuer offering group health insurance coverage that imposes any prior authorization requirement with respect to any applicable service during a plan year, such plan or issuer shall—

''(1) establish the electronic prior authorization program described in subsection (b) and issue real-time decisions with respect to prior authorization re-

quests for services identified by the Secretary under paragraph (3)(B) of such subsection;

"(2) meet the transparency requirements specified in subsection (c); and

"(3) meet the patient protection standards specified pursuant to subsection (d).

"(b) ELECTRONIC PRIOR AUTHORIZATION PROGRAM.—

"(1) IN GENERAL.—For purposes of subsection (a)(1), the electronic prior authorization program described in this subsection is a program that provides for the secure electronic transmission of—

"(A) a prior authorization request from a health care professional to a group health plan or health insurance issuer with respect to an applicable service to be provided to an individual, including such clinical information necessary to evidence medical necessity; and

"(B) a response, in accordance with this subsection, from such plan or issuer to such professional.

"(2) ELECTRONIC TRANSMISSION.—

"(A) EXCLUSIONS.—For purposes of this paragraph, a facsimile, a proprietary payer portal that does not meet standards specified by

the Secretary, or an electronic form shall not be treated as an electronic transmission described in paragraph (1).

"(B) STANDARDS.—

"(i) IN GENERAL.—In order to ensure appropriate clinical outcome for individuals, for purposes of this subsection, an electronic transmission described in paragraph (1) shall comply with technical standards adopted by the Secretary in consultation with standard-setting organizations determined appropriate by the Secretary, health care professionals, group health plans and health insurance issuers, and health information technology software vendors. In adopting such standards with respect to which an electronic transmission described in paragraph (1) shall comply, the Secretary shall ensure that such transmissions support attachments containing applicable clinical information and shall prioritize the adoption of standards that support integration with interoperable health information technology certified under a program of voluntary certification

kept or recognized by the National Coordinator for Health Information Technology consistent with section 3001(c)(5) of the Public Health Service Act.

"(ii) TRANSACTION STANDARD.—The Secretary shall include in the standards adopted under clause (i) a standard with respect to the transmission of attachments described in such clause, and data elements and operating rules for such transmission, consistent with health care industry standards.

"(3) REAL-TIME DECISIONS.—

"(A) IN GENERAL.—The program described in paragraph (1) shall provide for real-time decisions (as defined by the Secretary in accordance with subparagraph (D)) by a group health plan or health insurance issuer with respect to prior authorization requests for applicable services identified by the Secretary pursuant to subparagraph (B) for a plan year if such requests contain all documentation described in subparagraph (D)(ii) required by such plan or issuer.

"(B) IDENTIFICATION OF REQUESTS.—For purposes of subparagraph (A) and with respect to a period of 2 plan years, not later than 30 months after the date of enactment of the Primary Care and Health Workforce Expansion Act, the Secretary shall identify applicable services for which prior authorization requests are routinely approved, and shall update the identification of such services for each subsequent period of 2 plan years.

"(C) DATA COLLECTION AND CONSULTATION WITH RELEVANT ELIGIBLE PROFESSIONAL ORGANIZATIONS AND RELEVANT STAKEHOLDERS.—The Secretary shall issue a request for information from group health plans, health insurance issuers, providers, suppliers, patient advocacy organizations, consumer organizations, and other stakeholders for purposes of identifying requests for a period under subparagraph (B).

"(D) DEFINITION OF REAL-TIME DECISION.—

"(i) IN GENERAL.—In establishing the definition of a real-time decision for purposes of subparagraph (A), the Secretary

shall take into account current medical practice, technology, health care industry standards, and other relevant information and factors to ensure the accurate and timely furnishing of services to individuals.

''(ii) UPDATE.—The Secretary shall update, not less often than once every 2 years, the definition of a real-time decision for purposes of subparagraph (A), taking into account changes in medical practice, changes in technology, changes in health care industry standards, and other relevant information, such as the information submitted by group health plans and health insurance issuers under subsection (c)(1)(A), and factors to ensure the accurate and timely furnishing of services to individuals.

''(E) IMPLEMENTATION.—The Secretary shall use rulemaking for each of the following:

''(i) Establishing the definition of a 'real-time decision' for purposes of subparagraph (A).

''(ii) Updating such definition pursuant to subparagraph (D)(ii).

"(iii) Identifying applicable items or services pursuant to subparagraph (B) for the initial period of 2 plan years as described in such subparagraph.

"(iv) Updating the identification of such services for each subsequent period of 2 plan years as described in subparagraph (B).

"(4) OTHER REQUIREMENTS.—With respect to a participant or beneficiary that is undergoing an active course of treatment—

"(A) approval of a prior authorization request for a course of treatment under the electronic prior authorization program shall be valid for as long as medically necessary to avoid disruptions in care, in accordance with applicable coverage criteria, the medical history of the participant or beneficiary, and the recommendations of the treating provider; and

"(B) for a participant or beneficiary newly enrolled in the group health plan or health insurance coverage, such plan or the issuer offering such coverage shall provide coverage for a minimum 90-day transition period for any active course of treatment the participant or bene-

ficiary was receiving at the time of enrollment, even if the service is furnished by an out-of-network provider.

''(c) TRANSPARENCY REQUIREMENTS.—A group health plan and health insurance issuer offering group health insurance coverage shall meet the following requirements:

''(1) The plan or issuer, annually and in a manner specified by the Secretary, shall submit to the Secretary the following information:

''(A) A list of all applicable services that were subject to a prior authorization requirement under the group health plan or health insurance coverage offered by the issuer during the previous plan year.

''(B) The percentage and number of requests for prior authorization with respect to each service approved during the previous plan year by the plan or issuer in an initial determination and the percentage and number of such requests denied during such plan year by such plan or issuer in an initial determination (both in the aggregate and categorized by each service).

"(C) The percentage and number of requests for prior authorization submitted during the previous plan year that were made for such plan year (categorized by each service).

"(D) The percentage and number of requests for prior authorization submitted during the previous plan year for such plan year that were approved (categorized by each service).

"(E) The percentage and number of requests for prior authorization that were denied during the previous plan year by the plan or issuer in an initial determination and that were subsequently appealed.

"(F) The number of appeals of requests for prior authorization resolved during the preceding plan year, and the percentage and number of such resolved appeals that resulted in approval of coverage of the service that was the subject of such request, categorized by each applicable service and categorized by each level of appeal (including judicial review).

"(G) The percentage and number of requests for prior authorization that were denied, and the percentage and number of such requests that were approved, by the plan or issuer

during the previous plan year through the utilization of decision support technology, artificial intelligence technology, machine-learning technology, clinical decision-making technology, or any other technology specified by the Secretary.

''(H) The average and the median amount of time (in hours) that elapsed during the previous plan year between the submission of a request for prior authorization to the plan or issuer and a determination by the plan or issuer with respect to such request for each such service, excluding any such requests that were not submitted with any required medical or other documentation.

''(I) The percentage and number of requests for prior authorization that were excluded from the calculation described in subparagraph (H) based on the plan's or issuer's determination that such requests were not submitted with any required medical or other documentation.

''(J) Information on each occurrence during the previous plan year in which, during a surgical or medical procedure involving benefits for a service with respect to which such plan or

issuer had approved a prior authorization request, the provider determined that a different or additional service was medically necessary, including a specification of whether such plan or issuer subsequently approved the furnishing of such different or additional services.

''(K) A disclosure and description of any technology described in subparagraph (G) that the plan or issuer utilized during the previous plan year in making determinations with respect to requests for prior authorization.

''(L) The number of grievances received by such plan or issuer during the previous plan year that were related to a prior authorization requirement.

''(M) Such other information as the Secretary determines appropriate.

''(2) The plan or issuer shall provide—

''(A) to each provider who seeks to enter into a contract with the plan or issuer as an in-network provider, the list described in paragraph (1)(A) and any policies or procedures used by the plan or issuer for making determinations with respect to prior authorization requests;

"(B) to each such provider that enters into such a contract, access to the criteria used by the plan or issuer for making such determinations and an itemization of the medical or other documentation required to be submitted by a provider with respect to such a request; and

"(C) to participants and beneficiaries of the plan or coverage, upon request, access to the criteria used by the plan or issuer for making determinations with respect to prior authorization requests for a service.

"(d) PATIENT PROTECTION STANDARDS.—The Secretary shall, through rulemaking, specify requirements with respect to the use of prior authorization by group health plans and health insurance issuers for applicable services to ensure—

"(1) that such plans and issuers adopt transparent prior authorization programs developed in consultation with providers and suppliers with contracts in effect with such plans and group health insurance coverage offered by such issuers for providing such services under such plans and coverage that allow for the modification of prior authorization requirements based on the performance of such providers and suppliers with respect to adherence to evi-

dence-based medical guidelines and other quality criteria;

''(2) that such plans and issuers conduct annual reviews of such services for which prior authorization requirements are imposed under such plans or coverage through a process that takes into account input from providers and suppliers with such contracts in effect and is based on analysis of past prior authorization requests and current coverage and clinical criteria;

''(3) continuity of care for individuals transitioning to, or between, coverage under such plans and coverage in order to minimize any disruption to ongoing treatment attributable to prior authorization requirements under such plans and coverage;

''(4) that such plans and issuers make timely prior authorization determinations, provide rationales for denials, and ensure requests are reviewed by qualified medical personnel; and

''(5) that such plans and issuers provide information on the appeals process to the participant or beneficiary when denying any request for prior authorization with respect to a service.

''(e) APPLICABLE SERVICE.—For purposes of this section, the term 'applicable service' means, with respect to a group health plan or group health insurance coverage, any service for which benefits are available under such plan or coverage.

''(f) TIMEFRAME FOR RESPONSE TO PRIOR AUTHORIZATION REQUESTS.—In the case of determination made by a plan or issuer with respect to a prior authorization request for an applicable service that is submitted on or after the date on which subsection (a) takes effect, the plan or issuer shall notify the participant or beneficiary (and the practitioner involved, as appropriate) of such determination not later than the earlier of—

''(1) the time period for notification otherwise required; or

''(2) 7 days after receipt of such request, or such shorter timeframe as the Secretary may specify through rulemaking, taking into account feedback from stakeholders, including participants and beneficiaries.

''(g) REPORT TO CONGRESS.—Not later than the end of the second plan year beginning on or after the date of the enactment of this subsection, and biennially thereafter through the date that is 10 years after such date of enactment, the Secretary shall submit to Congress a

report containing an evaluation of the implementation of the requirements of this subsection, an analysis of an issues in implementing such requirements faced by group health plans and health insurance issuers, and a description of the information submitted under subsection (c)(1)(A) with respect to—

''(1) in the case of the first such report, such second plan year; and

''(2) in the case of a subsequent report, the 2 full plan years preceding the date of the submission of such report.''.

(2) CLERICAL AMENDMENT.—The table of contents in section 1 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.) is amended by inserting after the item relating to section 725 the following new item:

''Sec. 726. Prior authorization requirements.''.

(c) IRC.—

(1) IN GENERAL.—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

''SEC. 9826. PRIOR AUTHORIZATION REQUIREMENTS.

''(a) IN GENERAL.—Beginning with the third plan year beginning after the date of the enactment of the Primary Care and Health Workforce Expansion Act, in the case of a group health plan that imposes any prior author-

ization requirement with respect to any applicable service during a plan year, such plan shall—

"(1) establish the electronic prior authorization program described in subsection (b) and issue real-time decisions with respect to prior authorization requests for services identified by the Secretary under paragraph (3)(B) of such subsection;

"(2) meet the transparency requirements specified in subsection (c); and

"(3) meet the patient protection standards specified pursuant to subsection (d).

"(b) ELECTRONIC PRIOR AUTHORIZATION PROGRAM.—

"(1) IN GENERAL.—For purposes of subsection (a)(1), the electronic prior authorization program described in this subsection is a program that provides for the secure electronic transmission of—

"(A) a prior authorization request from a health care professional to a group health plan with respect to an applicable service to be provided to an individual, including such clinical information necessary to evidence medical necessity; and

"(B) a response, in accordance with this subsection, from such plan to such professional.

''(2) ELECTRONIC TRANSMISSION.—

''(A) EXCLUSIONS.—For purposes of this paragraph, a facsimile, a proprietary payer portal that does not meet standards specified by the Secretary, or an electronic form shall not be treated as an electronic transmission described in paragraph (1).

''(B) STANDARDS.—

''(i) IN GENERAL.—In order to ensure appropriate clinical outcome for individuals, for purposes of this subsection, an electronic transmission described in paragraph (1) shall comply with technical standards adopted by the Secretary in consultation with standard-setting organizations determined appropriate by the Secretary, health care professionals, group health plans and health insurance issuers, and health information technology software vendors. In adopting such standards with respect to which an electronic transmission described in paragraph (1) shall comply, the Secretary shall ensure that such transmissions support attachments containing applicable clinical information and shall

prioritize the adoption of standards that support integration with interoperable health information technology certified under a program of voluntary certification kept or recognized by the National Coordinator for Health Information Technology consistent with section 3001(c)(5) of the Public Health Service Act.

''(ii) TRANSACTION STANDARD.—The Secretary shall include in the standards adopted under clause (i) a standard with respect to the transmission of attachments described in such clause, and data elements and operating rules for such transmission, consistent with health care industry standards.

''(3) REAL-TIME DECISIONS.—

''(A) IN GENERAL.—The program described in paragraph (1) shall provide for real-time decisions (as defined by the Secretary in accordance with subparagraph (D)) by a group health plan with respect to prior authorization requests for applicable services identified by the Secretary pursuant to subparagraph (B) for a plan year if such requests contain all docu-

mentation described in subparagraph (D)(ii) required by such plan.

"(B) IDENTIFICATION OF REQUESTS.—For purposes of subparagraph (A) and with respect to a period of 2 plan years, not later than 30 months after the date of enactment of the Primary Care and Health Workforce Expansion Act, the Secretary shall identify applicable services for which prior authorization requests are routinely approved, and shall update the identification of such services for each subsequent period of 2 plan years.

"(C) DATA COLLECTION AND CONSULTATION WITH RELEVANT ELIGIBLE PROFESSIONAL ORGANIZATIONS AND RELEVANT STAKEHOLDERS.—The Secretary shall issue a request for information from group health plans, providers, suppliers, patient advocacy organizations, consumer organizations, and other stakeholders for purposes of identifying requests for a period under subparagraph (B).

"(D) DEFINITION OF REAL-TIME DECISION.—

"(i) IN GENERAL.—In establishing the definition of a real-time decision for pur-

poses of subparagraph (A), the Secretary shall take into account current medical practice, technology, health care industry standards, and other relevant information and factors to ensure the accurate and timely furnishing of services to individuals.

''(ii) UPDATE.—The Secretary shall update, not less often than once every 2 years, the definition of a real-time decision for purposes of subparagraph (A), taking into account changes in medical practice, changes in technology, changes in health care industry standards, and other relevant information, such as the information submitted by group health plans under subsection (c)(1)(A), and factors to ensure the accurate and timely furnishing of services to individuals.

''(E) IMPLEMENTATION.—The Secretary shall use rulemaking for each of the following:

''(i) Establishing the definition of a 'real-time decision' for purposes of subparagraph (A).

''(ii) Updating such definition pursuant to subparagraph (D)(ii).

"(iii) Identifying applicable items or services pursuant to subparagraph (B) for the initial period of 2 plan years as described in such subparagraph.

"(iv) Updating the identification of such services for each subsequent period of 2 plan years as described in subparagraph (B).

"(4) OTHER REQUIREMENTS.—With respect to a participant, beneficiary, or enrollee that is undergoing an active course of treatment—

"(A) approval of a prior authorization request for a course of treatment under the electronic prior authorization program shall be valid for as long as medically necessary to avoid disruptions in care, in accordance with applicable coverage criteria, the medical history of the participant or beneficiary, and the recommendations of the treating provider; and

"(B) for a participant or beneficiary newly enrolled in the group health plan, such plan shall provide coverage for a minimum 90-day transition period for any active course of treatment the participant or beneficiary was receiv-

ing at the time of enrollment, even if the service is furnished by an out-of-network provider.

''(c) TRANSPARENCY REQUIREMENTS.—A group health plan shall meet the following requirements:

''(1) The plan, annually and in a manner specified by the Secretary, shall submit to the Secretary the following information:

''(A) A list of all applicable services that were subject to a prior authorization requirement under the group health plan during the previous plan year.

''(B) The percentage and number of requests for prior authorization with respect to each service approved during the previous plan year by the plan in an initial determination and the percentage and number of such requests denied during such plan year by such plan in an initial determination (both in the aggregate and categorized by each service).

''(C) The percentage and number of requests for prior authorization submitted during the previous plan year that were made for such plan year (categorized by each service).

''(D) The percentage and number of requests for prior authorization submitted during

the previous plan year for such plan year that were approved (categorized by each service).

"(E) The percentage and number of requests for prior authorization that were denied during the previous plan year by the plan in an initial determination and that were subsequently appealed.

"(F) The number of appeals of requests for prior authorization resolved during the preceding plan year, and the percentage and number of such resolved appeals that resulted in approval of coverage of the service that was the subject of such request, categorized by each applicable service and categorized by each level of appeal (including judicial review).

"(G) The percentage and number of requests for prior authorization that were denied, and the percentage and number of such requests that were approved, by the plan during the previous plan year through the utilization of decision support technology, artificial intelligence technology, machine-learning technology, clinical decision-making technology, or any other technology specified by the Secretary.

"(H) The average and the median amount of time (in hours) that elapsed during the previous plan year between the submission of a request for prior authorization to the plan and a determination by the plan with respect to such request for each such service, excluding any such requests that were not submitted with any required medical or other documentation.

"(I) The percentage and number of requests for prior authorization that were excluded from the calculation described in subparagraph (H) based on the plan's determination that such requests were not submitted with any required medical or other documentation.

"(J) Information on each occurrence during the previous plan year in which, during a surgical or medical procedure involving benefits for a service with respect to which such plan had approved a prior authorization request, the provider determined that a different or additional service was medically necessary, including a specification of whether such plan subsequently approved the furnishing of such different or additional services.

"(K) A disclosure and description of any technology described in subparagraph (G) that the plan utilized during the previous plan year in making determinations with respect to requests for prior authorization.

"(L) The number of grievances received by such plan during the previous plan year that were related to a prior authorization requirement.

"(M) Such other information as the Secretary determines appropriate.

"(2) The plan shall provide—

"(A) to each provider who seeks to enter into a contract with the plan as an in-network provider, the list described in paragraph (1)(A) and any policies or procedures used by the plan for making determinations with respect to prior authorization requests;

"(B) to each such provider that enters into such a contract, access to the criteria used by the plan for making such determinations and an itemization of the medical or other documentation required to be submitted by a provider with respect to such a request; and

"(C) to participants and beneficiaries of the plan, upon request, access to the criteria used by the plan for making determinations with respect to prior authorization requests for a service.

"(d) PATIENT PROTECTION STANDARDS.—The Secretary shall, through rulemaking, specify requirements with respect to the use of prior authorization by group health plans for applicable services to ensure—

"(1) that such plans adopt transparent prior authorization programs developed in consultation with providers and suppliers with contracts in effect with such plans for providing such services under such plans that allow for the modification of prior authorization requirements based on the performance of such providers and suppliers with respect to adherence to evidence-based medical guidelines and other quality criteria;

"(2) that such plans conduct annual reviews of such services for which prior authorization requirements are imposed under such plans through a process that takes into account input from providers and suppliers with such contracts in effect and is based on analysis of past prior authorization requests and current coverage and clinical criteria;

''(3) continuity of care for individuals transitioning to, or between, coverage under such plans in order to minimize any disruption to ongoing treatment attributable to prior authorization requirements under such plans;

''(4) that such plans make timely prior authorization determinations, provide rationales for denials, and ensure requests are reviewed by qualified medical personnel; and

''(5) that such plans provide information on the appeals process to the participant or beneficiary when denying any request for prior authorization with respect to a service.

''(e) APPLICABLE SERVICE.—For purposes of this section, the term 'applicable service' means, with respect to a group health plan, any service for which benefits are available under such plan.

''(f) TIMEFRAME FOR RESPONSE TO PRIOR AUTHORIZATION REQUESTS.—In the case of determination made by a plan with respect to a prior authorization request for an applicable service that is submitted on or after the date on which subsection (a) takes effect, the plan shall notify the participant or beneficiary (and the practitioner involved, as appropriate) of such determination not later than the earlier of—

''(1) the time period for notification otherwise required; or

''(2) 7 days after receipt of such request, or such shorter timeframe as the Secretary may specify through rulemaking, taking into account feedback from stakeholders, including participants and beneficiaries.

''(g) REPORT TO CONGRESS.—Not later than the end of the second plan year beginning on or after the date of the enactment of this subsection, and biennially thereafter through the date that is 10 years after such date of enactment, the Secretary shall submit to Congress a report containing an evaluation of the implementation of the requirements of this subsection, an analysis of an issues in implementing such requirements faced by group health plans, and a description of the information submitted under subsection (c)(1)(A) with respect to—

''(1) in the case of the first such report, such second plan year; and

''(2) in the case of a subsequent report, the 2 full plan years preceding the date of the submission of such report.''.

(2) CLERICAL AMENDMENT.—The table of sections for subchapter B of chapter 100 of the Inter-

nal Revenue Code of 1986 is amended by adding at the end the following new item:

''Sec. 9826. Prior authorization requirements.''.

SEC. 802. BILLING REQUIREMENTS FOR ON-CAMPUS AND OFF-CAMPUS DEPARTMENTS OF A PROVIDER.

(a) IN GENERAL.—Part E of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–131 et seq.) is amended by adding at the end the following new section:

''SEC. 2799B–10. BILLING REQUIREMENTS FOR ON-CAMPUS AND OFF-CAMPUS DEPARTMENTS OF A PROVIDER.

''(a) IN GENERAL.—A health care provider or facility may not, with respect to items and services furnished to an individual at an off-campus outpatient department of a provider or with respect to applicable items and services furnished to an individual at an on-campus outpatient department of a provider, on or after January 1, 2026 bill more than one fee for a given item or service. A health care provider and a facility are prohibited from—

''(1) sending separate bills to patients or group health plans or health insurance issuers from the provider and from the facility, for a given item or service; or

''(2) charging add-on fees, such as facility fees, with respect to items and services so furnished, to patients, plans, or issuers; or

"(3) charging a fee that exceeds the qualifying payment amount, calculated in accordance with section 2799A1(a)(3)(E), for items and services provided in an office setting.

"(b) DEFINITIONS.—In this section:

"(1) The term 'applicable items and services'—

"(A) includes evaluation and management services and telehealth services, and low-complexity services that can safely and appropriately be provided in ambulatory settings outside of outpatient department in the majority of circumstances (as the Secretary may determine by rulemaking); and

"(B) does not include emergency or trauma services.

"(2) The term 'off-campus outpatient department of a provider'—

"(A) means a department of a provider (as defined in section 413.65(a)(2) of title 42 of the Code of Federal Regulations, as in effect as of the date of the enactment of this paragraph) that is not located—

"(i) on the campus (as defined in such section 413.65(a)(2)) of such provider; or

"(ii) within the distance (described in such definition of campus) from a remote location of a hospital facility (as defined in such section 413.65(a)(2)); and

"(B) for purposes of subsection (a), excludes dedicated emergency departments (as defined in section 489.24(b) of title 42 of the Code of Federal Regulations).

"(3) The term 'on-campus outpatient department of a provider' means a department of a provider (as defined in section 413.65(a)(2) of title 42 of the Code of Federal Regulations, as in effect as of the date of the enactment of this paragraph) that is located—

"(A) on the campus (as defined in such section 413.65(a)(2)) of such provider; or

"(B) within the distance (described in such definition of campus) from a remote location of a hospital facility (as defined in such section 413.65(a)(2)).

"(c) OTHER REQUIREMENTS RELATING TO UNIQUE HEALTH IDENTIFIERS.—

"(1) IN GENERAL.—The standards specified under section 1173(b)(1) of the Social Security Act shall ensure that, not later than January 1, 2026,

each off-campus outpatient department of a provider is assigned a separate unique health identifier from such provider.

''(2) TREATMENT OF CERTAIN DEPARTMENTS AS SUBPARTS OF A HOSPITAL.—Not later than January 1, 2026, the Secretary shall revise sections 162.408 and 162.410 of title 45, Code of Federal Regulations, to ensure that each off-campus outpatient department of a provider is treated as a subpart (as described in such sections) of such provider and assigned a unique health identifier pursuant to paragraph (1).

''(3) SUBMISSION OF CLAIMS.—A health care provider or facility may not, with respect to items and services furnished to an individual at an off-campus outpatient department of a provider on or after January 1, 2026, submit a claim for such items and services to a group health plan or health insurance issuer offering group or individual health insurance coverage, and may not bill such an individual or hold such individual liable for such items and services, unless such items and services are billed—

"(A) using the separate unique health identifier established for such department pursuant to paragraph (1); and

"(B) on a HIPAA X12 837P transaction form or CMS 1500 form (or a successor transaction or form).".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply with respect to claims submitted for items and services furnished in plan years that begin on or after January 1, 2026.

SEC. 803. PROHIBITING NONCOMPETE AGREEMENTS.

(a) PROHIBITION.—

(1) IN GENERAL.—Except as provided in subsection (b), no person shall enter into, enforce, or attempt to enforce a noncompete agreement with any individual who is employed by, or performs work under contract with, such person with respect to the activities of such person in or affecting commerce.

(2) EFFECT OF AGREEMENTS.—Except as provided in subsection (b), a noncompete agreement described in paragraph (1) shall have no force or effect.

(b) EXCEPTIONS.—

(1) SALE OF GOODWILL OR OWNERSHIP INTEREST.—

(A) IN GENERAL.—A seller of a business entity may enter into an agreement with the buyer to refrain from carrying on a like business within a specified geographic area described in subparagraph (C), if the buyer, or any person deriving title to the goodwill of the business entity or an ownership interest in the business entity from the buyer, carries on a like business in such specified geographic area.

(B) SENIOR EXECUTIVE OFFICIALS WITH SEVERANCE AGREEMENTS.—

(i) IN GENERAL.—Subject to clause (ii), a buyer or seller of a business entity may enter into a noncompete agreement with a senior executive official who has a severance agreement described in clause (iii) that restricts the senior executive official from performing, within a specified geographic area described in subparagraph (C), any work that is similar to the work that the senior executive official performed for the buyer or seller, if the buyer, or any person deriving title to the goodwill of the business entity or an ownership interest in the business entity from the buyer, carries

on a like business in such specified geographic area.

(ii) TIME-LIMITED AGREEMENT.—A noncompete agreement described in clause (i) may not restrict the senior executive official as described in such clause for a period that is more than one year.

(iii) SEVERANCE AGREEMENT.—A severance agreement described in this clause is an agreement between the buyer or seller of a business entity and a senior executive official that—

(I) is part of the terms and conditions of the sale; and

(II) requires monetary compensation for the senior executive official in the event of termination of the employment of the senior executive official at an amount that is not less than the compensation that the senior executive official is or would be reasonably expected to receive from the buyer during the 1-year period following the sale.

(C) SPECIFIED GEOGRAPHIC AREA.—A specified geographic area described in this subparagraph is a geographic area—

(i) that is specified in an agreement described in subparagraph (A), or a noncompete agreement described in subparagraph (B), regarding a business entity; and

(ii) in which such business entity, including any division or subsidiary of such business entity, conducted business prior to the agreement or noncompete agreement.

(2) PARTNERSHIP DISSOLUTION OR DISASSOCIATION.—

(A) IN GENERAL.—Any partner of a partnership may enter into an agreement with any other member of the partnership that, upon the dissolution of the partnership or dissociation of the partner from such partnership, the partner will refrain from carrying on a like business within a specified geographic area described in subparagraph (B), if any other member of the partnership, or any person deriving title to the partnership or the goodwill of the partnership

from any other member of the partnership, carries on a like business in such specified geographic area.

(B) SPECIFIED GEOGRAPHIC AREA.—A specified geographic area described in this subparagraph is a geographic area—

(i) that is specified in an agreement described in subparagraph (A); and

(ii) in which any business of the partnership has been transacted prior to the agreement.

(c) TRADE SECRETS.—Nothing in this section shall preclude a person from entering into an agreement with an individual who is employed by, or performs work under contract with, such person with respect to the activities of such person in or affecting commerce to not disclose any information (including after the individual is no longer employed or performing work for the person) regarding the person, or the work performed by the individual for the person, that is a trade secret.

(d) NOTICE; PUBLIC AWARENESS CAMPAIGN.—

(1) NOTICE.—Any person who engages an individual who is employed by, or performs work under contract with, such person with respect to the activities of such person in or affecting commerce shall

post and maintain notice of the provisions of this section—

(A) in a conspicuous place on the premises of such person; or

(B) in a conspicuous place where notices to employees and applicants for employment are customarily posted physically or electronically by such person.

(2) PUBLIC AWARENESS CAMPAIGN.—The Secretary of Labor may carry out activities to make the public aware of the provisions of this section.

(e) ENFORCEMENT.—

(1) FEDERAL TRADE COMMISSION.—

(A) UNFAIR OR DECEPTIVE ACTS OR PRACTICES.—A violation of subsection (a) or (d)(1) shall be treated as a violation of a rule defining an unfair or deceptive act or practice prescribed under section 18(a)(1)(B) of the Federal Trade Commission Act (15 U.S.C. 57a(a)(1)(B)).

(B) POWERS OF COMMISSION.—

(i) IN GENERAL.—The Federal Trade Commission shall enforce subsections (a) and (d)(1) in the same manner, by the same means, and with the same jurisdiction, powers, and duties as though all ap-

plicable terms and provisions of the Federal Trade Commission Act (15 U.S.C. 41 et seq.) were incorporated into and made a part of this section.

(ii) PRIVILEGES AND IMMUNITIES.—Any person who violates subsection (a) or (d)(1) shall be subject to the penalties and entitled to the privileges and immunities provided in the Federal Trade Commission Act (15 U.S.C. 41 et seq.).

(iii) AUTHORITY PRESERVED.—Nothing in this section shall be construed to limit the authority of the Federal Trade Commission under any other provision of law.

(2) DEPARTMENT OF LABOR.—

(A) IN GENERAL.—The Secretary of Labor—

(i) shall investigate as the Secretary determines necessary to determine violations of subsection (a) or (d)(1) by an employer; and

(ii) may, subject to subparagraph (B), bring an action in any court of competent jurisdiction to obtain the legal or equitable

relief against an employer on behalf of an individual aggrieved by the violation as may be appropriate to effectuate the purposes of such sections.

(B) STATUTE OF LIMITATIONS.—An action described in subparagraph (A)(ii) may not be commenced later than 4 years after the date on which the violation occurred.

(C) REGULATIONS.—Not later than 18 months after the date of enactment of this Act, the Secretary of Labor, in consultation with the Chair of the Federal Trade Commission, shall issue regulations as necessary to carry out this section, including with respect to the authority of the Secretary of Labor to enforce violations of subsection (a) or (d)(1) in accordance with subparagraph (A).

(3) STANDARDS FOR DUAL ENFORCEMENT.—Not later than 1 year after the date of enactment of this Act, the Federal Trade Commission and the Secretary of Labor shall, for the purposes of enforcing this section—

(A) develop shared standards for consistent enforcement; and

(B) identify the scope of responsibility of the Federal Trade Commission and such scope of the Secretary of Labor to ensure complementary enforcement of this section.

(4) REPORTING VIOLATIONS.—

(A) IN GENERAL.—The Federal Trade Commission and the Secretary of Labor shall each establish a system to receive complaints by individuals regarding alleged violations of subsection (a).

(B) CONFIDENTIALITY.—Except as otherwise required by law, the Federal Trade Commission and the Secretary of Labor may not disclose the identity or identifying information of any individual providing a complaint under subparagraph (A), without explicit consent from the individual.

(5) PRIVATE RIGHT OF ACTION.—

(A) IN GENERAL.—An individual who is aggrieved by a violation of this section may bring a civil action in any appropriate district court of the United States.

(B) RELIEF.—In a civil action under subparagraph (A), a court may award—

(i) any actual damages sustained by the individual as a result of the violation; and

(ii) in the case of any successful action, the costs of the action and reasonable attorney's fees, as determined by the court.

(6) ENFORCEMENT BY STATES.—

(A) IN GENERAL.—In any case in which the attorney general of a State has reason to believe that an interest of the residents of the State has been or is threatened or adversely affected by any person who violates any provision of subsection (a) or (d)(1) or any rule promulgated under this section to carry out such section, the attorney general of the State, as parens patriae, may bring a civil action on behalf of the residents of the State in an appropriate State court or an appropriate district court of the United States to—

(i) enjoin any further such violation by the person;

(ii) compel compliance with subsection (a) or (d)(1) or any such rule;

(iii) obtain a permanent, temporary, or preliminary injunction;

(iv) obtain damages, restitution, or other compensation on behalf of the residents of the State; or

(v) obtain any other appropriate equitable relief.

(B) PRESERVATION OF STATE POWERS.—Nothing in this subsection shall be construed as altering, limiting, or affecting the authority of the attorney general of a State to—

(i) bring an action or other regulatory proceeding arising solely under the laws in effect in that State; or

(ii) exercise the powers conferred on the attorney general by the laws of the State, including the ability to conduct investigations, administer oaths or affirmations, or compel the attendance of witnesses or the production of documentary or other evidence.

(7) ARBITRATION AND CLASS ACTION.—Notwithstanding any other provision of law, no predispute arbitration agreement or predispute joint-action waiver shall be valid or enforceable with respect to any alleged violation of subsection (a) or (d)(1).

(f) REPORTS.—Not later than 1 year after the date on which the Secretary of Labor issues any regulations under subsection (e)(2)(C), the Federal Trade Commission and the Secretary of Labor shall each submit to Congress a report on any actions taken by the Federal Trade Commission or Secretary, respectively, to enforce the provisions of this section.

(g) DEFINITIONS.—For purposes of this section:

(1) BUSINESS ENTITY.—The term ''business entity'' means any partnership (including a limited partnership or a limited liability partnership), limited liability company (including a series of a limited liability company formed under the laws of a jurisdiction that recognizes such a series), or corporation.

(2) BUYER.—The term ''buyer'', with respect to a business entity, means any person who buys the goodwill of the business entity, buys or otherwise acquires ownership interest in the business entity, or buys a qualified asset or interest with regard to the business entity.

(3) CLASS ACTION.—The term ''class action'' means a lawsuit in which 1 or more parties seek or obtain class treatment pursuant to rule 23 of the Federal Rules of Civil Procedure or a comparable rule or provision of State law.

(4) COMMERCE.—The term ''commerce'' has the meaning given the term in section 3 of the Fair Labor Standards Act of 1938 (29 U.S.C. 203).

(5) EMPLOY; EMPLOYEE; EMPLOYER.—The terms ''employ'', ''employee'', and ''employer'' have the meanings given such terms in section 3 of such Act (29 U.S.C. 203).

(6) NONCOMPETE AGREEMENT.—The term ''noncompete agreement'' means an agreement, entered into after the date of enactment of this Act between a person and an individual performing work for the person, that restricts such individual, after the working relationship between the person and individual terminates, from performing—

(A) any work for another person for a specified period of time;

(B) any work in a specified geographical area; or

(C) any work for another person that is similar to such individual's work for the person that is a party to such agreement.

(7) OWNER OF A BUSINESS ENTITY.—The term ''owner of a business entity'' means—

(A) in the case of a business entity that is a partnership (including a limited partnership or a limited liability partnership), any partner;

(B) in the case of a business entity that is a limited liability company (including a series of a limited liability company formed under the laws of a jurisdiction that recognizes such a series), any member of such company; or

(C) in the case of a business entity that is a corporation, a capital stockholder of the business entity who owns not less than 5 percent of the capital stock.

(8) OWNERSHIP INTEREST.—The term ''ownership interest'' means—

(A) in the case of a business entity that is a partnership (including a limited partnership or a limited liability partnership), a partnership interest;

(B) in the case of a business entity that is a limited liability company (including a series of a limited liability company formed under the laws of a jurisdiction that recognizes such a series), a membership interest; or

(C) in the case of a business entity that is a corporation, not less than 5 percent of the

capital stock of the business entity or, as applicable, a subsidiary of the business entity.

(9) PERSON.—The term ''person'' has the meaning given the term in section 3 of the Fair Labor Standards Act of 1938 (29 U.S.C. 203).

(10) PREDISPUTE ARBITRATION AGREEMENT.—The term ''predispute arbitration agreement'' means an agreement to arbitrate a dispute that has not yet arisen at the time of the making of the agreement.

(11) PREDISPUTE JOINT-ACTION WAIVER.—The term ''predispute joint-action waiver'' means an agreement, whether or not part of a predispute arbitration agreement, that would prohibit, or waive the right of, one of the parties to the agreement to participate in a joint, class, or collective action in a judicial, arbitral, administrative, or other forum, concerning a dispute that has not yet arisen at the time of the making of the agreement.

(12) QUALIFIED ASSET OR INTEREST.—The term ''qualified asset or interest'', with respect to a business entity, means an asset or interest that is—

(A) all or substantially all of the operating assets and the goodwill of the business entity;

(B) all or substantially all of the operating assets of a division, or a subsidiary, of the busi-

ness entity and the goodwill of that division or subsidiary; or

(C) all of the ownership interest of any subsidiary of the business entity.

(13) SALE.—The term ''sale'', with respect to a business entity, means the sale of the goodwill of the business entity, the sale or other disposal of all of the ownership interest of a seller in the business entity, or the sale of a qualified asset or interest with regard to the business entity.

(14) SELLER.—The term ''seller'', with respect to a business entity, means any person who sells the goodwill of the business entity, any owner of the business entity selling or otherwise disposing of all of his or her ownership interest in the business entity, or any owner of the business entity that sells a qualified asset or interest with regard to the business entity.

(15) SENIOR EXECUTIVE OFFICIAL.—The term ''senior executive official'', with respect to a sale, means an official who was acquired as an employee of the buyer in such sale through the terms and conditions of the sale, and, on the day before the date of such sale—

(A) who was employed by the seller in such sale;

(B) who was responsible for making or directing major decisions of the seller; and

(C) whose rate of compensation was in the highest 10 percent of the compensation rates for all employees of the seller.

(16) TRADE SECRET.—The term ''trade secret'' has the meaning given the term in section 1839 of title 18, United States Code.

TITLE IX—ENHANCING ACCESS TO AFFORDABLE BIOSIMILAR BIOLOGICAL PRODUCTS

SEC. 901. ENHANCING ACCESS TO AFFORDABLE BIOSIMILAR BIOLOGICAL PRODUCTS.

(a) IN GENERAL.—Section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)) is amended—

(1) in the subsection heading, by striking ''OR INTERCHANGEABLE'';

(2) in paragraph (2)—

(A) by striking subparagraph (B);

(B) by redesignating clauses (ii) and (iii) of subparagraph (A) as subparagraphs (B) and (C), respectively, and adjusting the margins accordingly;

(C) in subparagraph (A)—

(i) in clause (i), by redesignating subclauses (I) through (V) as clauses (i) through (v), respectively, and adjusting the margins accordingly;

(ii) in clause (i), as so redesignated by clause (i) of this subparagraph, by redesignating items (aa) through (cc) as subclauses (I) through (III), respectively, and adjusting the margins accordingly; and

(iii) by striking ''(A) IN GENERAL'' and all that follows through ''An application submitted under this subsection shall include information'' and inserting the following:

''(A) IN GENERAL.—An application submitted under this subsection shall include information'';

(D) in subparagraph (B), as so redesignated by subparagraph (C) of this paragraph, by striking ''clause (i)(I)'' and inserting ''subparagraph (A)(i)''; and

(E) in subparagraph (C), as so redesignated by subparagraph (C) of this paragraph, by redesignating subclauses (I) through (III) as

clauses (i) through (iii), respectively, and by adjusting the margins accordingly;

(3) by amending paragraph (4) to read as follows:

''(4) INTERCHANGEABILITY.—A biological product licensed under this subsection shall be deemed to be interchangeable with the reference product.'';

(4) by striking paragraph (6); and

(5) in paragraph (8)(D)—

(A) in clause (i), by striking ''class; and'' and inserting ''class.'';

(B) by striking clause (ii); and

(C) by striking ''description of—'' and all that follows through ''criteria that the Secretary'' and inserting ''description of the criteria that the Secretary''.

(b) CONFORMING AMENDMENTS.—

(1) Section 351(i)(3) of the Public Health Service Act (42 U.S.C. 262(i)(3)) is amended by striking ''that is shown to meet the standards described in subsection (k)(4)'' and inserting ''licensed under subsection (k)''.

(2) Section 352A of the Public Health Service Act (42 U.S.C. 263–1) is amended by striking ''and

interchangeable biosimilar biological products'' each place it appears.

(3) Section 744G(14) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379j–51(14)) is amended by striking '', including a supplement requesting that the Secretary determine that the biosimilar biological product meets the standards for interchangeability described in section 351(k)(4) of the Public Health Service Act''.

(4) By amending subsection (l) of section 505B of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355c) to read as follows:

''(l) BIOSIMILAR BIOLOGICAL PRODUCTS.—A biological product for which an application is submitted under section 351(k) of the Public Health Service Act shall be considered to have a new active ingredient for purposes of this section, except that a pediatric assessment shall not be required for a claimed indication in a relevant pediatric population if the assessment would involve—

''(1) a condition of use that has not been previously approved for the reference product; or

''(2) a dosage form, strength, or route of administration that differs from that of the reference product.''.

(c) APPLICATION.—The amendment made by subsection (a)(4) to strike paragraph (6) of section 351(k) of the Public Health Service Act (42 U.S.C. 262(k)) shall apply only with respect to applications approved under section 351(k) of such Act on or after the date of enactment of this Act. Any period of exclusivity granted under section 351(k)(6) of such Act with respect to an application approved under such section 351(k) before the date of enactment of this Act shall apply in accordance with paragraph (6) of such section 351(k), as in effect on the day before the date of enactment of this Act.

TITLE X—MISCELLANEOUS PROVISIONS

SEC. 1001. MEDICAID IMPROVEMENT FUND.

Section 1941(b)(3)(A) of the Social Security Act (42 U.S.C. 1396w–1(b)(3)(A)) is amended by striking ''$7,000,000,000'' and inserting ''$0''.