

118TH CONGRESS
1ST SESSION

H. R. 5387

To improve the provision of health care to unsheltered homeless individuals,
and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 12, 2023

Mrs. CHAVEZ-DEREMER (for herself and Ms. LEE of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and the Workforce, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the provision of health care to unsheltered
homeless individuals, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “DIRECT Care for the
5 Homeless Act of 2023” or the “Delivering Integral, Reha-
6 bilitating, Empathetic, Comprehensive and Targeted Care
7 for the Homeless Act of 2023.”

1 **SEC. 2. DEFINITIONS.**

2 (1) The terms “eligible city or county” and “eli-
3 gible cities and counties” refer to cities and counties,
4 as applicable, in the United States that, according to
5 the Department of Housing and Urban Develop-
6 ment, have a homeless population of 150 or more
7 per 100,000 residents.

8 (2) The terms “homeless” and “homeless indi-
9 vidual” have the meanings given to such terms in
10 section 103 of the McKinney-Vento Homeless Assist-
11 ance Act (42 U.S.C. 11302).

12 (3) The term “street medicine” refers to health
13 professionals providing preventive, screening, diag-
14 nostic, and/or treatment services to unsheltered
15 homeless individuals where said individuals live in a
16 non-permanent location on the street or found envi-
17 ronment.

18 (4) The term “unsheltered” means not residing
19 in a permanent residence or shelter.

20 **SEC. 3. GAO REPORT.**

21 Not later than the end of fiscal year 2027, the Comp-
22 troller General of the United States shall submit to the
23 Congress an interim report assessing the results achieved
24 through this Act and the amendments made by this Act,
25 including—

1 (1) the number of patients who moved into tem-
2 porary or permanent housing;

3 (2) the number of patients who have established
4 within their respective Continuum of Care awaiting
5 housing placement;

6 (3) patients diagnosed with a substance use dis-
7 order and number who received treatment;

8 (4) the number of health care professionals pro-
9 viding care to unsheltered homeless individuals;

10 (5) how efficient and sufficient reimbursements
11 were for provided care, including any difficulties
12 health care professionals experienced in being reim-
13 bursed;

14 (6) the number of unique people receiving street
15 medicine services;

16 (7) the number of total patient visits provided
17 by street medicine teams;

18 (8) a report from street medicine providers de-
19 tailing barriers to accessing non-street medicine pri-
20 mary care healthcare services such as specialty care,
21 medications, and diagnostic studies; and

22 (9) an analysis of participating street medicine
23 providers' ability to sustain a sufficient amount of
24 street medicine providers to provide adequate care to
25 its unsheltered homeless population,

1 No later than 120 days after enactment of this Act, the
2 Secretary of the Department of Health and Human Serv-
3 ices shall promulgate rules for data collection necessary
4 to complete this report, without creating barriers which
5 negatively impact the effective provision of health care. To
6 ensure this, the Secretary shall also create and maintain
7 an online platform through which health care professional
8 participating in the Program may provide feedback on the
9 Program as a whole, and such platform must be open for
10 submissions 24/7. The online platform must be compliant
11 with the Health Insurance Portability and Accountability
12 Act of 1996.

13 **SEC. 4. SUNSET.**

14 The provisions of this Act and the amendments made
15 by this Act shall cease to be effective at the end of fiscal
16 year 2028.

17 **TITLE I—STREET MEDICINE**

18 **SEC. 101. STREET MEDICINE PILOT PROGRAM.**

19 (a) IN GENERAL.—Beginning on the first day of the
20 first fiscal year following the date of enactment of this
21 Act, the Secretary of Health and Human Services (re-
22 ferred to in this section as the “Secretary”) shall conduct
23 a pilot program (referred to in this section as the “Pro-
24 gram”) to provide payments to providers in eligible cities

1 and counties for furnishing medical services to covered in-
2 dividuals.

3 (b) PROGRAM REQUIREMENTS.—

4 (1) APPLICATION.—A street medicine provider
5 seeking participation in the Program shall submit an
6 application to the Secretary, at such time, in such
7 manner, and containing such information, as the
8 Secretary may require.

9 (2) PROVIDER REQUIREMENTS.—

10 (A) IN GENERAL.—In order to participate
11 in the Program, a provider must—

12 (i) be an eligible provider (as defined
13 in subsection (e)(3));

14 (ii) be enrolled—

15 (I) under section 1886(j) of the
16 Social Security Act (42 U.S.C.
17 1395cc(j)); or

18 (II) as a participating provider
19 under a State plan (or waiver of such
20 plan) under title XIX of the Social
21 Security Act (42 U.S.C. 1396 et seq.);

22 (iii) be affiliated with a hospital, uni-
23 versity, non-profit organization, city gov-
24 ernment, county government, state govern-
25 ment, or private health care practice;

1 (iv) use a qualified electronic health
2 record to document interactions with, and
3 medical services furnished to, covered indi-
4 viduals under the Program;

5 (v) maintain medical malpractice in-
6 surance in the State in which such pro-
7 vider is furnishing medical services under
8 the Program; and

9 (vi) in the case of a provider pre-
10 scribing opioid medication, meet the re-
11 quirement described in subparagraph (B).

12 (B) REQUIREMENT FOR PRESCRIBING
13 OPIOID MEDICATION.—In the case of a provider
14 prescribing an opioid medication to a covered
15 individual under the Program, such provider
16 shall meet the standards of their respective
17 State.

18 (C) During each visit with a patient, there
19 shall be a prescriber, as defined in (e)(3),
20 present either in person, via telemedicine, or
21 phone call.

22 (3) DOCUMENTATION REQUIREMENTS.—

23 (A) IN GENERAL.—A provider furnishing
24 medical services under the Program shall docu-
25 ment in a qualified electronic health record each

1 interaction with a covered individual, such doc-
2 umentation shall include—

3 (i) the name and date of birth of such
4 individual;

5 (ii) whether the covered individual
6 has, or has history of, a substance use dis-
7 order;

8 (iii) the length of time such individual
9 has been homeless, and factors contrib-
10 uting to such individual's lack of perma-
11 nent housing;

12 (iv) whether an individual is under the
13 care of a medical provider other than a
14 street medicine team or provider;

15 (v) the contact information, and bill-
16 ing information for such provider;

17 (vi) the credentials of such provider;
18 and

19 (vii) any other information as deter-
20 mined by the Secretary.

21 (B) RULES OF CONSTRUCTION REGARDING
22 DOCUMENTATION.—

23 (i) Nothing in this section shall be
24 construed as requiring a covered individual
25 to provide a permanent address in order to

1 receive medical services under the Pro-
2 gram.

3 (ii) Nothing in this section shall be
4 construed as requiring a provider to docu-
5 ment, with respect to a covered indi-
6 vidual—

7 (I) the permanent address of
8 such individual;

9 (II) the address of the facility
10 where medical services were furnished
11 to such individual; or

12 (III) the name of contact infor-
13 mation of a provider referring such
14 individual to the program.

15 (c) PAYMENT.—

16 (1) IN GENERAL.—To receive payment for a
17 medical service furnished to a covered individual
18 under the Program, a provider shall submit to the
19 Secretary, at such time and in such manner as de-
20 termined by the Secretary, a claim for such service.

21 (A) No later than 120 days after enact-
22 ment of this Act, the Secretary shall promul-
23 gate rules to establish and maintain a clear
24 process for reimbursements through the Pro-
25 gram.

1 (B) No later than 120 days after enact-
2 ment of this Act, the Secretary shall create and
3 maintain an online platform through which
4 health care professional participating in the
5 Program may provide feedback on the reim-
6 bursement process, and such platform must be
7 open for submissions 24/7. The online platform
8 must be compliant with the Health Insurance
9 Portability and Accountability Act of 1996.
10 This platform may be the same as referred to
11 in section 3 of this Act.

12 (2) PAYMENT AMOUNT.—The Secretary shall
13 establish payment amounts for medical services fur-
14 nished to covered individuals under the Program.
15 Such payment amounts shall be based upon payment
16 amounts established with respect to medical assist-
17 ance furnished under title XIX of the Social Secu-
18 rity Act (42 U.S.C. 1396 et seq.).

19 (3) PROHIBITION AGAINST SUPERVISED CON-
20 SUMPTION.—No payment may be made under this
21 Program with respect to medical services providing
22 supervised drug consumption, as defined in (e)(9).
23 This provision shall not be construed to prohibit
24 States, counties, and cities which operate their own

1 supervised consumption programs from accessing the
2 Program.

3 (d) DIRECT ACCESS.—

4 (1) Unsheltered homeless individuals may ob-
5 tain services from any qualified street medicine pro-
6 vider, as defined in this Act, for purposes of the
7 Program.

8 (2) Individuals enrolled in a primary care case
9 management system or Medicaid managed care or-
10 ganization (MCO) shall not be denied freedom of
11 choice of qualified street medicine providers.

12 (3) Prior authorization shall not be required for
13 purposes of an individual receiving care from a
14 street medicine provider.

15 (4) If a patient is a Medicaid or Medicare bene-
16 ficiary, street medicine providers shall have the au-
17 thority to refer patients to medically necessary cov-
18 ered services within the proper Making Care Pri-
19 mary (MCP) network, to ensure beneficiaries have
20 access to all medically necessary covered service.

21 (A) The Secretary of the Department of
22 Health and Human Services or Director of the
23 Centers for Medicaid and Medicare Services
24 shall develop rules to ensure street medicine
25 providers have the appropriate referral and au-

1 thorization mechanisms in place to facilitate ac-
2 cess to needed services in the network without
3 requiring authorization by an assigned primary
4 care; and

5 (B) rules to guarantee a clear and acces-
6 sible process for making such referrals.

7 (5) The Secretary of Health and Human Serv-
8 ices or Director of the Centers for Medicaid and
9 Medicare Services shall develop rules to ensure pro-
10 viders operating within the Program shall have ap-
11 propriate referral and authorization mechanisms for
12 patients who are not insured, or are not Medicaid or
13 Medicare beneficiaries.

14 (6) DELIVERY NETWORK.—If a patient is a
15 Medicaid or Medicare beneficiary, MCPs must en-
16 sure that, they meet the following requirements:

17 (A) Maintains and monitors a network of
18 appropriate providers that is supported by writ-
19 ten agreements and is sufficient to provide ade-
20 quate access to all services covered by the Pro-
21 gram or patients' other health care benefits,
22 such as Medicaid or Medicare, ensuring access
23 to patients with limited English proficiency or
24 physical or mental disabilities;

1 (B) provides female patients with direct
2 access to women’s routine and preventive health
3 care services;

4 (C) arranges for patients to receive a sec-
5 ond opinion, should the patient elect, at no cost
6 to the patient; and

7 (D) if its network of street medicine pro-
8 viders are unable to provide necessary services,
9 that the MCP is able to adequately and timely
10 cover those services, without cost to the patient
11 exceeding standards costs within the Program
12 or the providers’ network.

13 (e) FUNDING.—The Secretary has the authority to
14 allocate existing funds for the Program.

15 (f) DEFINITIONS.—In this Act:

16 (1) COVERED INDIVIDUAL.—The term “covered
17 individual” means an unsheltered homeless indi-
18 vidual over the age of zero who resides in an eligible
19 city or county.

20 (2) ELIGIBLE CITY OR COUNTY; ELIGIBLE CIT-
21 IES AND COUNTIES.—The terms “eligible city or
22 county” and “eligible cities and counties” refer to
23 cities and counties, as applicable, in the United
24 States that, according to the Department of Hous-

1 ing and Urban Development, have a homeless popu-
2 lation of 150 or more per 100,000.

3 (3) PRESCRIBER.—The term “prescriber”
4 means a person permitted under State law, or agent
5 of such person, to issue prescriptions for drugs in
6 compliance with applicable requirements established
7 by the Food and Drug Administration.

8 (4) ELIGIBLE PROVIDER.—The term “eligible
9 provider” includes—

10 (A) a physician (as defined in section
11 1861(r) of the Social Security Act (42 U.S.C.
12 1395(aa)(5)(A));

13 (B) a physician assistant or nurse practi-
14 tioner (as such terms are defined in section
15 1861(aa)(5)(A) of the Social Security Act (42
16 U.S.C. 1395(aa)(5)(A));

17 (C) a behavioral health therapist;

18 (D) a supplier (as defined in section
19 1861(d) of the Social Security Act (42 U.S.C.
20 1395(d));

21 (E) a psychologist (as defined in section
22 799B(11) of the Public Health Service Act (42
23 U.S.C. 295p(11));

24 (F) a physical therapist;

25 (G) occupational therapist;

1 (H) an emergency medical technician re-
2 sponding to a call or case in which health care
3 is administered to an unhoused homeless indi-
4 vidual; or

5 (I) any provider as determined by the Sec-
6 retary.

7 (5) HOMELESS; HOMELESS INDIVIDUAL.—The
8 term “homeless” and “homeless individual” have the
9 meaning given such terms in section 103 of the
10 McKinney-Vento Homeless Assistance Act (42
11 U.S.C. 300jj(13)).

12 (6) MEDICAL SERVICES.—The term “medical
13 services” mean the medical care and services de-
14 scribed in section 1905(a) of the Social Security Act
15 (42 U.S.C. 1396d(a)).

16 (7) QUALIFIED ELECTRONIC HEALTH
17 RECORD.—The term “qualified electronic health
18 record” has the meaning given such term in section
19 3000(13) of the Public Health Service Act (42
20 U.S.C. 300jj(13)).

21 (8) STREET MEDICINE.—The term “street med-
22 icine” means the direct provision of medical services
23 to unsheltered homeless individuals where such indi-
24 viduals live in a non-permanent location on the
25 street or found environment.

1 (9) SUPERVISED CONSUMPTION.—The con-
2 sumption of schedule I drugs, fentanyl, cocaine, and
3 methamphetamine under the supervision of health
4 care professionals.

5 **TITLE II—FEDERAL LOAN**
6 **REPAYMENT PROGRAMS**

7 **SEC. 201. PUBLIC HEALTH LOAN REPAYMENT PROGRAMS.**

8 (a) IN GENERAL.—In carrying out programs under
9 the Public Health Service Act (42 U.S.C. 201 et seq.) for
10 loan repayments for health care professionals, the Sec-
11 retary of Health and Human Services shall include awards
12 to applicants seeking to practice street medicine in eligible
13 cities and counties.

14 (b) NATIONAL HEALTH SERVICE CORPS.—In assign-
15 ing members of the National Health Service Corps to
16 health professional shortage areas pursuant to section 333
17 of the Public Health Service Act (42 U.S.C. 254f) to fulfill
18 a period of obligated service under the National Health
19 Service Corps Loan Repayment Program, the Secretary
20 of Health and Human Services shall assign an appropriate
21 number of Corps members to practice street medicine in
22 eligible cities and counties.

23 (c) TREATMENT OF MOBILE CLINICS AS HPSAS.—
24 The Secretary of Health and Human Services shall treat
25 mobile clinics providing street medicine in an eligible city

1 or county as a health professional shortage area eligible
2 for designation under section 332 of the Public Health
3 Service Act (42 U.S.C. 254e).

4 **SEC. 202. COMMUNITY SERVICE OFFICERS.**

5 (a) IN GENERAL.—Public Service Loan Forgiveness
6 (PSLF) Program eligibility shall include individuals who
7 spend at least one year as a community service officer
8 (CSO), including those working less than 30 hours per
9 week, employed by a local law enforcement agency.

10 (b) Section 455(m) of the Higher Education Act of
11 1965 (20 U.S.C. 1087e(m)) is amended—

12 (1) by striking the period at the end of
13 (3)(B)(ii) and inserting “; or”;

14 (2) by adding at the end of (3)(B) the fol-
15 lowing:

16 “(iii) serving, for a calendar year, full-
17 time or part-time as a community service
18 officer”; and

19 (3) by inserting after subparagraph (B) the fol-
20 lowing:

21 “(C) Community service officers are pro-
22 fessionals or paraprofessional law enforcement
23 who do not respond to emergencies, do not
24 carry firearms, and do not have power of arrest;

1 this includes those persons training to be full-
2 time law enforcement.”.

3 (c) THE DEPARTMENT OF EDUCATION.—The Sec-
4 retary of Education must treat local law enforcement
5 agencies, including those of tribal governments, as quali-
6 fying employers as defined in 34 CFR 685.219.

7 (1) No later than 120 days after enactment of
8 this Act, the Secretary of Education must promul-
9 gate rules to provide a clear and accessible process
10 for community service officers to apply for loan for-
11 giveness. These rules must ensure that community
12 service officers employed by local law enforcement
13 agencies receive Public Service Loan Forgiveness
14 benefits no later than one year after applying for
15 and being determined eligible for this program.

16 (2) No later than 120 days after enactment of
17 this Act, the Secretary of Education must create
18 and maintain a clear and accessible appeals process
19 for all borrowers who are denied participation in the
20 PSLF Program. The appeals process must meet, but
21 is not limited to, the following requirements:

22 (A) petition for appeal must be submitted
23 through an online program which is clearly dis-
24 played on the department website and is acces-
25 sible to non-English speakers;

1 (B) the Department must provide notice of
2 the appeals process when a borrower initially
3 applies for the PSLF Program;

4 (C) the Department must provide for ac-
5 cessible communication with borrowers;

6 (D) the Department must provide the bor-
7 rower detailed information about which loans
8 did not qualify, which payments did not qualify,
9 and what information is necessary for a suc-
10 cessful appeal;

11 (E) borrowers who were denied loan for-
12 giveness prior to enactment of this Act have
13 180 days to request reconsideration; and

14 (F) for any months in which a borrower
15 postponed monthly payments under a deferment
16 or forbearance and was employed full-time or
17 part-time at a qualifying employer as defined in
18 34 CFR 685.219 but was in a deferment or for-
19 bearance status, the borrower may obtain credit
20 towards forgiveness for those months.

21 **TITLE I—LOAN AND INTEREST** 22 **PAUSE**

23 **SEC. 301. STUDENT LOAN AND INTEREST PAUSE.**

24 (a) Section 455(f) of the Higher Education Act of
25 1965 (20 U.S.C. 1087e(f)) is amended—

1 (1) in paragraph (1), in the matter preceding
2 subparagraph (A), by striking “A borrower” and in-
3 serting “Except as provided in paragraph (6), a bor-
4 rower”;

5 (2) in paragraph (2)(A)—

6 (A) in clause (i), by striking “or” after the
7 semicolon;

8 (B) by striking the matter following clause
9 (ii);

10 (C) in clause (ii), by striking the comma at
11 the end and inserting “; or”; and

12 (D) by adding at the end the following:

13 “(iii) is serving in a medical or resi-
14 dency program which, in part, focuses on
15 the provision of street medicine;”; and

16 (3) by adding at the end the following:

17 “(6) SPECIAL RULE FOR CERTAIN IN SCHOOL
18 DEFERMENT.—Notwithstanding any other provision
19 of this Act, a borrower described in paragraph
20 (2)(A)(ii) shall be eligible for a deferment, during
21 which periodic installments of principal need not be
22 paid and interest shall not accrue on any loan made
23 to the borrower under this part.”.

1 **TITLE J—IMPROVED**
2 **STANDARDS FOR SHELTERS**

3 **SEC. 401. SAFE SHELTERS.**

4 Whereas homeless shelters should always be safe for
5 residents;

6 Whereas a significant number of homeless women re-
7 port feeling safer spending the night in a car as opposed
8 to a shelter;

9 Whereas approximately thirty-two percent of home-
10 less women report being sexually or physically assaulted
11 each year;

12 Whereas homeless individuals accrue citations for
13 sleeping in their car or parking their car in a certain spot
14 for too long, resulting in criminal records which might pre-
15 vent an employer from providing them employment;

16 Whereas a significant number of homeless women are
17 unable to afford menstrual products; and

18 Whereas transgender men frequently experience dis-
19 crimination by being denied necessary menstrual products.

20 **SEC. 402. IMPROVED STANDARDS.**

21 (a) Section 415 of the McKinney-Vento Homeless As-
22 sistance Act (42 U.S.C. 1137) is amended by adding at
23 the end the following:

1 “(c) EMERGENCY SHELTER REQUIREMENTS.—No
2 amount provided under this subtitle may be allocated to
3 an emergency shelter unless such emergency shelter—

4 “(1) provides menstrual products for each men-
5 struating resident; and

6 “(2) maintains a security camera system with
7 no less than two functional security cameras and
8 consideration for residents’ personal privacy.”.

9 (b) There shall be no restrictions on the kind of secu-
10 rity cameras a shelter may install and maintain to be in
11 compliance with this Act.

○