II

118TH CONGRESS
2D SESSION

# S. 4773

To improve the health of minority individuals, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

JULY 25, 2024

Ms. HIRONO (for herself, Mr. PADILLA, Mr. BOOKER, Ms. WARREN, Ms. DUCKWORTH, Mr. WARNOCK, Mr. CARDIN, Mr. WELCH, and Mr. BLUMENTHAL) introduced the following bill; which was read twice and referred to the Committee on Finance

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# A BILL

To improve the health of minority 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 ''Health Equity and
5 Accountability Act of 2024''.

6 **SEC. 2. TABLE OF CONTENTS.**

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# TITLE I—DATA COLLECTION AND REPORTING

## SEC. 1001. STRENGTHENING DATA COLLECTION, IMPROVING DATA ANALYSIS, AND EXPANDING DATA REPORTING.

(a) AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.—

(1) PURPOSE.—The purpose of the amendments made by this subsection is to promote culturally and linguistically appropriate data collection, analysis, and reporting by race, ethnicity, sex, primary language, sexual orientation, disability status, gender identity, age, and socioeconomic status in federally supported health programs.

(2) AHRQ GENERAL AUTHORITIES.—Section 902(a) of the Public Health Service Act (42 U.S.C. 299a(a)) is amended—

(A) in paragraph (8), by striking "and" at the end;

(B) in paragraph (9), by striking the period at the end and inserting "; and"; and

(C) by adding at the end the following:

"(10) cultural and linguistic competence of health care services and of data collection activities described under section 3101.".

1 (3) DEFINITION OF RACIAL AND ETHNIC MI-
2 NORITY GROUP.—
3 (A) IN GENERAL.—Section 1707(g)(1) of
4 the Public Health Service Act (42 U.S.C.
5 300u–6(g)(1)) is amended to read as follows:
6 ''(1)(A) The term 'racial and ethnic minority
7 group' means a group of individuals who are any of
8 the following:
9 ''(i) American Indian or Alaska Native.
10 ''(ii) Asian.
11 ''(iii) Black or African American.
12 ''(iv) Hispanic or Latino.
13 ''(v) Middle Eastern or North African.
14 ''(vi) Native Hawaiian or Pacific Islander.
15 ''(B) The terms listed in clauses (i) through (vi)
16 of subparagraph (A) shall have the meanings given
17 such terms for purposes of the Revisions to OMB's
18 Statistical Policy Directive No. 15: Standards for
19 Maintaining, Collecting, and Presenting Federal
20 Data on Race and Ethnicity (89 Fed. Reg. 22182;
21 March 29, 2024).''.
22 (B) REFERENCES.—Except as otherwise
23 specified, any reference to the term ''racial and
24 ethnic minority group'' in any Federal regula-
25 tion, guidance, order, or document for establish-

1 ment or implementation of any federally con-
2 ducted or supported health care or public health
3 program, activity, or survey shall be treated as
4 having the definition given to such term in sec-
5 tion 1707(g) of the Public Health Service Act
6 (42 U.S.C. 300u–6(g)).

7 (C) SIMILAR TERMINOLOGY.—Not later
8 than 2 years after the date of enactment of this
9 Act, the Secretary of Health and Human Serv-
10 ices shall—

11 (i) identify all regulations, guidance,
12 orders, and documents of the Department
13 of Health and Human Services for estab-
14 lishment or implementation of a health
15 care or public health program, activity, or
16 survey that use, without a definition, ter-
17 minology that is similar to the term ''racial
18 and ethnic minority group''; and

19 (ii) take such actions as may be nec-
20 essary to clarify whether the definition of
21 the term ''racial and ethnic minority
22 group'' in section 1707(g)(1) of the Public
23 Health Service Act (42 U.S.C. 300u–
24 6(g)(1)), as amended by subparagraph (A),
25 applies to such terminology.

1 (4) OFFICE OF MINORITY HEALTH DUTIES.—
2 Section 1707(b)(6) of the Public Health Service Act
3 (42 U.S.C. 300u–6(b)(6)) is amended by inserting
4 "and, to the extent practicable, subgroups of racial
5 and ethnic minority groups" after "the health status
6 of each minority group".
7 (5) OFFICE OF THE NATIONAL COORDINATOR
8 FOR HEALTH INFORMATION TECHNOLOGY.—Section
9 3001 of the Public Health Service Act (42 U.S.C.
10 300jj–11) is amended—
11 (A) in subsection (b)—
12 (i) in paragraph (10), by striking
13 "and" at the end;
14 (ii) in paragraph (11), by striking the
15 period at the end and inserting "; and";
16 and
17 (iii) by adding at the end the fol-
18 lowing:
19 "(12) ensures the interoperability of health in-
20 formation systems among federally conducted or
21 supported health care or public health programs,
22 State health agencies, and social service agencies.";
23 and
24 (B) by amending clause (vii) in subsection
25 (c)(3)(A) to read as follows:

1 "(vii) Strategies to enhance the use of
2 health information technology in improving
3 the quality of health care; reducing medical
4 errors; reducing health disparities and en-
5 suring the provision of equitable health
6 services; improving public health; increas-
7 ing prevention and coordination with com-
8 munity resources; ensuring interoperability
9 among federally conducted or supported
10 health care or public health programs,
11 State health agencies, and social service
12 agencies; and improving the continuity of
13 care among health care settings.".
14 (6) DATA COLLECTION, ANALYSIS, AND QUAL-
15 ITY.—Section 3101 of the Public Health Service Act
16 (42 U.S.C. 300kk) is amended—
17 (A) in subsections (a)(1)(A), (a)(1)(C),
18 (a)(2)(B), and (a)(2)(E), by striking "and dis-
19 ability status" and inserting "sexual orienta-
20 tion, gender identity, age, disability status, and
21 socioeconomic status";
22 (B) in subsection (a)(1), by amending sub-
23 paragraph (D) to read as follows:
24 "(D) data for additional population groups
25 if such groups can be aggregated into the data

1 collection standards described under paragraph
2 (2).'';
3 (C) in subsection (a)(2)—
4 (i) in subparagraph (C)—
5 (I) in clause (i), by striking
6 ''and'' at the end;
7 (II) in clause (ii)—
8 (aa) by striking ''is a minor
9 or legally incapacitated'' and in-
10 serting ''is a minor, requires as-
11 sistance with communication in
12 speech or writing, or is legally in-
13 capacitated''; and
14 (bb) by striking the semi-
15 colon at the end and inserting '';
16 and''; and
17 (III) by adding at the end the
18 following:
19 ''(iii) collects data in a manner that is
20 culturally and linguistically appropriate
21 and does not include questions unrelated
22 to, or that could potentially deter, care,
23 such as questions related to immigration
24 status;'';

1 (ii) in subparagraph (D)(iii), by strik-
2 ing ''and'' at the end;
3 (iii) in subparagraph (E), by striking
4 the period at the end and inserting '';
5 and''; and
6 (iv) by adding at the end the fol-
7 lowing:
8 ''(F) use, where practicable, the standards
9 developed by the Health and Medicine Division
10 of the National Academies of Sciences, Engi-
11 neering, and Medicine (formerly known as the
12 'Institute of Medicine') in the 2009 publication
13 titled 'Race, Ethnicity, and Language Data:
14 Standardization for Health Care Quality Im-
15 provement'.''; and
16 (D) in subsection (a)(3), by amending sub-
17 paragraph (B) to read as follows:
18 ''(B) develop interoperability and security
19 systems for data management among federally
20 conducted or supported health care or public
21 health programs, State health agencies, and so-
22 cial service agencies.''.
23 (b) COROLLARY PROVISIONS.—
24 (1) RECOMMENDATIONS BY THE DATA COUN-
25 CIL.—The Data Council of the Department of

1 Health and Human Services, in consultation with
2 the Director of the National Center for Health Sta-
3 tistics, the Deputy Assistant Secretary for Minority
4 Health, the Deputy Assistant Secretary for Women's
5 Health, the Administrator of the Centers for Medi-
6 care & Medicaid, the National Coordinator for
7 Health Information Technology, and other appro-
8 priate public and private entities and officials, shall
9 make recommendations to the Secretary of Health
10 and Human Services concerning how to—

11 (A) implement the amendments made by
12 this section, while minimizing the cost and ad-
13 ministrative burdens of data collection and re-
14 porting on all parties, including patients and
15 providers;

16 (B) expand awareness among Federal
17 agencies, States, territories, Indian Tribes,
18 counties, municipalities, health providers, health
19 plans, and the general public that data collec-
20 tion, analysis, and reporting by race, ethnicity,
21 sex, primary language, sexual orientation, gen-
22 der identity, age, socioeconomic status, and dis-
23 ability status is legal and necessary to ensure
24 equity and nondiscrimination in the quality of
25 health care services;

1 (C) ensure that future patient record sys-
2 tems follow Federal standards promulgated
3 under the HITECH Act (42 U.S.C. 201 note)
4 for the collection and meaningful use of elec-
5 tronic health data on race, ethnicity, sex, pri-
6 mary language, sexual orientation, gender iden-
7 tity, age, socioeconomic status, and disability
8 status;
9 (D) improve health and health care data
10 collection and analysis for more population
11 groups if such groups can be aggregated into
12 minimum race and ethnicity categories, includ-
13 ing exploring the feasibility of enhancing collec-
14 tion efforts in States, counties, and municipali-
15 ties for racial and ethnic groups that comprise
16 a significant proportion of the population of the
17 State, county, or municipality;
18 (E) provide researchers with greater access
19 to racial, ethnic, primary language, sex, sexual
20 orientation, gender identity, age, socioeconomic
21 status, and disability status data, subject to all
22 applicable privacy and confidentiality require-
23 ments, including HIPAA privacy and security
24 law as defined in section 3009(a) of the Public
25 Health Service Act (42 U.S.C. 300jj–19(a));

1 (F) ensure the cultural and linguistic com-
2 petence of entities that receive Federal support
3 to collect and report data pursuant to the
4 amendments made by subsection (a); and
5 (G) safeguard and prevent the misuse of
6 data collected under section 3101 of the Public
7 Health Service Act (42 U.S.C. 300kk), as
8 amended by subsection (a)(6).
9 (2) RULES OF CONSTRUCTION.—Nothing in
10 this section shall be construed to—
11 (A) permit the use of information collected
12 under this section or any provision amended by
13 this section in a manner that would adversely
14 affect any individual providing any such infor-
15 mation; or
16 (B) diminish any requirements on health
17 care providers to collect data, including such re-
18 quirements in effect on or after the date of en-
19 actment of this Act.
20 (3) TECHNICAL ASSISTANCE FOR THE ANALYSIS
21 OF HEALTH DISPARITY DATA.—The Secretary of
22 Health and Human Services, acting through the Di-
23 rector of the Agency for Healthcare Research and
24 Quality, and in coordination with the Assistant Sec-
25 retary for Planning and Evaluation, the Adminis-

1 trator of the Centers for Medicare & Medicaid Serv-
2 ices, the Director of the National Center for Health
3 Statistics, the Director of the National Institutes of
4 Health, and the National Coordinator for Health In-
5 formation Technology, shall provide technical assist-
6 ance to agencies of the Department of Health and
7 Human Services in meeting Federal standards for
8 health disparity data collection and for analysis of
9 racial, ethnic, and other disparities in health and
10 health care in programs conducted or supported by
11 such agencies by—
12 (A) identifying appropriate quality assur-
13 ance mechanisms to monitor for health dispari-
14 ties;
15 (B) specifying the clinical, diagnostic, or
16 therapeutic measures which should be mon-
17 itored;
18 (C) developing new quality measures relat-
19 ing to racial and ethnic disparities and their
20 overlap with other disparity factors in health
21 and health care;
22 (D) identifying the level at which data
23 analysis should be conducted;

1 (E) sharing data with external organiza-
2 tions for research and quality improvement pur-
3 poses; and
4 (F) identifying and addressing issues relat-
5 ing to the interoperability of Federal- and
6 State-level health information systems which
7 undermine the ability of health-related pro-
8 grams collecting data under this section to
9 achieve the purpose described in subsection
10 (a)(1).
11 (4) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this subsection, subsection (a), and the
13 amendments made by subsection (a), there are au-
14 thorized to be appropriated such sums as may be
15 necessary for each of fiscal years 2025 through
16 2029.
17 (c) ADDITIONAL AMENDMENTS TO THE PUBLIC
18 HEALTH SERVICE ACT.—Title XXXIV of the Public
19 Health Service Act, as added by titles II and III of this
20 Act, is further amended by inserting after subtitle B the
21 following:

## "Subtitle C—Strengthening Data Collection, Improving Data Analysis, and Expanding Data Reporting

**"SEC. 3431. ESTABLISHING GRANTS FOR DATA COLLECTION IMPROVEMENT ACTIVITIES.**

"(a) IN GENERAL.—The Secretary, acting through the Director of the Agency for Healthcare Research and Quality and in consultation with the Deputy Assistant Secretary for Minority Health, the Director of the National Institutes of Health, the Assistant Secretary for Planning and Evaluation, the National Coordinator for Health Information Technology, and the Director of the National Center for Health Statistics, shall establish a technical assistance program under which the Secretary provides grants to eligible entities to assist such entities in complying with section 3101.

"(b) TYPES OF ASSISTANCE.—A grant provided under this section may be used to—

"(1) enhance or upgrade computer technology that will facilitate collection, analysis, and reporting of racial, ethnic, primary language, sexual orientation, sex, gender identity, socioeconomic status, and disability status data;

1 “(2) improve methods for health data collection
2 and analysis, including additional population groups
3 if such groups can be aggregated into the race and
4 ethnicity categories outlined by standards developed
5 under section 3101;
6 “(3) develop mechanisms for submitting col-
7 lected data subject to any applicable privacy and
8 confidentiality regulations;
9 “(4) develop educational programs to inform
10 health plans, health providers, health-related agen-
11 cies, and the general public that data collection and
12 reporting by race, ethnicity, primary language, sex-
13 ual orientation, sex, gender identity, disability sta-
14 tus, and socioeconomic status are legal and essential
15 for eliminating health and health care disparities;
16 and
17 “(5) develop educational programs to train
18 health providers, health care organizations, health
19 plans, health-related agencies, and frontline health
20 care workers on how to collect and report
21 disaggregated data in a culturally and linguistically
22 appropriate manner.
23 “(c) ELIGIBLE ENTITY.—To be eligible for grants
24 under this section, an entity shall be a State, territory,
25 Indian Tribe, municipality, county, health provider, health

care organization, or health plan making a demonstrated effort to bring data collections into compliance with section 3101.

"(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2025 through 2029.

**"SEC. 3432. OVERSAMPLING OF UNDERREPRESENTED GROUPS IN FEDERAL HEALTH SURVEYS.**

"(a) NATIONAL STRATEGY.—

"(1) IN GENERAL.—The Secretary, acting through the Director of the National Center for Health Statistics, and other officials within the Department of Health and Human Services as the Secretary determines appropriate, shall develop and implement a sustainable national strategy for oversampling underrepresented populations within the categories of race, ethnicity, sex, primary language, sexual orientation, disability status, gender identity, and socioeconomic status as determined appropriate by the Secretary in Federal health surveys and program data collections. Such national strategy shall include a strategy for oversampling of Middle Easterners and North Africans, Asian Americans, Native Hawaiians, and Pacific Islanders.

1 "(2) CONSULTATION.—In developing and implementing a national strategy, as described in paragraph (1), not later than 180 days after the date of the enactment of this section, the Secretary shall—

"(A) consult with representatives of community groups, nonprofit organizations, nongovernmental organizations, and government agencies working with underrepresented populations;

"(B) solicit the participation of representatives from other Federal departments and agencies, including subagencies of the Department of Health and Human Services; and

"(C) consult on, and use as models, the 2014 National Health Interview Survey oversample of Native Hawaiian and Pacific Islander populations, the 2016 Behavioral Risk Factor Survey of Health Risk Behaviors Among Arab Adults Within the State of Michigan, and the 2017 Behavioral Risk Factor Surveillance System oversample of American Indian and Alaska Native communities.

"(b) PROGRESS REPORT.—Not later than 2 years after the date of enactment of this section, the Secretary shall submit to the Congress a progress report, which shall

1 include the national strategy required by subsection
2 (a)(1).

3 "(c) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there are authorized to be appro-
5 priated such sums as may be necessary for each of fiscal
6 years 2025 through 2029.".

7 (d) REPORT TO CONGRESS.—Not later than 2 years
8 after the date of enactment of this Act, the Secretary of
9 Health and Human Services shall submit a report to Con-
10 gress on the implementation of this section, including the
11 amendments made by this section.

12 **SEC. 1002. ELIMINATION OF PREREQUISITE OF DIRECT AP-**
13 **PROPRIATIONS FOR DATA COLLECTION AND**
14 **ANALYSIS.**

15 Section 3101 of the Public Health Service Act (42
16 U.S.C. 300kk), as amended by section 1001(a), is further
17 amended—

18 (1) by striking subsection (h); and

19 (2) by redesignating subsection (i) as subsection
20 (h).

21 **SEC. 1003. COLLECTION OF DATA FOR THE MEDICARE PRO-**
22 **GRAM.**

23 Part A of title XI of the Social Security Act (42
24 U.S.C. 1301 et seq.) is amended by adding at the end
25 the following:

1 "COLLECTION OF DATA FOR THE MEDICARE PROGRAM
2 "SEC. 1150D.
3 "(a) REQUIREMENT.—
4 "(1) IN GENERAL.—The Commissioner of So-
5 cial Security (in this section referred to as the 'Com-
6 missioner'), in consultation with the Administrator
7 of the Centers for Medicare & Medicaid Services (in
8 this section referred to as the 'Administrator'), shall
9 collect data on the race, ethnicity, sex, primary lan-
10 guage, sexual orientation, gender identity, socio-
11 economic status, and disability status of all appli-
12 cants for social security benefits under title II or
13 Medicare benefits under title XVIII.
14 "(2) DATA COLLECTION STANDARDS.—
15 "(A) IN GENERAL.—In collecting data
16 under paragraph (1), the Commissioner shall at
17 least use the standards for data collection devel-
18 oped under section 3101 of the Public Health
19 Service Act (42 U.S.C. 300kk) or the standards
20 developed by the Office of Management and
21 Budget, whichever is more disaggregated.
22 "(B) NO STANDARDS AVAILABLE.—In the
23 event there are no standards for the demo-
24 graphic groups listed under paragraph (1), the
25 Commissioner shall consult with stakeholder

1 groups representing the various identities as
2 well as with the Office of Minority Health with-
3 in the Centers for Medicare & Medicaid Serv-
4 ices to develop appropriate standards.

5 "(3) DATA FOR ADDITIONAL POPULATION
6 GROUPS.—Where practicable, the data collected by
7 the Commissioner under paragraph (1) shall include
8 data for additional population groups if such groups
9 can be aggregated into the race and ethnicity cat-
10 egories outlined by the data collection standards de-
11 scribed in paragraph (2)(A).

12 "(4) COLLECTION OF DATA FOR MINORS AND
13 LEGALLY INCAPACITATED INDIVIDUALS.—With re-
14 spect to the collection of the data described in para-
15 graph (1) of applicants who are under 18 years of
16 age or otherwise legally incapacitated, the Commis-
17 sioner shall require that—

18 "(A) such data be collected from the par-
19 ent or legal guardian of such an applicant; and

20 "(B) the primary language of the parent
21 or legal guardian of such an applicant or recipi-
22 ent be used in collecting the data.

23 "(5) QUALITY OF DATA.—The Commissioner
24 shall periodically review the quality and complete-

1 ness of the data collected under paragraph (1) and
2 make adjustments as necessary to improve both.
3 "(6) TRANSMISSION OF DATA.—Upon enroll-
4 ment for Medicare benefits under title XVIII, the
5 Commissioner shall transmit the demographic data
6 of an individual as collected under paragraph (1) to
7 the Centers for Medicare & Medicaid Services.
8 "(7) ANALYSIS AND REPORTING OF DATA.—
9 With respect to the data transmitted under para-
10 graph (6), the Administrator, in consultation with
11 the Commissioner, shall—
12 "(A) require that such data be uniformly
13 analyzed and that such analysis be reported at
14 least annually to Congress;
15 "(B) incorporate such data in other anal-
16 ysis and reporting on health disparities and the
17 provision of inequitable health care services by
18 a health care provider, as appropriate;
19 "(C) make such data available to research-
20 ers, under the protections outlined in paragraph
21 (8);
22 "(D) provide opportunities to individuals
23 enrolled for Medicare benefits under title XVIII
24 to submit updated data; and

1 "(E) ensure that the provision of assist-
2 ance or benefits to an applicant is not denied
3 or otherwise adversely affected because of the
4 failure of the applicant to provide any of the
5 data collected under paragraph (1).

6 "(8) PROTECTION OF DATA.—The Commis-
7 sioner shall ensure (through the promulgation of
8 regulations or otherwise) that all data collected pur-
9 suant to paragraph (1) is protected—

10 "(A) under the same privacy protections as
11 the Secretary applies to health data under the
12 regulations promulgated under section 264(c) of
13 the Health Insurance Portability and Account-
14 ability Act of 1996 (relating to the privacy of
15 individually identifiable health information and
16 other protections); and

17 "(B) from all inappropriate internal use by
18 any entity that collects, stores, or receives the
19 data, including use of such data in determina-
20 tions of eligibility (or continued eligibility) in
21 health plans, and from other inappropriate
22 uses, as defined by the Secretary.

23 "(b) RULE OF CONSTRUCTION.—Nothing in this sec-
24 tion shall be construed to permit the use of information
25 collected under this section in a manner that would ad-

1 versely affect any individual providing any such informa-
2 tion.
3 "(c) TECHNICAL ASSISTANCE.—The Secretary may,
4 either directly or by grant or contract, provide technical
5 assistance to enable any entity to comply with the require-
6 ments of this section or with regulations implementing this
7 section.
8 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this section
10 $500,000,000 for fiscal year 2025 and $100,000,000 for
11 each fiscal year thereafter.".

12 **SEC. 1004. REVISION OF HIPAA CLAIMS STANDARDS.**

13 (a) IN GENERAL.—Not later than 1 year after the
14 date of enactment of this Act, the Secretary of Health and
15 Human Services shall revise the regulations promulgated
16 under part C of title XI of the Social Security Act (42
17 U.S.C. 1320d et seq.) (relating to the collection of data
18 on demographics in a health-related transaction) to re-
19 quire—
20 (1) the use, at a minimum, of standards for
21 data collection on race, ethnicity, sex, primary lan-
22 guage, sexual orientation, gender identity, age, dis-
23 ability status, and socioeconomic status developed
24 under section 3101 of the Public Health Service Act

1 (42 U.S.C. 300kk), as amended by section
2 1001(a)(6); and
3 (2) in consultation with the Office of the Na-
4 tional Coordinator for Health Information Tech-
5 nology, the designation of the appropriate racial,
6 ethnic, primary language, disability, sex, and other
7 code sets as required for claims and enrollment data.
8 (b) DISSEMINATION.—The Secretary of Health and
9 Human Services shall disseminate the new standards de-
10 veloped under subsection (a) to all entities that are subject
11 to the regulations described in such subsection and provide
12 technical assistance with respect to the collection of the
13 data involved.
14 (c) COMPLIANCE.—The Secretary of Health and
15 Human Services shall require that entities comply with the
16 new standards developed under subsection (a) not later
17 than 2 years after the final promulgation of such stand-
18 ards.
19 **SEC. 1005. NATIONAL CENTER FOR HEALTH STATISTICS.**
20 Section 306(n) of the Public Health Service Act (42
21 U.S.C. 242k(n)) is amended—
22 (1) in paragraph (1), by striking ''2003'' and
23 inserting ''2025'';
24 (2) in paragraph (2), in the first sentence, by
25 striking ''2003'' and inserting ''2025''; and

1 (3) in paragraph (3), by striking "2002" and
2 inserting "2025".

3 **SEC. 1006. DISPARITIES DATA COLLECTED BY THE FED-**
4 **ERAL GOVERNMENT.**

5 (a) REPOSITORY OF GOVERNMENT DATA.—The Sec-
6 retary of Health and Human Services, in coordination
7 with the officials referenced in subsection (b), shall estab-
8 lish a centralized electronic repository of Federal Govern-
9 ment data on factors related to the health and well-being
10 of the population of the United States.

11 (b) COLLECTION; SUBMISSION.—Not later than 180
12 days after the date of enactment of this Act, and January
13 31 of each year thereafter, each department, agency, and
14 office of the Federal Government that has collected data
15 on race, ethnicity, sex, primary language, sexual orienta-
16 tion, gender identity, age, disability status, or socio-
17 economic status during the preceding calendar year shall
18 submit such data to the repository of Federal Government
19 data established under subsection (a).

20 (c) ANALYSIS; PUBLIC AVAILABILITY; REPORTING.—
21 Not later than April 30, 2024, and April 30 of each year
22 thereafter, the Secretary of Health and Human Services,
23 acting through the Assistant Secretary for Planning and
24 Evaluation, the Assistant Secretary for Health, the Direc-
25 tor of the Agency for Healthcare Research and Quality,

1 the Director of the National Center for Health Statistics,
2 the Administrator of the Centers for Medicare & Medicaid
3 Services, the Director of the National Institute on Minor-
4 ity Health and Health Disparities, and the Deputy Assist-
5 ant Secretary for Minority Health, shall—

6 (1) prepare and make available datasets for
7 public use that relate to disparities in health status,
8 health care access, health care quality, health out-
9 comes, public health, the provision of equitable
10 health services, and other areas of health and well-
11 being by factors that include race, ethnicity, sex, pri-
12 mary language, sexual orientation, gender identity,
13 disability status, age, and socioeconomic status;

14 (2) ensure that these datasets are publicly iden-
15 tified on the repository established under subsection
16 (a) as ''disparities'' data; and

17 (3) submit a report to the Congress on the
18 availability and use of such data by public stake-
19 holders.

20 **SEC. 1007. DATA COLLECTION AND ANALYSIS GRANTS TO**
21 **MINORITY-SERVING INSTITUTIONS.**

22 (a) AUTHORITY.—The Secretary of Health and
23 Human Services, acting through the Director of the Na-
24 tional Institute on Minority Health and Health Disparities
25 and the Deputy Assistant Secretary for Minority Health,

1 shall award grants to eligible entities to access and analyze
2 racial and ethnic data on disparities in health and health
3 care, and where possible other data on disparities in health
4 and health care, to monitor and report on progress to re-
5 duce and eliminate disparities in health and health care.

6 (b) ELIGIBLE ENTITY.—In this section, the term ''el-
7 igible entity'' means an entity that has an accredited pub-
8 lic health, health policy, or health services research pro-
9 gram and is any of the following:

10 (1) A part B institution, as defined in section
11 322 of the Higher Education Act of 1965 (20
12 U.S.C. 1061).

13 (2) A Hispanic-serving institution, as defined in
14 section 502 of such Act (20 U.S.C. 1101a).

15 (3) A Tribal College or University, as defined in
16 section 316 of such Act (20 U.S.C. 1059c).

17 (4) An Asian American and Native American
18 Pacific Islander-serving institution, as defined in
19 section 371(c) of such Act (20 U.S.C. 1067q(c)).

20 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
21 out this section, there are authorized to be appropriated
22 such sums as may be necessary for each of fiscal years
23 2025 through 2029.

1 **SEC. 1008. SAFETY AND EFFECTIVENESS OF DRUGS WITH**
2 **RESPECT TO RACIAL AND ETHNIC BACK-**
3 **GROUND.**

4 (a) IN GENERAL.—Chapter V of the Federal Food,
5 Drug, and Cosmetic Act (21 U.S.C. 351 et seq.) is amend-
6 ed by inserting after section 505G (21 U.S.C. 355h) the
7 following:

8 **"SEC. 505H. SAFETY AND EFFECTIVENESS OF DRUGS WITH**
9 **RESPECT TO RACIAL AND ETHNIC BACK-**
10 **GROUND.**

11 "(a) PREAPPROVAL STUDIES.—If there is evidence of
12 a racial or ethnic disparity in safety or effectiveness with
13 respect to a drug or biological product, then—
14 "(1)(A) in the case of a drug, the investigations
15 required under section 505(b)(1)(A) shall include
16 adequate and well-controlled investigations of the
17 disparity; or
18 "(B) in the case of a biological product, the evi-
19 dence required under section 351(a) of the Public
20 Health Service Act for approval of a biologics license
21 application for the biological product shall include
22 adequate and well-controlled investigations of the
23 disparity; and
24 "(2) if the investigations described in subpara-
25 graph (A) or (B) of paragraph (1) confirm that
26 there is such a disparity, the labeling of the drug or

1 biological product shall include appropriate informa-
2 tion about the disparity.
3 "(b) POSTMARKET STUDIES.—
4 "(1) IN GENERAL.—If there is evidence of a ra-
5 cial or ethnic disparity in safety or effectiveness with
6 respect to a drug for which there is an approved ap-
7 plication under section 505 of this Act or of a bio-
8 logical product for which there is an approved li-
9 cense under section 351 of the Public Health Service
10 Act, the Secretary may by order require the holder
11 of the approved application or license to conduct, by
12 a date specified by the Secretary, postmarket studies
13 to investigate the disparity.
14 "(2) LABELING.—If the Secretary determines
15 that the postmarket studies confirm that there is a
16 disparity described in paragraph (1), the labeling of
17 the drug or biological product shall include appro-
18 priate information about the disparity.
19 "(3) STUDY DESIGN.—The Secretary may, in
20 an order under paragraph (1), specify all aspects of
21 the design of the postmarket studies required under
22 such paragraph for a drug or biological product, in-
23 cluding the number of studies and study partici-
24 pants, and the other demographic characteristics of
25 the study participants.

1 "(4) MODIFICATIONS OF STUDY DESIGN.—The
2 Secretary may, by order and as necessary, modify
3 any aspect of the design of a postmarket study re-
4 quired in an order under paragraph (1) after issuing
5 such order.

6 "(5) STUDY RESULTS.—The results from a
7 study required under paragraph (1) shall be sub-
8 mitted to the Secretary as a supplement to the drug
9 application or biologics license application.

10 "(c) APPLICATIONS UNDER SECTION 505(j).—

11 "(1) IN GENERAL.—A drug for which an appli-
12 cation has been submitted or approved under section
13 505(j) shall not be considered ineligible for approval
14 under that section or misbranded under section 502
15 on the basis that the labeling of the drug omits in-
16 formation relating to a disparity on the basis of ra-
17 cial or ethnic background as to the safety or effec-
18 tiveness of the drug, whether derived from investiga-
19 tions or studies required under this section or de-
20 rived from other sources, when the omitted informa-
21 tion is protected by patent or by exclusivity under
22 section 505(j)(5)(F).

23 "(2) LABELING.—Notwithstanding paragraph
24 (1), the Secretary may require that the labeling of
25 a drug approved under section 505(j) that omits in-

1 formation relating to a disparity on the basis of ra-
2 cial or ethnic background as to the safety or effec-
3 tiveness of the drug include a statement of any ap-
4 propriate contraindications, warnings, or precautions
5 related to the disparity that the Secretary considers
6 necessary.

7 ''(d) DEFINITION.—In this section, the term 'evi-
8 dence of a racial or ethnic disparity in safety or effective-
9 ness', with respect to a drug or biological product, in-
10 cludes—

11 ''(1) evidence that there is a disparity on the
12 basis of racial or ethnic background as to safety or
13 effectiveness of a drug or biological product in the
14 same chemical class as the drug or biological prod-
15 uct;

16 ''(2) evidence that there is a disparity on the
17 basis of racial or ethnic background in the way the
18 drug or biological product is metabolized; and

19 ''(3) other evidence as the Secretary may deter-
20 mine appropriate.''.

21 (b) ENFORCEMENT.—Section 502 of the Federal
22 Food, Drug, and Cosmetic Act (21 U.S.C. 352) is amend-
23 ed by adding at the end the following:

24 ''(hh) If it is a drug and the holder of the approved
25 application under section 505 or license under section 351

1 of the Public Health Service Act for the drug has failed
2 to complete the investigations or studies required under
3 section 505H, or comply with any other requirement of
4 such section 505H.''.

5 (c) DRUG FEES.—Section 736(a)(1)(A)(ii) of the
6 Federal Food, Drug, and Cosmetic Act (21 U.S.C.
7 379h(a)(1)(A)(ii)) is amended by inserting after ''are not
8 required'' the following: '', including postmarket studies
9 required under section 505H,''.

10 **SEC. 1009. IMPROVING HEALTH DATA REGARDING NATIVE**
11 **HAWAIIANS AND PACIFIC ISLANDERS.**

12 Part B of title III of the Public Health Service Act
13 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
14 tion 317V (42 U.S.C. 247b–24) the following:

15 **''SEC. 317W. NATIVE HAWAIIAN AND PACIFIC ISLANDER**
16 **HEALTH DATA.**

17 ''(a) DEFINITIONS.—In this section:

18 ''(1) INSULAR AREA.—The term 'insular area'
19 means Guam, the Commonwealth of the Northern
20 Mariana Islands, American Samoa, the United
21 States Virgin Islands, the Federated States of Mi-
22 cronesia, the Republic of Palau, or the Republic of
23 the Marshall Islands.

24 ''(2) NATIVE HAWAIIANS AND PACIFIC ISLAND-
25 ERS (NHPI).—The term 'Native Hawaiians and Pa-

1 cific Islanders' or 'NHPI' means people having ori-
2 gins in any of the original peoples of American
3 Samoa, the Commonwealth of the Northern Mariana
4 Islands, the Federated States of Micronesia, Guam,
5 Hawaii, the Republic of the Marshall Islands, the
6 Republic of Palau, or any other Pacific Island.

7 "(3) NHPI STAKEHOLDER GROUPS.—The term
8 'NHPI stakeholder group' includes each of the fol-
9 lowing:

10 "(A) COMMUNITY GROUP.—A group of
11 NHPI who are organized at the community
12 level, and may include a church group, social
13 service group, national advocacy organization,
14 or cultural group.

15 "(B) NONPROFIT, NONGOVERNMENTAL
16 ORGANIZATION.—A group of NHPI with a dem-
17 onstrated history of addressing NHPI issues,
18 including a NHPI coalition.

19 "(C) DESIGNATED ORGANIZATION.—An
20 entity established to represent NHPI popu-
21 lations and which has statutory responsibilities
22 to provide, or has community support for pro-
23 viding, health care.

24 "(D) GOVERNMENT REPRESENTATIVES OF
25 NHPI POPULATIONS.—Representatives from Ha-

1 waii, American Samoa, the Commonwealth of
2 the Northern Mariana Islands, the Federated
3 States of Micronesia, Guam, the Republic of
4 Palau, and the Republic of the Marshall Is-
5 lands.

6 ''(b) PRELIMINARY HEALTH SURVEY.—

7 ''(1) IN GENERAL.—The Secretary, acting
8 through the Director of the National Center for
9 Health Statistics of the Centers for Disease Control
10 and Prevention (referred to in this section as
11 'NCHS'), shall conduct a preliminary health survey
12 in order to identify the major areas and regions in
13 the continental United States, Hawaii, American
14 Samoa, the Commonwealth of the Northern Mariana
15 Islands, the Federated States of Micronesia, Guam,
16 the Republic of Palau, and the Republic of the Mar-
17 shall Islands in which NHPI people reside.

18 ''(2) CONTENTS.—The health survey described
19 in paragraph (1) shall include health data and any
20 other data the Secretary determines to be—

21 ''(A) useful in determining health status
22 and health care needs of NHPI populations; or

23 ''(B) required for developing or imple-
24 menting the national strategy under subsection
25 (c).

1 "(3) METHODOLOGY.—Methodology for the
2 health survey described in paragraph (1), including
3 plans for designing questions, implementation, sam-
4 pling, and analysis, shall be developed in consulta-
5 tion with NHPI stakeholder groups.
6 "(4) TIMEFRAME.—The survey required under
7 this subsection shall be completed not later than 18
8 months after the date of enactment of the Health
9 Equity and Accountability Act of 2024.
10 "(c) NATIONAL STRATEGY.—
11 "(1) IN GENERAL.—The Secretary, acting
12 through the Director of the NCHS and other agen-
13 cies within the Department of Health and Human
14 Services as the Secretary determines appropriate,
15 shall develop and implement a sustainable national
16 strategy for identifying and evaluating the health
17 status and health care needs of NHPI populations
18 living in the continental United States, Hawaii,
19 American Samoa, the Commonwealth of the North-
20 ern Mariana Islands, the Federated States of Micro-
21 nesia, Guam, the Republic of Palau, and the Repub-
22 lic of the Marshall Islands.
23 "(2) CONSULTATION.—In developing and imple-
24 menting a national strategy, as described in para-
25 graph (1), not later than 180 days after the date of

1 enactment of the Health Equity and Accountability
2 Act of 2024, the Secretary—
3 "(A) shall consult with representatives of
4 NHPI stakeholder groups; and
5 "(B) may solicit the participation of rep-
6 resentatives from other Federal agencies.
7 "(d) PROGRESS REPORT.—Not later than 2 years
8 after the date of enactment of the Health Equity and Ac-
9 countability Act of 2024, the Secretary shall submit to
10 Congress a progress report, which shall include the na-
11 tional strategy described in subsection (c)(1).
12 "(e) STUDY AND REPORT BY THE HEALTH AND
13 MEDICINE DIVISION.—
14 "(1) IN GENERAL.—The Secretary shall seek to
15 enter into an agreement with the Health and Medi-
16 cine Division of the National Academies of Sciences,
17 Engineering, and Medicine to conduct a study, with
18 input from stakeholders in insular areas, on each of
19 the following:
20 "(A) The standards and definitions of
21 health care applied to health care systems in in-
22 sular areas and the appropriateness of such
23 standards and definitions.
24 "(B) The status and performance of health
25 care systems in insular areas, evaluated based

1 upon standards and definitions, as the Sec-
2 retary determines appropriate.

3 ‘‘(C) The effectiveness of donor aid in ad-
4 dressing health care needs and priorities in in-
5 sular areas.

6 ‘‘(D) The progress toward implementation
7 of recommendations of the Committee on
8 Health Care Services in the United States—As-
9 sociated Pacific Basin that are set forth in the
10 1998 report entitled ‘Pacific Partnerships for
11 Health: Charting a New Course’.

12 ‘‘(2) REPORT.—An agreement described in
13 paragraph (1) shall require the Health and Medicine
14 Division to submit to the Secretary and to Congress,
15 not later than 2 years after the date of the enact-
16 ment of the Health Equity and Accountability Act of
17 2024, a report containing a description of the results
18 of the study conducted under paragraph (1), includ-
19 ing the conclusions and recommendations of the
20 Health and Medicine Division for each of the items
21 described in subparagraphs (A) through (D) of such
22 paragraph.

23 ‘‘(f) AUTHORIZATION OF APPROPRIATIONS.—To
24 carry out this section, there are authorized to be appro-

1 priated such sums as may be necessary for fiscal years
2 2025 through 2029.''.

3 **SEC. 1010. CLARIFICATION OF SIMPLIFIED ADMINISTRA-**
4 **TIVE REPORTING REQUIREMENT.**

5 Section 11(a) of the Food and Nutrition Act of 2008
6 (7 U.S.C. 2020(a)) is amended by adding at the end the
7 following:

8 ''(5) SIMPLIFIED ADMINISTRATIVE REPORTING
9 REQUIREMENT.—With respect to any obligation of a
10 State agency to comply with the notification require-
11 ment under paragraph (2) of section 421(e) of the
12 Personal Responsibility and Work Opportunity Rec-
13 onciliation Act of 1996 (8 U.S.C. 1631(e)), notwith-
14 standing the requirement to include in that notifica-
15 tion the names of the sponsor and the sponsored
16 alien involved, the State agency shall be considered
17 to have complied with the notification requirement if
18 the State agency submits to the Attorney General a
19 report that includes the aggregate number of excep-
20 tions granted by the State agency under paragraph
21 (1) of that section.''.

1 **SEC. 1011. DATA COLLECTION REGARDING PANDEMIC PRE-**
2 **PAREDNESS, TESTING, INFECTIONS, AND**
3 **DEATHS.**
4 (a) SKILLED NURSING FACILITIES QUALITY RE-
5 PORTING.—Section 1819 of the Social Security Act (42
6 U.S.C. 1395i–3) is amended by adding at the end the fol-
7 lowing new subsection:
8 ''(l) REQUIREMENTS RELATING TO REPORTING DUR-
9 ING PUBLIC HEALTH EMERGENCIES.—During a public
10 health emergency declared by the Secretary pursuant to
11 section 319 of the Public Health Service Act, a skilled
12 nursing facility shall, not later than 1 year after the first
13 day of such declaration, and monthly thereafter during the
14 application of such declaration, submit to the Secretary
15 the following information, with respect to such facility and
16 the residents of such facility:
17 ''(1) Information described in section
18 483.80(g)(1) of title 42, Code of Federal Regula-
19 tions.
20 ''(2) The age, race, ethnicity, sex, sexual ori-
21 entation, gender identity, socioeconomic status, dis-
22 ability status, and preferred language of the resi-
23 dents of such skilled nursing facility.''.
24 (b) TRANSPARENCY OF DEMOGRAPHIC INFORMATION
25 IN CERTAIN SETTINGS.—

1 (1) DEMOGRAPHIC INFORMATION.—The Sec-
2 retary of Health and Human Services shall post the
3 following information with respect to skilled nursing
4 facilities (as defined in section 1819(a) of the Social
5 Security Act (42 U.S.C. 1395i–3(a))), congregate
6 care settings (including skilled nursing facilities, as-
7 sisted living facilities, prisons and jails, residential
8 behavioral health care and psychiatric facilities, and
9 facilities providing services for aging adults and peo-
10 ple with disabilities), and nursing facilities (as de-
11 fined in section 1919(a) of such Act (42 U.S.C.
12 1396r(a))) on the Nursing Home Compare website
13 (as described in section 1819(i) of such Act (42
14 U.S.C. 1395i–3(i))), or a successor website, aggre-
15 gated by State:
16 (A) The age, race, ethnicity, sex, sexual
17 orientation, gender identity, socioeconomic sta-
18 tus, disability status, and preferred language of
19 the residents of such skilled nursing facilities,
20 congregate care settings (including skilled nurs-
21 ing facilities, assisted living facilities, prisons
22 and jails, residential behavioral health care and
23 psychiatric facilities, and facilities providing
24 services for aging adults and people with dis-
25 abilities), and nursing facilities with suspected

1 or confirmed infections, including residents pre-
2 viously treated for COVID–19.

3 (B) The age, race, ethnicity, sex, sexual
4 orientation, gender identity, socioeconomic sta-
5 tus, disability status, and preferred language
6 relating to total deaths and public health emer-
7 gency-related deaths among residents of such
8 skilled nursing facilities, congregate settings
9 (including skilled nursing facilities, assisted liv-
10 ing facilities, prisons and jails, residential be-
11 havioral health care and psychiatric facilities,
12 and facilities providing services for aging adults
13 and people with disabilities), and nursing facili-
14 ties.

15 (2) CONFIDENTIALITY.—Any information re-
16 ported under this subsection that is made available
17 to the public shall be made so available in a manner
18 that protects the identity of residents of skilled nurs-
19 ing facilities, congregate care settings (including
20 skilled nursing facilities, assisted living facilities,
21 prisons and jails, residential behavioral health care
22 and psychiatric facilities, and facilities providing
23 services for aging adults and people with disabil-
24 ities), and nursing facilities.

1 (3) IMPLEMENTATION.—Notwithstanding any
2 other provision of law, the Secretary of Health and
3 Human Services may implement the provisions of
4 this subsection by program instruction or otherwise.
5 (c) EQUITABLE DATA COLLECTION AND DISCLOSURE
6 REGARDING PANDEMICS.—Part A of title XI of the Social
7 Security Act (42 U.S.C. 1301 et seq.) as amended by sec-
8 tion 1003, is further amended by adding at the end the
9 following new section:

10 **"SEC. 1150E. EQUITABLE DATA COLLECTION AND DISCLO-**
11 **SURE REGARDING PANDEMICS.**

12 "(a) IN GENERAL.—Not later than 60 days after the
13 Secretary submits to Congress written notification of the
14 determination that a disease or disorder presents a public
15 health emergency or that a public health emergency other-
16 wise exists, subject to subsections (b) and (c), the Sec-
17 retary, acting through the Director of the Centers for Dis-
18 ease Control and Prevention and the Administrator of the
19 Centers for Medicare & Medicaid Services and in consulta-
20 tion with the Director of the Indian Health Service, shall
21 collect and make publicly available on the website of the
22 Centers for Disease Control and Prevention and the Cen-
23 ters for Medicare & Medicaid Services, and update every
24 day during a pandemic, data collected across all surveil-
25 lance systems relating to a public health emergency de-

1 clared under section 319 of the Public Health Service Act
2 that is caused by a disease (as determined by the Sec-
3 retary), disaggregated by race, ethnicity, sex, sexual ori-
4 entation, gender identity, age, preferred language, socio-
5 economic status, disability status, and county. Such data
6 shall include the following:

7 "(1) Data relating to all testing for the patho-
8 gen or pathogens causing the pandemic, including
9 the number of individuals tested and the number of
10 tests that were positive.

11 "(2) Data relating to treatment for the patho-
12 gen causing the pandemic, including hospitalizations
13 and intensive care unit admissions.

14 "(3) Data relating to pandemic outcomes, in-
15 cluding total fatalities and case fatality rates (ex-
16 pressed as the proportion of individuals who were in-
17 fected with the pathogen causing the pandemic and
18 died from the pathogen).

19 "(4) In the case a vaccine is developed in re-
20 sponse to a pandemic, data relating to such vaccina-
21 tion, including—

22 "(A) the number of vaccines administered;

23 "(B) the number of vaccinations offered,
24 accepted, and refused;

1 "(C) the most common reasons for refusal;
2 and

3 "(D) the percentage of vaccine doses allo-
4 cated and administered to each priority group.

5 "(b) APPLICATION OF CERTAIN STANDARDS WITH
6 RESPECT TO DATA COLLECTION.—To the extent prac-
7 ticable, data collected under subsection (a) shall follow
8 standards developed by the Department of Health and
9 Human Services Office of Minority Health and be col-
10 lected, analyzed, and reported in accordance with the
11 standards promulgated by the Assistant Secretary for
12 Planning and Evaluation under title XXXI of the Public
13 Health Service Act.

14 "(c) PRIVACY.—In publishing data pursuant to sub-
15 section (a), the Secretary shall take all necessary steps to
16 protect the privacy of individuals whose information is in-
17 cluded in such data, including—

18 "(1) complying with privacy protections pro-
19 vided under the regulations promulgated under sec-
20 tion 264(c) of the Health Insurance and Account-
21 ability Act of 1996; and

22 "(2) protections from all inappropriate internal
23 use by an entity that collects, stores, or receives the
24 data, including use of such data in determinations of

1 eligibility (or continued eligibility) in health plans,
2 and from inappropriate uses.''.

3 (d) REPORT REQUIREMENTS FOLLOWING PUBLIC
4 HEALTH EMERGENCIES.—

5 (1) PUBLICLY AVAILABLE SUMMARY.—Not later
6 than 60 days after the date on which the Secretary
7 of Health and Human Services certifies that a public
8 health emergency declared under section 319 of the
9 Public Health Service Act has ended, the Secretary
10 shall make publicly available on the website of the
11 Department of Health and Human Services a sum-
12 mary of the final statistics related to such emer-
13 gency.

14 (2) REPORT TO CONGRESS.—Not later than 60
15 days after the date on which the Secretary of Health
16 and Human Services certifies that a public health
17 emergency declared under section 319 of the Public
18 Health Service Act has ended, the Secretary shall
19 submit to the Committee on Health, Education,
20 Labor, and Pensions and the Committee on Finance
21 of the Senate and the Committee on Energy and
22 Commerce and the Committee on Ways and Means
23 of the House of Representatives a report—

24 (A) describing the testing, hospitalization,
25 mortality rates, vaccination rates, and preferred

1 language of patients associated with the pan-
2 demic by race and ethnicity, rural and urban
3 areas (as defined in section 1886(d)(2)(D) of
4 the Social Security Act (42 U.S.C.
5 1395ww(d)(2)(D))), and congregate care set-
6 tings (including skilled nursing facilities, as-
7 sisted living facilities, prisons and jails, residen-
8 tial behavioral health care and psychiatric facili-
9 ties, and facilities providing services for aging
10 adults and people with disabilities) and noncon-
11 gregate care settings (as such terms are defined
12 by the Secretary); and
13 (B) proposing evidenced-based response
14 strategies to safeguard the health of these com-
15 munities in future pandemics.

16 **SEC. 1012. COMMISSION ON ENSURING DATA FOR HEALTH**
17 **EQUITY.**

18 (a) IN GENERAL.—Not later than 30 days after the
19 date of enactment of this Act, the Secretary of Health and
20 Human Services (referred to in this section as the ''Sec-
21 retary'') shall establish a commission, to be known as the
22 ''Commission on Ensuring Data for Health Equity'' (re-
23 ferred to in this section as the ''Commission'') to provide
24 clear and robust guidance to improve the collection, anal-

1 ysis, and use of demographic data in responding to future
2 public health emergencies.
3 (b) MEMBERSHIP AND CHAIRPERSON.—
4 (1) MEMBERSHIP.—The Commission shall be
5 composed of—
6 (A) the Assistant Secretary for Prepared-
7 ness and Response;
8 (B) the Director of the Centers for Disease
9 Control and Prevention;
10 (C) the Director of the National Institutes
11 of Health;
12 (D) the Commissioner of Food and Drugs;
13 (E) the Administrator of the Federal
14 Emergency Management Agency;
15 (F) the Director of the National Institute
16 on Minority Health and Health Disparities;
17 (G) the Director of the Indian Health
18 Service;
19 (H) the Administrator of the Centers for
20 Medicare & Medicaid Services;
21 (I) the Director of the Agency for
22 Healthcare Research and Quality;
23 (J) the Surgeon General;
24 (K) the Administrator of the Health Re-
25 sources and Services Administration;

1 (L) the Director of the Office of Minority
2 Health;
3 (M) the Director of the Office on Women's
4 Health;
5 (N) the Chairperson of the National Coun-
6 cil on Disability;
7 (O) at least 4 State, local, territorial, and
8 Tribal public health officials representing de-
9 partments of public health, or an Urban Indian
10 health representative, who shall represent juris-
11 dictions from different regions of the United
12 States with relatively high concentrations of
13 historically marginalized populations and rural
14 populations, to be appointed by the Secretary;
15 (P) the National Coordinator for Health
16 Information Technology;
17 (Q) at least 3 independent individuals with
18 expertise on racially and ethnically diverse rep-
19 resentation with knowledge or field experience
20 with community-based participatory research on
21 racial and ethnic disparities in public health, to
22 be appointed by the Secretary; and
23 (R) at least 4 individuals with expertise on
24 health equity and demographic data disparities
25 with knowledge of, or field experience in, lan-

1 guage, disability status, sex, sexual orientation,
2 gender identity, or socioeconomic status.
3 (2) CHAIRPERSON.—The Assistant Secretary
4 for Preparedness and Response shall serve as the
5 Chairperson of the Commission.
6 (c) DUTIES.—The Commission shall—
7 (1) examine barriers to collecting, analyzing,
8 and using demographic data in public health;
9 (2) determine how to best use such data to pro-
10 mote health equity across the United States and re-
11 duce racial, Tribal, and other demographic dispari-
12 ties in health outcomes;
13 (3)(A) gather available data related to treat-
14 ment of individuals with disabilities during the
15 COVID–19 pandemic and other public health emer-
16 gencies, including access to vaccinations, denial of
17 treatment for preexisting conditions, removal or de-
18 nial of disability related equipment (including ven-
19 tilators and continuous positive airway pressure
20 (commonly referred to as ''CPAP'') machines), and
21 data on completion of do-not-resuscitate orders; and
22 (B) identify barriers to obtaining accurate and
23 timely data related to treatment of such individuals;
24 (4) solicit input from public health officials,
25 community-connected organizations, health care pro-

1 viders, State and local agency officials, Tribal offi-
2 cials, and other experts on barriers to, and best
3 practices for, collecting demographic data; and
4 (5) recommend policy changes that the data in-
5 dicates are necessary to reduce demographic dispari-
6 ties in health outcomes.
7 (d) REPORT.—Not later than 1 year after the date
8 of the enactment of this Act, the Commission shall submit
9 to Congress, and publish on the website of the Department
10 of Health and Human Services, a report containing—
11 (1) the findings of the Commission pursuant to
12 subsection (c);
13 (2) to the extent possible, an analysis of—
14 (A) racial and other demographic dispari-
15 ties in COVID–19 mortality, including an anal-
16 ysis of comorbidities and case fatality rates;
17 (B) sex, sexual orientation, and gender
18 identity disparities in COVID–19 treatment and
19 mortality; and
20 (C) Federal Government policies that dis-
21 parately exacerbate the COVID–19 impact, and
22 recommendations to improve racial and other
23 demographic disparities in health outcomes;
24 (3) an analysis of COVID–19 treatment of indi-
25 viduals with disabilities, including equity of access to

1 treatment and equipment and intersections of dis-
2 ability status with other demographic factors, includ-
3 ing race;

4 (4) an analysis of what demographic data is
5 currently being collected, the accuracy of that data
6 and any gaps, how this data is currently being used
7 to inform efforts to combat COVID–19, and what
8 resources are needed to supplement existing public
9 health data collection; and

10 (5) the Commission's recommendations with re-
11 spect to—

12 (A) how to enhance State, local, territorial,
13 and Tribal capacity to conduct public health re-
14 search on COVID–19 and in future public
15 health emergencies, with a focus on expanded
16 capacity to analyze data on disparities cor-
17 related with race, ethnicity, income, sex, sexual
18 orientation, gender identity, age, disability sta-
19 tus, specific geographic areas, and other rel-
20 evant demographic characteristics;

21 (B) how to collect, process, and disclose to
22 the public the data described in subparagraph
23 (A) in a way that maintains individual privacy
24 while helping direct the State, local, and Tribal
25 response to public health emergencies;

1 (C) how to improve demographic data col-
2 lection related to COVID–19 and other public
3 health emergencies in the short-term and long-
4 term, including how to continue to grow and
5 value the Tribal sovereignty of data and infor-
6 mation concerning urban and rural Tribal com-
7 munities;

8 (D) how to improve transparency and eq-
9 uity of treatment for individuals with disabil-
10 ities during the COVID–19 public health emer-
11 gency and future public health emergencies; and

12 (E) how to support State, local, and Tribal
13 capacity to eliminate barriers to vaccinations,
14 testing, and treatment during the COVID–19
15 public health emergency and future public
16 health emergencies.

17 (e) STAFF OF COMMISSION.—

18 (1) ADDITIONAL STAFF.—The Chairperson of
19 the Commission may appoint and fix the pay of ad-
20 ditional staff to the Commission as the Chairperson
21 considers appropriate.

22 (2) APPLICABILITY OF CERTAIN CIVIL SERVICE
23 LAWS.—The staff of the Commission may be ap-
24 pointed without regard to the provisions of title 5,
25 United States Code, governing appointments in the

1 competitive service, and may be paid without regard
2 to the provisions of chapter 51 and subchapter III
3 of chapter 53 of that title relating to classification
4 and General Schedule pay rates.

5 (3) DETAILEES.—Any Federal Government em-
6 ployee may be detailed to the Commission without
7 reimbursement from the Commission, and the
8 detailee shall retain the rights, status, and privileges
9 of his or her regular employment without interrup-
10 tion.

11 (f) COORDINATION WITH OTHER EFFORTS.—The
12 Secretary shall, in establishing the Commission under this
13 section, take such steps as may be necessary to ensure
14 that the work of the Commission does not overlap with,
15 or otherwise duplicate, other Federal Government efforts
16 with respect to ensuring health equity in data collection
17 in public health emergencies.

18 (g) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated such sums as may be
20 necessary to carry out this section.

21 **SEC. 1013. TASK FORCE ON PREVENTING BIAS IN AI AND**
22 **ALGORITHMS.**

23 (a) IN GENERAL.—Not later than 30 days after the
24 date of enactment of this Act, the Secretary of Health and
25 Human Services (referred to in this section as the ‘‘Sec-

1 retary'') shall establish a Task Force to be known as the
2 ''Task Force on Preventing AI and Algorithmic Bias in
3 Health Care'' (referred to in this section as the ''Task
4 Force'') to provide clear and robust guidance on how to
5 ensure that the development and integration of artificial
6 intelligence and algorithmic technologies within the health
7 care service delivery process does not exacerbate health
8 disparities and inequities, expands access to health care
9 services, and improves health care delivery.

10 (b) MEMBERSHIP AND CHAIRPERSON.—

11 (1) MEMBERSHIP.—The Task Force shall be
12 composed of—

13 (A) the Chief Information Officer of the
14 Department of Health and Human Services;

15 (B) the Director of the Centers for Disease
16 Control and Prevention;

17 (C) the Director of the National Institutes
18 of Health;

19 (D) the Commissioner of Food and Drugs;

20 (E) the Administrator of the Federal
21 Emergency Management Agency;

22 (F) the Director of the National Institute
23 on Minority Health and Health Disparities;

24 (G) the Director of the Indian Health
25 Service;

1 (H) the Administrator of the Centers for
2 Medicare & Medicaid Services;
3 (I) the Director of the Agency for
4 Healthcare Research and Quality;
5 (J) the Surgeon General;
6 (K) the Administrator of the Health Re-
7 sources and Services Administration;
8 (L) the Director of the Office of Minority
9 Health;
10 (M) the Director of the Office on Women's
11 Health;
12 (N) the Chairperson of the National Coun-
13 cil on Disability;
14 (O) the National Coordinator for Health
15 Information Technology;
16 (P) at least 4 State, local, territorial, and
17 Tribal public health officials representing de-
18 partments of public health, or an Urban Indian
19 health representative, who shall represent juris-
20 dictions from different regions of the United
21 States with relatively high concentrations of
22 historically marginalized populations, to be ap-
23 pointed by the Secretary;
24 (Q) at least 3 independent individuals with
25 expertise on racially and ethnically diverse rep-

1 resentation with knowledge or field experience
2 with community-based participatory research on
3 racial and ethnic disparities in public health, to
4 be appointed by the Secretary; and
5 (R) at least 4 individuals with expertise on
6 health equity and demographic data disparities
7 with knowledge of, or field experience in, lan-
8 guage, disability status, sex, sexual orientation,
9 gender identity, or socioeconomic status.
10 (2) CHAIRPERSON.—The Chief Information Of-
11 ficer of the Department of Health and Human Serv-
12 ices (or the Chief Information Officer's designee)
13 shall serve as the Chairperson of the Task Force.
14 (c) DUTIES.—The Task Force shall—
15 (1) examine artificial intelligence and algo-
16 rithms in the health care service sector, including
17 the health care delivery process relative to the use
18 of autonomous human decision makers;
19 (2) identify the risks of health care system utili-
20 zation of artificial intelligence and algorithms in
21 terms of civil rights, civil liberties, and discrimina-
22 tory bias in health care access, quality, and out-
23 comes; and
24 (3) prepare and submit the report under sub-
25 section (d).

1 (d) REPORT.—Not later than 1 year after the date
2 of enactment of this Act, the Task Force shall—
3 (1) submit a written report of the findings of
4 the examination under subsection (c)(1) and rec-
5 ommendations to Congress with respect to imple-
6 mentation of artificial intelligence and algorithms in
7 health care delivery and mitigation of the risks asso-
8 ciated with that implementation; and
9 (2) publish such report on the website of the
10 Department of Health and Human Services.
11 (e) PUBLIC COMMENT.—Not later than 60 days after
12 the date of the enactment of this Act, the Task Force shall
13 publish in the Federal Register a notice providing for a
14 public comment period on the duties and activities of the
15 Task Force of not less than 90 days, beginning on the
16 date of that publication.
17 (f) STAFF OF COMMISSION.—
18 (1) ADDITIONAL STAFF.—The Chairperson of
19 the Task Force may appoint and fix the pay of addi-
20 tional staff to the Task Force as the Chairperson
21 considers appropriate.
22 (2) APPLICABILITY OF CERTAIN CIVIL SERVICE
23 LAWS.—The staff of the Task Force may be ap-
24 pointed without regard to the provisions of title 5,
25 United States Code, governing appointments in the

competitive service, and may be paid without regard to the provisions of chapter 51 and subchapter III of chapter 53 of that title relating to classification and General Schedule pay rates.

(3) DETAILEES.—Any Federal Government employee may be detailed to the Task Force without reimbursement from the Task Force, and the detailee shall retain the rights, status, and privileges of his or her regular employment without interruption.

**SEC. 1014. REPORT ON THE HEALTH OF THE MIDDLE EASTERN AND NORTH AFRICAN POPULATION.**

(a) STUDY REQUIRED.—The Secretary of Health and Human Services (referred to in this section as the ''Secretary'') shall conduct or support a comprehensive study regarding the unique health patterns and outcomes of Middle Eastern and North African (referred to in this section as ''MENA'') populations.

(b) REQUIREMENTS FOR STUDY.—The comprehensive study under subsection (a) shall include an enumeration of MENA populations across the United States, disaggregated by subpopulation, and with respect to each such population and subpopulation—

(1) the rates of—

(A) obesity, diabetes, sickle cell anemia, stroke, asthma, pneumonia, lung cancer, HIV/

1 AIDS, HPV, high cholesterol, high blood pres-
2 sure, and chronic heart, lung, and kidney dis-
3 ease;
4 (B) morbidity and mortality, including the
5 rates of morbidity and mortality associated with
6 the health conditions listed in subparagraph
7 (A);
8 (C) mental health and substance use dis-
9 orders; and
10 (D) domestic violence, dating violence, sex-
11 ual assault, sexual harassment, and stalking;
12 (2) analysis of—
13 (A) the rates described in paragraph (1);
14 (B) the leading causes of pregnancy-associ-
15 ated morbidity and mortality; and
16 (C) access to health care facilities and the
17 associated outcomes of care;
18 (3) analysis, enumeration, or quantification of
19 any other health or health-related parameters the
20 Secretary may determine necessary; and
21 (4) analysis of the relationship between the
22 health factors, outcomes, and conditions described in
23 paragraphs (1) through (3) and the implementation
24 of Federal health programs.
25 (c) CONSULTATION.—The Secretary shall—

1 (1) carry out this section in consultation, as ap-
2 propriate, with the Director of the Census Bureau,
3 the Director of the Centers for Disease Control and
4 Prevention, the Director of the National Institutes
5 of Health, the Assistant Secretary for Mental Health
6 and Substance Use, and other stakeholders (includ-
7 ing community-based organizations); and

8 (2) determine through such consultation the
9 subpopulations to be used for purposes of
10 disaggregation of data pursuant to subsection (b).

11 (d) ONLINE PORTAL.—Upon conclusion of the com-
12 prehensive study under this section, the Secretary shall
13 establish a public online portal to catalogue the results of
14 the study, its underlying data, and information in the re-
15 port submitted pursuant to subsection (e).

16 (e) REPORTING.—

17 (1) INTERIM REPORT.—Not later than 2 years
18 after the date of enactment of this Act, the Sec-
19 retary shall submit to Congress a report outlining
20 the challenges associated with, and progress towards
21 implementing health data collection for MENA pop-
22 ulations as a distinct category and the plan for com-
23 pleting a comprehensive study regarding the unique
24 health patterns and outcomes of MENA populations.

1 (2) FINAL REPORT.—Not later than 30 days
2 after the conclusion of the comprehensive study
3 under this section, the Secretary shall submit to
4 Congress a report describing—
5 (A) the results of the study conducted
6 under this section; and
7 (B) the rulemakings and other actions the
8 agencies described in subsection (c)(1) can un-
9 dertake to more equitably include MENA indi-
10 viduals in their programs.
11 (f) PRIVACY.—The Secretary shall not include any
12 personally identifiable information on the online portal
13 under subsection (d) or in a report under subsection (e).
14 (g) DEFINITION OF MIDDLE EASTERN AND NORTH
15 AFRICAN; MENA.—In this section, the terms ''Middle
16 Eastern and North African'' or ''MENA'', with respect to
17 individuals or populations, includes individuals and popu-
18 lations who identify with or belong to one or more nation-
19 alities or ethnic groups originating in a country (or portion
20 thereof) in the Middle Eastern and North African region
21 (such as Lebanese, Iranians, Egyptians, Moroccans, Yem-
22 enis, Chaldeans, Imazighen, Kurds, Palestinians, and
23 Yazidis).

# TITLE II—CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH AND HEALTH CARE

**SEC. 2001. DEFINITIONS.**

In this title, the definitions in section 3400 of the Public Health Service Act, as added by section 2004, shall apply.

**SEC. 2002. IMPROVING ACCESS TO SERVICES FOR INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY.**

(a) PURPOSE.—Consistent with the goals provided in Executive Order 13166 (42 U.S.C. 2000d–1 note; relating to improving access to services for persons with limited English proficiency), it is the purpose of this section—

(1) to improve Federal agency performance regarding access to federally conducted and federally assisted programs and activities for individuals with limited English proficiency;

(2) to require each Federal agency to examine the services it provides and develop and implement a system by which individuals with limited English proficiency can obtain culturally competent services and meaningful access to those services consistent with, and without substantially burdening, the fundamental mission of the agency;

1 (3) to require each Federal agency to translate
2 any English language written material prepared for
3 the general public into the top 15 non-English lan-
4 guages in the United States (according to the most
5 recent data from the American Community Survey
6 or its replacement) within established timelines de-
7 scribed in subsection (b)(2)(C)(v);
8 (4) to require each Federal agency to ensure
9 that recipients of Federal financial assistance pro-
10 vide culturally competent services and meaningful
11 access to applicants and beneficiaries who are indi-
12 viduals with limited English proficiency;
13 (5) to ensure that recipients of Federal finan-
14 cial assistance take reasonable steps, consistent with
15 the guidelines set forth in the ''Guidance to Federal
16 Financial Assistance Recipients Regarding Title VI
17 Prohibition Against National Origin Discrimination
18 Affecting Limited English Proficient Persons'' (67
19 Fed. Reg. 41455 (June 18, 2002)), to ensure cul-
20 turally and linguistically appropriate access to their
21 programs and activities by individuals with limited
22 English proficiency; and
23 (6) to ensure compliance with title VI of the
24 Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.)
25 and section 1557 of the Patient Protection and Af-

1 fordable Care Act (42 U.S.C. 18116) (prohibiting
2 health care providers and organizations from dis-
3 criminating in the provision of services).
4 (b) FEDERALLY CONDUCTED PROGRAMS AND AC-
5 TIVITIES.—
6 (1) IN GENERAL.—Not later than 120 days
7 after the date of enactment of this Act, each Federal
8 agency providing financial assistance to, or admin-
9 istering, a health program or activity described in
10 section 2003(a) shall prepare a plan or update a
11 plan to improve culturally and linguistically appro-
12 priate access to such program or activity with re-
13 spect to individuals with limited English proficiency.
14 Not later than 1 year after the date of enactment
15 of this Act, each such Federal agency shall ensure
16 that such plan is fully implemented.
17 (2) PLAN REQUIREMENT.—Each plan under
18 paragraph (1) shall include—
19 (A) the steps the agency will take to en-
20 sure that individuals with limited English pro-
21 ficiency have access to each health program or
22 activity supported or administered by the agen-
23 cy;
24 (B) the policies and procedures for identi-
25 fying, assessing, and meeting the culturally and

1 linguistically appropriate language needs of its
2 beneficiaries that are individuals with limited
3 English proficiency served by such program or
4 activity;

5 (C) the steps the agency will take for such
6 program or activity to be culturally and linguis-
7 tically appropriate by—

8 (i) providing a range of language as-
9 sistance options;

10 (ii) giving notice to individuals with
11 limited English proficiency of the right to
12 competent language services;

13 (iii) training staff (at least annually);

14 (iv) monitoring and assessing the
15 quality of the language services (at least
16 annually); and

17 (v) translating any English language
18 written material prepared for the general
19 public into the top 15 non-English lan-
20 guages in the United States (according to
21 the most recent data from the American
22 Community Survey or its replacement)
23 within established timelines that ensure
24 that high-quality, culturally competent
25 translated material is provided promptly

1 within not more than 15 calendar days in
2 general and within not more than 7 cal-
3 endar days in the case of any national
4 emergency or State disaster declaration;
5 (D) the steps the agency will take for such
6 program or activity to provide reasonable ac-
7 commodations necessary for individuals with
8 limited English proficiency, including those in-
9 dividuals with a communication disability, to
10 understand communications from the agency;
11 (E) the steps the agency will take to en-
12 sure that applications, forms, and other signifi-
13 cant documents for such program or activity
14 are competently translated into the primary
15 language of a client that is an individual with
16 limited English proficiency where such mate-
17 rials are needed to improve access of such client
18 to such program or activity;
19 (F) the resources the agency will provide
20 to improve cultural and linguistic appropriate-
21 ness to assist recipients of Federal funds to im-
22 prove access to health care-related programs
23 and activities for individuals with limited
24 English proficiency;

1 (G) the resources the agency will provide
2 to ensure that competent language assistance is
3 provided to patients that are individuals with
4 limited English proficiency by interpreters or
5 trained bilingual staff;

6 (H) the resources the agency will provide
7 to ensure that family, particularly minor chil-
8 dren, and friends are not used to provide inter-
9 pretation services, except as permitted under
10 section 1557 of the Patient Protection and Af-
11 fordable Care Act (42 U.S.C. 18116); and

12 (I) the steps the agency will take and re-
13 sources the agency will provide to ensure that
14 individuals know their rights, including the abil-
15 ity to file a complaint.

16 (3) SUBMISSION OF PLAN TO DOJ.—Each agen-
17 cy that is required to prepare a plan under para-
18 graph (1) shall—

19 (A) consult with populations who are di-
20 rectly impacted by policies in the plan and their
21 representatives in the development of the plan;
22 and

23 (B) when the plan is finalized, send a copy
24 of such plan to the Attorney General, to serve
25 as the central repository of all such plans.

1 **SEC. 2003. ENSURING STANDARDS FOR CULTURALLY AND**
2 **LINGUISTICALLY APPROPRIATE SERVICES IN**
3 **HEALTH CARE.**

4 (a) APPLICABILITY.—This section shall apply to any
5 health program or activity—

6 (1) of which any part is receiving Federal fi-
7 nancial assistance, including credits, subsidies, or
8 contracts of insurance; or

9 (2) that is carried out (including indirectly
10 through contracts, subcontracts, or other support)
11 by an executive agency or any entity established
12 under title I of the Patient Protection and Afford-
13 able Care Act (42 U.S.C. 18001 et seq.) (or amend-
14 ments made thereby).

15 (b) STANDARDS.—Each program or activity de-
16 scribed in subsection (a)—

17 (1) shall implement strategies to recruit, retain,
18 and promote individuals at all levels to maintain a
19 diverse staff and leadership that can provide cul-
20 turally and linguistically appropriate health care to
21 patient populations of the service area of the pro-
22 gram or activity;

23 (2) shall educate and train governance, leader-
24 ship, and workforce at all levels and across all dis-
25 ciplines of the program or activity in culturally and

1 linguistically appropriate policies and practices on an
2 ongoing basis at least yearly;
3 (3) shall offer and provide language assistance,
4 including trained and competent bilingual staff and
5 interpreter services, to individuals with limited
6 English proficiency or who have other communica-
7 tion needs, at no cost to the individual at all points
8 of contact, and during all hours of operation, to fa-
9 cilitate timely access to health care services and
10 health care-related services;
11 (4) shall for each language group consisting of
12 individuals with limited English proficiency that con-
13 stitutes 5 percent or 500 individuals, whichever is
14 less, of the population of persons eligible to be
15 served or likely to be affected or encountered in the
16 service area of the program or activity, make avail-
17 able at a fifth grade reading level—
18 (A) easily understood patient-related mate-
19 rials, including print and multimedia materials,
20 in the language of such language group;
21 (B) information or notices about termi-
22 nation of benefits in such language;
23 (C) signage; and
24 (D) any other documents or types of docu-
25 ments designated by the Secretary;

1 (5) shall develop and implement clear goals,
2 policies, operational plans, and management, ac-
3 countability, and oversight mechanisms to provide
4 culturally and linguistically appropriate services and
5 infuse them throughout the planning and operations
6 of the program or activity;
7 (6) shall conduct initial and ongoing, at least
8 annually, organizational assessments of culturally
9 and linguistically appropriate services-related activi-
10 ties and integrate valid linguistic, competence-related
11 National Standards for Culturally and Linguistically
12 Appropriate Services (CLAS) measures into the in-
13 ternal audits, performance improvement programs,
14 patient satisfaction assessments, continuous quality
15 improvement activities, and outcomes-based evalua-
16 tions of the program or activity and develop ways to
17 standardize assessments;
18 (7) shall ensure that, consistent with the pri-
19 vacy protections provided for under the regulations
20 promulgated under section 264(c) of the Health In-
21 surance Portability and Accountability Act of 1996
22 (42 U.S.C. 1320d–2 note; Public Law 104–191),
23 data on an individual required to be collected pursu-
24 ant to section 3101 of the Public Health Service Act
25 (42 U.S.C. 300kk), including the individual's alter-

1 native format preferences and policy modification
2 needs, are—
3 (A) collected in health records;
4 (B) integrated into the management infor-
5 mation systems of the program or activity;
6 (C) reported in such a way as to be inter-
7 operable with health information systems at the
8 Federal and State levels; and
9 (D) periodically updated;
10 (8) shall maintain a current demographic, cul-
11 tural, and epidemiological profile of the community,
12 conduct regular assessments of community health
13 assets and needs, and use the results of such assess-
14 ments to accurately plan for and implement services
15 that respond to the cultural and linguistic character-
16 istics of the service area of the program or activity;
17 (9) shall develop participatory, collaborative
18 partnerships with community-based organizations
19 and utilize a variety of formal and informal mecha-
20 nisms to facilitate community and patient involve-
21 ment in designing, implementing, and evaluating
22 policies and practices to ensure culturally and lin-
23 guistically appropriate service-related activities;
24 (10) shall ensure that conflict and grievance
25 resolution processes are culturally and linguistically

1 appropriate and capable of identifying, preventing,
2 and resolving cross-cultural conflicts or complaints
3 by patients;
4 (11) shall annually—
5 (A) make available to the public—
6 (i) information about the progress and
7 successful innovations of the program or
8 activity in implementing the standards
9 under this section; and
10 (ii) translated materials of such infor-
11 mation that is culturally and linguistically
12 appropriate to the communities served
13 under this section; and
14 (B) provide public notice in such commu-
15 nities about the availability of such information;
16 and
17 (12) shall, if requested, regularly make avail-
18 able to the head of each Federal entity from which
19 Federal funds are provided, information about the
20 progress and successful innovations of the program
21 or activity in implementing the standards under this
22 section as required by the head of such entity.
23 (c) COMMENTS ACCEPTED THROUGH NOTICE AND
24 COMMENT RULEMAKING.—An executive agency carrying
25 out a program or activity described in subsection (a)—

(1) shall ensure that comments with respect to such program or activity that are accepted through notice and comment rulemaking are accepted in all languages;

(2) may not require such comments to be submitted only in English; and

(3) shall ensure that any such comments that are not submitted in English are considered, during the agency's review of such comments, equally as such comments that are submitted in English.

**SEC. 2004. CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH CARE IN THE PUBLIC HEALTH SERVICE ACT.**

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

# "TITLE XXXIV—CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH CARE

**"SEC. 3400. DEFINITIONS.**

"(a) IN GENERAL.—In this title:

"(1) BILINGUAL.—The term 'bilingual', with respect to an individual, means an individual who has a sufficient degree of proficiency in 2 languages.

"(2) COMMUNITY HEALTH WORKER.—The term 'community health worker' means a frontline health

1 worker who is a trusted member of the community
2 in which the worker serves or who has an unusually
3 close understanding of the community served that
4 enables the worker to build trusted relationships,
5 serve as a liaison between health and social services
6 and the community, facilitate access to services, and
7 improve the quality and cultural competence of serv-
8 ice delivery.

9 "(3) CULTURAL.—The term 'cultural' means
10 relating to integrated patterns of human behavior
11 that include the language, thoughts, communica-
12 tions, actions, customs, beliefs, values, age, and in-
13 stitutions of racial, ethnic, religious, or social
14 groups, including lesbian, gay, bisexual, transgender,
15 queer, and questioning individuals, and individuals
16 with physical and mental disabilities.

17 "(4) CULTURALLY AND LINGUISTICALLY AP-
18 PROPRIATE.—The term 'culturally and linguistically
19 appropriate' means being respectful of and respon-
20 sive to the cultural and linguistic needs of all indi-
21 viduals.

22 "(5) EFFECTIVE COMMUNICATION.—The term
23 'effective communication' means an exchange of in-
24 formation between the provider of health care or
25 health care-related services and the recipient of such

1 services who is limited in English proficiency, or has
2 a communication impairment such as a hearing, vi-
3 sion, speaking, or cognitive disability, that enables
4 access to, understanding of, and benefit from health
5 care or health care-related services, and full partici-
6 pation in the development of the treatment plan of
7 the recipient.

8 ''(6) GRIEVANCE RESOLUTION PROCESS.—The
9 term 'grievance resolution process' means all aspects
10 of dispute resolution including filing complaints,
11 grievance and appeal procedures, and court action.

12 ''(7) HEALTH CARE GROUP.—The term 'health
13 care group' means a group of physicians organized,
14 at least in part, for the purposes of providing physi-
15 cian services under the Medicaid program under title
16 XIX of the Social Security Act, the State Children's
17 Health Insurance Program under title XXI of such
18 Act, or the Medicare program under title XVIII of
19 such Act, including a provider of services under part
20 B of such title XVIII, and may include a hospital,
21 a hospice provider, a palliative care provider, and
22 any other individual or entity furnishing services
23 covered under any such program that is affiliated
24 with the health care group.

1 “(8) HEALTH CARE.—The term ‘health care’
2 includes all health care needed throughout the life
3 cycle and the end of life.
4 “(9) HEALTH CARE SERVICES.—The term
5 ‘health care services’ means services that address
6 physical and mental health conditions, as well as
7 conditions impacted by social determinants of health,
8 in all care settings throughout the life cycle and the
9 end of life.
10 “(10) HEALTH CARE-RELATED SERVICES.—The
11 term ‘health care-related services’ means human or
12 social services programs or activities that provide ac-
13 cess, referrals, or links to health care services.
14 “(11) HEALTH EDUCATOR.—The term ‘health
15 educator’ includes a professional with a bacca-
16 laureate degree who is responsible for designing, im-
17 plementing, and evaluating individual and population
18 health promotion, health education (including edu-
19 cation on end-of-life care options), end-of-life care,
20 or chronic disease prevention programs.
21 “(12) INDIAN; INDIAN TRIBE.—The terms ‘In-
22 dian’ and ‘Indian Tribe’ have the meanings given
23 such terms in section 4 of the Indian Self-Deter-
24 mination and Education Assistance Act.

1 "(13) INDIVIDUAL WITH A DISABILITY.—The
2 term 'individual with a disability' means any indi-
3 vidual who has a disability as defined for the pur-
4 pose of section 504 of the Rehabilitation Act of
5 1973.

6 "(14) INDIVIDUAL WITH LIMITED ENGLISH
7 PROFICIENCY.—The term 'individual with limited
8 English proficiency' means an individual who self-
9 identifies on the Census as speaking English less
10 than 'very well'.

11 "(15) INTEGRATED HEALTH CARE DELIVERY
12 SYSTEM.—The term 'integrated health care delivery
13 system' means an interdisciplinary system that
14 brings together providers from the primary health,
15 mental health, substance use disorder, hospice and
16 palliative care, and related disciplines to improve the
17 health outcomes of an individual and the community.
18 Such providers may include hospitals, health, mental
19 health, or substance use prevention and treatment
20 clinics and providers, home health agencies, home-
21 and community-based services providers, congregate
22 settings (including any skilled nursing facilities, as-
23 sisted living facilities, prisons and jails, residential
24 behavioral health care and psychiatric facilities, and
25 facilities providing services for aging adults and indi-

1 viduals with disabilities), ambulatory surgery cen-
2 ters, rehabilitation centers, employed, independent,
3 or contracted physicians, and oral health care pro-
4 viders.

5 "(16) INTERPRETING; INTERPRETATION.—The
6 terms 'interpreting' and 'interpretation' mean the
7 transmission of a spoken, written, or signed message
8 from one language or format into another, faithfully,
9 accurately, and objectively.

10 "(17) LANGUAGE ACCESS.—The term 'language
11 access' means the provision of language services to
12 an individual with limited English proficiency or an
13 individual with communication disabilities designed
14 to enhance that individual's access to, understanding
15 of, or benefit from health care services or health
16 care-related services.

17 "(18) LANGUAGE ASSISTANCE SERVICES.—The
18 term 'language assistance services' includes—

19 "(A) oral language assistance, including in-
20 terpretation in non-English languages provided
21 in person or remotely by a qualified interpreter
22 for an individual with limited English pro-
23 ficiency, and the use of qualified bilingual or
24 multilingual staff to communicate directly with
25 individuals with limited English proficiency;

1 "(B) written translation, performed by a
2 qualified translator, of written content in paper
3 or electronic form into languages other than
4 English; and
5 "(C) taglines.
6 "(19) MINORITY POPULATIONS.—The term 'mi-
7 nority populations' means individuals of racial and
8 ethnic minority groups, individuals of sexual and
9 gender minority groups, and individuals with a dis-
10 ability.
11 "(20) ONSITE INTERPRETATION.—The term
12 'onsite interpretation' means a method of inter-
13 preting or interpretation for which the interpreter is
14 in the physical presence of the provider of health
15 care services or health care-related services and the
16 recipient of such services who is limited in English
17 proficiency or has a communication impairment such
18 as an impairment in hearing, vision, or learning.
19 "(21) QUALIFIED INDIVIDUAL WITH A DIS-
20 ABILITY.—The term 'qualified individual with a dis-
21 ability' means, with respect to a health program or
22 activity, an individual with a disability who, with or
23 without reasonable modifications to policies, prac-
24 tices, or procedures, the removal of architectural,
25 communication, or transportation barriers, or the

1 provision of auxiliary aids and services, meets the es-
2 sential eligibility requirements for the receipt of aids,
3 benefits, or services offered or provided by the health
4 program or activity.

5 ‘‘(22) QUALIFIED INTERPRETER FOR AN INDI-
6 VIDUAL WITH A DISABILITY.—The term ‘qualified
7 interpreter for an individual with a disability’, with
8 respect to an individual with a disability—

9 ‘‘(A) means an interpreter for such indi-
10 vidual who by means of a remote interpreting
11 service or an onsite appearance—

12 ‘‘(i) adheres to generally accepted in-
13 terpreter ethics principles, including client
14 confidentiality; and

15 ‘‘(ii) is able to interpret effectively, ac-
16 curately, and impartially, both receptively
17 and expressively, using any necessary spe-
18 cialized vocabulary, terminology, and phra-
19 seology; and

20 ‘‘(B) may include—

21 ‘‘(i) sign language interpreters;

22 ‘‘(ii) oral transliterators, which are in-
23 dividuals who represent or spell in the
24 characters of another alphabet; and

1 "(iii) cued language transliterators,
2 which are individuals who represent or
3 spell by using a small number of
4 handshapes.

5 "(23) QUALIFIED INTERPRETER FOR AN INDI-
6 VIDUAL WITH LIMITED ENGLISH PROFICIENCY.—
7 The term 'qualified interpreter for an individual with
8 limited English proficiency' means an interpreter
9 who by means of a remote interpreting service or an
10 onsite appearance—

11 "(A) adheres to generally accepted inter-
12 preter ethics principles, including client con-
13 fidentiality;

14 "(B) has demonstrated proficiency in
15 speaking and understanding both spoken
16 English and one or more other spoken lan-
17 guages; and

18 "(C) is able to interpret effectively, accu-
19 rately, and impartially, both receptively and ex-
20 pressly, to and from such languages and
21 English, using any necessary specialized vocab-
22 ulary, terminology, and phraseology.

23 "(24) QUALIFIED TRANSLATOR.—The term
24 'qualified translator' means a translator who—

1 "(A) adheres to generally accepted trans-
2 lator ethics principles, including client confiden-
3 tiality;
4 "(B) has demonstrated proficiency in writ-
5 ing and understanding both written English
6 and one or more other written non-English lan-
7 guages; and
8 "(C) is able to translate effectively, accu-
9 rately, and impartially to and from such lan-
10 guages and English, using any necessary spe-
11 cialized vocabulary, terminology, and phrase-
12 ology.
13 "(25) RACIAL AND ETHNIC MINORITY GROUP.—
14 The term 'racial and ethnic minority group' has the
15 meaning given such term in section 1707(g).
16 "(26) SECRETARY.—The term 'Secretary'
17 means the Secretary of Health and Human Services,
18 acting through the Director of the Agency for
19 Healthcare Research and Quality.
20 "(27) SEXUAL AND GENDER MINORITY
21 GROUP.—The term 'sexual and gender minority
22 group' includes lesbian, gay, bisexual, and
23 transgender populations, as well as those whose sex-
24 ual orientation, gender identity and expression, or

1 reproductive development varies from traditional, so-
2 cietal, cultural, or physiological norms.

3 "(28) SIGHT TRANSLATION.—The term 'sight
4 translation' means the transmission of a written
5 message in one language into a spoken or signed
6 message in another language, or an alternative for-
7 mat in English or another language.

8 "(29) STATE.—Notwithstanding section 2, the
9 term 'State' means each of the several States, the
10 District of Columbia, the Commonwealth of Puerto
11 Rico, the United States Virgin Islands, Guam,
12 American Samoa, and the Commonwealth of the
13 Northern Mariana Islands.

14 "(30) TELEPHONIC INTERPRETATION.—The
15 term 'telephonic interpretation' (also known as 'over
16 the phone interpretation' or 'OPI') means, with re-
17 spect to interpretation for an individual with limited
18 English proficiency, a method of interpretation in
19 which the interpreter is not in the physical presence
20 of the provider of health care services or health care-
21 related services and such individual receiving such
22 services, but the interpreter is connected via tele-
23 phone.

24 "(31) TRANSLATION.—The term 'translation'
25 means the transmission of a written message in one

1 language into a written or signed message in an-
2 other language, and includes translation into an-
3 other language or alternative format, such as large
4 print font, Braille, audio recording, or CD.

5 "(32) UNDERSERVED COMMUNITIES.—The
6 term 'underserved communities' means populations
7 sharing particular characteristics, or geographic
8 communities, who have been systematically denied a
9 full opportunity to participate in aspects of eco-
10 nomic, social, and civic life, such as—

11 "(A) Black, Latino, Indigenous, and Na-
12 tive American persons, Asian Americans, Native
13 Hawaiians and Pacific Islanders, Middle East-
14 erners and North Africans, and other persons
15 of color;

16 "(B) members of religious minorities;

17 "(C) lesbian, gay, bisexual, transgender,
18 and queer persons;

19 "(D) individuals with a disability;

20 "(E) persons who live in rural areas; and

21 "(F) persons otherwise adversely affected
22 by persistent poverty or inequality.

23 "(33) VIDEO REMOTE INTERPRETING SERV-
24 ICES.—The term 'video remote interpreting services'
25 means the provision, in health care services or health

1 care-related services, through a qualified interpreter
2 for an individual with limited English proficiency, of
3 video remote interpreting services that are—
4 ‘‘(A) in real-time, full-motion video, and
5 audio over a dedicated high-speed, wide-band-
6 width video connection or wireless connection
7 that delivers high-quality video images that do
8 not produce lags, choppy, blurry, or grainy im-
9 ages, or irregular pauses in communication; and
10 ‘‘(B) in a sharply delineated image that is
11 large enough to display.
12 ‘‘(34) VITAL DOCUMENT.—The term ‘vital doc-
13 ument’ includes applications for government pro-
14 grams that provide health care services, medical or
15 financial consent forms, financial assistance docu-
16 ments, letters containing important information re-
17 garding patient instructions (such as prescriptions,
18 referrals to other providers, and discharge plans)
19 and participation in a program (such as a Medicaid
20 managed care program), notices pertaining to the
21 reduction, denial, or termination of services or bene-
22 fits, notices of the right to appeal such actions, and
23 notices advising individuals with limited English pro-
24 ficiency with communication disabilities of the avail-

ability of free language services, alternative formats, and other outreach materials.

''(b) REFERENCE.—In any reference in this title to a regulatory provision applicable to a 'handicapped individual', the term 'handicapped individual' in such provision shall have the same meaning as the term 'individual with a disability' as defined in subsection (a).

# "Subtitle A—Resources and Innovation for Culturally and Linguistically Appropriate Health Care

### "SEC. 3401. ROBERT T. MATSUI CENTER FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH CARE.

''(a) ESTABLISHMENT.—The Secretary shall establish and support a center to be known as the 'Robert T. Matsui Center for Culturally and Linguistically Appropriate Health Care' (referred to in this section as the 'Center') to carry out each of the following activities:

''(1) INTERPRETATION SERVICES.—

''(A) IN GENERAL.—The Center shall provide resources via the internet to identify and link health care providers to competent and qualified interpreter and translation services.

''(B) TRAINING.—For purposes of providing the services described in subparagraph

1 (A), the Center shall adopt a language access
2 plan that includes training requirements for
3 Center staff to provide such services.
4 "(2) TRANSLATION OF WRITTEN MATERIAL.—
5 "(A) VITAL DOCUMENTS.—The Center
6 shall provide, directly or through contract, to
7 providers of health care services and health
8 care-related services, at no cost to such pro-
9 viders and in a timely and reasonable manner,
10 vital documents—
11 "(i) which may be submitted by an
12 entity described in subparagraph (C) for
13 translation into non-English languages, or
14 alternative formats, at a fifth-grade read-
15 ing level; and
16 "(ii) from competent translation serv-
17 ices, the quality of which shall be mon-
18 itored and reported publicly.
19 "(B) FORMS.—For each form developed or
20 revised by the Secretary that will be used by in-
21 dividuals with limited English proficiency in
22 health care or health care-related settings, the
23 Center shall, not later than 45 calendar days of
24 the Secretary receiving final approval of the

1 form from the Office of Management and
2 Budget—
3 "(i) translate the form, at a min-
4 imum, into the top 15 non-English lan-
5 guages in the United States according to
6 the most recent data from the American
7 Community Survey or its replacement; and
8 "(ii) post all translated forms on the
9 Center's website.
10 "(C) ENTITIES.—
11 "(i) IN GENERAL.—An entity de-
12 scribed in this subparagraph is—
13 "(I) an entity that operates a
14 health program or activity, any part
15 of which receives Federal financial as-
16 sistance;
17 "(II) an entity established under
18 title I of the Patient Protection and
19 Affordable Care Act that administers
20 a health program or activity; or
21 "(III) the Department of Health
22 and Human Services.
23 "(ii) HEALTH PROGRAM OR ACTIV-
24 ITY.—For purposes of clause (i), the term
25 'health program or activity' has the mean-

1 ing given such term in section 92.4 of title
2 45, Code of Federal Regulations, as in ef-
3 fect on July 5, 2024.
4 ''(3) TOLL-FREE CUSTOMER SERVICE TELE-
5 PHONE NUMBER.—The Center shall provide,
6 through a toll-free number, a customer service line
7 for individuals with limited English proficiency that
8 is linked to the toll-free telephone number 1–800–
9 MEDICARE and a toll-free telephone hotline pro-
10 vided for pursuant to section 1311(d)(4)(B) of the
11 Patient Protection and Affordable Care Act by an
12 Exchange established under title I of such Act—
13 ''(A) to obtain information about federally
14 conducted or funded health programs, including
15 the Medicare program under title XVIII of the
16 Social Security Act, the Medicaid program
17 under title XIX of such Act, and the State Chil-
18 dren's Health Insurance Program under title
19 XXI of such Act, and coverage available
20 through an Exchange established under title I
21 of the Patient Protection and Affordable Care
22 Act, and other sources of free or reduced care
23 including federally qualified health centers, enti-
24 ties receiving assistance under title X, and pub-
25 lic health departments;

1 “(B) to obtain assistance with applying for
2 or accessing these programs and understanding
3 Federal notices written in English; and

4 “(C) to learn how to access language serv-
5 ices.

6 “(4) HEALTH INFORMATION CLEARING-
7 HOUSE.—

8 “(A) IN GENERAL.—The Center shall de-
9 velop and maintain, and make available on the
10 internet and in print, an information clearing-
11 house that includes the information described in
12 subparagraphs (B) through (G)—

13 “(i) to facilitate the provision of lan-
14 guage services by providers of health care
15 services and health care-related services to
16 reduce medical errors;

17 “(ii) to improve medical outcomes, im-
18 prove cultural competence, reduce health
19 care costs caused by miscommunication
20 with individuals with limited English pro-
21 ficiency; and

22 “(iii) to reduce or eliminate the dupli-
23 cation of efforts to translate materials.

24 “(B) DOCUMENT TEMPLATES.—The Cen-
25 ter shall collect and evaluate for accuracy, de-

1 velop, and make available templates for stand-
2 ard documents that are necessary for patients
3 and consumers to access and make educated de-
4 cisions about their health care, including tem-
5 plates for each of the following:
6 "(i) Administrative and legal docu-
7 ments, including—
8 "(I) intake forms;
9 "(II) forms related to the Medi-
10 care program under title XVIII of the
11 Social Security Act, the Medicaid pro-
12 gram under title XIX of such Act,
13 and the State Children's Health In-
14 surance Program under title XXI of
15 such Act, including eligibility informa-
16 tion for such programs;
17 "(III) forms informing patients
18 of the compliance and consent re-
19 quirements pursuant to the regula-
20 tions under section 264(c) of the
21 Health Insurance Portability and Ac-
22 countability Act of 1996; and
23 "(IV) documents concerning in-
24 formed consent, advanced directives,
25 and waivers of rights.

1 "(ii) Clinical information, such as how
2 to take medications, how to prevent trans-
3 mission of a contagious disease, and other
4 prevention and treatment instructions.
5 "(iii) Public health, patient education,
6 and outreach materials, such as immuniza-
7 tion notices, health warnings, or screening
8 notices.
9 "(iv) Additional health or health care-
10 related materials as determined appro-
11 priate by the Director of the Center.
12 "(C) STRUCTURE OF FORMS.—In oper-
13 ating the clearinghouse, the Center shall—
14 "(i) ensure that the documents posted
15 in English and non-English languages are
16 culturally and linguistically appropriate;
17 "(ii) allow public review of the docu-
18 ments before dissemination in order to en-
19 sure that the documents are understand-
20 able and culturally and linguistically ap-
21 propriate for the target populations;
22 "(iii) allow health care providers to
23 customize the documents for their use;
24 "(iv) facilitate access to such docu-
25 ments;

1 "(v) provide technical assistance with
2 respect to the access and use of such infor-
3 mation; and
4 "(vi) carry out any other activities the
5 Secretary determines to be useful to fulfill
6 the purposes of the clearinghouse.
7 "(D) LANGUAGE ASSISTANCE PRO-
8 GRAMS.—The Center shall provide for the col-
9 lection and dissemination of information on cur-
10 rent examples of language assistance programs
11 and strategies to improve language services for
12 individuals with limited English proficiency, in-
13 cluding case studies using de-identified patient
14 information, program summaries, and program
15 evaluations.
16 "(E) CULTURALLY AND LINGUISTICALLY
17 APPROPRIATE MATERIALS.—The Center shall
18 provide, at no cost, to all health care providers
19 and all providers of health care-related services,
20 information relating to culturally and linguis-
21 tically appropriate health care for minority pop-
22 ulations residing in the United States, includ-
23 ing—
24 "(i) tenets of culturally and linguis-
25 tically appropriate care;

1 "(ii) culturally and linguistically ap-
2 propriate self-assessment tools;
3 "(iii) culturally and linguistically ap-
4 propriate training tools;
5 "(iv) strategic plans to increase cul-
6 tural and linguistic appropriateness in dif-
7 ferent types of providers of health care
8 services and health care-related services,
9 including regional collaborations among
10 health care organizations for health care
11 services and health care-related services;
12 and
13 "(v) culturally and linguistically ap-
14 propriate information for educators, practi-
15 tioners, students, and researchers.
16 "(F) TRANSLATION GLOSSARIES.—The
17 Center shall—
18 "(i) develop and publish on its website
19 translation glossaries that provide stand-
20 ardized translations of commonly used
21 terms and phrases utilized in documents
22 translated by the Center; and
23 "(ii) make such glossaries available—
24 "(I) free of charge;

1 "(II) in each language in which
2 the Center translates forms under
3 paragraph (2)(B);
4 "(III) in alternative formats in
5 accordance with the Americans with
6 Disabilities Act of 1990 (42 U.S.C.
7 12101 et seq.); and
8 "(IV) in paper format upon re-
9 quest.
10 "(G) INFORMATION ABOUT PROGRESS.—
11 The Center shall—
12 "(i) regularly collect and make pub-
13 licly available information about the
14 progress of entities receiving grants under
15 section 3402 regarding successful innova-
16 tions in implementing the requirements of
17 this subsection; and
18 "(ii) provide public notice in the enti-
19 ties' communities about the availability of
20 such information.
21 "(b) DIRECTOR.—The Center shall be headed by a
22 Director who shall be appointed by, and who shall report
23 to, the Director of the Agency for Healthcare Research
24 and Quality.

1 ‘‘(c) AVAILABILITY OF LANGUAGE ACCESS.—The Di-
2 rector of the Center shall collaborate with the Deputy As-
3 sistant Secretary for Minority Health, the Administrator
4 of the Centers for Medicare & Medicaid Services, and the
5 Administrator of the Health Resources and Services Ad-
6 ministration to notify health care providers and health
7 care organizations about the availability of language ac-
8 cess services by the Center.

9 ‘‘(d) EDUCATION.—The Secretary, directly or
10 through contract, shall undertake a national education
11 campaign to inform providers, individuals with limited
12 English proficiency, individuals with hearing or vision im-
13 pairments, health professionals, graduate schools, commu-
14 nity health centers, social service providers, and commu-
15 nity-based organizations about—

16 ‘‘(1) Federal and State laws and guidelines gov-
17 erning access to language services;

18 ‘‘(2) the value of using trained and competent
19 interpreters and the risks associated with using fam-
20 ily members, friends, minors, and untrained bilin-
21 gual staff;

22 ‘‘(3) funding sources for developing and imple-
23 menting language services; and

24 ‘‘(4) promising practices to effectively provide
25 language services.

1 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 $5,000,000 for each of fiscal years 2025 through 2029.

4 **"SEC. 3402. INNOVATIONS IN CULTURALLY AND LINGUIS-**
5 **TICALLY APPROPRIATE HEALTH CARE**
6 **GRANTS.**

7 "(a) IN GENERAL.—
8 "(1) GRANTS.—The Secretary shall award
9 grants to eligible entities to enable such entities to
10 design, implement, and evaluate innovative, cost-ef-
11 fective programs to improve culturally and linguis-
12 tically appropriate access to health care services for
13 individuals with limited English proficiency and com-
14 munication disabilities.
15 "(2) COORDINATION.—In making grants under
16 this section, and in the design and implementation
17 of the program established under this section, the
18 Secretary shall coordinate with, and ensure the par-
19 ticipation of, other agencies including the Health Re-
20 sources and Services Administration, the National
21 Institute on Minority Health and Health Disparities
22 at the National Institutes of Health, and the Office
23 of Minority Health.
24 "(b) ELIGIBILITY.—To be eligible to receive a grant
25 under subsection (a), an entity shall be—

1 "(1) a city, county, Indian Tribe, State, or sub-
2 division thereof;
3 "(2) an organization described in section
4 501(c)(3) of the Internal Revenue Code of 1986 and
5 exempt from tax under section 501(a) of such Code;
6 "(3) a community health, mental health, or
7 substance use disorder center or clinic;
8 "(4) a solo or group physician practice;
9 "(5) an integrated health care delivery system;
10 "(6) a public hospital;
11 "(7) a health care group, university, or college;
12 or
13 "(8) any other entity designated by the Sec-
14 retary.
15 "(c) APPLICATION.—An eligible entity seeking a
16 grant under this section shall prepare and submit to the
17 Secretary an application, at such time, in such manner,
18 and containing such additional information as the Sec-
19 retary may reasonably require.
20 "(d) USE OF FUNDS.—An entity shall use funds re-
21 ceived through a grant under this section to—
22 "(1) develop, implement, and evaluate models of
23 providing competent interpretation services through
24 onsite interpretation, telephonic interpretation, or
25 video remote interpreting services;

1 “(2) implement strategies to recruit, retain, and
2 promote individuals at all levels of the organization
3 to maintain a diverse staff and leadership that can
4 promote and provide language services to patient
5 populations of the service area of the entity;
6 “(3) develop and maintain a needs assessment
7 that identifies the current demographic, cultural,
8 and epidemiological profile of the community to ac-
9 curately plan for and implement language services
10 needed in the service area of the entity;
11 “(4) develop a strategic plan to implement lan-
12 guage services;
13 “(5) develop participatory, collaborative part-
14 nerships with communities encompassing the patient
15 populations of individuals with limited English pro-
16 ficiency served by the grant to gain input in design-
17 ing and implementing language services;
18 “(6) develop and implement grievance resolu-
19 tion processes that are culturally and linguistically
20 appropriate and capable of identifying, preventing,
21 and resolving complaints by individuals with limited
22 English proficiency;
23 “(7) develop short-term medical and mental
24 health interpretation training courses and incentives

1 for bilingual health care staff who are asked to pro-
2 vide interpretation services in the workplace;
3 “(8) develop formal training programs, includ-
4 ing continued professional development and edu-
5 cation programs as well as supervision, for individ-
6 uals interested in becoming dedicated health care in-
7 terpreters and culturally and linguistically appro-
8 priate providers;
9 “(9) provide staff language training instruction,
10 which shall include information on the practical limi-
11 tations of such instruction for nonnative speakers;
12 “(10) develop policies that address compensa-
13 tion in salary for staff who receive training to be-
14 come either a staff interpreter or bilingual provider;
15 “(11) develop other language assistance services
16 as determined appropriate by the Secretary;
17 “(12) develop, implement, and evaluate models
18 of improving cultural competence, including cultural
19 competence programs for community health workers;
20 “(13) ensure that, consistent with the privacy
21 protections provided for under the regulations pro-
22 mulgated under section 264(c) of the Health Insur-
23 ance Portability and Accountability Act of 1996 and
24 any applicable State privacy laws, data on the indi-
25 vidual patient or recipient’s race, ethnicity, and pri-

1 mary language are collected (and periodically up-
2 dated) in health records and integrated into the or-
3 ganization's information management systems or
4 any similar system used to store and retrieve data;
5 and

6 "(14) ensure that culturally competent care and
7 language assistance are available to individuals with
8 limited English proficiency.

9 "(e) PRIORITY.—In awarding grants under this sec-
10 tion, the Secretary shall give priority to entities that pri-
11 marily engage in providing direct care and that have devel-
12 oped partnerships with community organizations or with
13 agencies with experience in improving language access.

14 "(f) EVALUATION.—

15 "(1) BY GRANTEES.—An entity that receives a
16 grant under this section shall submit to the Sec-
17 retary an evaluation that describes, in the manner
18 and to the extent required by the Secretary, the ac-
19 tivities carried out with funds received under the
20 grant, and how such activities improved access to
21 health care services and health care-related services
22 and the quality of health care for individuals with
23 limited English proficiency. Such evaluation shall be
24 collected and disseminated through the Robert T.
25 Matsui Center for Culturally and Linguistically Ap-

propriate Health Care established under section 3401. The Director of the Agency for Healthcare Research and Quality shall notify grantees of the availability of technical assistance for the evaluation and provide such assistance upon request.

"(2) BY SECRETARY.—The Director of the Agency for Healthcare Research and Quality shall evaluate or arrange with other individuals or organizations to evaluate projects funded under this section.

"(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section $5,000,000 for each of fiscal years 2025 through 2029.

**"SEC. 3403. RESEARCH ON CULTURAL AND LANGUAGE COMPETENCE.**

"(a) IN GENERAL.—The Secretary shall expand research concerning language access in the provision of health care services.

"(b) ELIGIBILITY.—The Secretary may conduct the research described in subsection (a) or enter into contracts with other individuals or organizations to conduct such research.

"(c) USE OF FUNDS.—Research conducted under this section shall be designed to do one or more of the following:

1 “(1) To identify the barriers to mental and be-
2 havioral services that are faced by individuals with
3 limited English proficiency.
4 “(2) To identify health care providers’ and
5 health administrators’ knowledge and awareness of
6 the barriers to quality health care services that are
7 faced by individuals with limited English proficiency
8 and communication disabilities.
9 “(3) To identify optimal approaches for deliv-
10 ering language access.
11 “(4) To identify best practices for data collec-
12 tion, including—
13 “(A) the collection by providers of health
14 care services and health care-related services of
15 data on the race, ethnicity, and primary lan-
16 guage of recipients of such services, taking into
17 account existing research conducted by the Gov-
18 ernment or private sector;
19 “(B) the development and implementation
20 of data collection and reporting systems; and
21 “(C) effective privacy safeguards for col-
22 lected data.
23 “(5) To develop a minimum data collection set
24 for primary language.

1 "(6) To evaluate the most effective ways in
2 which the Secretary can create or coordinate, and
3 subsidize or otherwise fund, telephonic interpretation
4 services for health care providers, taking into consid-
5 eration, among other factors, the flexibility necessary
6 for such a system to accommodate variations in—
7 "(A) provider type;
8 "(B) languages needed and their frequency
9 of use;
10 "(C) type of encounter;
11 "(D) time of encounter, including whether
12 the encounter occurs during regular business
13 hours and after hours; and
14 "(E) location of encounter.
15 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
16 are authorized to be appropriated to carry out this section
17 $5,000,000 for each of fiscal years 2025 through 2029.".

18 **SEC. 2005. PILOT PROGRAM FOR IMPROVEMENT AND DE-**
19 **VELOPMENT OF STATE MEDICAL INTER-**
20 **PRETING SERVICES.**

21 (a) GRANTS AUTHORIZED.—The Secretary of Health
22 and Human Services (referred to in this section as the
23 "Secretary") shall award 1 grant in accordance with this
24 section to each of 3 States (to be selected by the Sec-
25 retary) to assist each such State in designing, imple-

1 menting, and evaluating a statewide program to provide
2 onsite interpreter services under the State Medicaid plan.
3 (b) GRANT PERIOD.—A grant awarded under this
4 section is authorized for the period of 3 fiscal years begin-
5 ning on October 1, 2024, and ending on September 30,
6 2027.
7 (c) PREFERENCE.—In awarding a grant under this
8 section, the Secretary shall give preference to a State—
9 (1) that has a high proportion of qualified LEP
10 enrollees, as determined by the Secretary;
11 (2) that has a large number of qualified LEP
12 enrollees, as determined by the Secretary;
13 (3) that has a high growth rate of the popu-
14 lation of individuals with limited English proficiency,
15 as determined by the Secretary; and
16 (4) that has a population of qualified LEP en-
17 rollees that is linguistically diverse, requiring inter-
18 preter services in at least 200 non-English lan-
19 guages.
20 (d) USE OF FUNDS.—A State receiving a grant under
21 this section shall use the grant funds to—
22 (1) ensure that all health care providers in the
23 State participating in the State Medicaid plan have
24 access to onsite interpreter services, for the purpose
25 of enabling effective communication between such

1 providers and qualified LEP enrollees during the
2 furnishing of items and services and administrative
3 interactions;
4 (2) establish, expand, procure, or contract for—
5 (A) a statewide health care information
6 technology system that is designed to achieve
7 efficiencies and economies of scale with respect
8 to onsite interpreter services provided to health
9 care providers in the State participating in the
10 State Medicaid plan; and
11 (B) an entity to administer such system,
12 the duties of which shall include—
13 (i) procuring and scheduling inter-
14 preter services for qualified LEP enrollees;
15 (ii) procuring and scheduling inter-
16 preter services for individuals with limited
17 English proficiency seeking to enroll in the
18 State Medicaid plan;
19 (iii) ensuring that interpreters receive
20 payment for interpreter services rendered
21 under the system; and
22 (iv) consulting regularly with organi-
23 zations representing LEP consumers, in-
24 terpreters, and health care providers; and

1 (3) develop mechanisms to establish, improve,
2 and strengthen the competency of the medical inter-
3 pretation workforce that serves qualified LEP enroll-
4 ees in the State, including a national certification
5 process that is valid, credible, and vendor-neutral.
6 (e) APPLICATION.—To receive a grant under this sec-
7 tion, a State shall submit an application at such time and
8 containing such information as the Secretary may require,
9 which shall include the following:
10 (1) A description of the language access needs
11 of individuals in the State enrolled in the State Med-
12 icaid plan.
13 (2) A description of the extent to which the
14 program will—
15 (A) use the grant funds for the purposes
16 described in subsection (d);
17 (B) meet the health care needs of rural
18 populations of the State; and
19 (C) collect information that accurately
20 tracks the language services requested by con-
21 sumers as compared to the language services
22 provided by health care providers in the State
23 participating in the State Medicaid plan.
24 (3) A description of how the program will be
25 evaluated, including a proposal for collaboration with

1 organizations representing interpreters, consumers,
2 and individuals with limited English proficiency.
3 (f) DEFINITIONS.—In this section:
4 (1) QUALIFIED LEP ENROLLEE.—The term
5 "qualified LEP enrollee" means an individual—
6 (A) who is limited English proficient; and
7 (B) who is enrolled in a State Medicaid
8 plan.
9 (2) STATE.—The term "State" has the mean-
10 ing given the term in section 1101(a)(1) of the So-
11 cial Security Act (42 U.S.C. 1301(a)(1)), for pur-
12 poses of title XIX of such Act (42 U.S.C. 1396 et
13 seq.).
14 (3) STATE MEDICAID PLAN.—The term "State
15 Medicaid plan" means a State plan under title XIX
16 of the Social Security Act (42 U.S.C. 1396 et seq.)
17 or a waiver of such a plan.
18 (4) UNITED STATES.—The term "United
19 States" has the meaning given the term in section
20 1101(a)(2) of the Social Security Act (42 U.S.C.
21 1301(a)(2)), for purposes of title XIX of such Act
22 (42 U.S.C. 1396 et seq.).
23 (g) CONTINUATION PAST DEMONSTRATION.—Any
24 State receiving a grant under this section must agree to

1 directly pay for language services in Medicaid for all Med-
2 icaid providers by the end of the grant period.
3 (h) FUNDING.—
4 (1) AUTHORIZATION OF APPROPRIATIONS.—
5 There is authorized to be appropriated $5,000,000
6 to carry out this section.
7 (2) AVAILABILITY OF FUNDS.—Amounts appro-
8 priated pursuant to the authorization in paragraph
9 (1) are authorized to remain available without fiscal
10 year limitation.
11 (3) INCREASED FEDERAL FINANCIAL PARTICI-
12 PATION.—Section 1903(a)(2)(E) of the Social Secu-
13 rity Act (42 U.S.C. 1396b(a)(2)(E)) is amended by
14 inserting "(or, in the case of a State that was
15 awarded a grant under section 2005 of the Health
16 Equity and Accountability Act of 2024, 100 percent
17 for each quarter occurring during the grant period
18 specified in subsection (b) of such section)" after
19 "75 percent".
20 (i) LIMITATION.—No Federal funds awarded under
21 this section may be used to provide interpreter services
22 from a location outside the United States.

1 **SEC. 2006. TRAINING TOMORROW'S DOCTORS FOR CUL-**
2 **TURALLY AND LINGUISTICALLY APPRO-**
3 **PRIATE CARE: GRADUATE MEDICAL EDU-**
4 **CATION.**

5 (a) DIRECT GRADUATE MEDICAL EDUCATION.—Sec-
6 tion 1886(h)(4) of the Social Security Act (42 U.S.C.
7 1395ww(h)(4)) is amended by adding at the end the fol-
8 lowing new subparagraph:

9 "(L) TREATMENT OF CULTURALLY AND
10 LINGUISTICALLY APPROPRIATE TRAINING.—In
11 determining a hospital's number of full-time
12 equivalent residents for purposes of this sub-
13 section, all the time that is spent by an intern
14 or resident in an approved medical residency
15 training program for education and training in
16 culturally and linguistically appropriate service
17 delivery, which shall include all medically under-
18 served populations (as defined in section
19 330(b)(3) of the Public Health Service Act),
20 shall be counted toward the determination of
21 full-time equivalency.".

22 (b) INDIRECT MEDICAL EDUCATION.—Section
23 1886(d)(5)(B) of the Social Security Act (42 U.S.C.
24 1395ww(d)(5)(B)) is amended by adding at the end the
25 following new clause:

1 "(xiv) The provisions of subparagraph (L) of
2 subsection (h)(4) shall apply under this subpara-
3 graph in the same manner as they apply under such
4 subsection.".

5 (c) EFFECTIVE DATE.—The amendments made by
6 subsections (a) and (b) shall apply with respect to pay-
7 ments made to hospitals on or after the date that is 1
8 year after the date of the enactment of this Act.

9 **SEC. 2007. FEDERAL REIMBURSEMENT FOR CULTURALLY**
10 **AND LINGUISTICALLY APPROPRIATE SERV-**
11 **ICES UNDER THE MEDICARE, MEDICAID, AND**
12 **STATE CHILDREN'S HEALTH INSURANCE**
13 **PROGRAMS.**

14 (a) LANGUAGE ACCESS GRANTS FOR MEDICARE
15 PROVIDERS.—

16 (1) ESTABLISHMENT.—

17 (A) IN GENERAL.—Not later than 6
18 months after the date of the enactment of this
19 Act, the Secretary of Health and Human Serv-
20 ices (in this subsection referred to as the "Sec-
21 retary"), acting through the Centers for Medi-
22 care & Medicaid Services and in consultation
23 with the Center for Medicare and Medicaid In-
24 novation (as referred to in section 1115A of the
25 Social Security Act (42 U.S.C. 1315a)), shall

1 establish a demonstration program under which
2 the Secretary shall award grants to eligible
3 Medicare service providers to provide culturally
4 and linguistically appropriate services to Medi-
5 care beneficiaries who are limited English pro-
6 ficient, including beneficiaries who live in di-
7 verse and underserved communities.

8 (B) APPLICATION OF INNOVATION
9 RULES.—The demonstration project under sub-
10 paragraph (A) shall be conducted in a manner
11 that is consistent with the applicable provisions
12 of subsections (b), (c), and (d) of section 1115A
13 of the Social Security Act (42 U.S.C. 1315a).

14 (C) NUMBER OF GRANTS.—To the extent
15 practicable, the Secretary shall award not less
16 than 24 grants under this subsection.

17 (D) GRANT PERIOD.—Except as provided
18 in paragraph (2)(D), each grant awarded under
19 this subsection shall be for a 3-year period.

20 (2) ELIGIBILITY REQUIREMENTS.—To be eligi-
21 ble for a grant under this subsection, an entity must
22 meet the following requirements:

23 (A) MEDICARE PROVIDER.—The entity
24 must be—

(i) a provider of services under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.);

(ii) a provider of services under part B of such title (42 U.S.C. 1395j et seq.);

(iii) a Medicare Advantage organization offering a Medicare Advantage plan under part C of such title (42 U.S.C. 1395w–21 et seq.); or

(iv) a PDP sponsor offering a prescription drug plan under part D of such title (42 U.S.C. 1395w–101 et seq.).

(B) UNDERSERVED COMMUNITIES.—The entity must serve a community that, with respect to necessary language services for improving access and utilization of health care among individuals who are limited English proficient, is disproportionally underserved.

(C) APPLICATION.—The entity must prepare and submit to the Secretary an application, at such time, in such manner, and accompanied by such additional information as the Secretary may require.

(D) REPORTING.—In the case of a grantee that received a grant under this subsection in

1 a previous year, such grantee is only eligible for
2 continued payments under a grant under this
3 subsection if the grantee met the reporting re-
4 quirements under paragraph (9) for such year.
5 If a grantee fails to meet the requirements of
6 such paragraph for the first year of a grant, the
7 Secretary may terminate the grant and solicit
8 applications from new grantees to participate in
9 the demonstration program.

10 (3) DISTRIBUTION.—To the extent feasible, the
11 Secretary shall award—

12 (A) at least 10 grants to providers of serv-
13 ices described in paragraph (2)(A)(i);

14 (B) at least 10 grants to service providers
15 described in paragraph (2)(A)(ii);

16 (C) at least 10 grants to organizations de-
17 scribed in paragraph (2)(A)(iii); and

18 (D) at least 10 grants to sponsors de-
19 scribed in paragraph (2)(A)(iv).

20 (4) CONSIDERATIONS IN AWARDING GRANTS.—

21 (A) VARIATION AMONG GRANTEES.—In
22 awarding grants under this subsection, the Sec-
23 retary shall select grantees to ensure the fol-
24 lowing:

1 (i) The grantees provide many dif-
2 ferent types of language services.
3 (ii) The grantees serve Medicare bene-
4 ficiaries who speak different languages,
5 and who, as a population, have differing
6 needs for language services.
7 (iii) The grantees serve Medicare
8 beneficiaries in both urban and rural set-
9 tings.
10 (iv) The grantees represent each Cen-
11 ters for Medicare & Medicaid Services re-
12 gion, as defined by the Secretary.
13 (v) The grantees serve Medicare bene-
14 ficiaries in at least 2 large metropolitan
15 statistical areas with diverse populations,
16 including diversity in race, ethnicity, sexual
17 orientation, gender identity, disability sta-
18 tus, and socioeconomic status.
19 (B) PRIORITY FOR PARTNERSHIPS WITH
20 COMMUNITY ORGANIZATIONS AND AGENCIES.—
21 In awarding grants under this subsection, the
22 Secretary shall give priority to eligible entities
23 that have a partnership with 1 or more of the
24 following entities that have experience in pro-
25 viding language services:

1 (i) A community organization.

2 (ii) A consortium of community orga-
3 nizations, State agencies, and local agen-
4 cies.

5 (5) USE OF FUNDS FOR COMPETENT LANGUAGE
6 SERVICES.—

7 (A) IN GENERAL.—Subject to subpara-
8 graph (E), a grantee may only use grant funds
9 received under this subsection to pay for the
10 provision of competent language services to
11 Medicare beneficiaries who are individuals who
12 are limited English proficient to supplement ex-
13 isting Medicare requirements.

14 (B) COMPETENT LANGUAGE SERVICES DE-
15 FINED.—For purposes of this subsection, the
16 term ''competent language services'' means—

17 (i) interpreter and translation services
18 that—

19 (I) subject to the exceptions
20 under subparagraph (C)—

21 (aa) if the grantee operates
22 in a State that has statewide
23 health care interpreter standards,
24 meet the State standards cur-
25 rently in effect; or

1 (bb) if the grantee operates
2 in a State that does not have
3 statewide health care interpreter
4 standards, utilize competent in-
5 terpreters who follow the Na-
6 tional Council on Interpreting in
7 Health Care's Code of Ethics and
8 Standards of Practice and com-
9 ply with the requirements of sec-
10 tion 1557 of the Patient Protec-
11 tion and Affordable Care Act (42
12 U.S.C. 18116) as published in
13 the Federal Register on May 18,
14 2016, 81 Fed. Reg. 31375; and
15 (II) in the case of interpreter
16 services, are provided through—
17 (aa) onsite interpretation;
18 (bb) telephonic interpreta-
19 tion; or
20 (cc) video interpretation;
21 and
22 (ii) the direct provision of health care
23 or health care-related services by a com-
24 petent bilingual health care provider.
25 (C) EXCEPTIONS.—

1 (i) IN GENERAL.—The requirements
2 of subparagraph (B)(i)(I) do not apply,
3 with respect to interpreter and translation
4 services and a grantee—
5 (I) in the case of a Medicare ben-
6 eficiary who is limited English pro-
7 ficient, if—
8 (aa) such beneficiary has
9 been informed, in the bene-
10 ficiary's primary language, of the
11 availability of free interpreter
12 and translation services and the
13 beneficiary instead requests that
14 a family member, friend, or other
15 person provide such services; and
16 (bb) the grantee documents
17 such request in the beneficiary's
18 medical record; or
19 (II) subject to clause (ii), in the
20 case of a medical emergency where
21 the delay directly associated with ob-
22 taining a competent interpreter or
23 translation services would jeopardize
24 the health of the patient.

1 (ii) CLARIFICATION.—Clause (i)(II)
2 shall not be construed to exempt emer-
3 gency rooms or similar entities that regu-
4 larly provide health care services in med-
5 ical emergencies to patients who are indi-
6 viduals who are limited English proficient
7 from any applicable legal or regulatory re-
8 quirements related to providing competent
9 interpreter and translation services without
10 undue delay.

11 (D) MEDICARE ADVANTAGE ORGANIZA-
12 TIONS AND PDP SPONSORS.—A grantee that is
13 a Medicare Advantage organization or a pre-
14 scription drug plan sponsor must provide at
15 least 50 percent of the grant funds that the
16 grantee receives under this subsection directly
17 to the entity's network providers (including all
18 health providers and pharmacists) for the pur-
19 pose of providing support for such providers to
20 provide competent language services to Medi-
21 care beneficiaries who are individuals who are
22 limited English proficient.

23 (E) ADMINISTRATIVE AND REPORTING
24 COSTS.—A grantee may use up to 10 percent of
25 the grant funds to pay for administrative costs

1 associated with the provision of competent lan-
2 guage services and for reporting required under
3 paragraph (9).
4 (6) DETERMINATION OF AMOUNT OF GRANT
5 PAYMENTS.—
6 (A) IN GENERAL.—Payments to grantees
7 under this subsection shall be calculated based
8 on the estimated numbers of Medicare bene-
9 ficiaries who are limited English proficient in a
10 grantee's service area utilizing—
11 (i) data on the numbers of English
12 learners who speak English less than "very
13 well" from the most recently available data
14 from the Bureau of the Census or other
15 State-based study the Secretary determines
16 is likely to yield accurate data regarding
17 the number of such individuals in such
18 service area; or
19 (ii) data provided by the grantee, if
20 the grantee routinely collects data on the
21 primary language of the Medicare bene-
22 ficiaries that the grantee serves and the
23 Secretary determines that the data is accu-
24 rate and shows a greater number of indi-
25 viduals who are limited English proficient

1 than would be estimated using the data
2 under clause (i).
3 (B) DISCRETION OF SECRETARY.—Subject
4 to subparagraph (C), the amount of payment
5 made to a grantee under this subsection may be
6 modified annually at the discretion of the Sec-
7 retary, based on changes in the data under sub-
8 paragraph (A) with respect to the service area
9 of a grantee for the year.
10 (C) LIMITATION ON AMOUNT.—The
11 amount of a grant made under this subsection
12 to a grantee may not exceed $500,000 for the
13 period under paragraph (1)(D).
14 (7) ASSURANCES.—Grantees under this sub-
15 section shall, as a condition of receiving a grant
16 under this subsection—
17 (A) ensure that clinical and support staff
18 receive appropriate ongoing education and
19 training in linguistically appropriate service de-
20 livery;
21 (B) ensure the linguistic competence of bi-
22 lingual providers;
23 (C) offer and provide appropriate language
24 services at no additional charge to each patient
25 who is limited English proficient for all points

1 of contact between the patient and the grantee,
2 in a timely manner during all hours of oper-
3 ation;
4 (D) notify Medicare beneficiaries of their
5 right to receive language services in their pri-
6 mary language at least annually;
7 (E) post signage in the primary languages
8 commonly used by the patient population in the
9 service area of the organization; and
10 (F) ensure that—
11 (i) primary language data are col-
12 lected for recipients of language services
13 and such data are consistent with stand-
14 ards developed under title XXXIV of the
15 Public Health Service Act, as added by
16 section 2002 of this Act, to the extent such
17 standards are available upon the initiation
18 of the demonstration program; and
19 (ii) consistent with the privacy protec-
20 tions provided under the regulations pro-
21 mulgated pursuant to section 264(c) of the
22 Health Insurance Portability and Account-
23 ability Act of 1996 (42 U.S.C. 1320d–2
24 note), if the recipient of language services
25 is a minor or is incapacitated, primary lan-

1 guage data must also be collected on the
2 parent or legal guardian of such recipient.
3 (8) NO COST SHARING.—Medicare beneficiaries
4 who are limited English proficient shall not have to
5 pay cost sharing or co-payments for competent lan-
6 guage services provided under this demonstration
7 program.
8 (9) REPORTING REQUIREMENTS FOR GRANT-
9 EES.—Not later than the end of each calendar year,
10 a grantee that receives funds under this subsection
11 in such year shall submit to the Secretary a report
12 that includes the following information:
13 (A) The number of Medicare beneficiaries
14 to whom competent language services are pro-
15 vided, disaggregated by age and entitlement
16 basis (on the basis of age, disability, or deter-
17 mination of end stage renal disease).
18 (B) The primary languages of those Medi-
19 care beneficiaries.
20 (C) The types of language services pro-
21 vided to such beneficiaries.
22 (D) Whether such language services were
23 provided by employees of the grantee or
24 through a contract with external contractors or
25 agencies.

1 (E) The types of interpretation services
2 provided to such beneficiaries, and the approxi-
3 mate length of time such service is provided to
4 such beneficiaries.

5 (F) The costs of providing competent lan-
6 guage services.

7 (G) An account of the training or accredi-
8 tation of bilingual staff, interpreters, and trans-
9 lators providing services funded by the grant
10 under this subsection.

11 (10) EVALUATION AND REPORT TO CON-
12 GRESS.—Not later than 1 year after the completion
13 of a 3-year grant under this subsection, the Sec-
14 retary shall conduct an evaluation of the demonstra-
15 tion program under this subsection and shall submit
16 to the Congress a report that includes the following:

17 (A) An analysis of the patient outcomes
18 and the costs of furnishing care to the Medicare
19 beneficiaries who are individuals who are lim-
20 ited English proficient participating in the
21 project as compared to such outcomes and costs
22 for such Medicare beneficiaries not partici-
23 pating, based on the data provided under para-
24 graph (9) and any other information available
25 to the Secretary.

1 (B) The effect of delivering language serv-
2 ices on—
3 (i) Medicare beneficiary access to care
4 and utilization of services;
5 (ii) the efficiency and cost-effective-
6 ness of health care delivery;
7 (iii) patient satisfaction with respect
8 to both health service delivery and lan-
9 guage assistance;
10 (iv) health outcomes; and
11 (v) the provision of culturally appro-
12 priate services provided to such bene-
13 ficiaries.
14 (C) The extent to which bilingual staff, in-
15 terpreters, and translators providing services
16 under such demonstration were trained or ac-
17 credited and the nature of accreditation or
18 training needed by type of provider, service, or
19 other category as determined by the Secretary
20 to ensure the provision of high-quality interpre-
21 tation, translation, or other language services to
22 Medicare beneficiaries if such services are ex-
23 panded pursuant to section 1115A(c) of the So-
24 cial Security Act (42 U.S.C. 1315a(c)).

1 (D) Recommendations, if any, regarding
2 the extension of such project to the entire Medi-
3 care Program, subject to the provisions of such
4 section 1115A(c).
5 (11) APPROPRIATIONS.—There is appropriated
6 to carry out this subsection, in equal parts from the
7 Federal Hospital Insurance Trust Fund under sec-
8 tion 1817 of the Social Security Act (42 U.S.C.
9 1395i) and the Federal Supplementary Medical In-
10 surance Trust Fund under section 1841 of such Act
11 (42 U.S.C. 1395t), $16,000,000 for each fiscal year
12 of the demonstration program.
13 (12) LIMITED ENGLISH PROFICIENT DE-
14 FINED.—In this subsection, the term ''limited
15 English proficient'' means individuals who self-iden-
16 tify on the Census as speaking English less than
17 ''very well''.
18 (b) LANGUAGE ASSISTANCE SERVICES UNDER THE
19 MEDICARE PROGRAM.—
20 (1) INCLUSION AS RURAL HEALTH CLINIC
21 SERVICES.—Section 1861 of the Social Security Act
22 (42 U.S.C. 1395x) is amended—
23 (A) in subsection (aa)(1)—
24 (i) in subparagraph (C), by striking
25 ''and'' at the end;

1 (ii) in subparagraph (D), by inserting
2 ''and'' after the comma at the end; and
3 (iii) by inserting after subparagraph
4 (D) the following new subparagraph:
5 ''(E) language assistance services as defined in
6 subsection (nnn),''; and
7 (B) by adding at the end the following new
8 subsection:
9 ''Language Assistance Services and Related Terms
10 ''(nnn) The term 'language assistance services' means
11 'language access' or 'language assistance services' (as
12 those terms are defined in section 3400 of the Public
13 Health Service Act) furnished by a 'qualified interpreter
14 for an individual with limited English proficiency' or a
15 'qualified translator' (as those terms are defined in such
16 section 3400) to an 'individual with limited English pro-
17 ficiency' (as defined in such section 3400).''.
18 (2) COVERAGE.—Section 1832(a)(2) of the So-
19 cial Security Act (42 U.S.C. 1395k(a)(2)) is amend-
20 ed—
21 (A) in subparagraph (I), by striking ''and''
22 at the end;
23 (B) in subparagraph (J), by striking the
24 period at the end and inserting ''; and''; and

1 (C) by adding at the end the following new
2 subparagraph:
3 "(K) language assistance services (as de-
4 fined in section 1861(nnn)).".
5 (3) PAYMENT.—Section 1833(a) of the Social
6 Security Act (42 U.S.C. 1395l(a)) is amended—
7 (A) in paragraph (9), by striking "and" at
8 the end;
9 (B) in paragraph (10), by striking the pe-
10 riod at the end and inserting "; and"; and
11 (C) by inserting after paragraph (10) the
12 following new paragraph:
13 "(11) in the case of language assistance serv-
14 ices (as defined in section 1861(nnn)), 100 percent
15 of the reasonable charges for such services, as deter-
16 mined in consultation with the Medicare Payment
17 Advisory Commission.".
18 (4) WAIVER OF BUDGET NEUTRALITY.—For
19 the 3-year period beginning on the date of enact-
20 ment of this section, the budget neutrality provision
21 of section 1848(c)(2)(B)(ii) of the Social Security
22 Act (42 U.S.C. 1395w–4(c)(2)(B)(ii)) shall not
23 apply with respect to language assistance services
24 (as defined in section 1861(nnn) of such Act).

1 (c) MEDICARE PARTS C AND D; MEDICARE ADVAN-
2 TAGE PLANS AND PRESCRIPTION DRUG PLANS REPORT-
3 ING REQUIREMENT.—Section 1857(e) of the Social Secu-
4 rity Act (42 U.S.C. 1395w–27(e)) is amended by adding
5 at the end the following new paragraph:

6 "(6) REPORTING REQUIREMENTS RELATING TO
7 EFFECTIVE LANGUAGE SERVICES.—A contract under
8 this part shall require a Medicare Advantage organi-
9 zation (and, through application of section 1860D–
10 12(b)(3)(D), a contract under section 1860D–12
11 shall require a PDP sponsor) to annually submit
12 (for each year of the contract) a report that contains
13 information on the internal policies and procedures
14 of the organization (or sponsor) related to recruit-
15 ment and retention efforts directed to workforce di-
16 versity and linguistically and culturally appropriate
17 provision of services in each of the following con-
18 texts:

19 "(A) The collection of data in a manner
20 that meets the requirements of title I of the
21 Health Equity and Accountability Act of 2024,
22 regarding the enrollee population.

23 "(B) Education of staff and contractors
24 who have routine contact with enrollees regard-

1 ing the various needs of the diverse enrollee
2 population.
3 "(C) Evaluation of the language services
4 programs and services offered by the organiza-
5 tion (or sponsor) with respect to the enrollee
6 population, such as through analysis of com-
7 plaints or satisfaction survey results.
8 "(D) Methods by which the plan provides
9 to the Secretary information regarding the eth-
10 nic diversity of the enrollee population.
11 "(E) The periodic provision of educational
12 information to plan enrollees on the language
13 services and programs offered by the organiza-
14 tion (or sponsor).".
15 (d) IMPROVING LANGUAGE SERVICES IN MEDICAID
16 AND CHIP.—
17 (1) PAYMENTS TO STATES.—Section
18 1903(a)(2)(E) of the Social Security Act (42 U.S.C.
19 1396b(a)(2)(E)), as amended by section 2005(h)(3),
20 is further amended by—
21 (A) striking "75" and inserting "95";
22 (B) striking "translation or interpretation
23 services" and inserting "language assistance
24 services"; and

1 (C) striking ''children of families'' and in-
2 serting ''individuals''.
3 (2) STATE PLAN REQUIREMENTS.—Section
4 1902(a)(10)(A) of the Social Security Act (42
5 U.S.C. 1396a(a)(10)(A)) is amended by striking
6 ''and (30)'' and inserting ''(30), and (32)''.
7 (3) DEFINITION OF MEDICAL ASSISTANCE.—
8 Section 1905(a) of the Social Security Act (42
9 U.S.C. 1396d(a)) is amended—
10 (A) in paragraph (31), by striking ''and''
11 at the end;
12 (B) by redesignating paragraph (32) as
13 paragraph (33); and
14 (C) by inserting after paragraph (31) the
15 following new paragraph:
16 ''(32) language assistance services, as such
17 term is defined in section 1861(nnn), provided in a
18 timely manner to individuals with limited English
19 proficiency as defined in section 3400 of the Public
20 Health Service Act; and''.
21 (4) USE OF DEDUCTIONS AND COST SHAR-
22 ING.—Subsections (a)(2) and (b)(2) of section 1916
23 of the Social Security Act (42 U.S.C. 1396o) are
24 each amended—

1 (A) in subparagraph (I), by striking ''or''
2 at the end;
3 (B) in subparagraph (J), by striking '';
4 and'' and inserting '', or''; and
5 (C) by adding at the end the following new
6 subparagraph:
7 ''(K) language assistance services described
8 in section 1905(a)(32); and''.
9 (5) CHIP COVERAGE REQUIREMENTS.—Section
10 2103 of the Social Security Act (42 U.S.C. 1397cc)
11 is amended—
12 (A) in subsection (a), in the matter before
13 paragraph (1), by striking ''(5), (6), (7) and
14 (8)'' and inserting ''(5) through (13)'';
15 (B) in subsection (c), by adding at the end
16 the following new paragraph:
17 ''(13) LANGUAGE ASSISTANCE SERVICES.—The
18 child health assistance provided to a targeted low-in-
19 come child shall include coverage of language assist-
20 ance services, as such term is defined in section
21 1861(nnn), provided in a timely manner to individ-
22 uals with limited English proficiency (as defined in
23 section 3400 of the Public Health Service Act).'';
24 and
25 (C) in subsection (e)(2)—

1 (i) in the heading, by striking ''PRE-
2 VENTIVE'' and inserting ''CERTAIN''; and
3 (ii) by inserting ''language assistance
4 services described in subsection (c)(12),''
5 before ''or for pregnancy-related assist-
6 ance''.
7 (6) DEFINITION OF CHILD HEALTH ASSIST-
8 ANCE.—Section 2110(a)(27) of the Social Security
9 Act (42 U.S.C. 1397jj(a)(27)) is amended by strik-
10 ing ''transportation, translation, and outreach serv-
11 ices'' and inserting ''transportation services, lan-
12 guage assistance services as described in section
13 2103(c)(13), and outreach services''.
14 (7) STATE DATA COLLECTION.—Pursuant to
15 the reporting requirement described in section
16 2107(b)(1) of the Social Security Act (42 U.S.C.
17 1397gg(b)(1)), the Secretary of Health and Human
18 Services shall require that States collect data on—
19 (A) the primary language of individuals re-
20 ceiving child health assistance under title XXI
21 of the Social Security Act (42 U.S.C. 1397aa et
22 seq.); and
23 (B) in the case of such individuals who are
24 minors or incapacitated, the primary language
25 of the individual's parent or guardian.

1 (8) CHIP PAYMENTS TO STATES.—Section
2 2105 of the Social Security Act (42 U.S.C. 1397ee)
3 is amended—
4 (A) in subsection (a)(1)—
5 (i) in the matter preceding subpara-
6 graph (A), by striking ''75'' and inserting
7 ''95''; and
8 (ii) in subparagraph (D)(iv), by strik-
9 ing ''translation or interpretation services''
10 and inserting ''language assistance serv-
11 ices''; and
12 (B) in subsection (c)(2)(A), by inserting
13 before the period at the end the following: '',
14 except that expenditures pursuant to clause (iv)
15 of subparagraph (D) of such paragraph shall
16 not count towards this total''.
17 (e) FUNDING LANGUAGE ASSISTANCE SERVICES
18 FURNISHED BY PROVIDERS OF HEALTH CARE AND
19 HEALTH CARE-RELATED SERVICES THAT SERVE HIGH
20 RATES OF UNINSURED LEP INDIVIDUALS.—
21 (1) PAYMENT OF COSTS.—
22 (A) IN GENERAL.—Subject to subpara-
23 graph (B), the Secretary of Health and Human
24 Services (referred to in this subsection as the
25 ''Secretary'') shall make payments (on a quar-

1 terly basis) directly to eligible entities to sup-
2 port the provision of language assistance serv-
3 ices to individuals with limited English pro-
4 ficiency in an amount equal to an eligible enti-
5 ty's eligible costs for providing such services for
6 the quarter.
7 (B) FUNDING.—Out of any funds in the
8 Treasury not otherwise appropriated, there are
9 appropriated to the Secretary such sums as
10 may be necessary for each of fiscal years 2025
11 through 2029.
12 (C) RELATION TO MEDICAID DSH.—Pay-
13 ments under this subsection shall not offset or
14 reduce payments under section 1923 of the So-
15 cial Security Act (42 U.S.C. 1396r–4), nor
16 shall payments under such section be consid-
17 ered when determining uncompensated costs as-
18 sociated with the provision of language assist-
19 ance services for the purposes of this sub-
20 section.
21 (2) METHODOLOGY FOR PAYMENT OF
22 CLAIMS.—
23 (A) IN GENERAL.—The Secretary shall es-
24 tablish a methodology to determine the average
25 per person cost of language assistance services.

1 (B) DIFFERENT ENTITIES.—In estab-
2 lishing such methodology, the Secretary may es-
3 tablish different methodologies for different
4 types of eligible entities.

5 (C) NO INDIVIDUAL CLAIMS.—The Sec-
6 retary may not require eligible entities to sub-
7 mit individual claims for language assistance
8 services for individual patients as a requirement
9 for payment under this subsection.

10 (3) DATA COLLECTION INSTRUMENT.—For pur-
11 poses of this subsection, the Secretary shall create a
12 standard data collection instrument that is con-
13 sistent with any existing reporting requirements by
14 the Secretary or relevant accrediting organizations
15 regarding the number of individuals to whom lan-
16 guage access is provided.

17 (4) GUIDELINES.—Not later than 6 months
18 after the date of enactment of this Act, the Sec-
19 retary shall establish and distribute guidelines con-
20 cerning the implementation of this subsection.

21 (5) REPORTING REQUIREMENTS.—

22 (A) REPORT TO SECRETARY.—Entities re-
23 ceiving payment under this subsection shall pro-
24 vide the Secretary with a quarterly report on
25 how the entity used such funds. Such report

1 shall contain aggregate (and may not contain
2 individualized) data collected using the instru-
3 ment under paragraph (3) and shall otherwise
4 be in a form and manner determined by the
5 Secretary.

6 (B) REPORT TO CONGRESS.—Not later
7 than 2 years after the date of enactment of this
8 Act, and every 2 years thereafter, the Secretary
9 shall submit a report to Congress concerning
10 the implementation of this subsection.

11 (6) DEFINITIONS.—In this subsection:

12 (A) ELIGIBLE COSTS.—The term "eligible
13 costs" means, with respect to an eligible entity
14 that provides language assistance services to
15 limited English proficient individuals, the prod-
16 uct of—

17 (i) the average per person cost of lan-
18 guage assistance services, determined ac-
19 cording to the methodology devised under
20 paragraph (2); and

21 (ii) the number of individuals with
22 limited English proficiency who are pro-
23 vided language assistance services by the
24 entity and for whom no reimbursement is
25 available for such services under the

1 amendments made by subsection (a), (b),
2 (c), or (d), or by private health insurance.
3 (B) ELIGIBLE ENTITY.—The term ''eligible
4 entity'' means an entity that—
5 (i) is a Medicaid provider that is—
6 (I) a physician;
7 (II) a hospital with a low-income
8 utilization rate (as defined in section
9 1923(b)(3) of the Social Security Act
10 (42 U.S.C. 1396r–4(b)(3))) of greater
11 than 25 percent;
12 (III) a Federally qualified health
13 center (as defined in section
14 1905(l)(2)(B) of the Social Security
15 Act (42 U.S.C. 1396d(l)(2)(B)));
16 (IV) a hospice provider; or
17 (V) a palliative care provider;
18 (ii) not later than 6 months after the
19 date of the enactment of this Act, provides
20 language assistance services to not less
21 than 8 percent of the entity's total number
22 of patients; and
23 (iii) prepares and submits an applica-
24 tion to the Secretary, at such time, in such
25 manner, and accompanied by such infor-

1 mation as the Secretary may require, to
2 ascertain the entity's eligibility for funding
3 under this subsection.
4 (C) LANGUAGE ASSISTANCE SERVICES.—
5 The term "language assistance services" has
6 the meaning given such term in section
7 1861(nnn) of the Social Security Act, as added
8 by subsection (b).
9 (f) APPLICATION OF CIVIL RIGHTS ACT OF 1964,
10 SECTION 1557 OF THE AFFORDABLE CARE ACT, AND
11 OTHER LAWS.—Nothing in this section shall be construed
12 to limit otherwise existing obligations of recipients of Fed-
13 eral financial assistance under title VI of the Civil Rights
14 Act of 1964 (42 U.S.C. 2000d et seq.), section 1557 of
15 the Affordable Care Act (42 U.S.C. 18116), or other laws
16 that protect the civil rights of individuals.
17 (g) EFFECTIVE DATE.—
18 (1) IN GENERAL.—Except as otherwise pro-
19 vided and subject to paragraph (2), the amendments
20 made by this section shall take effect on January 1,
21 2025.
22 (2) EXCEPTION IF STATE LEGISLATION RE-
23 QUIRED.—In the case of a State plan for medical as-
24 sistance under title XIX of the Social Security Act
25 (42 U.S.C. 1396 et seq.) or a State plan for child

1 health assistance under title XXI of such Act (42
2 U.S.C. 1397aa et seq.) which the Secretary of
3 Health and Human Services determines requires
4 State legislation (other than legislation appro-
5 priating funds) in order for the plan to meet the ad-
6 ditional requirement imposed by the amendments
7 made by this section, such State plan shall not be
8 regarded as failing to comply with the requirements
9 of such title solely on the basis of its failure to meet
10 this additional requirement before the first day of
11 the first calendar quarter beginning after the close
12 of the first regular session of the State legislature
13 that begins after the date of the enactment of this
14 Act. For purposes of the previous sentence, in the
15 case of a State that has a 2-year legislative session,
16 each year of such session shall be deemed to be a
17 separate regular session of the State legislature.

18 **SEC. 2008. INCREASING UNDERSTANDING OF AND IMPROV-**
19 **ING HEALTH LITERACY.**

20 (a) IN GENERAL.—The Secretary, in consultation
21 with the Director of the National Institute on Minority
22 Health and Health Disparities and the Deputy Assistant
23 Secretary for Minority Health, shall award grants to eligi-
24 ble entities to improve health care for patient populations
25 that have low health literacy.

1 (b) ELIGIBILITY.—To be eligible to receive a grant
2 under subsection (a), an entity shall—
3 (1) be a hospital, health center or clinic, health
4 plan, or other health entity (including a nonprofit
5 minority health organization or association); and
6 (2) prepare and submit to the Secretary an ap-
7 plication at such time, in such manner, and con-
8 taining such information as the Secretary may rea-
9 sonably require.
10 (c) USE OF FUNDS.—
11 (1) AGENCY FOR HEALTHCARE RESEARCH AND
12 QUALITY.—A grant under subsection (a) that is
13 awarded through the Director of the Agency for
14 Healthcare Research and Quality shall be used—
15 (A) to define and increase the under-
16 standing of health literacy across all areas of
17 health care, including end of life care;
18 (B) to investigate the correlation between
19 low health literacy and health and health care;
20 (C) to clarify which aspects of health lit-
21 eracy have an effect on health outcomes; and
22 (D) for any other activity determined ap-
23 propriate by the Director.
24 (2) HEALTH RESOURCES AND SERVICES ADMIN-
25 ISTRATION.—A grant under subsection (a) that is

1 awarded through the Administrator of the Health
2 Resources and Services Administration shall be used
3 to conduct demonstration projects for interventions
4 for patients with low health literacy that may in-
5 clude—
6 (A) the development of new disease man-
7 agement and end of life care programs for pa-
8 tients with low health literacy;
9 (B) the tailoring of disease management
10 programs and end of life care addressing men-
11 tal, physical, oral, and behavioral health condi-
12 tions for patients with low health literacy;
13 (C) the translation of written health mate-
14 rials for patients with low health literacy;
15 (D) the identification, implementation, and
16 testing of low health literacy screening tools;
17 (E) the conduct of educational campaigns
18 for patients and providers about low health lit-
19 eracy;
20 (F) the conduct of educational campaigns
21 concerning health directed specifically at pa-
22 tients with mental disabilities, including those
23 with cognitive and intellectual disabilities, de-
24 signed to reduce the incidence of low health lit-
25 eracy among these populations, which shall

1 have instructional materials in the plain lan-
2 guage standards promulgated under the Plain
3 Writing Act of 2010 (5 U.S.C. 301 note) for
4 Federal agencies; and
5 (G) other activities determined appropriate
6 by the Administrator.
7 (d) DEFINITIONS.—In this section:
8 (1) LOW HEALTH LITERACY.—The term "low
9 health literacy" means the inability of an individual
10 to obtain, process, and understand basic health in-
11 formation and services needed to make appropriate
12 health decisions.
13 (2) SECRETARY.—The term "Secretary" means
14 the Secretary of Health and Human Services—
15 (A) acting through the Director of the
16 Agency for Healthcare Research and Quality,
17 with respect to grants under subsection (c)(1);
18 and
19 (B) acting through the Administrator of
20 the Health Resources and Services Administra-
21 tion with respect to grants under subsection
22 (c)(2).
23 (e) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section

such sums as may be necessary for each of fiscal years 2025 through 2029.

**SEC. 2009. REQUIREMENTS FOR HEALTH PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FUNDS.**

(a) COVERED ENTITY; HEALTH PROGRAM OR ACTIVITY.—In this section:

(1) COVERED ENTITY.—The term ''covered entity'' means an entity described in clause (i) of section 3401(a)(2)(C) of the Public Health Service Act, as added by section 2004.

(2) HEALTH PROGRAM OR ACTIVITY.—The term ''health program or activity'' has the meaning given such term in clause (ii) of such section 3401(a)(2)(C).

(b) REQUIREMENTS.—A covered entity, in order to ensure the right of individuals with limited English proficiency to receive access to high-quality health care through the health program or activity, shall—

(1) ensure that appropriate clinical and support staff receive ongoing education and training in culturally and linguistically appropriate service delivery at least annually;

(2) offer and provide appropriate language assistance services at no additional charge to each patient that is an individual with limited English pro-

1 ficiency at all points of contact, in a timely manner
2 during all hours of operation;
3 (3) notify patients of their right to receive lan-
4 guage services in their primary language; and
5 (4) utilize only qualified interpreters for an in-
6 dividual with limited English proficiency or qualified
7 translators, except as provided in subsection (c).
8 (c) EXEMPTIONS.—The requirements of subsection
9 (b)(4) shall not apply as follows:
10 (1) When a patient requests the use of family,
11 friends, or other persons untrained in interpretation
12 or translation if each of the following conditions are
13 met:
14 (A) The interpreter requested by the pa-
15 tient is over the age of 18.
16 (B) The covered entity informs the patient
17 in the primary language of the patient that he
18 or she has the option of having the entity pro-
19 vide to the patient an interpreter and trans-
20 lation services without charge.
21 (C) The covered entity informs the patient
22 that the entity may not require an individual
23 with a limited English proficiency to use a fam-
24 ily member or friend as an interpreter.

1 (D) The covered entity evaluates whether
2 the person the patient wishes to use as an in-
3 terpreter is competent. If the covered entity has
4 reason to believe that such person is not com-
5 petent as an interpreter, the entity provides its
6 own interpreter to protect the covered entity
7 from liability if the patient's interpreter is later
8 found not competent.

9 (E) If the covered entity has reason to be-
10 lieve that there is a conflict of interest between
11 the interpreter and patient, the covered entity
12 may not use the patient's interpreter.

13 (F) The covered entity has the patient sign
14 a waiver, witnessed by at least 1 individual not
15 related to the patient, that includes the infor-
16 mation stated in subparagraphs (A) through
17 (E) and is translated into the patient's primary
18 language.

19 (2) When a medical emergency exists and the
20 delay directly associated with obtaining competent
21 interpreter or translation services would jeopardize
22 the health of the patient, but only until a competent
23 interpreter or translation service is available.

24 (d) RULE OF CONSTRUCTION.—Subsection (c)(2)
25 shall not be construed to mean that emergency rooms or

similar entities that regularly provide health care services in medical emergencies are exempt from legal or regulatory requirements related to competent interpreter services.

**SEC. 2010. REPORT ON FEDERAL EFFORTS TO PROVIDE CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH CARE SERVICES.**

(a) REPORT.—Not later than 1 year after the date of enactment of this Act, and annually thereafter, the Secretary of Health and Human Services shall seek to enter into a contract with the National Academy of Medicine for the preparation and publication of a report that describes Federal efforts to ensure that all individuals with limited English proficiency have meaningful access to health care services and health care-related services that are culturally and linguistically appropriate. Such report shall include—

(1) a description and evaluation of the activities carried out under this Act;

(2) a description and analysis of best practices, model programs, guidelines, and other effective strategies for providing access to culturally and linguistically appropriate health care services;

(3) recommendations on the development and implementation of policies and practices by providers

1 of health care services and health care-related serv-
2 ices for individuals with limited English proficiency,
3 including people with cognitive, hearing, vision, or
4 print impairments;
5 (4) recommend guidelines or standards for
6 health literacy and plain language, informed consent,
7 discharge instructions, and written communications,
8 and for improvement of health care access;
9 (5) a description of the effect of providing lan-
10 guage services on quality of health care and access
11 to care; and
12 (6) a description of the costs associated with or
13 savings related to the provision of language services.
14 (b) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section
16 such sums as may be necessary for each of fiscal years
17 2025 through 2029.

18 **SEC. 2011. ENGLISH INSTRUCTION FOR INDIVIDUALS WITH**
19 **LIMITED ENGLISH PROFICIENCY.**

20 (a) GRANTS AUTHORIZED.—The Secretary of Edu-
21 cation is authorized to provide grants to eligible entities
22 for the provision of English as a second language (in this
23 section referred to as ''ESL'') instruction to individuals
24 with limited English proficiency, including health care-re-
25 lated English instruction, and shall determine, after con-

sultation with appropriate stakeholders, the mechanism for administering and distributing such grants.

(b) ELIGIBLE ENTITY.—In this section, the term "eligible entity" means—

(1) a State; or

(2) a community-based organization that predominantly employs and serves racial and ethnic minority groups (as defined in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u–6(g)).

(c) APPLICATION.—An eligible entity that desires to receive a grant under this section shall apply by submitting to the Secretary of Education an application at such time, in such manner, and containing such information as the Secretary may require.

(d) USE OF GRANT.—An eligible entity shall use grant funds provided under this section to—

(1) develop and implement a plan for assuring the availability of ESL instruction, free of charge, to the community served by the eligible entity, that effectively integrates information about the nature of the United States health care system, how to access care, and any special language skills that may be required for individuals with limited English proficiency to access and regularly negotiate the health care system effectively;

1 (2) develop a plan for making ESL instruction
2 available free to charge to individuals with limited
3 English proficiency in the community served by the
4 eligible entity who are seeking instruction, including,
5 where appropriate, through the use of public-private
6 partnerships; and

7 (3) provide ESL instruction to individuals with
8 limited English proficiency in the community served
9 by the eligible entity.

10 (e) SUPPLEMENT, NOT SUPPLANT.—An eligible enti-
11 ty awarded a grant under this section shall use funds
12 made available under this section to supplement, and not
13 supplant, other Federal, State, and local funds that would
14 otherwise be expended to carry out activities under this
15 section.

16 (f) DUTIES OF THE SECRETARY.—The Secretary of
17 Education shall—

18 (1) collect and make publicly available annual
19 data on how much Federal, State, and local govern-
20 ments spend annually on ESL instruction;

21 (2) collect data from eligible entities awarded a
22 grant under this section to identify the unmet needs
23 of individuals with limited English proficiency for
24 appropriate ESL instruction, including—

1 (A) the preferred written and spoken lan-
2 guage of such individuals;
3 (B) the availability of enrollment in ESL
4 instruction programs in the communities served
5 by each eligible entity awarded a grant under
6 this section, including the extent of waiting lists
7 for ESL instruction, how many programs main-
8 tain waiting lists, and, for programs that do not
9 have waiting lists, the reasons why such a list
10 is unnecessary or otherwise not maintained;
11 (C) the availability of programs to geo-
12 graphically isolated communities;
13 (D) the impact of course enrollment poli-
14 cies, including open enrollment, on the avail-
15 ability of ESL instruction;
16 (E) the number of individuals with limited
17 English proficiency and the number of individ-
18 uals enrolled in ESL instruction programs in
19 the communities served by each eligible entity
20 awarded a grant under this section;
21 (F) the effectiveness of the ESL instruc-
22 tion provided through grants awarded under
23 this section in meeting the needs of individuals
24 receiving such instruction; and

1 (G) an assessment of the need for pro-
2 grams that integrate job training and ESL in-
3 struction, to assist individuals with limited
4 English proficiency in obtaining better jobs;
5 (3) determine the cost and most appropriate
6 methods of making ESL instruction available to all
7 individuals with limited English proficiency in the
8 United States who are seeking instruction; and
9 (4) not later than 1 year after the date of en-
10 actment of this Act, issue a report to Congress
11 that—
12 (A) assesses the information collected in
13 paragraphs (1), (2), and (3) and makes rec-
14 ommendations on steps that should be taken to
15 realize the goal of making ESL instruction
16 available to all individuals with limited English
17 proficiency in the United States who are seek-
18 ing instruction; and
19 (B) evaluates the impact of the grant pro-
20 gram authorized under this section on the ac-
21 cessibility of, and ability to effectively negotiate,
22 the health care system for individuals with lim-
23 ited English proficiency who have received ESL
24 instruction funded by a grant under this sec-
25 tion.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to the Secretary of Edu-
3 cation $250,000,000 for each of fiscal years 2025 through
4 2029 to carry out this section.

5 **SEC. 2012. IMPLEMENTATION.**

6 (a) GENERAL PROVISIONS.—
7 (1) IMMUNITY.—A person injured by a violation
8 of this title (including an amendment made by this
9 title) by a State may bring a civil action in the ap-
10 propriate Federal court for such injury in accord-
11 ance with this section.
12 (2) REMEDIES.—In a civil action under this
13 section for a violation of this title, such remedies
14 shall be available as would be available in a civil ac-
15 tion for such violation against any party other than
16 a State.
17 (b) RULE OF CONSTRUCTION.—Nothing in this title
18 may be construed to limit otherwise existing obligations
19 of recipients of Federal financial assistance under title VI
20 of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.)
21 or any other Federal statute.

22 **SEC. 2013. LANGUAGE ACCESS SERVICES.**

23 (a) ESSENTIAL BENEFITS.—Section 1302(b)(1) of
24 the Patient Protection and Affordable Care Act (42

1 U.S.C. 18022(b)(1)) is amended by adding at the end the
2 following:
3 "(K) Language access services, including
4 oral interpretation and written translations.".
5 (b) EMPLOYER-SPONSORED MINIMUM ESSENTIAL
6 COVERAGE.—
7 (1) IN GENERAL.—Section 36B(c)(2)(C) of the
8 Internal Revenue Code of 1986 is amended by redes-
9 ignating clauses (iii) and (iv) as clauses (iv) and (v),
10 respectively, and by inserting after clause (ii) the fol-
11 lowing new clause:
12 "(iii) COVERAGE MUST INCLUDE LAN-
13 GUAGE ACCESS AND SERVICES.—Except as
14 provided in clause (iv), an employee shall
15 not be treated as eligible for minimum es-
16 sential coverage if such coverage consists
17 of an eligible employer-sponsored plan (as
18 defined in section 5000A(f)(2)) and the
19 plan does not provide coverage for lan-
20 guage access services, including oral inter-
21 pretation and written translations.".
22 (2) CONFORMING AMENDMENTS.—
23 (A) Section 36B(c)(2)(C) of such Code is
24 amended by striking "clause (iii)" each place it

1 appears in clauses (i) and (ii) and inserting
2 "clause (iv)".
3 (B) Section 36B(c)(2)(C)(iv) of such Code,
4 as redesignated by this subsection, is amended
5 by striking "(i) and (ii)" and inserting "(i), (ii),
6 and (iii)".
7 (c) QUALITY REPORTING.—Section 2717(a)(1) of the
8 Public Health Service Act (42 U.S.C. 300gg–17(a)(1)) is
9 amended—
10 (1) by striking "and" at the end of subpara-
11 graph (C);
12 (2) by striking the period at the end of sub-
13 paragraph (D) and inserting "; and"; and
14 (3) by adding at the end the following new sub-
15 paragraph:
16 "(E) reduce health disparities through the
17 provision of language access services, including
18 oral interpretation and written translations.".
19 (d) REGULATIONS REGARDING INTERNAL CLAIMS
20 AND APPEALS AND EXTERNAL REVIEW PROCESSES FOR
21 HEALTH PLANS AND HEALTH INSURANCE ISSUERS.—
22 The Secretary of the Treasury, the Secretary of Labor,
23 and the Secretary of Health and Human Services shall
24 amend the regulations in section 54.9815–2719(e) of title
25 26, Code of Federal Regulations (or successor regula-

1 tions), section 2590.715–2719(e) of title 29, Code of Fed-
2 eral Regulations (or successor regulations), and section
3 147.136(e) of title 45, Code of Federal Regulations (or
4 successor regulations), respectively, to require group
5 health plans and health insurance issuers offering group
6 or individual health insurance coverage to which such sec-
7 tions apply—

8 (1) to provide oral interpretation services with-
9 out any threshold requirements;

10 (2) to provide in the English versions of all no-
11 tices a statement prominently displayed in not less
12 than 15 non-English languages clearly indicating
13 how to access the language services provided by the
14 plan or issuer; and

15 (3) with respect to the requirements for pro-
16 viding relevant notices in a culturally and linguis-
17 tically appropriate manner in the applicable non-
18 English languages, to apply a threshold that 5 per-
19 cent of the population, or not less than 500 individ-
20 uals, in the county is literate only in the same non-
21 English language in order for the language to be
22 considered an applicable non-English language.

23 (e) DATA COLLECTION AND REPORTING.—The Sec-
24 retary of Health and Human Services shall—

1 (1) amend the single streamlined application
2 form developed pursuant to section 1413 of the Pa-
3 tient Protection and Affordable Care Act (42 U.S.C.
4 18083) to collect the preferred spoken and written
5 language for each household member applying for
6 coverage under a qualified health plan through an
7 Exchange under title I of such Act (42 U.S.C.
8 18001 et seq.);
9 (2) require navigators, certified application
10 counselors, and other individuals assisting with en-
11 rollment to collect and report requests for language
12 assistance; and
13 (3) require the toll-free telephone hotlines es-
14 tablished pursuant to section 1311(d)(4)(B) of the
15 Patient Protection and Affordable Care Act (42
16 U.S.C. 18031(d)(4)(B)) to submit an annual report
17 documenting the number of language assistance re-
18 quests, the types of languages requested, the range
19 and average wait time for a consumer to speak with
20 an interpreter, the number of complaints and any
21 steps the hotline, and any entity contracting with
22 the Secretary to provide language services, have
23 taken to actively address some of the consumer com-
24 plaints.

1 (f) EFFECTIVE DATE.—The amendments made by
2 this section shall not apply to plans beginning prior to the
3 date of the enactment of this Act.

4 **SEC. 2014. MEDICALLY UNDERSERVED POPULATIONS.**

5 Section 330(b)(3) of the Public Health Service Act
6 (42 U.S.C. 254b(b)(3)) is amended to read as follows:
7 ''(3) MEDICALLY UNDERSERVED POPU-
8 LATION.—The term 'medically underserved popu-
9 lation' means—
10 ''(A) the population of an urban or rural
11 area designated by the Secretary as—
12 ''(i) an area with a shortage of per-
13 sonal health services; or
14 ''(ii) a population group having a
15 shortage of such services; or
16 ''(B) a population of individuals, not con-
17 fined to a particular urban or rural area, who
18 are designated by the Secretary as having a
19 shortage of personal health services due to a
20 specific demographic trait.''.

# TITLE III—HEALTH WORKFORCE DIVERSITY

### SEC. 3001. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Title XXXIV of the Public Health Service Act, as added by section 2004, is amended by adding at the end the following:

## "Subtitle B—Diversifying the Health Care Workplace

### "SEC. 3411. NATIONAL WORKING GROUP ON WORKFORCE DIVERSITY.

"(a) IN GENERAL.—The Secretary, acting through the Bureau of Health Workforce of the Health Resources and Services Administration, shall award a grant to an entity determined appropriate by the Secretary for the establishment of a national working group on workforce diversity.

"(b) REPRESENTATION.—In establishing the national working group under subsection (a):

"(1) The grantee shall ensure that the group has representatives of each of the following:

"(A) The Health Resources and Services Administration.

"(B) The Department of Health and Human Services Data Council.

1 "(C) The Office of Minority Health of the
2 Department of Health and Human Services.
3 "(D) The Substance Abuse and Mental
4 Health Services Administration.
5 "(E) The Bureau of Labor Statistics of
6 the Department of Labor.
7 "(F) The National Institute on Minority
8 Health and Health Disparities.
9 "(G) The Agency for Healthcare Research
10 and Quality.
11 "(H) The National Academy of Medicine.
12 "(I) The Indian Health Service.
13 "(J) The Centers for Medicare & Medicaid
14 Services.
15 "(K) The Department of Education.
16 "(L) Institutions described in section
17 371(a) of the Higher Education Act of 1965.
18 "(M) Consumer organizations.
19 "(N) Health professional associations, in-
20 cluding those that represent underrepresented
21 minority populations.
22 "(O) Researchers in the area of health
23 workforce.
24 "(P) Health workforce accreditation enti-
25 ties.

1 "(Q) Private (including nonprofit) foundations that have sponsored workforce diversity initiatives.

4 "(R) Local and State health departments.

5 "(S) Representatives of community members to be included on admissions committees for health profession schools pursuant to subsection (c)(9).

9 "(T) National community-based organizations that serve as a national intermediary to their rural or urban affiliate members and have demonstrated capacity to train health care professionals.

14 "(U) The Veterans Health Administration.

15 "(V) Other entities determined appropriate by the Secretary.

17 "(2) The grantee shall ensure that, in addition to the representatives under paragraph (1), the working group has not less than 5 health professions students representing various health profession fields and levels of training.

22 "(c) ACTIVITIES.—The working group established under subsection (a) shall convene at least twice each year to complete the following activities:

1 “(1) Review public and private health workforce
2 diversity initiatives.
3 “(2) Identify successful health workforce diver-
4 sity programs and practices.
5 “(3) Examine challenges relating to the devel-
6 opment and implementation of health workforce di-
7 versity initiatives.
8 “(4) Draft a national strategic work plan for
9 health workforce diversity, including recommenda-
10 tions for public and private sector initiatives.
11 “(5) Develop a framework and methods for the
12 evaluation of current and future health workforce di-
13 versity initiatives.
14 “(6) Develop recommended standards for work-
15 force diversity that could be applicable to all health
16 professions programs and programs funded under
17 this Act.
18 “(7) Develop guidelines to train health profes-
19 sionals to care for a diverse population.
20 “(8) Develop a workforce data collection or
21 tracking system to identify where health profes-
22 sionals of racial and ethnic minority groups practice.
23 “(9) Develop a strategy for the inclusion of
24 community members on admissions committees for
25 health profession schools.

1 "(10) Help with monitoring of standards for di-
2 versity, equity, and inclusion.
3 "(11) Other activities determined appropriate
4 by the Secretary.
5 "(d) ANNUAL REPORT.—Not later than 1 year after
6 the establishment of the working group under subsection
7 (a), and annually thereafter, the working group shall pre-
8 pare and make available to the general public for com-
9 ment, an annual report on the activities of the working
10 group. Such report shall include the recommendations of
11 the working group for improving health workforce diver-
12 sity.
13 "(e) COORDINATION WITH OTHER EFFORTS.—In
14 providing for the establishment of the working group
15 under subsection (a), the Secretary shall take such steps
16 as may be necessary to ensure that the work of the work-
17 ing group does not overlap with, or otherwise duplicate,
18 other Federal Government efforts with respect to ensuring
19 health equity in data collection in public health emer-
20 gencies.
21 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 such sums as may be necessary for each of fiscal years
24 2025 through 2029.

1 **“SEC. 3412. TECHNICAL CLEARINGHOUSE FOR HEALTH**
2 **WORKFORCE DIVERSITY.**

3 “(a) IN GENERAL.—The Secretary, acting through
4 the Deputy Assistant Secretary for Minority Health, and
5 in collaboration with the Bureau of Health Workforce
6 within the Health Resources and Services Administration
7 and the National Institute on Minority Health and Health
8 Disparities, shall establish a technical clearinghouse on
9 health workforce diversity within the Office of Minority
10 Health and coordinate current and future clearinghouses
11 related to health workforce diversity.

12 “(b) INFORMATION AND SERVICES.—The clearing-
13 house established under subsection (a) shall offer the fol-
14 lowing information and services:

15 “(1) Information on the importance of health
16 workforce diversity.

17 “(2) Statistical information relating to rep-
18 resentation of underrepresented minority populations
19 in health and allied health professions and occupa-
20 tions.

21 “(3) Model health workforce diversity practices
22 and programs, including integrated models of care.

23 “(4) Admissions policies that promote health
24 workforce diversity and are in compliance with Fed-
25 eral and State laws.

1 "(5) Retainment policies that promote comple-
2 tion of health profession degrees for underserved
3 populations.
4 "(6) Lists of scholarship, loan repayment, and
5 loan cancellation grants as well as fellowship infor-
6 mation for underserved populations for health pro-
7 fessions schools.
8 "(7) Foundation and other large organizational
9 initiatives relating to health workforce diversity.
10 "(c) CONSULTATION.—In carrying out this section,
11 the Secretary shall consult with non-Federal entities which
12 may include health professional associations representing
13 minority populations and sections of major health profes-
14 sional associations representing minority populations to
15 ensure the adequacy and accuracy of information.
16 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 such sums as may be necessary for each of fiscal years
19 2025 through 2029.

20 **"SEC. 3413. SUPPORT FOR INSTITUTIONS COMMITTED TO**
21 **WORKFORCE DIVERSITY, EQUITY, AND IN-**
22 **CLUSION.**

23 "(a) IN GENERAL.—The Secretary, acting through
24 the Administrator of the Health Resources and Services
25 Administration and the Director of the Centers for Dis-

1 ease Control and Prevention, shall award grants to eligible
2 entities that demonstrate a commitment to health work-
3 force diversity.

4 ''(b) ELIGIBILITY.—To be eligible to receive a grant
5 under subsection (a), an entity shall—

6 ''(1) be an educational institution or entity that
7 historically produces or trains meaningful numbers
8 of underrepresented health professionals of minority
9 populations, including—

10 ''(A) part B institutions, as defined in sec-
11 tion 322 of the Higher Education Act of 1965;

12 ''(B) historically Black professional or
13 graduate institutions eligible for grants under
14 section 326 of such Act;

15 ''(C) Hispanic-serving health professions
16 schools;

17 ''(D) Hispanic-serving institutions, as de-
18 fined in section 502 of such Act;

19 ''(E) Tribal Colleges or Universities, as de-
20 fined in section 316 of such Act;

21 ''(F) Asian American and Native American
22 Pacific Islander-serving institutions, as defined
23 in section 371(c) of such Act;

24 ''(G) institutions that have programs to re-
25 cruit and retain underrepresented health profes-

1 sionals of minority populations, in which a sig-
2 nificant number of the enrolled participants are
3 from minority populations;
4 "(H) health professional associations,
5 which may include health professional associa-
6 tions representing underrepresented minority
7 populations; and
8 "(I) institutions, including national and re-
9 gional community-based organizations with
10 demonstrated commitment to a diversified
11 workforce—
12 "(i) located in communities with pre-
13 dominantly underrepresented minority pop-
14 ulations;
15 "(ii) with whom partnerships have
16 been formed for the purpose of increasing
17 workforce diversity; and
18 "(iii) in which at least 20 percent of
19 the enrolled participants are from under-
20 represented minority populations; and
21 "(2) submit to the Secretary an application at
22 such time, in such manner, and containing such in-
23 formation as the Secretary may require.
24 "(c) USE OF FUNDS.—Amounts received under a
25 grant under subsection (a) shall be used to expand existing

1 workforce diversity programs, implement new workforce
2 diversity programs, or evaluate existing or new workforce
3 diversity programs, including with respect to mental
4 health care professions. Such programs shall enhance di-
5 versity by considering status as a member of a minority
6 population as part of an individualized consideration of
7 qualifications. Possible activities may include—

8 ''(1) educational outreach programs relating to
9 opportunities in the health professions;

10 ''(2) scholarship, fellowship, grant, loan repay-
11 ment, and loan cancellation programs;

12 ''(3) postbaccalaureate programs;

13 ''(4) academic enrichment programs, particu-
14 larly targeting those who would not be competitive
15 for health professions schools;

16 ''(5) supporting workforce diversity in kinder-
17 garten through 12th grade and other health pipeline
18 programs;

19 ''(6) mentoring programs;

20 ''(7) internship or rotation programs involving
21 hospitals, health systems, health plans, and other
22 health entities;

23 ''(8) community partnership development for
24 purposes relating to workforce diversity; or

25 ''(9) leadership training.

1 “(d) REPORTS.—Not later than 1 year after receiving
2 a grant under this section, and annually for the term of
3 the grant, a grantee shall submit to the Secretary a report
4 that summarizes and evaluates all activities conducted
5 under the grant.

6 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
7 are authorized to be appropriated to carry out this section
8 such sums as may be necessary for each of fiscal years
9 2025 through 2029.

10 **“SEC. 3414. CAREER DEVELOPMENT FOR SCIENTISTS AND**
11 **RESEARCHERS.**

12 “(a) IN GENERAL.—The Secretary, acting through
13 the Director of the National Institutes of Health, the Di-
14 rector of the Centers for Disease Control and Prevention,
15 the Commissioner of Food and Drugs, the Director of the
16 Agency for Healthcare Research and Quality, and the Ad-
17 ministrator of the Health Resources and Services Admin-
18 istration, shall award grants that expand existing opportu-
19 nities for scientists and researchers and promote the inclu-
20 sion of underrepresented minority populations in the
21 health professions.

22 “(b) RESEARCH FUNDING.—The head of each agency
23 listed in subsection (a) shall establish or expand existing
24 programs to provide research funding to scientists and re-
25 searchers in training. Under such programs, the head of

1 each such entity shall give priority in allocating research
2 funding to support health research in traditionally under-
3 served communities, including underrepresented minority
4 populations, and research classified as community or
5 participatory.

6 "(c) DATA COLLECTION.—The head of each agency
7 listed in subsection (a) shall collect data on the number
8 (expressed as an absolute number and a percentage) of
9 underrepresented applicants from minority populations,
10 and applicants from populations that are not minority
11 populations, who receive and are denied agency funding
12 at every stage of review. Such data shall be reported annu-
13 ally to the Secretary and the appropriate committees of
14 Congress.

15 "(d) STUDENT LOAN REIMBURSEMENT.—The Sec-
16 retary shall establish a student loan reimbursement pro-
17 gram to provide student loan reimbursement assistance to
18 researchers who focus on racial and ethnic disparities in
19 health. The Secretary shall promulgate regulations to de-
20 fine the scope and procedures for the program under this
21 subsection.

22 "(e) STUDENT LOAN CANCELLATION.—The Sec-
23 retary shall establish a student loan cancellation program
24 to provide student loan cancellation assistance to research-
25 ers who focus on racial and ethnic disparities in health.

Students participating in the program shall make a minimum 5-year commitment to work at an accredited health professions school. The Secretary shall promulgate additional regulations to define the scope and procedures for the program under this subsection.

"(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2025 through 2029.

**"SEC. 3415. CAREER SUPPORT FOR NONRESEARCH HEALTH PROFESSIONALS.**

"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, the Assistant Secretary for Mental Health and Substance Use, the Administrator of the Health Resources and Services Administration, and the Administrator of the Centers for Medicare & Medicaid Services, shall establish a program to award grants to universities and other institutions to enter into agreements with eligible individuals under which—

"(1) the university or institution supports the eligible individual's career in a nonresearch-related health and wellness profession; and

"(2) the eligible individual commits to performing a period of obligated service in such a ca-

1 reer to serve, or to work on health issues affecting,
2 underserved communities, such as communities of
3 racial and ethnic minority groups.

4 "(b) ELIGIBLE INDIVIDUALS.—To be an eligible indi-
5 vidual for purposes of subsection (a), an individual shall
6 be a student in a health professions school, a graduate
7 of such a school who is working in a health profession,
8 an individual working in a health or wellness profession
9 (including mental and behavioral health), or a faculty
10 member of such a school.

11 "(c) APPLICATION.—To seek a grant under this sec-
12 tion, a university or other institution shall submit to the
13 Secretary an application at such time, in such manner,
14 and containing such information as the Secretary may re-
15 quire.

16 "(d) USE OF FUNDS.—A university or other institu-
17 tion receiving a grant under this section shall use the
18 grant for agreements described in subsection (a). Such
19 agreements may—

20 "(1) support an eligible individual's health ac-
21 tivities or projects that involve underserved commu-
22 nities, including communities of racial and ethnic
23 minority groups;

24 "(2) support an eligible individual's health-re-
25 lated career advancement activities;

1 "(3) pay, or reimburse for payment of, student
2 loans or training or credentialing costs for eligible
3 individuals who are health professionals and are fo-
4 cused on health issues affecting underserved commu-
5 nities, including communities of racial and ethnic
6 minority groups; and

7 "(4) establish and promote leadership training
8 programs for eligible individuals to decrease health
9 disparities and to increase cultural competence with
10 the goal of increasing diversity in leadership posi-
11 tions.

12 "(e) DEFINITION.—In this section, the term 'career
13 in a nonresearch-related health and wellness profession'
14 means employment or intended employment in the field
15 of public health, health policy, health management, health
16 administration, medicine, nursing, pharmacy, psychology,
17 social work, psychiatry, other mental and behavioral
18 health, allied health, community health, social work, or
19 other fields determined appropriate by the Secretary,
20 other than in a position that involves research.

21 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 such sums as may be necessary for each of fiscal years
24 2025 through 2029.

1 **"SEC. 3416. RESEARCH ON THE EFFECT OF WORKFORCE DI-
2 VERSITY ON QUALITY.**

3 "(a) IN GENERAL.—The Director of the Agency for
4 Healthcare Research and Quality (in this section referred
5 to as the 'Director'), in collaboration with the Deputy As-
6 sistant Secretary for Minority Health and the Director of
7 the National Institute on Minority Health and Health Dis-
8 parities, shall award grants to eligible entities to expand
9 research on the link between health workforce diversity
10 and quality health care.

11 "(b) ELIGIBILITY.—To be eligible to receive a grant
12 under subsection (a), an entity shall—

13 "(1) be a clinical, public health, or health serv-
14 ices research entity or other entity determined ap-
15 propriate by the Director; and

16 "(2) submit to the Secretary an application at
17 such time, in such manner, and containing such in-
18 formation as the Secretary may require.

19 "(c) USE OF FUNDS.—Amounts received under a
20 grant awarded under subsection (a) shall be used to sup-
21 port research that investigates the effect of health work-
22 force diversity on—

23 "(1) language access;

24 "(2) cultural competence;

25 "(3) patient satisfaction;

26 "(4) timeliness of care;

1 “(5) safety of care;
2 “(6) effectiveness of care;
3 “(7) efficiency of care;
4 “(8) patient outcomes;
5 “(9) community engagement;
6 “(10) resource allocation;
7 “(11) organizational structure;
8 “(12) compliance of care; or
9 “(13) other topics determined appropriate by
10 the Director.
11 “(d) PRIORITY.—In awarding grants under sub-
12 section (a), the Director shall give individualized consider-
13 ation to all relevant aspects of the applicant’s background.
14 Consideration of prior research experience involving the
15 health of underserved communities shall be such a relevant
16 aspect.
17 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section
19 such sums as may be necessary for each of fiscal years
20 2025 through 2029.
21 **“SEC. 3417. HEALTH DISPARITIES EDUCATION PROGRAM.**
22 “(a) ESTABLISHMENT.—The Secretary, acting
23 through the Office of Minority Health, in collaboration
24 with the National Institute on Minority Health and Health
25 Disparities, the Office for Civil Rights, the Centers for

1 Disease Control and Prevention, the Centers for Medicare
2 & Medicaid Services, the Health Resources and Services
3 Administration, and other appropriate public and private
4 entities, shall establish and coordinate a health and health
5 care disparities education program to support, develop,
6 and implement educational initiatives and outreach strate-
7 gies that inform health care professionals and the public
8 about the existence of and methods to reduce racial and
9 ethnic disparities in health and health care.

10 ''(b) ACTIVITIES.—The Secretary, through the edu-
11 cation program established under subsection (a), shall,
12 through the use of public awareness and outreach cam-
13 paigns targeting the general public and the medical com-
14 munity at large—

15 ''(1) disseminate scientific evidence for the ex-
16 istence and extent of racial and ethnic disparities in
17 health care, including disparities that are not other-
18 wise attributable to known factors such as access to
19 care, patient preferences, or appropriateness of
20 intervention, as described in the 2002 report of the
21 National Academy of Medicine (formerly the 'Insti-
22 tute of Medicine') entitled 'Unequal Treatment: Con-
23 fronting Racial and Ethnic Disparities in Health
24 Care', as well as the impact of disparities related to
25 age, disability status, socioeconomic status, sex, gen-

1 der identity, and sexual orientation on racial and
2 ethnic minority groups;
3 "(2) disseminate new research findings to
4 health care providers and patients to assist them in
5 understanding, reducing, and eliminating health and
6 health care disparities;
7 "(3) disseminate information about the impact
8 of linguistic and cultural barriers on health care
9 quality and the obligation of health providers who
10 receive Federal financial assistance to ensure that
11 individuals with limited English proficiency have ac-
12 cess to language access services;
13 "(4) disseminate information about the impor-
14 tance and legality of racial, ethnic, disability status,
15 socioeconomic status, sex, gender identity, and sex-
16 ual orientation, and primary language data collec-
17 tion, analysis, and reporting;
18 "(5) design and implement specific educational
19 initiatives to health care providers relating to health
20 and health care disparities;
21 "(6) assess the impact of the programs estab-
22 lished under this section in raising awareness of
23 health and health care disparities and providing in-
24 formation on available resources; and

1 "(7) design and implement specific educational
2 initiatives to educate the health care workforce relat-
3 ing to unconscious bias.

4 "(c) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated to carry out this section
6 such sums as may be necessary for each of fiscal years
7 2025 through 2029.".

8 **SEC. 3002. HISPANIC-SERVING INSTITUTIONS, HISTORI-**
9 **CALLY BLACK COLLEGES AND UNIVERSITIES,**
10 **HISTORICALLY BLACK PROFESSIONAL OR**
11 **GRADUATE INSTITUTIONS, ASIAN AMERICAN**
12 **AND NATIVE AMERICAN PACIFIC ISLANDER-**
13 **SERVING INSTITUTIONS, TRIBAL COLLEGES,**
14 **REGIONAL COMMUNITY-BASED ORGANIZA-**
15 **TIONS, AND NATIONAL MINORITY MEDICAL**
16 **ASSOCIATIONS.**

17 Part B of title VII of the Public Health Service Act
18 (42 U.S.C. 293 et seq.) is amended by adding at the end
19 the following:

1 **"SEC. 742. HISPANIC-SERVING INSTITUTIONS, HISTORI-**
2 **CALLY BLACK COLLEGES AND UNIVERSITIES,**
3 **HISTORICALLY BLACK PROFESSIONAL OR**
4 **GRADUATE INSTITUTIONS, ASIAN AMERICAN**
5 **AND NATIVE AMERICAN PACIFIC ISLANDER-**
6 **SERVING INSTITUTIONS, AND TRIBAL COL-**
7 **LEGES.**

8 "(a) IN GENERAL.—The Secretary, acting through
9 the Administrator of the Health Resources and Services
10 Administration and in consultation with the Secretary of
11 Education, shall award grants to Hispanic-serving institu-
12 tions, historically Black colleges and universities, histori-
13 cally Black professional or graduate institutions eligible
14 for grants under section 326 of the Higher Education Act
15 of 1965, Asian American and Native American Pacific Is-
16 lander-serving institutions, Tribal Colleges or Universities,
17 regional community-based organizations, and national mi-
18 nority medical associations, for counseling, mentoring, and
19 providing information on financial assistance to prepare
20 underrepresented minority individuals to enroll in and
21 graduate from health professional schools and to increase
22 services for underrepresented minority students includ-
23 ing—

24 "(1) mentoring with underrepresented health
25 professionals;

1 "(2) providing financial assistance information
2 for continued education and applications to health
3 professional schools; and

4 "(3) retaining existing enrolled underrep-
5 resented minority students in a health professions
6 school.

7 "(b) DEFINITIONS.—In this section:

8 "(1) ASIAN AMERICAN AND NATIVE AMERICAN
9 PACIFIC ISLANDER-SERVING INSTITUTION.—The
10 term 'Asian American and Native American Pacific
11 Islander-serving institution' has the meaning given
12 such term in section 320(b) of the Higher Education
13 Act of 1965.

14 "(2) HISPANIC-SERVING INSTITUTION.—The
15 term 'Hispanic-serving institution' means an entity
16 that—

17 "(A) is a school or program for which
18 there is a definition under section 799B;

19 "(B) has an enrollment of full-time equiva-
20 lent students that is made up of at least 9 per-
21 cent Hispanic students;

22 "(C) has been effective in carrying out pro-
23 grams to recruit Hispanic individuals to enroll
24 in and graduate from the school;

1 "(D) has been effective in recruiting and
2 retaining Hispanic faculty members;
3 "(E) has a significant number of graduates
4 who are providing health services to medically
5 underserved populations or to individuals in
6 health professional shortage areas; and
7 "(F) is a Hispanic Center of Excellence in
8 Health Professions Education designated under
9 section 736(d)(2).
10 "(3) HISTORICALLY BLACK COLLEGE AND UNI-
11 VERSITY.—The term 'historically Black college and
12 university' has the meaning given the term 'part B
13 institution' as defined in section 322 of the Higher
14 Education Act of 1965.
15 "(4) TRIBAL COLLEGE OR UNIVERSITY.—The
16 term 'Tribal College or University' has the meaning
17 given such term in section 316(b) of the Higher
18 Education Act of 1965.
19 "(c) CERTAIN LOAN REPAYMENT PROGRAMS.—In
20 carrying out the National Health Service Corps Loan Re-
21 payment Program established under subpart III of part
22 D of title III and the loan repayment program under sec-
23 tion 317F, the Secretary shall ensure, notwithstanding
24 such subpart or section, that loan repayments of not less
25 than $50,000 per year per person are awarded for repay-

1 ment of loans incurred for enrollment or participation of
2 underrepresented minority individuals in health profes-
3 sional schools and other health programs described in this
4 section.

5 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this section
7 such sums as may be necessary for each of fiscal years
8 2025 through 2029.".

9 **SEC. 3003. LOAN REPAYMENT PROGRAM OF CENTERS FOR**
10 **DISEASE CONTROL AND PREVENTION.**

11 Section 317F(c)(1) of the Public Health Service Act
12 (42 U.S.C. 247b–7(c)(1)) is amended by striking
13 "$500,000 for fiscal year 1994, and such sums as may
14 be necessary for each of the fiscal years 1995 through
15 2002" and inserting "such sums as may be necessary for
16 each of fiscal years 2025 through 2029".

17 **SEC. 3004. COOPERATIVE AGREEMENTS FOR ONLINE DE-**
18 **GREE PROGRAMS AT SCHOOLS OF PUBLIC**
19 **HEALTH AND SCHOOLS OF ALLIED HEALTH.**

20 Part D of title VII of the Public Health Service Act
21 (42 U.S.C. 294 et seq.) is amended by inserting after sec-
22 tion 755 of such Act (42 U.S.C. 294e) the following:

**"SEC. 755A. COOPERATIVE AGREEMENTS FOR ONLINE DEGREE PROGRAMS.**

"(a) COOPERATIVE AGREEMENTS.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, in consultation with the Director of the Centers for Disease Control and Prevention, the Director of the Agency for Healthcare Research and Quality, and the Deputy Assistant Secretary for Minority Health, shall enter into cooperative agreements with schools of public health and schools of allied health to design and implement online degree programs.

"(b) PRIORITY.—In entering into cooperative agreements under this section, the Secretary shall give priority to any school of public health or school of allied health that has an established track record of serving medically underserved communities.

"(c) REQUIREMENTS.—As a condition of entering into a cooperative agreement with the Secretary under this section, a school of public health or school of allied health shall agree to design and implement an online degree program that meets the following restrictions:

"(1) Enrollment of individuals who have obtained a secondary school diploma or its recognized equivalent.

1 "(2) Maintaining a significant enrollment of
2 underrepresented minority or disadvantaged stu-
3 dents.

4 "(3) Achieving a high completion rate of en-
5 rolled underrepresented minority or disadvantaged
6 students.

7 "(d) PERIOD OF COOPERATIVE AGREEMENTS.—The
8 period during which payments are made through a cooper-
9 ative agreement entered into under this section may not
10 exceed 3 years.

11 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated to carry out this section
13 such sums as may be necessary for each of fiscal years
14 2025 through 2029.".

15 **SEC. 3005. NATIONAL HEALTH CARE WORKFORCE COMMIS-**
16 **SION.**

17 (a) SENSE OF CONGRESS.—It is the sense of Con-
18 gress that the National Health Care Workforce Commis-
19 sion established by section 5101 of the Patient Protection
20 and Affordable Care Act (42 U.S.C. 294q) should, in car-
21 rying out its assigned duties under that section, give at-
22 tention to the needs of racial and ethnic minority groups,
23 individuals with lower socioeconomic status, individuals
24 with mental, developmental, and physical disabilities, les-
25 bian, gay, bisexual, transgender, queer, and questioning

1 populations, and individuals who are members of multiple
2 minority or special population groups.

3 (b) REAUTHORIZATION.—Section 5101(h)(2) of the
4 Patient Protection and Affordable Care Act (42 U.S.C.
5 294q(h)(2)) is amended by striking "such sums as may
6 be necessary" and inserting "$3,000,000 for each of fiscal
7 years 2025 through 2027".

8 **SEC. 3006. SCHOLARSHIP AND FELLOWSHIP PROGRAMS.**

9 Subtitle B of title XXXIV of the Public Health Serv-
10 ice Act, as added by section 3001, is further amended by
11 inserting after section 3417 the following:

12 **"SEC. 3418. DAVID SATCHER PUBLIC HEALTH AND HEALTH**
13 **SERVICES CORPS.**

14 "(a) IN GENERAL.—The Director of the Centers for
15 Disease Control and Prevention, in collaboration with the
16 Administrator of the Health Resources and Services Ad-
17 ministration and the Deputy Assistant Secretary for Mi-
18 nority Health, shall award grants to eligible entities to in-
19 crease awareness among secondary and postsecondary stu-
20 dents of career opportunities in the health professions.

21 "(b) ELIGIBILITY.—To be eligible to receive a grant
22 under subsection (a), an entity shall—

23 "(1) be a clinical, public health, or health serv-
24 ices organization, community-based or nonprofit en-
25 tity, or other entity determined appropriate by the

1 Director of the Centers for Disease Control and Pre-
2 vention;
3 ‘‘(2) serve a health professional shortage area,
4 as determined by the Secretary;
5 ‘‘(3) work with students, including those from
6 racial and ethnic minority groups, that have ex-
7 pressed an interest in the health professions; and
8 ‘‘(4) submit to the Secretary an application at
9 such time, in such manner, and containing such in-
10 formation as the Secretary may require.
11 ‘‘(c) USE OF FUNDS.—Grant awards under sub-
12 section (a) shall be used to support internships that will
13 increase awareness among students of non-research-based,
14 career opportunities in the following health professions:
15 ‘‘(1) Medicine.
16 ‘‘(2) Nursing.
17 ‘‘(3) Public health.
18 ‘‘(4) Pharmacy.
19 ‘‘(5) Health administration and management.
20 ‘‘(6) Health policy.
21 ‘‘(7) Psychology.
22 ‘‘(8) Dentistry.
23 ‘‘(9) International health.
24 ‘‘(10) Social work.
25 ‘‘(11) Allied health.

1 “(12) Psychiatry.
2 “(13) Hospice care.
3 “(14) Community health, patient navigation,
4 and peer support.
5 “(15) Other professions determined appropriate
6 by the Director of the Centers for Disease Control
7 and Prevention.
8 “(d) PRIORITY.—In awarding grants under sub-
9 section (a), the Director of the Centers for Disease Con-
10 trol and Prevention shall give priority to those entities
11 that—
12 “(1) serve a high proportion of individuals from
13 disadvantaged backgrounds;
14 “(2) have experience in health disparity elimi-
15 nation programs;
16 “(3) facilitate the entry of disadvantaged indi-
17 viduals into institutions of higher education; and
18 “(4) provide counseling or other services de-
19 signed to assist disadvantaged individuals in success-
20 fully completing their education at the postsecondary
21 level.
22 “(e) STIPENDS.—
23 “(1) IN GENERAL.—Subject to paragraph (2),
24 an entity receiving a grant under this section may
25 use the funds made available through such grant to

1 award stipends for educational and living expenses
2 to students participating in the internship supported
3 by the grant.

4 "(2) LIMITATIONS.—A stipend awarded under
5 paragraph (1) to an individual—

6 "(A) may not be provided for a period that
7 exceeds 6 months; and

8 "(B) may not exceed $20 per day for an
9 individual (notwithstanding any other provision
10 of law regarding the amount of a stipend).

11 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
12 are authorized to be appropriated to carry out this section
13 such sums as may be necessary for each of fiscal years
14 2025 through 2029.

15 **"SEC. 3419. LOUIS STOKES PUBLIC HEALTH SCHOLARS**
16 **PROGRAM.**

17 "(a) IN GENERAL.—The Director of the Centers for
18 Disease Control and Prevention, in collaboration with the
19 Deputy Assistant Secretary for Minority Health, shall
20 award scholarships to eligible individuals under subsection
21 (b) who seek a career in public health.

22 "(b) ELIGIBILITY.—To be eligible to receive a schol-
23 arship under subsection (a), an individual shall—

24 "(1) have interest, knowledge, or skill in public
25 health research or public health practice, or other

1 health professions as determined appropriate by the
2 Director of the Centers for Disease Control and Pre-
3 vention;
4 ‘‘(2) reside in a health professional shortage
5 area as determined by the Secretary;
6 ‘‘(3) demonstrate promise for becoming a leader
7 in public health;
8 ‘‘(4) secure admission to a 4-year institution of
9 higher education; and
10 ‘‘(5) submit to the Secretary an application at
11 such time, in such manner, and containing such in-
12 formation as the Secretary may require.
13 ‘‘(c) USE OF FUNDS.—Amounts received under an
14 award under subsection (a) shall be used to support oppor-
15 tunities for students to become public health professionals.
16 ‘‘(d) PRIORITY.—In awarding grants under sub-
17 section (a), the Director shall give priority to those stu-
18 dents that—
19 ‘‘(1) are from disadvantaged backgrounds;
20 ‘‘(2) have secured admissions to an institution
21 described in section 371(a) of the Higher Education
22 Act of 1965; and
23 ‘‘(3) have identified a health professional as a
24 mentor at their institution described in subsection

(b)(4) and an academic advisor to assist in the completion of their baccalaureate degree.

"(e) SCHOLARSHIPS.—The Secretary may approve payment of scholarships under this section for such individuals for any period of education in student undergraduate tenure, except that such a scholarship may not be provided to an individual for more than 4 years, and such a scholarship may not exceed $10,000 per academic year for an individual (notwithstanding any other provision of law regarding the amount of a scholarship).

"(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2025 through 2029.

**"SEC. 3420. PATSY MINK HEALTH AND GENDER RESEARCH FELLOWSHIP PROGRAM.**

"(a) IN GENERAL.—The Director of the Centers for Disease Control and Prevention, in collaboration with the Deputy Assistant Secretary for Minority Health, the Assistant Secretary for Mental Health and Substance Use, and the Director of the Indian Health Service, shall award research fellowships to eligible individuals under subsection (b) to conduct research that will examine gender and health disparities and to pursue a career in the health professions.

1 "(b) ELIGIBILITY.—To be eligible to receive a fellow-
2 ship under subsection (a), an individual shall—
3 "(1) have experience in health research or pub-
4 lic health practice;
5 "(2) reside in a health professional shortage
6 area designated by the Secretary under section 332;
7 "(3) have expressed an interest in the health
8 professions;
9 "(4) demonstrate promise for becoming a leader
10 in the field of women's sexual and reproductive
11 health, including family planning;
12 "(5) secure admission to a health professions
13 school or graduate program with an emphasis in
14 gender studies; and
15 "(6) submit to the Secretary an application at
16 such time, in such manner, and containing such in-
17 formation as the Secretary may require.
18 "(c) USE OF FUNDS.—A fellowship awarded under
19 subsection (a) to an eligible individual under subsection
20 (b) shall be used to support an opportunity for the indi-
21 vidual to become a researcher and advance the research
22 base on the intersection between gender and health.
23 "(d) PRIORITY.—In awarding fellowships under sub-
24 section (a), the Director of the Centers for Disease Con-

1 trol and Prevention shall give priority to those applicants
2 that—

3 "(1) are from disadvantaged backgrounds; and
4 "(2) have identified a mentor and academic ad-
5 visor who will assist in the completion of their grad-
6 uate or professional degree and have secured a re-
7 search assistant position with a researcher working
8 in the area of gender and health.

9 "(e) FELLOWSHIPS.—The Director of the Centers for
10 Disease Control and Prevention may approve fellowships
11 for individuals under this section for any period of edu-
12 cation in the student's graduate or health profession ten-
13 ure, except that such a fellowship may not be provided
14 to an individual for more than 3 years, and such a fellow-
15 ship may not exceed $18,000 per academic year for an
16 individual (notwithstanding any other provision of law re-
17 garding the amount of a fellowship).

18 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section
20 such sums as may be necessary for each of fiscal years
21 2025 through 2029.

22 **"SEC. 3421. PAUL DAVID WELLSTONE INTERNATIONAL**
23 **HEALTH FELLOWSHIP PROGRAM.**

24 "(a) IN GENERAL.—The Director of the Agency for
25 Healthcare Research and Quality, in collaboration with

1 the Deputy Assistant Secretary for Minority Health, shall
2 award research fellowships to eligible individuals under
3 subsection (b) to advance their understanding of inter-
4 national health.

5 "(b) ELIGIBILITY.—To be eligible to receive a fellow-
6 ship under subsection (a), an individual shall—

7 "(1) have educational experience in the field of
8 international health;

9 "(2) reside in a health professional shortage
10 area as determined by the Secretary;

11 "(3) demonstrate promise for becoming a leader
12 in the field of international health;

13 "(4) be in the fourth year of a 4-year institu-
14 tion of higher education or a recent graduate of a
15 4-year institution of higher education; and

16 "(5) submit to the Secretary an application at
17 such time, in such manner, and containing such in-
18 formation as the Secretary may require.

19 "(c) USE OF FUNDS.—A fellowship awarded under
20 subsection (a) to an eligible individual under subsection
21 (b) shall be used to support an opportunity for the indi-
22 vidual to become a health professional and to advance the
23 knowledge of the individual about international issues re-
24 lating to health care access and quality.

1 ''(d) PRIORITY.—In awarding fellowships under sub-
2 section (a), the Director of the Agency for Healthcare Re-
3 search and Quality shall give priority to eligible individuals
4 under subsection (b) that—
5 ''(1) are from a disadvantaged background; and
6 ''(2) have identified a mentor at a health pro-
7 fessions school or institution, an academic advisor to
8 assist in the completion of their graduate or profes-
9 sional degree, and an advisor from an international
10 health non-governmental organization, private volun-
11 teer organization, or other international institution
12 or program that focuses on increasing health care
13 access and quality for residents in developing coun-
14 tries.
15 ''(e) FELLOWSHIPS.—A fellowship awarded under
16 this section may not—
17 ''(1) be provided to an eligible individual for
18 more than a period of 6 months;
19 ''(2) be awarded to a graduate of a 4-year insti-
20 tution of higher education that has not been enrolled
21 in such institution for more than 1 year; or
22 ''(3) exceed $4,000 per academic year (notwith-
23 standing any other provision of law regarding the
24 amount of a fellowship).

1 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 such sums as may be necessary for each of fiscal years
4 2025 through 2029.

5 **"SEC. 3422. EDWARD R. ROYBAL HEALTH SCHOLAR PRO-**
6 **GRAM.**

7 "(a) IN GENERAL.—The Director of the Agency for
8 Healthcare Research and Quality, the Administrator of
9 the Centers for Medicare & Medicaid Services, and the Ad-
10 ministrator of the Health Resources and Services Admin-
11 istration, in collaboration with the Deputy Assistant Sec-
12 retary for Minority Health, shall award grants to eligible
13 entities under subsection (b) to expose entering graduate
14 students to the health professions.

15 "(b) ELIGIBILITY.—To be eligible to receive a grant
16 under subsection (a), an entity shall—

17 "(1) be a clinical, public health, or health serv-
18 ices organization, community-based, academic, or
19 nonprofit entity, or other entity determined appro-
20 priate by the Director of the Agency for Healthcare
21 Research and Quality;

22 "(2) serve in a health professional shortage
23 area designated by the Secretary under section 332;

24 "(3) work with students obtaining a degree in
25 the health professions; and

1 "(4) submit to the Secretary an application at
2 such time, in such manner, and containing such in-
3 formation as the Secretary may require.

4 "(c) USE OF FUNDS.—Amounts received under a
5 grant awarded under subsection (a) shall be used to sup-
6 port opportunities that expose students to non-research-
7 based health professions, including—

8 "(1) public health policy;

9 "(2) health care and pharmaceutical policy;

10 "(3) health care administration and manage-
11 ment;

12 "(4) health economics; and

13 "(5) other professions determined appropriate
14 by the Director of the Agency for Healthcare Re-
15 search and Quality, the Administrator of the Centers
16 for Medicare & Medicaid Services, or the Adminis-
17 trator of the Health Resources and Services Admin-
18 istration.

19 "(d) PRIORITY.—In awarding grants under sub-
20 section (a), the Director of the Agency for Healthcare Re-
21 search and Quality, the Administrator of the Centers for
22 Medicare & Medicaid Services, and the Administrator of
23 the Health Resources and Services Administration, in col-
24 laboration with the Deputy Assistant Secretary for Minor-
25 ity Health, shall give priority to entities that—

1 "(1) have experience with health disparity elimi-
2 nation programs;
3 "(2) facilitate training in the fields described in
4 subsection (c); and
5 "(3) provide counseling or other services de-
6 signed to assist students in successfully completing
7 their education at the postsecondary level.
8 "(e) STIPENDS.—
9 "(1) IN GENERAL.—Subject to paragraph (2),
10 an entity receiving a grant under this section may
11 use the funds made available through such grant to
12 award stipends for educational and living expenses
13 to students participating in the opportunities sup-
14 ported by the grant.
15 "(2) LIMITATIONS.—A stipend awarded under
16 paragraph (1) to an individual—
17 "(A) may not be provided for a period that
18 exceeds 2 months; and
19 "(B) may not exceed $100 per day (not-
20 withstanding any other provision of law regard-
21 ing the amount of a stipend).
22 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated to carry out this section
24 such sums as may be necessary for each of fiscal years
25 2025 through 2029.

1 **“SEC. 3423. LEADERSHIP FELLOWSHIP PROGRAMS.**

2 ‘‘(a) IN GENERAL.—The Secretary shall award
3 grants to national minority medical or health professional
4 associations to develop leadership fellowship programs for
5 underrepresented health professionals in order to—

6 ‘‘(1) assist such professionals in becoming fu-
7 ture leaders in public health and health care delivery
8 institutions; and

9 ‘‘(2) increase diversity in decision-making posi-
10 tions that can improve the health of underserved
11 communities.

12 ‘‘(b) USE OF FUNDS.—A leadership fellowship pro-
13 gram supported under this section shall—

14 ‘‘(1) focus on training mid-career physicians
15 and health care executives who have documented
16 leadership experience and a commitment to public
17 health services in underserved communities; and

18 ‘‘(2) support Federal public health policy and
19 budget programs, and priorities that impact health
20 equity, through activities such as didactic lectures
21 and leader site visits.

22 ‘‘(c) PERIOD OF GRANTS.—The period during which
23 payments are made under a grant awarded under sub-
24 section (a) may not exceed 3 years.

25 ‘‘(d) AUTHORIZATION OF APPROPRIATIONS.—There
26 are authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of fiscal years
2 2025 through 2029.''.

3 **SEC. 3007. MCNAIR POSTBACCALAUREATE ACHIEVEMENT**
4 **PROGRAM.**

5 Section 402E of the Higher Education Act of 1965
6 (20 U.S.C. 1070a–15) is amended by striking subsection
7 (g) and inserting the following:

8 ''(g) COLLABORATION IN HEALTH PROFESSION DI-
9 VERSITY TRAINING PROGRAMS.—The Secretary shall co-
10 ordinate with the Secretary of Health and Human Serv-
11 ices to ensure that there is collaboration between the goals
12 of the program under this section and programs of the
13 Health Resources and Services Administration that pro-
14 mote health workforce diversity. The Secretary of Edu-
15 cation shall take such measures as may be necessary to
16 encourage students participating in projects assisted
17 under this section to consider health profession careers.

18 ''(h) FUNDING.—From amounts appropriated pursu-
19 ant to the authority of section 402A(g), the Secretary
20 shall, to the extent practicable, allocate funds for projects
21 authorized by this section in an amount that is not less
22 than $31,000,000 for each of the fiscal years 2025
23 through 2029.''.

1 **SEC. 3008. RULES FOR DETERMINATION OF FULL-TIME**
2 **EQUIVALENT RESIDENTS FOR COST-REPORT-**
3 **ING PERIODS.**

4 (a) DGME DETERMINATIONS.—Section 1886(h)(4)
5 of the Social Security Act (42 U.S.C. 1395ww(h)(4)), as
6 amended by section 2006(a), is amended—

7 (1) in subparagraph (E), by striking "Subject
8 to subparagraphs (J) and (K), such rules" and in-
9 serting "Subject to subparagraphs (J), (K), and
10 (M), such rules";

11 (2) in subparagraph (J), by striking "Such
12 rules" and inserting "Subject to subparagraph (M),
13 such rules";

14 (3) in subparagraph (K), by striking "In deter-
15 mining" and inserting "Subject to subparagraph
16 (M), in determining"; and

17 (4) by adding at the end the following new sub-
18 paragraph:

19 "(M) TREATMENT OF CERTAIN RESIDENTS
20 AND INTERNS.—For purposes of cost-reporting
21 periods beginning on or after October 1, 2025,
22 in determining the hospital's number of full-
23 time equivalent residents for purposes of this
24 paragraph, all time spent by an intern or resi-
25 dent in an approved medical residency training

1 program shall be counted toward the determina-
2 tion of full-time equivalency if the hospital—
3 ''(i) is recognized as a subsection (d)
4 hospital;
5 ''(ii) is recognized as a subsection (d)
6 Puerto Rico hospital;
7 ''(iii) is reimbursed under a reim-
8 bursement system authorized under section
9 1814(b)(3); or
10 ''(iv) is a provider-based hospital out-
11 patient department.''.
12 (b) IME DETERMINATIONS.—Section
13 1886(d)(5)(B)(xi) of the Social Security Act (42 U.S.C.
14 1395ww(d)(5)(B)(xi)) is amended—
15 (1) in subclause (II), by striking ''In deter-
16 mining'' and inserting ''Subject to subclause (IV), in
17 determining'';
18 (2) in subclause (III), by striking ''In deter-
19 mining'' and inserting ''Subject to subclause (IV), in
20 determining''; and
21 (3) by inserting after subclause (III) the fol-
22 lowing new subclause:
23 ''(IV) For purposes of cost-reporting peri-
24 ods beginning on or after October 1, 2025, the
25 provisions of subparagraph (M) of subsection

1 (h)(4) shall apply under this subparagraph in
2 the same manner as they apply under such sub-
3 section.''.

4 **SEC. 3009. DEVELOPING AND IMPLEMENTING STRATEGIES**
5 **FOR LOCAL HEALTH EQUITY.**

6 (a) GRANTS.—The Secretary of Health and Human
7 Services, acting jointly with the Secretary of Education
8 and the Secretary of Labor, shall make grants to eligible
9 institutions of higher educations for the purposes of—
10 (1) in accordance with subsection (b), devel-
11 oping capacity—
12 (A) to build an evidence base for successful
13 strategies for increasing local health equity; and
14 (B) to serve as national models of driving
15 local health equity; and
16 (2) in accordance with subsection (c), devel-
17 oping a strategic partnership with the community in
18 which the institution is located.
19 (b) DEVELOPING CAPACITY FOR INCREASING LOCAL
20 HEALTH EQUITY.—As a condition of receipt of a grant
21 under subsection (a), an institution of higher education
22 shall agree to use such grant to build an evidence base
23 for successful strategies for increasing local health equity,
24 and to serve as a national model of driving local health
25 equity, by supporting—

1 (1) resources to strengthen institutional metrics
2 and capacity to execute institution-wide health work-
3 force goals that can serve as models for increasing
4 health equity in communities across the United
5 States;
6 (2) collaborations among a cohort of institu-
7 tions in implementing systemic change, partnership
8 development, and programmatic efforts supportive of
9 health equity goals across disciplines and popu-
10 lations; and
11 (3) enhanced or newly developed data systems
12 and research infrastructure capable of informing
13 current and future workforce efforts and building a
14 foundation for a broader research agenda targeting
15 urban health disparities.
16 (c) STRATEGIC PARTNERSHIPS.—As a condition of
17 receipt of a grant under subsection (a), an institution of
18 higher education shall agree to use the grant to develop
19 a strategic partnership with the community in which such
20 institution is located for the purposes of—
21 (1) strengthening connections between such in-
22 stitution and the community—
23 (A) to improve evaluation of, and address,
24 the health and health workforce needs of such
25 community; and

1 (B) to engage such community in health
2 workforce development;
3 (2) developing, enhancing, or accelerating inno-
4 vative undergraduate and graduate programs in the
5 biomedical sciences and health professions; and
6 (3) strengthening pipeline programs in the bio-
7 medical sciences and health professions, including by
8 developing partnerships between institutions of high-
9 er education and elementary schools and secondary
10 schools to recruit the next generation of health pro-
11 fessionals earlier in the pipeline to a health care ca-
12 reer.
13 (d) DEFINITION OF ELIGIBLE INSTITUTION OF
14 HIGHER EDUCATION.—For purposes of this section, the
15 term ‘‘eligible institution of higher education'' includes—
16 (1) a program authorized under section 317(a)
17 of the Higher Education Act of 1965 (20 U.S.C.
18 1059d(a)); and
19 (2) a professional or graduate institution de-
20 scribed in section 326 of such Act (20 U.S.C.
21 1063b).
22 (e) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated to carry out this section
24 such sums as may be necessary for each of fiscal years
25 2025 through 2029.

1 **SEC. 3010. HEALTH PROFESSIONS WORKFORCE FUND.**

2 (a) ESTABLISHMENT.—There is established in the
3 Health Resources and Services Administration of the De-
4 partment of Health and Human Services a Health Profes-
5 sions Workforce Fund to provide for expanded and sus-
6 tained national investment in the health professions and
7 nursing workforce development programs under titles VII
8 and title VIII of the Public Health Service Act (42 U.S.C.
9 292 et seq.; 42 U.S.C. 296 et seq.).

10 (b) FUNDING.—

11 (1) IN GENERAL.—There is authorized to be
12 appropriated, and there is appropriated, out of any
13 monies in the Treasury not otherwise appropriated,
14 to the Health Professions Workforce Fund—

15 (A) $392,000,000 for fiscal year 2025;

16 (B) $412,000,000 for fiscal year 2026;

17 (C) $432,000,000 for fiscal year 2027;

18 (D) $454,000,000 for fiscal year 2028;

19 (E) $476,000,000 for fiscal year 2029;

20 (F) $500,000,000 for fiscal year 2030;

21 (G) $525,000,000 for fiscal year 2031; and

22 (H) $552,000,000 for fiscal year 2032.

23 (2) HEALTH PROFESSIONS EDUCATION PRO-
24 GRAMS.—For the purpose of carrying out health
25 professions education programs authorized under
26 title VII of the Public Health Service Act (42 U.S.C.

1 292 et seq.), in addition to any other amounts au-
2 thorized to be appropriated for such purpose, there
3 is authorized to be appropriated out of any monies
4 in the Health Professions Workforce Fund, the fol-
5 lowing:

6 (A) $265,000,000 for fiscal year 2025.

7 (B) $278,000,000 for fiscal year 2026.

8 (C) $292,000,000 for fiscal year 2027.

9 (D) $307,000,000 for fiscal year 2028.

10 (E) $322,000,000 for fiscal year 2029.

11 (F) $338,000,000 for fiscal year 2030.

12 (G) $355,000,000 for fiscal year 2031.

13 (H) $373,000,000 for fiscal year 2032.

14 (3) NURSING WORKFORCE DEVELOPMENT PRO-
15 GRAMS.—For the purpose of carrying out nursing
16 workforce development programs authorized under
17 title VIII of the Public Health Service Act (42
18 U.S.C. 296 et seq.), in addition to any other
19 amounts authorized to be appropriated for such pur-
20 pose, there is authorized to be appropriated out of
21 any monies in the Health Professions Workforce
22 Fund, the following:

23 (A) $127,000,000 for fiscal year 2025.

24 (B) $134,000,000 for fiscal year 2026.

25 (C) $140,000,000 for fiscal year 2027.

(D) $147,000,000 for fiscal year 2028.

(E) $154,000,000 for fiscal year 2029.

(F) $162,000,000 for fiscal year 2030.

(G) $170,000,000 for fiscal year 2031.

(H) $179,000,000 for fiscal year 2032.

**SEC. 3011. FUTURE ADVANCEMENT OF ACADEMIC NURSING.**

(a) SUPPORT FOR NURSING EDUCATION AND THE FUTURE NURSING WORKFORCE.—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. 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, may award grants to schools of nursing for—

"(1) increasing the number of faculty and students at such schools in order to enhance the preparedness of the United States for, and the ability of the United States to address and quickly respond to, public health emergencies declared under section 319 and pandemics; or

1 "(2) the enhancement and modernization of
2 nursing education programs.
3 "(b) PRIORITY.—In selecting grant recipients under
4 this section, the Secretary shall give priority to schools of
5 nursing that—
6 "(1) are located in a medically underserved
7 community;
8 "(2) are located in a health professional short-
9 age area as defined under section 332(a); or
10 "(3) are institutions of higher education listed
11 under section 371(a) of the Higher Education Act of
12 1965.
13 "(c) CONSIDERATION.—In awarding grants under
14 this section, the Secretary, to the extent practicable, may
15 ensure equitable distribution of awards among the geo-
16 graphic regions of the United States.
17 "(d) USE OF FUNDS.—A school of nursing that re-
18 ceives a grant under this section may use the funds award-
19 ed through such grant for activities that include—
20 "(1) enhancing enrollment and retention of stu-
21 dents at such school, with a priority for students
22 from disadvantaged backgrounds (including racial or
23 ethnic groups underrepresented in the nursing work-
24 force), individuals from rural and underserved areas,
25 low-income individuals, and first generation college

1 students (as defined in section 402A(h)(3) of the
2 Higher Education Act of 1965);
3 ''(2) creating, supporting, or modernizing edu-
4 cational programs and curriculum at such school;
5 ''(3) retaining current faculty, and hiring new
6 faculty, with an emphasis on faculty from racial or
7 ethnic groups who are underrepresented in the nurs-
8 ing workforce;
9 ''(4) modernizing infrastructure at such school,
10 including audiovisual or other equipment, personal
11 protective equipment, simulation and augmented re-
12 ality resources, telehealth technologies, and virtual
13 and physical laboratories;
14 ''(5) partnering with a health care facility,
15 nurse-managed health clinic, community health cen-
16 ter, or other facility that provides health care in
17 order to provide educational opportunities for the
18 purpose of establishing or expanding clinical edu-
19 cation;
20 ''(6) enhancing and expanding nursing pro-
21 grams that prepare nurse researchers and scientists;
22 ''(7) establishing nurse-led intradisciplinary and
23 interprofessional educational partnerships; and

1 "(8) other activities that the Secretary deter-
2 mines further the development, improvement, and
3 expansion of schools of nursing.

4 "(e) REPORTS FROM ENTITIES.—Each school of
5 nursing awarded a grant under this section shall submit
6 an annual report to the Secretary on the activities con-
7 ducted under such grant, and other information as the
8 Secretary may require.

9 "(f) REPORT TO CONGRESS.—Not later than 5 years
10 after the date of the enactment of this section, the Sec-
11 retary shall submit to the Committee on Health, Edu-
12 cation, Labor, and Pensions of the Senate and the Com-
13 mittee on Energy and Commerce of the House of Rep-
14 resentatives a report that provides a summary of the ac-
15 tivities and outcomes associated with grants made under
16 this section. Such report shall include—

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

21 "(2) the total number of students who are en-
22 rolled at or who have graduated from any school of
23 nursing that was improved or expanded through a
24 grant under this section, which such statistic shall—

1 "(A) to the extent such information is
2 available, be deidentified and disaggregated by
3 race, ethnicity, age, sex, geographic region, dis-
4 ability status, and other relevant factors; and
5 "(B) include an indication of the number
6 of such students who are from racial or ethnic
7 groups underrepresented in the nursing work-
8 force, such students who are from rural or un-
9 derserved areas, such students who are low-in-
10 come students, and such students who are first
11 generation college students (as defined in sec-
12 tion 402A(h)(3) of the Higher Education Act of
13 1965);
14 "(3) to the extent such information is available,
15 the effects of the grants awarded under this section
16 on retaining and hiring of faculty, including any in-
17 crease in diverse faculty, the number of clinical edu-
18 cation partnerships, the modernization of nursing
19 education infrastructure, and other ways this section
20 helps address and quickly respond to public health
21 emergencies and pandemics;
22 "(4) recommendations for improving the grants
23 awarded under this section; and
24 "(5) any other considerations as the Secretary
25 determines appropriate.

1 "(g) AUTHORIZATION OF APPROPRIATIONS.—To
2 carry out this section, there is authorized to be appro-
3 priated $1,000,000,000, to remain available until ex-
4 pended.".
5 (b) STRENGTHENING NURSE EDUCATION.—The
6 heading of part D of title VIII of the Public Health Serv-
7 ice Act (42 U.S.C. 296p et seq.) is amended by striking
8 "**BASIC**".

9 **SEC. 3012. SENSE OF CONGRESS RELATING TO GRADUATE**
10 **MEDICAL EDUCATION.**

11 It is the sense of Congress that eliminating the limit
12 of the number of residency positions that receive some
13 level of Medicare support under section 1886(h) of the So-
14 cial Security Act (42 U.S.C. 1395ww(h)), also referred to
15 as the Medical graduate medical education cap, is critical
16 to—
17 (1) ensuring an appropriate supply of physi-
18 cians to meet the health care needs in the United
19 States;
20 (2) facilitating equitable access for all who seek
21 health care;
22 (3) increasing the racial and ethnic diversity of
23 physicians in the United States; and
24 (4) mitigating disparities in health and health
25 care.

1 **SEC. 3013. CAREER SUPPORT FOR SKILLED, INTERNATION-**
2 **ALLY EDUCATED HEALTH PROFESSIONALS.**

3 (a) GRANTS TO ELIGIBLE ENTITIES.—
4 (1) AUTHORITY TO PROVIDE GRANTS.—The
5 Secretary of Health and Human Services (in this
6 section referred to as the ''Secretary''), acting
7 through the Bureau of Health Workforce within the
8 Health Resources and Services Administration, the
9 National Institute on Minority Health and Health
10 Disparities, or the Office of Minority Health, may
11 award grants to eligible entities under paragraph (2)
12 to carry out activities described in subsection (b).
13 (2) ELIGIBILITY.—To be eligible to receive a
14 grant under this section, an entity shall—
15 (A) be a clinical, public health, or health
16 services organization, a community-based or
17 nonprofit entity, an academic institution, a
18 faith-based organization, a State, county, or
19 local government, an area health education cen-
20 ter, or another entity determined appropriate by
21 the Secretary; and
22 (B) submit to the Secretary an application
23 at such time, in such manner, and containing
24 such information as the Secretary may require.
25 (b) AUTHORIZED ACTIVITIES.—A grant awarded
26 under this section shall be used—

1 (1) to provide services to assist unemployed and
2 underemployed skilled immigrants, residing in the
3 United States, who have legal, permanent work au-
4 thorization and who are internationally educated
5 health professionals, enter into the health workforce
6 of the United States with employment matching
7 their health professional skills and education, and
8 advance in employment to positions that better
9 match their health professional education and exper-
10 tise;
11 (2) to provide training opportunities to reduce
12 barriers to entry and advancement in the health
13 workforce for skilled, internationally educated immi-
14 grants;
15 (3) to educate employers regarding the abilities
16 and capacities of internationally educated health
17 professionals;
18 (4) to assist in the evaluation of foreign creden-
19 tials;
20 (5) to support preceptorships for international
21 medical graduates in hospital primary care training;
22 and
23 (6) to facilitate access to contextualized and ac-
24 celerated courses on English as a second language.

1 **SEC. 3014. STUDY AND REPORT ON STRATEGIES FOR IN-**
2 **CREASING DIVERSITY.**

3 (a) STUDY.—The Comptroller General of the United
4 States shall conduct a study on strategies for increasing
5 the diversity of the health professional workforce. Such
6 study shall include an analysis of strategies for increasing
7 the number of health professionals from rural, lower in-
8 come, and underrepresented minority communities, includ-
9 ing which strategies are most effective for achieving such
10 goal.

11 (b) REPORT.—Not later than 2 years after the date
12 of enactment of this Act, the Comptroller General shall
13 submit to Congress a report on the study conducted under
14 subsection (a), together with recommendations for such
15 legislation and administrative action as the Comptroller
16 General determines appropriate.

17 **SEC. 3015. CONRAD STATE 30 PROGRAM; PHYSICIAN RETEN-**
18 **TION.**

19 (a) CONRAD STATE 30 PROGRAM EXTENSION.—

20 (1) IN GENERAL.—Section 220(c) of the Immi-
21 gration and Nationality Technical Corrections Act of
22 1994 (Public Law 103–416; 8 U.S.C. 1182 note) is
23 amended by striking ‘‘September 30, 2015’’ and in-
24 serting ‘‘the date that is 3 years after the date of
25 the enactment of the Health Equity and Account-
26 ability Act of 2024’’.

1 (2) EFFECTIVE DATE.—The amendment made
2 by paragraph (1) shall take effect as if enacted on
3 September 30, 2018.
4 (b) RETAINING PHYSICIANS WHO HAVE PRACTICED
5 IN MEDICALLY UNDERSERVED COMMUNITIES.—Section
6 201(b)(1) of the Immigration and Nationality Act (8
7 U.S.C. 1151(b)(1)) is amended by adding at the end the
8 following:
9 "(F)(i) Alien physicians who have completed
10 service requirements of a waiver requested under
11 section 203(b)(2)(B)(ii), including—
12 "(I) alien physicians who completed such
13 service before the date of the enactment of the
14 Health Equity and Accountability Act of 2024;
15 and
16 "(II) the spouse or children of an alien
17 physician described in subclause (I).
18 "(ii) Nothing in this subparagraph may be con-
19 strued—
20 "(I) to prevent the filing of a petition with
21 the Secretary of Homeland Security for classi-
22 fication under section 204(a) or the filing of an
23 application for adjustment of status under sec-
24 tion 245 by an alien physician described in
25 clause (i)(I) before the date on which such alien

1 physician completed the service described in
2 section 214(l) or worked full-time as a physi-
3 cian for an aggregate of 5 years at the location
4 identified in the section 214(l) waiver or in an
5 area or areas designated by the Secretary of
6 Health and Human Services as having a short-
7 age of health care professionals; or
8 ''(II) to permit the Secretary of Homeland
9 Security to grant a petition or application de-
10 scribed in subclause (I) until the alien has sat-
11 isfied all of the requirements of the waiver re-
12 ceived under section 214(l).''.
13 (c) EMPLOYMENT PROTECTIONS FOR PHYSICIANS.—
14 (1) EXCEPTIONS TO 2-YEAR FOREIGN RESI-
15 DENCY REQUIREMENT.—Section 214(l)(1) of the
16 Immigration and Nationality Act (8 U.S.C.
17 1184(l)(1)) is amended—
18 (A) in the matter preceding subparagraph
19 (A), by striking ''Attorney General'' and insert-
20 ing ''Secretary of Homeland Security'';
21 (B) in subparagraph (A), by striking ''Di-
22 rector of the United States Information Agen-
23 cy'' and inserting ''Secretary of State'';

1 (C) in subparagraph (B), by inserting ", 
2 except as provided in paragraphs (7) and (8)" 
3 before the semicolon at the end;

4 (D) in subparagraph (C), by amending 
5 clauses (i) and (ii) to read as follows:

6 "(i) the alien demonstrates a bona 
7 fide offer of full-time employment at a 
8 health facility or health care organization, 
9 which employment has been determined by 
10 the Secretary of Homeland Security to be 
11 in the public interest; and

12 "(ii) the alien—

13 "(I) has accepted employment 
14 with the health facility or health care 
15 organization in a geographic area or 
16 areas which are designated by the 
17 Secretary of Health and Human Serv-
18 ices as having a shortage of health 
19 care professionals;

20 "(II) begins employment by the 
21 later of the date that is—

22 "(aa) 120 days after receiv-
23 ing such waiver;

24 "(bb) 120 days after com-
25 pleting graduate medical edu-

1 cation or training under a pro-
2 gram approved pursuant to sec-
3 tion 212(j)(1); or
4 "(cc) 120 days after receiv-
5 ing nonimmigrant status or em-
6 ployment authorization, if the
7 alien or the alien's employer peti-
8 tions for such nonimmigrant sta-
9 tus or employment authorization
10 not later than 120 days after the
11 date on which the alien completes
12 his or her graduate medical edu-
13 cation or training under a pro-
14 gram approved pursuant to sec-
15 tion 212(j)(1); and
16 "(III) agrees to continue to work
17 for a total of not less than 3 years in
18 the status authorized for such employ-
19 ment under this subsection, except as
20 provided in paragraph (8); and"; and
21 (E) in subparagraph (D), in the matter
22 preceding clause (i), by inserting "except as
23 provided in paragraph (8)," before "in the
24 case".

1 (2) ALLOWABLE VISA STATUS FOR PHYSICIANS
2 FULFILLING WAIVER REQUIREMENTS IN MEDICALLY
3 UNDERSERVED AREAS.—Section 214(l)(2)(A) of
4 such Act (8 U.S.C. 1184(l)(2)(A)) is amended to
5 read as follows:
6 ''(A) Upon the request of an interested
7 Federal agency or an interested State agency
8 for recommendation of a waiver under this sec-
9 tion by a physician who is maintaining valid
10 nonimmigrant status under section
11 101(a)(15)(J) and received a favorable rec-
12 ommendation by the Secretary of State, the
13 Secretary of Homeland Security may adjust the
14 status of such physician to any status author-
15 ized for employment under this Act. The nu-
16 merical limitations set forth in subsection
17 (g)(1)(A) shall not apply to any alien whose
18 status is adjusted pursuant to this subpara-
19 graph.''.
20 (3) VIOLATION OF AGREEMENTS.—Section
21 214(l)(3)(A) of such Act (8 U.S.C. 1184(l)(3)(A)) is
22 amended by inserting ''substantial requirement of
23 an'' before ''agreement entered into''.
24 (4) PHYSICIAN EMPLOYMENT IN UNDERSERVED
25 AREAS.—Section 214(l) of such Act, as amended by

1 this subsection, is further amended by adding at the
2 end the following:

3 "(4)(A) If an interested State agency denies an
4 application for a waiver under paragraph (1)(B)
5 from a physician pursuing graduate medical edu-
6 cation or training pursuant to section 101(a)(15)(J)
7 because the State has requested the maximum num-
8 ber of waivers permitted for that fiscal year, the
9 physician's nonimmigrant status shall be extended
10 for up to 6 months if the physician agrees to seek
11 a waiver under this subsection (except for paragraph
12 (1)(D)(ii)) to work for an employer described in
13 paragraph (1)(C) in a State that has not yet re-
14 quested the maximum number of waivers.

15 "(B) Such physician shall be authorized to
16 work only for the employer referred to in subpara-
17 graph (A) during the period beginning on the date
18 on which a new waiver application is filed with such
19 State and ending on the earlier of—

20 "(i) the date on which the Secretary of
21 Homeland Security denies such waiver; or

22 "(ii) the date on which the Secretary ap-
23 proves an application for adjustment of status
24 under paragraph (2)(A) pursuant to the ap-
25 proval of such waiver.".

1 (5) CONTRACT REQUIREMENTS.—Section 214(l)
2 of such Act, as amended by this subsection, is fur-
3 ther amended by adding at the end the following:
4 "(5) An alien granted a waiver under para-
5 graph (1)(C) shall enter into an employment agree-
6 ment with the contracting health facility or health
7 care organization that—
8 "(A) specifies—
9 "(i) the maximum number of on-call
10 hours per week (which may be a monthly
11 average) that the alien will be expected to
12 be available; and
13 "(ii) the compensation the alien will
14 receive for on-call time;
15 "(B) specifies—
16 "(i) whether the contracting facility or
17 organization—
18 "(I) has secured medical mal-
19 practice liability protection for the
20 alien under section 224(g) of the Pub-
21 lic Health Service Act (42 U.S.C.
22 233(g); or
23 "(II) will pay the alien's mal-
24 practice insurance premiums; and

1 "(ii) the amount of such liability pro-
2 tection that will be provided;
3 "(C) describes all of the work locations
4 that the alien will work and includes a state-
5 ment that the contracting facility or organiza-
6 tion will not add additional work locations with-
7 out the approval of the Federal agency or State
8 agency that requested the waiver; and
9 "(D) does not include a non-compete provi-
10 sion.
11 "(6) An alien granted a waiver under this sub-
12 section whose employment relationship with a health
13 facility or health care organization terminates under
14 paragraph (1)(C)(ii) during the 3-year service period
15 required under paragraph (1) shall be considered to
16 be maintaining lawful status in an authorized period
17 of stay during the 120-day period referred to in
18 items (aa) and (bb) of subclause (III) of paragraph
19 (1)(C)(ii) or the 45-day period referred to in sub-
20 clause (III)(cc) of such paragraph.".
21 (6) RECAPTURING WAIVER SLOTS LOST TO
22 OTHER STATES.—Section 214(l) of such Act, as
23 amended by this subsection, is further amended by
24 adding at the end the following:

1 "(7) If a recipient of a waiver under this sub-
2 section terminates the recipient's employment with a
3 health facility or health care organization pursuant
4 to paragraph (1)(C)(ii), including termination of em-
5 ployment because of circumstances described in
6 paragraph (1)(C)(ii)(III), and accepts new employ-
7 ment with such a facility or organization in a dif-
8 ferent State, the State from which the alien is de-
9 parting may be granted an additional waiver by the
10 Secretary of State for use in the fiscal year in which
11 the alien's employment was terminated.".
12 (7) EXCEPTION TO 3-YEAR WORK REQUIRE-
13 MENT.—Section 214(l) of such Act, as amended by
14 this subsection, is further amended by adding at the
15 end the following:
16 "(8) The 3-year work requirement set forth in
17 subparagraphs (C) and (D) of paragraph (1) shall
18 not apply if—
19 "(A)(i) the Secretary of Homeland Secu-
20 rity determines the existence of extenuating cir-
21 cumstances, including violations by the em-
22 ployer of the employment agreement with the
23 alien or of labor and employment laws, which
24 justify a lesser period of employment at such
25 facility or organization; and

1 ''(ii) the alien demonstrates, not later than
2 120 days after the employment termination
3 date (unless the Secretary determines that ex-
4 tenuating circumstances would justify an exten-
5 sion), another bona fide offer of employment at
6 a health facility or health care organization in
7 a geographic area or areas designated by the
8 Secretary of Health and Human Services as
9 having a shortage of health care professionals,
10 for the remainder of such 3-year period;
11 ''(B)(i) the interested State agency that re-
12 quested the waiver attests to the existence of
13 extenuating circumstances, including violations
14 by the employer of the employment agreement
15 with the alien or of labor and employment laws,
16 which justify a lesser period of employment at
17 such facility or organization; and
18 ''(ii) the alien demonstrates, not later than
19 120 days after the employment termination
20 date (unless the Secretary determines that ex-
21 tenuating circumstances would justify an exten-
22 sion), another bona fide offer of employment at
23 a health facility or health care organization in
24 a geographic area or areas designated by the
25 Secretary of Health and Human Services as

1 having a shortage of health care professionals,
2 for the remainder of such 3-year period; or
3 ''(C) the alien—
4 ''(i) elects not to pursue a determina-
5 tion of extenuating circumstances pursuant
6 to subparagraph (A) or (B);
7 ''(ii) terminates the alien's employ-
8 ment relationship with the health facility
9 or health care organization at which the
10 alien was employed;
11 ''(iii) demonstrates, not later than 45
12 days after the employment termination
13 date, another bona fide offer of employ-
14 ment at a health facility or health care or-
15 ganization in a geographic area or areas,
16 in the State that requested the alien's
17 waiver, which are designated by the Sec-
18 retary of Health and Human Services as
19 having a shortage of health care profes-
20 sionals; and
21 ''(iv) agrees to be employed for the re-
22 mainder of such 3-year period, and 1 addi-
23 tional year for each termination under
24 clause (ii).''.
25 (d) ALLOTMENT OF CONRAD STATE 30 WAIVERS.—

1 (1) IN GENERAL.—Section 214(l) of the Immi-
2 gration and Nationality Act (8 U.S.C. 1184(l)), as
3 amended by subsection (c), is further amended by
4 adding at the end the following:

5 ''(9)(A)(i) All States shall be allotted a total of 35
6 waivers under paragraph (1)(B) for a fiscal year if 90 per-
7 cent of the waivers available to the States receiving at
8 least 5 waivers were used in the previous fiscal year.

9 ''(ii) When an allotment occurs under clause (i), all
10 States shall be allotted an additional 5 waivers under
11 paragraph (1)(B) for each subsequent fiscal year if 90
12 percent of the waivers available to the States receiving at
13 least 5 waivers were used in the previous fiscal year. If
14 the States are allotted 45 or more waivers for a fiscal year,
15 the States will only receive an additional increase of 5
16 waivers the following fiscal year if 95 percent of the waiv-
17 ers available to the States receiving at least 1 waiver were
18 used in the previous fiscal year.

19 ''(B) Any increase in allotments under subparagraph
20 (A) shall be maintained indefinitely, unless in a fiscal year
21 the total number of such waivers granted is 5 percent
22 lower than in the last year in which there was an increase
23 in the number of waivers allotted pursuant to this para-
24 graph, in which case—

1 "(i) the number of waivers allotted shall be de-
2 creased by 5 for all States beginning in the next fis-
3 cal year; and
4 "(ii) each additional 5 percent decrease in such
5 waivers granted from the last year in which there
6 was an increase in the allotment, shall result in an
7 additional decrease of 5 waivers allotted for all
8 States, provided that the number of waivers allotted
9 for all States shall not drop below 30.".
10 (2) ACADEMIC MEDICAL CENTERS.—Section
11 214(l)(1)(D) of such Act, as amended by subsection
12 (c)(1)(E), is further amended—
13 (A) in clause (ii), by striking "and" at the
14 end;
15 (B) in clause (iii), by striking the period at
16 the end and inserting "; and"; and
17 (C) by adding at the end the following:
18 "(iv) in the case of a request by an inter-
19 ested State agency—
20 "(I) the head of such agency deter-
21 mines that the alien is to practice medicine
22 in, or be on the faculty of a residency pro-
23 gram at, an academic medical center (as
24 defined in section 411.355(e)(2) of title 42,
25 Code of Federal Regulations, or a similar

1 successor regulation), without regard to
2 whether such facility is located within an
3 area designated by the Secretary of Health
4 and Human Services as having a shortage
5 of health care professionals; and
6 ''(II) the head of such agency deter-
7 mines that—
8 ''(aa) the alien physician's work
9 is in the public interest; and
10 ''(bb) the grant of such waiver
11 would not cause the number of the
12 waivers granted on behalf of aliens for
13 such State for a fiscal year to exceed
14 3 (within the limitation in subpara-
15 graph (B) and subject to paragraph
16 (6)), in accordance with the conditions
17 of this clause.''.
18 (e) AMENDMENTS TO THE PROCEDURES, DEFINI-
19 TIONS, AND OTHER PROVISIONS RELATED TO PHYSICIAN
20 IMMIGRATION.—
21 (1) DUAL INTENT FOR PHYSICIANS SEEKING
22 GRADUATE MEDICAL TRAINING.—Section 214(b) of
23 the Immigration and Nationality Act (8 U.S.C.
24 1184(b)) is amended by striking ''and other than a
25 nonimmigrant described in any provision of section

1 101(a)(15)(H)(i) except subclause (b1) of such sec-
2 tion)'' and inserting ''a nonimmigrant described in
3 any provision of section 101(a)(15)(H)(i) (except
4 subclause (b1) of such section), and an alien coming
5 to the United States to receive graduate medical
6 education or training as described in section 212(j)
7 or to take examinations required to receive graduate
8 medical education or training as described in section
9 212(j))''.

10 (2) PHYSICIAN NATIONAL INTEREST WAIVER
11 CLARIFICATIONS.—

12 (A) PRACTICE AND GEOGRAPHIC AREA.—
13 Section 203(b)(2)(B)(ii)(I) of the Immigration
14 and Nationality Act (8 U.S.C.
15 1153(b)(2)(B)(ii)(I)) is amended by striking
16 items (aa) and (bb) and inserting the following:

17 ''(aa) the alien physician agrees to
18 work on a full-time basis practicing pri-
19 mary care, specialty medicine, or a com-
20 bination thereof, in an area or areas des-
21 ignated by the Secretary of Health and
22 Human Services as having a shortage of
23 health care professionals, or at a health
24 care facility under the jurisdiction of the
25 Secretary of Veterans Affairs; or

1 "(bb) the alien physician is pursuing
2 such waiver based upon service at a facility
3 or facilities that serve patients who reside
4 in a geographic area or areas designated
5 by the Secretary of Health and Human
6 Services as having a shortage of health
7 care professionals (without regard to
8 whether such facility or facilities are lo-
9 cated within such an area) and a Federal
10 agency, or a local, county, regional, or
11 State department of public health deter-
12 mines the alien physician's work was or
13 will be in the public interest.".
14 (B) FIVE-YEAR SERVICE REQUIREMENT.—
15 Section 203(b)(2)(B)(ii) of such Act, as amend-
16 ed by subparagraph (A), is further amended—
17 (i) by moving subclauses (II), (III),
18 and (IV) 4 ems to the left; and
19 (ii) in subclause (II)—
20 (I) by inserting "(aa)" after
21 "(II)"; and
22 (II) by adding at the end the fol-
23 lowing:
24 "(bb) The 5-year service requirement
25 described in item (aa) shall begin on the

1 date on which the alien physician begins
2 work in the shortage area in any legal sta-
3 tus and not on the date on which an immi-
4 grant visa petition is filed or approved.
5 Such service shall be aggregated without
6 regard to when such service began and
7 without regard to whether such service
8 began during or in conjunction with a
9 course of graduate medical education.

10 ''(cc) An alien physician shall not be
11 required to submit an employment contract
12 with a term exceeding the balance of the 5-
13 year commitment yet to be served or an
14 employment contract dated within a min-
15 imum time period before filing a visa peti-
16 tion under this subsection.

17 ''(dd) An alien physician shall not be
18 required to file additional immigrant visa
19 petitions upon a change of work location
20 from the location approved in the original
21 national interest immigrant petition.''.

22 (3) TECHNICAL CLARIFICATION REGARDING AD-
23 VANCED DEGREE FOR PHYSICIANS.—Section
24 203(b)(2)(A) of such Act is amended by adding at
25 the end the following: ''An alien physician holding a

1 foreign medical degree that has been deemed suffi-
2 cient for acceptance by an accredited United States
3 medical residency or fellowship program is a member
4 of the professions holding an advanced degree or its
5 equivalent.''.

6 (4) SHORT-TERM WORK AUTHORIZATION FOR
7 PHYSICIANS COMPLETING THEIR RESIDENCIES.—

8 (A) IN GENERAL.—A physician completing
9 graduate medical education or training de-
10 scribed in section 212(j) of the Immigration
11 and Nationality Act (8 U.S.C. 1182(j)) as a
12 nonimmigrant described in section
13 101(a)(15)(H)(i) of such Act (8 U.S.C.
14 1101(a)(15)(H)(i))—

15 (i) shall have such nonimmigrant sta-
16 tus automatically extended until October 1
17 of the fiscal year for which a petition for
18 a continuation of such nonimmigrant sta-
19 tus has been submitted in a timely manner
20 and the employment start date for the ben-
21 eficiary of such petition is October 1 of
22 that fiscal year; and

23 (ii) shall be authorized to be employed
24 incident to status during the period be-

1 tween the filing of such petition and Octo-
2 ber 1 of such fiscal year.
3 (B) TERMINATION.—The physician's sta-
4 tus and employment authorization shall termi-
5 nate on the date that is 30 days after the date
6 on which a petition described in clause (i)(I) is
7 rejected, denied, or revoked.
8 (C) AUTOMATIC EXTENSION.—A physi-
9 cian's status and employment authorization will
10 automatically extend to October 1 of the next
11 fiscal year if all of the visas described in section
12 101(a)(15)(H)(i) of the Immigration and Na-
13 tionality Act (8 U.S.C. 1101(a)(15)(H)(i)) that
14 were authorized to be issued for the fiscal year
15 have been issued.
16 (5) APPLICABILITY OF SECTION 212(e) TO
17 SPOUSES AND CHILDREN OF J–1 EXCHANGE VISI-
18 TORS.—A spouse or child of an exchange visitor de-
19 scribed in section 101(a)(15)(J) of the Immigration
20 and Nationality Act (8 U.S.C. 1101(a)(15)(J)) shall
21 not be subject to the requirements under section
22 212(e) of such Act (8 U.S.C. 1182(e)).
23 (f) ANNUAL CONRAD STATE 30 J–1 VISA WAIVER
24 PROGRAM STATISTICAL REPORT.—The Director of U.S.
25 Citizenship and Immigration Service shall submit an an-

1 nual report to Congress and to the Secretary of Health
2 and Human Services that identifies the number of aliens
3 admitted during the most recently concluded fiscal year
4 as a result of the Conrad State 30 J–1 Visa Waiver Pro-
5 gram established under sections 212(e) and 214(l) of the
6 Immigration and Nationality Act (8 U.S.C. 1182(e) and
7 1184(l)), broken down by State.

8 **SEC. 3016. GRANTS FOR SCHOOLS OF MEDICINE AND**
9 **SCHOOLS OF OSTEOPATHIC MEDICINE IN UN-**
10 **DERSERVED AREAS.**

11 Subpart II of part C of title VII of the Public Health
12 Service Act (42 U.S.C. 293m et seq.) is amended by add-
13 ing at the end the following:

14 **"SEC. 749C. GRANTS FOR SCHOOLS OF MEDICINE AND**
15 **SCHOOLS OF OSTEOPATHIC MEDICINE IN UN-**
16 **DERSERVED AREAS.**

17 "(a) IN GENERAL.—The Secretary may award grants
18 to institutions of higher education (including consortiums
19 of such institutions) for the establishment, improvement,
20 or expansion of a school of medicine or osteopathic medi-
21 cine, or a branch campus of a school of medicine or osteo-
22 pathic medicine.

23 "(b) PRIORITY.—In selecting grant recipients under
24 this section, the Secretary shall give priority to any insti-

tution of higher education (or consortium of such institutions) that—

"(1) proposes to use the grant for the establishment of a school of medicine or osteopathic medicine, or a branch campus of a school of medicine or osteopathic medicine, in an area—

"(A) in which—

"(i) no other such school is based; or

"(ii) in the case in which the school of medicine or osteopathic medicine proposed to be established would be a minority-serving institution, no other minority-serving institution that includes a school of medicine or osteopathic medicine is based; and

"(B) that is a medically underserved community or a health professional shortage area; or

"(2) is a minority-serving institution described in section 371(a) of the Higher Education Act of 1965 or an institution or program described in section 326(e) of such Act.

"(c) CONSIDERATIONS.—In awarding grants under this section, the Secretary, to the extent practicable, may ensure equitable distribution of awards among the geographical regions of the United States.

1 "(d) USE OF FUNDS.—An institution of higher edu-
2 cation (or a consortium of such institutions)—
3 "(1) shall use grant amounts received under
4 this section to—
5 "(A) recruit, enroll, and retain medical
6 students who are pursuing a degree of doctor of
7 medicine or doctor of osteopathy, including in-
8 dividuals who are from disadvantaged back-
9 grounds (including racial and ethnic groups
10 underrepresented among medical students and
11 health professions), individuals from rural and
12 underserved areas, low-income individuals, and
13 first generation college students, at a school of
14 medicine or osteopathic medicine or a branch
15 campus of a school of medicine or osteopathic
16 medicine; and
17 "(B) develop, implement, and expand cur-
18 riculum that emphasizes care for rural and un-
19 derserved populations, including accessible and
20 culturally and linguistically appropriate care
21 and services, at such school or branch campus;
22 and
23 "(2) may use grant amounts received under this
24 section to—
25 "(A) plan and construct—

1 "(i) a school of medicine or osteo-
2 pathic medicine, or a branch campus of a
3 school of medicine or osteopathic medicine,
4 in an area in which no other such school
5 is based; or
6 "(ii) a school of medicine or osteo-
7 pathic medicine, or a branch campus of a
8 school of medicine or osteopathic medicine,
9 that will be a minority-serving institution,
10 in an area in which no other such school
11 that is a minority-serving institution is
12 based;
13 "(B) plan, develop, and meet criteria for
14 accreditation for a school of medicine or osteo-
15 pathic medicine or a branch campus of a school
16 of medicine or osteopathic medicine;
17 "(C) hire faculty, including faculty from
18 racial and ethnic groups who are underrep-
19 resented among the medical and other health
20 professions, and other staff to serve at such a
21 school or branch campus;
22 "(D) support educational programs at such
23 a school or branch campus;
24 "(E) modernize and expand infrastructure
25 at such a school or branch campus; and

1 "(F) support other activities that the Sec-
2 retary determines further the establishment,
3 improvement, or expansion of a school of medi-
4 cine or osteopathic medicine or a branch cam-
5 pus of a school of medicine or osteopathic medi-
6 cine.

7 "(e) APPLICATION.—To be eligible to receive a grant
8 under subsection (a), an institution of higher education
9 (or a consortium of such institutions), shall submit an ap-
10 plication to the Secretary at such time, in such manner,
11 and containing such information as the Secretary may re-
12 quire, including a description of the institution's or con-
13 sortium's planned activities described in subsection (d).

14 "(f) REPORTING.—

15 "(1) REPORTS FROM ENTITIES.—Each institu-
16 tion of higher education, or consortium of such insti-
17 tutions, awarded a grant under this section shall
18 submit an annual report to the Secretary on the ac-
19 tivities conducted under such grant, and other infor-
20 mation as the Secretary may require.

21 "(2) REPORT TO CONGRESS.—Not later than 5
22 years after the date of enactment of this section and
23 every 5 years thereafter, the Secretary shall submit
24 to the Committee on Health, Education, Labor, and
25 Pensions of the Senate and the Committee on En-

1 ergy and Commerce of the House of Representatives
2 a report that provides a summary of the activities
3 and outcomes associated with grants made under
4 this section. Such reports shall include—

5 ''(A) a list of awardees, including their pri-
6 mary geographic location, and location of any
7 school of medicine or osteopathic medicine, or a
8 branch campus of a school of medicine or osteo-
9 pathic medicine that was established, improved,
10 or expanded under this program;

11 ''(B) the total number of students (includ-
12 ing the number of students from racial and eth-
13 nic groups underrepresented among medical
14 students and health professions, low-income
15 students, and first generation college students)
16 who—

17 ''(i) are enrolled at or who have grad-
18 uated from any school of medicine or os-
19 teopathic medicine, or a branch campus of
20 a school of medicine or osteopathic medi-
21 cine, that was established, improved, or ex-
22 panded under this program, deidentified
23 and disaggregated by race, ethnicity, age,
24 sex, geographic region, disability status,

1 and other relevant factors, to the extent
2 such information is available; and
3 "(ii) who subsequently participate in
4 an accredited internship or medical resi-
5 dency program upon graduation from any
6 school of medicine or osteopathic medicine,
7 or a branch campus of a school of medicine
8 or osteopathic medicine, that was estab-
9 lished, improved, or expanded under this
10 program, deidentified and disaggregated by
11 race, ethnicity, age, sex, geographic region,
12 disability status, medical specialty pursued,
13 and other relevant factors, to the extent
14 such information is available;
15 "(C) the effects of such program on the
16 health care provider workforce, including any
17 impact on demographic representation
18 disaggregated by race, ethnicity, and sex, and
19 the fields or specialties pursued by students
20 who have graduated from any school of medi-
21 cine or osteopathic medicine, or a branch cam-
22 pus of a school of medicine or osteopathic medi-
23 cine, that was established, improved, or ex-
24 panded under this program;

1 "(D) the effects of such program on health
2 care access in underserved areas, including
3 medically underserved communities and health
4 professional shortage areas; and
5 "(E) recommendations for improving the
6 program described in this section, and any
7 other considerations as the Secretary deter-
8 mines appropriate.
9 "(3) PUBLIC AVAILABILITY.—The Secretary
10 shall make reports submitted under paragraph (2)
11 publicly available on the website of the Department
12 of Health and Human Services.
13 "(g) DEFINITIONS.—In this section:
14 "(1) BRANCH CAMPUS.—
15 "(A) IN GENERAL.—The term 'branch
16 campus', with respect to a school of medicine or
17 osteopathic medicine, means an additional loca-
18 tion of such school that is geographically apart
19 and independent of the main campus, at which
20 the school offers at least 50 percent of the pro-
21 gram leading to a degree of doctor of medicine
22 or doctor of osteopathy that is offered at the
23 main campus.
24 "(B) INDEPENDENCE FROM MAIN CAM-
25 PUS.—For purposes of subparagraph (A), the

1 location of a school described in such subpara-
2 graph shall be considered to be independent of
3 the main campus described in such subpara-
4 graph if the location—
5 ‘‘(i) is permanent in nature;
6 ‘‘(ii) offers courses in educational pro-
7 grams leading to a degree, certificate, or
8 other recognized educational credential;
9 ‘‘(iii) has its own faculty and adminis-
10 trative or supervisory organization; and
11 ‘‘(iv) has its own budgetary and hiring
12 authority.
13 ‘‘(2) FIRST GENERATION COLLEGE STUDENT.—
14 The term ‘first generation college student’ has the
15 meaning given such term in section 402A(h)(3) of
16 the Higher Education Act of 1965.
17 ‘‘(3) HEALTH PROFESSIONAL SHORTAGE
18 AREA.—The term ‘health professional shortage area’
19 has the meaning given such term in section 332(a).
20 ‘‘(4) INSTITUTION OF HIGHER EDUCATION.—
21 The term ‘institution of higher education’ has the
22 meaning given such term in section 101 of the High-
23 er Education Act of 1965.

1 “(5) MEDICALLY UNDERSERVED COMMUNITY.—
2 The term ‘medically underserved community’ has the
3 meaning given such term in section 799B(6).
4 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
5 is authorized to be appropriated such sums as may be nec-
6 essary to carry out this section.”.

# 7 TITLE IV—IMPROVING HEALTH 8 CARE ACCESS AND QUALITY

### 9 SEC. 4000. DEFINITION.

10 In this title and the amendments made by this title,
11 the term “health care” includes all health care needed
12 throughout the life cycle and the end of life.

## 13 Subtitle A—Reducing Barriers to 14 Accessing Care

### 15 SEC. 4001. PROTECTING PROTECTED AREAS.

16 Section 287 of the Immigration and Nationality Act
17 (8 U.S.C. 1357) is amended—
18 (1) by striking “the Service” each place such
19 term appears and inserting “the Department of
20 Homeland Security”;
21 (2) by striking “Attorney General” each place
22 such term appears and inserting “Secretary of
23 Homeland Security”;

1 (3) in subsection (f)(1), by striking ''Commis-
2 sioner'' and inserting ''Director of U.S. Citizenship
3 and Immigration Services'';
4 (4) in subsection (h)—
5 (A) by striking ''of the Immigration and
6 Nationality Act''; and
7 (B) by striking ''of such Act''; and
8 (5) by adding at the end the following:
9 ''(i)(1) In this subsection:
10 ''(A) The term 'appropriate congressional com-
11 mittees' means—
12 ''(i) the Committee on Homeland Security
13 and Governmental Affairs of the Senate;
14 ''(ii) the Committee on the Judiciary of the
15 Senate;
16 ''(iii) the Committee on Homeland Security
17 of the House of Representatives; and
18 ''(iv) the Committee on the Judiciary of
19 the House of Representatives.
20 ''(B) The term 'enforcement action'—
21 ''(i) means an apprehension, arrest, inspec-
22 tion interview, request for identification, search,
23 seizure, service of charging documents or sub-
24 poenas, or surveillance for the purposes of im-
25 migration enforcement; and

1 "(ii) includes an enforcement action at, or
2 focused on, a protected area that is part of a
3 joint case led by another law enforcement agen-
4 cy.
5 "(C) The term 'exigent circumstances' means a
6 situation involving—
7 "(i) the imminent risk of death, violence,
8 or physical harm to any person or property, in-
9 cluding a situation implicating terrorism or the
10 national security of the United States;
11 "(ii) the immediate arrest or pursuit of a
12 dangerous felon, terrorist suspect, or other indi-
13 vidual presenting an imminent danger; or
14 "(iii) the imminent risk of destruction of
15 evidence that is material to an ongoing criminal
16 case.
17 "(D) The term 'prior approval' means—
18 "(i) in the case of officers and agents of
19 U.S. Immigration and Customs Enforcement,
20 prior written approval to carry out an enforce-
21 ment action involving a specific individual or in-
22 dividuals authorized by—
23 "(I) the Assistant Director of Oper-
24 ations, Homeland Security Investigations;

1 “(II) the Executive Associate Direc-
2 tor, Homeland Security Investigations;
3 “(III) the Assistant Director for Field
4 Operations, Enforcement and Removal Op-
5 erations; or
6 “(IV) the Executive Associate Direc-
7 tor for Field Operations, Enforcement and
8 Removal Operations;
9 “(ii) in the case of officers and agents of
10 U.S. Customs and Border Protection, prior
11 written approval to carry out an enforcement
12 action involving a specific individual or individ-
13 uals authorized by—
14 “(I) a Chief Patrol Agent;
15 “(II) the Director of Field Operations;
16 “(III) the Director of Air and Marine
17 Operations; or
18 “(IV) the Internal Affairs Special
19 Agent in Charge; and
20 “(iii) in the case of other Federal, State,
21 or local law enforcement officers, to carry out
22 an enforcement action involving a specific indi-
23 vidual or individuals authorized by—
24 “(I) the head of the Federal agency
25 carrying out the enforcement action; or

1 "(II) the head of the State or local
2 law enforcement agency carrying out the
3 enforcement action.

4 "(E) The term 'protected area' includes all of
5 the physical space located within 1,000 feet of—

6 "(i) any medical treatment or mental
7 health care facility, including any hospital, doc-
8 tor's office, health clinic, alcohol or drug pre-
9 vention, counseling, or treatment facilities, sy-
10 ringe exchange services, vaccination, treatment,
11 or testing sites, emergent or urgent care facil-
12 ity, sites that serve pregnant individuals, or
13 community health centers;

14 "(ii) any public or private school, including
15 any known and licensed day care facility, pre-
16 school, sites of early childhood programs, pri-
17 mary school, secondary school, postsecondary
18 school (including colleges and universities), or
19 other institution of learning (including voca-
20 tional or trade schools);

21 "(iii) any scholastic or education-related
22 activity or event or before or after school pro-
23 gram, including field trips and interscholastic
24 events;

25 "(iv) any school bus or school bus stop;

1 “(v) any place where children gather, such
2 as a playground, a recreation center, a library,
3 a foster care facility, or a group home for chil-
4 dren;
5 “(vi) any physical structure of an organiza-
6 tion or subdivision of government that—
7 “(I) assists children, pregnant women,
8 victims of crime or abuse, or individuals
9 with significant mental or physical disabil-
10 ities;
11 “(II) provides social services and as-
12 sistance, including homeless shelters, com-
13 munity-based organizations, facilities that
14 serve disabled persons, drug or alcohol
15 counseling and treatment facilities, food
16 banks or food pantries, and other places
17 providing emergency and disaster services
18 or assistance with food and nutrition,
19 housing affordability and income or other
20 services funded by State or local govern-
21 ment, charitable giving, the Special Sup-
22 plemental Nutrition Program for Women,
23 Infants, and Children (WIC), Supple-
24 mental Nutrition Assistance Program
25 (SNAP), Temporary Assistance for Needy

1 Families (TANF), Social Security, or the
2 United States Housing Act; or
3 ''(III) provides hospice, palliative, or
4 other available end-of-life care services to
5 terminally ill persons;
6 ''(vii) any church, synagogue, mosque, or
7 other place of worship or religious study, in-
8 cluding buildings rented for the purpose of reli-
9 gious services, retreats, counseling, workshops,
10 instruction, and education;
11 ''(viii) any Federal, State, or local court-
12 house, including the office of an individual's
13 legal counsel or representative, and a probation,
14 parole, or supervised release office;
15 ''(ix) the site of a funeral, grave-side cere-
16 mony, rosary, wedding, or other religious cere-
17 mony or observance;
18 ''(x) any public demonstration, such as a
19 march, a rally, or a parade;
20 ''(xi) any domestic violence shelter, rape
21 crisis center, child advocacy center, supervised
22 visitation center, family justice center, or victim
23 services provider;
24 ''(xii) any congressional district office;

1 ‘‘(xiii) indoor and outdoor premises of a
2 State department of motor vehicles;
3 ‘‘(xiv) a place where disaster or emergency
4 response and relief is provided, including evacu-
5 ation routes, places where shelter or emergency
6 supplies, food, or water are distributed, or
7 places where registration for disaster-relief as-
8 sistance or family reunification is underway; or
9 ‘‘(xv) any other location specified by the
10 Secretary of Homeland Security for purposes of
11 this subsection.
12 ‘‘(2)(A) An enforcement action may not take place
13 at, or be focused on, a protected area unless—
14 ‘‘(i) the action involves exigent circumstances;
15 and
16 ‘‘(ii) prior approval for the enforcement action
17 was obtained.
18 ‘‘(B) If an enforcement action is initiated pursuant
19 to subparagraph (A) and the exigent circumstances per-
20 mitting the enforcement action cease, the enforcement ac-
21 tion shall be discontinued until such exigent circumstances
22 reemerge.
23 ‘‘(C) If an enforcement action is carried out in viola-
24 tion of this subsection—

1 "(i) no information resulting from the enforce-
2 ment action may be entered into the record or re-
3 ceived into evidence in a removal proceeding result-
4 ing from the enforcement action; and

5 "(ii) the noncitizen who is the subject of such
6 removal proceeding may file a motion for the imme-
7 diate termination of the removal proceeding.

8 "(3)(A) This subsection shall apply to any enforce-
9 ment action by officers or agents of the Department of
10 Homeland Security, including—

11 "(i) officers or agents of U.S. Immigration and
12 Customs Enforcement;

13 "(ii) officers or agents of U.S. Customs and
14 Border Protection; and

15 "(iii) any individual designated to perform im-
16 migration enforcement functions pursuant to sub-
17 section (g).

18 "(B) While carrying out an enforcement action within
19 a protected area, officers and agents referred to in sub-
20 paragraph (A) shall make every effort—

21 "(i) to limit the time spent in the protected
22 area;

23 "(ii) to limit the enforcement action in the pro-
24 tected area to the person or persons for whom prior
25 approval was obtained; and

1 "(iii) to conduct themselves discreetly.
2 "(C) If, while carrying out an enforcement action
3 that is not initiated in or focused on a protected area, offi-
4 cers or agents are led into a protected area, and no exigent
5 circumstance and prior approval with respect to the pro-
6 tected area, such officers or agents shall—
7 "(i) cease before taking any further enforce-
8 ment action;
9 "(ii) conduct themselves in a discreet manner;
10 "(iii) maintain surveillance on an individual;
11 and
12 "(iv) immediately consult their supervisor in
13 order to determine whether such enforcement action
14 should be discontinued.
15 "(D) The limitations under this paragraph shall not
16 apply to the transportation of an individual apprehended
17 at or near a land or sea border to a hospital or health
18 care provider for the purpose of providing medical care
19 to such individual.
20 "(4)(A) Each official specified in subparagraph (B)
21 shall ensure that the employees under his or her super-
22 vision receive annual training regarding compliance
23 with—
24 "(i) the requirements under this subsection with
25 respect to enforcement actions at or focused on pro-

1 tected areas and enforcement actions that lead offi-
2 cers or agents to a protected area; and

3 ''(ii) the requirements under section 239 of this
4 Act and section 384 of the Illegal Immigration Re-
5 form and Immigrant Responsibility Act of 1996 (8
6 U.S.C. 1367).

7 ''(B) The officials specified in this subparagraph
8 are—

9 ''(i) the Chief Counsel of each Field Office of
10 U.S. Immigration and Customs Enforcement;

11 ''(ii) each Field Office Director of U.S. Immi-
12 gration and Customs Enforcement;

13 ''(iii) each Special Agent in Charge of U.S. Im-
14 migration and Customs Enforcement;

15 ''(iv) each Chief Patrol Agent of U.S. Customs
16 and Border Protection;

17 ''(v) the Director of Field Operations of U.S.
18 Customs and Border Protection;

19 ''(vi) the Director of Air and Marine Operations
20 of U.S. Customs and Border Protection;

21 ''(vii) the Internal Affairs Special Agent in
22 Charge of U.S. Customs and Border Protection; and

23 ''(viii) the chief law enforcement officer of each
24 State or local law enforcement agency that enters

1 into a written agreement with the Department of
2 Homeland Security pursuant to subsection (g).
3 ''(5) Not later than 180 days after the date of the
4 enactment of the Health Equity and Accountability Act
5 of 2024, the Secretary of Homeland Security shall modify
6 the Notice to Appear form (Form I–862)—
7 ''(A) to provide the subject of an enforcement
8 action with information, written in plain language,
9 summarizing the restrictions against enforcement
10 actions at protected areas (as described in this sub-
11 section) and the remedies available to the individual
12 if such action violates such restrictions;
13 ''(B) to ensure that the information provided
14 pursuant to subparagraph (A) is accessible to an in-
15 dividual with limited English proficiency; and
16 ''(C) to ensure that the subject of an enforce-
17 ment action is not permitted to verify that the offi-
18 cers or agents that carried out such action complied
19 with the restrictions set forth in this subsection.
20 ''(6)(A) The Director of U.S. Immigration and Cus-
21 toms Enforcement and the Commissioner of U.S. Customs
22 and Border Protection shall each submit an annual report
23 to the appropriate congressional committees that includes
24 the information set forth in subparagraph (B) with respect
25 to the respective agency.

1 "(B) Each report submitted pursuant to subpara-
2 graph (A) shall include, with respect to the submitting
3 agency during the reporting period—
4 "(i) the number of enforcement actions that
5 were carried out at, or focused on, a protected area;
6 "(ii) the number of enforcement actions in
7 which officers or agents were subsequently led to a
8 protected area; and
9 "(iii) for each enforcement action described in
10 clause (i) or (ii)—
11 "(I) the date on which such action oc-
12 curred;
13 "(II) the specific site, city, county, and
14 State in which such action occurred;
15 "(III) if the site of the enforcement action
16 was in a protected area—
17 "(aa) the identification of the pro-
18 tected area;
19 "(bb) the reasons such action was
20 taken in such area;
21 "(cc) if such action was taken without
22 prior approval, certification that notifica-
23 tion to headquarters of a submitting agen-
24 cy was provided after such action took
25 place; and

1 "(dd) a report describing what oc-
2 curred during and immediately after such
3 action;
4 "(IV) the components of the agency in-
5 volved in the enforcement action;
6 "(V) a description of the enforcement ac-
7 tion, including the nature of the criminal activ-
8 ity of its intended target;
9 "(VI) the number of individuals, if any, ar-
10 rested or taken into custody;
11 "(VII) the number of collateral arrests, if
12 any, and the reasons for each such arrest;
13 "(VIII) a certification whether the location
14 administrator of a protected area was contacted
15 before, during, or after the enforcement action;
16 and
17 "(IX) the percentage of all of the staff
18 members and supervisors reporting to the offi-
19 cials listed in paragraph (4)(B) who completed
20 the training required under paragraph (4)(A).
21 "(7) Nothing in the subsection may be construed—
22 "(A) to affect the authority of Federal, State,
23 or local law enforcement agencies—

1 "(i) to enforce generally applicable Federal
2 or State criminal laws unrelated to immigra-
3 tion; or
4 "(ii) to protect residents from imminent
5 threats to public safety; or
6 "(B) to limit or override the protections pro-
7 vided in—
8 "(i) section 239; or
9 "(ii) section 384 of the Illegal Immigration
10 Reform and Immigrant Responsibility Act of
11 1996 (8 U.S.C. 1367).".

12 **SEC. 4002. REPEAL OF REQUIREMENT FOR DOCUMENTA-**
13 **TION EVIDENCING CITIZENSHIP OR NATION-**
14 **ALITY UNDER THE MEDICAID PROGRAM.**

15 (a) REPEAL.—Subsections (i)(22) and (x) of section
16 1903 of the Social Security Act (42 U.S.C. 1396b) are
17 each repealed.
18 (b) CONFORMING AMENDMENTS.—
19 (1) STATE PAYMENTS FOR MEDICAL ASSIST-
20 ANCE.—Section 1902 of the Social Security Act (42
21 U.S.C. 1396a) is amended—
22 (A) by amending paragraph (46) of sub-
23 section (a) to read as follows:
24 "(46) provide that information is requested and
25 exchanged for purposes of income and eligibility

1 verification in accordance with a State system which
2 meets the requirements of section 1137 of this
3 Act;'';
4 (B) in subsection (e)(13)(A)(i)—
5 (i) in the matter preceding subclause
6 (I), by striking ''sections 1902(a)(46)(B)
7 and 1137(d)'' and inserting ''section
8 1137(d)''; and
9 (ii) in subclause (IV), by striking
10 ''1902(a)(46)(B) or''; and
11 (C) by striking subsection (ee).
12 (2) REPEAL.—Subsection (c) of section 6036 of
13 the Deficit Reduction Act of 2005 (42 U.S.C. 1396b
14 note) is repealed.
15 (c) EFFECTIVE DATE.—The amendments made by
16 this section shall take effect on the date of enactment of
17 this Act.
18 **SEC. 4003. LIFT THE BAR ACT.**
19 (a) ELIMINATION OF ARBITRARY ELIGIBILITY RE-
20 STRICTIONS.—
21 (1) IN GENERAL.—Sections 402, 403, 411, 412,
22 421, and 422 of the Personal Responsibility and
23 Work Opportunity Reconciliation Act of 1996 (8
24 U.S.C. 1612, 1613, 1621, 1622, 1631, and 1632)
25 are repealed.

1 (2) CONFORMING AMENDMENTS.—Title IV of
2 the Personal Responsibility and Work Opportunity
3 Reconciliation Act of 1996 (8 U.S.C. 1601 et seq.)
4 is amended—
5 (A) in section 401(b)(5) (8 U.S.C.
6 1611(b)(5)), by striking ''the program defined
7 in section 402(a)(3)(A) (relating to the supple-
8 mental security income program)'' and inserting
9 ''the Supplemental Security Income Program
10 under title XVI of the Social Security Act (42
11 U.S.C. 1381 et seq.)'';
12 (B) in section 404(a) (8 U.S.C. 1614(a)),
13 by striking '', 402, or 403'';
14 (C) in section 413 (8 U.S.C. 1625)—
15 (i) by striking ''A State'' and insert-
16 ing the following:
17 ''(a) STATE OR LOCAL PUBLIC BENEFIT DE-
18 FINED.—In this section, the term 'State or local public
19 benefit'—
20 ''(1) except as provided in paragraphs (2) and
21 (3), means—
22 ''(A) any grant, contract, loan, professional
23 license, or commercial license provided by an
24 agency of a State or local government or by ap-

1 propriated funds of a State or local government; and
3 "(B) any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment benefit, or any other similar benefit for which payments or assistance are provided to an individual, household, or family eligibility unit by an agency of a State or local government or by appropriated funds of a State or local government;
12 "(2) does not apply—
13 "(A) to any contract, professional license, or commercial license for a nonimmigrant whose visa for entry is related to such employment in the United States, or to a citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99–239 or 99–658 (or a successor provision) is in effect;
21 "(B) with respect to benefits for an alien who as a work authorized nonimmigrant or as an alien lawfully admitted for permanent residence under the Immigration and Nationality Act qualified for such benefits and for whom

1 the United States under reciprocal treaty agree-
2 ments is required to pay benefits, as determined
3 by the Secretary of State, after consultation
4 with the Attorney General; or

5 ''(C) to the issuance of a professional li-
6 cense to, or the renewal of a professional license
7 by, a foreign national not physically present in
8 the United States; and

9 ''(3) does not include any Federal public ben-
10 efit.

11 ''(b) PROOF OF ELIGIBILITY REQUIREMENT.—A
12 State''; and

13 (ii) in subsection (b), as redesignated,
14 by striking ''(as defined in section
15 411(c))'';

16 (D) in section 432(d) (8 U.S.C. 1642(d)),
17 by striking ''(as defined in section 411(c))'' and
18 inserting ''(as defined in section 413(a))'';

19 (E) in section 435 (8 U.S.C. 1645), by
20 striking ''(as provided under section 403)''; and

21 (F) in section 436 (8 U.S.C. 1646)—

22 (i) by striking ''the food stamp pro-
23 gram (as defined in section 402(a)(3)(B))''
24 and inserting ''the supplemental nutrition
25 assistance program established under the

1 Food and Nutrition Act of 2008 (7 U.S.C.
2 2011 et seq.)''; and
3 (ii) by striking ''the supplemental se-
4 curity income program (as defined in sec-
5 tion 402(a)(3)(A))'' and inserting ''the
6 Supplemental Security Income Program
7 under title XVI of the Social Security Act
8 (42 U.S.C. 1381 et seq.)''.
9 (b) QUALIFIED NONCITIZENS.—Title IV of the Per-
10 sonal Responsibility and Work Opportunity Reconciliation
11 Act of 1996 (8 U.S.C. 1601 et seq.) is amended—
12 (1) in the title header, by striking ''**ALIENS**''
13 and inserting ''**NONCITIZENS**'';
14 (2) in the header of section 401 (8 U.S.C.
15 1611), by striking ''**ALIENS WHO ARE NOT**
16 **QUALIFIED ALIENS**'' and inserting ''**NONCITI-**
17 **ZENS WHO ARE NOT QUALIFIED NONCITI-**
18 **ZENS**'';
19 (3) by striking ''qualified alien'' each place such
20 term appears and inserting ''qualified noncitizen'';
21 (4) by striking ''qualified aliens'' each place
22 such term appears and inserting ''qualified nonciti-
23 zens'';

1 (5) by striking ‘‘qualified alien’s’’ each place
2 such term appears and inserting ‘‘qualified nonciti-
3 zen’s’’;
4 (6) by striking ‘‘an alien’’ each place such term
5 appears and inserting ‘‘a noncitizen’’;
6 (7) by striking ‘‘alien’’ each place such term ap-
7 pears and inserting ‘‘noncitizen’’;
8 (8) by striking ‘‘aliens’’ each place such term
9 appears and inserting ‘‘noncitizens’’; and
10 (9) by striking ‘‘alien’s’’ each place such term
11 appears and inserting ‘‘noncitizen’s’’.
12 (c) ACCESS TO BASIC SERVICES FOR LAWFULLY RE-
13 SIDING NONCITIZENS.—Section 431 of the Personal Re-
14 sponsibility and Work Opportunity Reconciliation Act of
15 1996 (8 U.S.C. 1641) is amended—
16 (1) by striking subsection (b) and inserting the
17 following:
18 ‘‘(b) QUALIFIED NONCITIZEN.—For purposes of this
19 title, the term ‘qualified noncitizen’ means a noncitizen
20 who, at the time the noncitizen applies for, receives, or
21 attempts to receive a Federal public benefit, is lawfully
22 present in the United States.’’;
23 (2) in subsection (c)—

1 (A) in the header, by striking "QUALIFIED
2 ALIENS" and inserting "QUALIFIED NONCITI-
3 ZENS";
4 (B) in paragraph (3), by striking "or" at
5 the end;
6 (C) in paragraph (4), by striking the pe-
7 riod at the end and inserting "; or"; and
8 (D) by inserting after paragraph (4) the
9 following:
10 "(5) a noncitizen—
11 "(A) in a category that was treated as law-
12 fully present for purposes of section 1101 of the
13 Patient Protection and Affordable Care Act of
14 2010 (42 U.S.C. 18001);
15 "(B) who met the requirements of section
16 402(a)(2)(D) of the Personal Responsibility and
17 Work Opportunity Reconciliation Act of 1996
18 (8 U.S.C. 1612(a)(2)(D)) on or before January
19 1, 2021;
20 "(C) who is granted special immigrant ju-
21 venile status as described by section
22 101(a)(27)(J) of the Immigration and Nation-
23 ality Act (8 U.S.C. 1101(a)(27)(J));
24 "(D) who has a pending, bona fide applica-
25 tion for nonimmigrant status under section

1 101(a)(15)(U) of the Immigration and Nation-
2 ality Act (8 U.S.C. 1101(1)(15)(U));
3 ‘‘(E) who was granted relief under the De-
4 ferred Action for Childhood Arrivals program;
5 or
6 ‘‘(F) who is not described in subpara-
7 graphs (A) through (E), is not a citizen of the
8 United States, resides in a State or territory of
9 the United States, and is authorized by Federal
10 law to be present in the United States.’’; and
11 (3) by adding at the end the following:
12 ‘‘(d) NONCITIZEN.—In this title, the term ‘noncit-
13 izen’ means any individual who is not a citizen of the
14 United States.’’.
15 (d) CHILD NUTRITION PROGRAMS.—Section 742 of
16 the Personal Responsibility and Work Opportunity Rec-
17 onciliation Act of 1996 (8 U.S.C. 1615) is amended—
18 (1) in subsection (a)—
19 (A) in the header by striking ‘‘SCHOOL
20 LUNCH AND BREAKFAST PROGRAMS’’ and in-
21 serting ‘‘CHILD NUTRITION PROGRAMS’’;
22 (B) by striking ‘‘the school lunch pro-
23 gram’’ and inserting ‘‘any program’’; and

1 (C) by striking "the school breakfast pro-
2 gram under section 4 of the" and inserting
3 "any program under"; and
4 (2) in subsection (b), by amending paragraph
5 (1) to read as follows:
6 "(1) IN GENERAL.—A State may not deny ben-
7 efits under programs established under the provi-
8 sions of law described in paragraph (2) on the basis
9 of an individual's citizenship or immigration sta-
10 tus.".
11 (e) EXCLUSION OF MEDICAL ASSISTANCE EXPENDI-
12 TURES FOR CITIZENS OF FREELY ASSOCIATED STATES.—
13 Section 1108(h) of the Social Security Act (42 U.S.C.
14 1308(h)) is amended—
15 (1) by striking "Expenditures" and inserting:
16 "(1) IN GENERAL.—Expenditures"; and
17 (2) by adding at the end the following:
18 "(2) EXCEPTION.—With respect to eligibility
19 for benefits under a State plan approved under title
20 XIX (other than medical assistance described in sec-
21 tion 401(b)(1)(A) of the Personal Responsibility and
22 Work Opportunity Reconciliation Act of 1996 (8
23 U.S.C. 1611(b)(1)(A))), paragraph (1) shall not
24 apply to any individual who lawfully resides in 1 of
25 the 50 States or in the District of Columbia in ac-

1 cordance with the Compacts of Free Association be-
2 tween the Government of the United States and the
3 Governments of the Federated States of Micronesia,
4 the Republic of the Marshall Islands, and the Re-
5 public of Palau and shall not apply, at the option of
6 the Governor of Puerto Rico, the Virgin Islands,
7 Guam, the Northern Mariana Islands, or American
8 Samoa as communicated to the Secretary of Health
9 and Human Services in writing, to any individual
10 who lawfully resides in the respective territory in ac-
11 cordance with such Compacts.''.
12 (f) CHILDREN'S HEALTH INSURANCE PROGRAM.—
13 Effective January 1, 2025, section 2107(e)(1) of the So-
14 cial Security Act (42 U.S.C. 1397gg(e)(1)) is amended—
15 (1) by striking subparagraph (P); and
16 (2) by redesignating subparagraphs (Q), (R),
17 (S), (T), and (U) as subparagraphs (P), (Q), (R),
18 (S), and (T), respectively.
19 (g) CONFORMING AMENDMENTS.—
20 (1) SUPPLEMENTAL FOOD ASSISTANCE PRO-
21 GRAM.—The Food and Nutrition Act of 2008 (7
22 U.S.C. 2011 et seq.) is amended—
23 (A) in section 5 (7 U.S.C. 2014)—
24 (i) in subsection (d)(10), by striking
25 ''(k)'' and inserting ''(j)'';

1 (ii) by striking subsection (i); and
2 (iii) by redesignating subsections (j),
3 (k), (l), (m), and (n) as subsections (i), (j),
4 (k), (l), and (m), respectively;
5 (B) in section 6 (7 U.S.C. 2015)—
6 (i) in subsection (f), by striking ''an
7 alien lawfully admitted for permanent'' and
8 all that follows through the end of the sub-
9 section and inserting ''a noncitizen who is
10 lawfully present in the United States.'';
11 and
12 (ii) in subsection (s)(2), by striking
13 ''(i), (k), (l), (m), and (n)'' and inserting
14 ''(j), (k), (l), and (m)''; and
15 (C) in section 11(e)(2)(B)(v)(II) (7 U.S.C.
16 2020(e)(2)(B)(v)(II)) by striking ''aliens'' and
17 inserting ''noncitizens''.
18 (2) MEDICAID.—Section 1903(v) of the Social
19 Security Act (42 U.S.C. 1396b(v)) is amended—
20 (A) in paragraph (1), by striking ''admit-
21 ted for'' and all that follows and inserting
22 ''present in the United States.''; and
23 (B) by striking paragraph (4).

1 (3) HOUSING ASSISTANCE.—Section 214(a) of
2 the Housing and Community Development Act of
3 1980 (42 U.S.C. 1436a(a)) is amended—
4 (A) by redesignating paragraphs (6) and
5 (7) as paragraphs (7) and (8), respectively; and
6 (B) by inserting after paragraph (5) the
7 following:
8 ''(6) a qualified noncitizen (as defined in sec-
9 tion 431 of the Personal Responsibility and Work
10 Opportunity Reconciliation Act of 1996 (8 U.S.C.
11 1641));''.
12 (4) ASSISTANCE NOT TREATED AS DEBT AB-
13 SENT FRAUD.—Section 213A of the Immigration
14 and Nationality Act (8 U.S.C. 1183a) is amended—
15 (A) in subsection (a)(3)—
16 (i) in subparagraph (A), by striking
17 ''(as provided under section 403 of the
18 Personal Responsibility and Work Oppor-
19 tunity Reconciliation Act of 1996)''; and
20 (ii) in subparagraph (B), in the un-
21 designated matter following clause (ii), by
22 striking ''(as provided under section 403 of
23 the Personal Responsibility and Work Op-
24 portunity Reconciliation Act of 1996)'';
25 and

1 (B) in subsection (b)(1)(A) is amended by
2 striking "benefit," and inserting "benefit by
3 fraud,".

4 (h) FEDERAL AGENCY GUIDANCE.—Not later than
5 180 days after the date of the enactment of this Act, each
6 Federal agency affected by any of the amendments made
7 by this section shall issue guidance with respect to the im-
8 plementation of such amendments.

9 (i) EFFECTIVE DATE.—Except as otherwise provided
10 in this section, the amendments made by this section—

11 (1) shall take effect on the date of the enact-
12 ment of this Act; and

13 (2) shall apply to services furnished on or after
14 the date that is 180 days after the date on which
15 any guidance is issued pursuant to subsection (h).

16 **SEC. 4004. IMPROVE AFFORDABILITY AND REDUCE PRE-**
17 **MIUM COSTS OF HEALTH INSURANCE FOR**
18 **CONSUMERS.**

19 (a) IN GENERAL.—Section 36B(b)(3)(A) of the In-
20 ternal Revenue Code of 1986 is amended to read as fol-
21 lows:

22 "(A) APPLICABLE PERCENTAGE.—The ap-
23 plicable percentage for any taxable year shall be
24 the percentage such that the applicable percent-
25 age for any taxpayer whose household income is

1 within an income tier specified in the following
2 table shall increase, on a sliding scale in a lin-
3 ear manner, from the initial premium percent-
4 age to the final premium percentage specified in
5 such table for such income tier:

| ''In the case of household income (expressed as a percent of poverty line) within the following income tier: | The initial premium percentage is— | The final premium percentage is— |
|---|---|---|
| Up to 150 percent | 0.0 | 0.0 |
| 150 percent up to 200 percent | 0.0 | 3.0 |
| 200 percent up to 250 percent | 3.0 | 4.0 |
| 250 percent up to 300 percent | 4.0 | 6.0 |
| 300 percent up to 400 percent | 6.0 | 8.5 |
| 400 percent and higher | 8.5 | 8.5.''. |

6 (b) CONFORMING AMENDMENTS.—Section 36B(c)(1)
7 of the Internal Revenue Code of 1986 is amended—
8 (1) by striking ''but does not exceed 400 per-
9 cent'' in subparagraph (A), and
10 (2) by striking subparagraph (E).
11 (c) EFFECTIVE DATE.—The amendments made by
12 this section shall apply to taxable years beginning after
13 December 31, 2023.

14 **SEC. 4005. REMOVING CITIZENSHIP AND IMMIGRATION**
15 **BARRIERS TO ACCESS TO AFFORDABLE**
16 **HEALTH CARE UNDER THE ACA.**

17 (a) IN GENERAL.—
18 (1) PREMIUM TAX CREDITS.—Section 36B of
19 the Internal Revenue Code of 1986 is amended—

1 (A) in subsection (c)(1), by amending sub-
2 paragraph (B) to read as follows:
3 "(B) SPECIAL RULE FOR CERTAIN INDI-
4 VIDUALS INELIGIBLE FOR MEDICAID DUE TO
5 STATUS.—If—
6 "(i) a taxpayer has a household in-
7 come which is not greater than 100 per-
8 cent of an amount equal to the poverty line
9 for a family of the size involved,
10 "(ii) the taxpayer is a noncitizen who
11 is not eligible for the Medicaid program
12 under title XIX of the Social Security Act
13 by reason of the individual's immigration
14 status,
15 "(iii) the taxpayer is ineligible for
16 minimum essential coverage under section
17 5000A(f)(1)(A)(ii), and
18 "(iv) under the Medicaid eligibility
19 criteria for noncitizens in effect on Decem-
20 ber 26, 2020, the taxpayer would be ineli-
21 gible for such minimum essential coverage
22 by reason of the taxpayer's immigration
23 status,
24 the taxpayer shall, for purposes of the credit
25 under this section, be treated as an applicable

1 taxpayer with a household income which is
2 equal to 100 percent of the poverty line for a
3 family of the size involved.''.
4 (B) by striking subsection (e).
5 (2) COST-SHARING REDUCTIONS.—Section 1402
6 of the Patient Protection and Affordable Care Act
7 (42 U.S.C. 18071) is amended—
8 (A) by striking subsection (e); and
9 (B) by redesignating subsections (f) and
10 (g) as subsections (e) and (f), respectively.
11 (3) BASIC HEALTH PROGRAM ELIGIBILITY.—
12 Section 1331(e)(1)(B) of the Patient Protection and
13 Affordable Care Act (42 U.S.C. 18051(e)(1)(B)) is
14 amended by striking ''lawfully present in the United
15 States,''.
16 (4) RESTRICTIONS ON FEDERAL PAYMENTS.—
17 Section 1412 of the Patient Protection and Afford-
18 able Care Act (42 U.S.C. 18082) is amended—
19 (A) by striking subsection (d); and
20 (B) by redesignating subsection (e) as sub-
21 section (d).
22 (5) REQUIREMENT TO MAINTAIN MINIMUM ES-
23 SENTIAL COVERAGE.—Section 5000A(d) of the In-
24 ternal Revenue Code of 1986 is amended—
25 (A) by striking paragraph (3); and

1 (B) by redesignating paragraph (4) as
2 paragraph (3).
3 (b) CONFORMING AMENDMENTS.—
4 (1) ESTABLISHMENT OF PROGRAM.—Section
5 1411(a) of the Patient Protection and Affordable
6 Care Act (42 U.S.C. 18081(a)) is amended—
7 (A) by striking paragraph (1); and
8 (B) by redesignating paragraphs (2), (3),
9 and (4) as paragraphs (1), (2), and (3), respec-
10 tively.
11 (2) QUALIFIED INDIVIDUALS.—Section 1312(f)
12 of the Patient Protection and Affordable Care Act
13 (42 U.S.C. 18032(f)) is amended—
14 (A) in the heading, by striking "; ACCESS
15 LIMITED TO CITIZENS AND LAWFUL RESI-
16 DENTS"; and
17 (B) by striking paragraph (3).
18 (c) EFFECTIVE DATE.—The amendments made by
19 this section shall apply to years, plan years, and taxable
20 years, as applicable, beginning after December 31, 2024.
21 **SEC. 4006. HEAL FOR IMMIGRANT FAMILIES ACT.**
22 (a) CONSISTENCY IN HEALTH INSURANCE COV-
23 ERAGE FOR INDIVIDUALS WITH FEDERALLY AUTHOR-
24 IZED PRESENCE, INCLUDING DEFERRED ACTION.—

1 (1) IN GENERAL.—For purposes of eligibility
2 under any of the provisions described in paragraph
3 (2), all individuals granted federally authorized pres-
4 ence in the United States shall be considered to be
5 lawfully present in the United States.
6 (2) PROVISIONS DESCRIBED.—The provisions
7 described in this paragraph are the following:
8 (A) EXCHANGE ELIGIBILITY.—Section
9 1411 of the Patient Protection and Affordable
10 Care Act (42 U.S.C. 18031).
11 (B) REDUCED COST-SHARING ELIGI-
12 BILITY.—Section 1402 of the Patient Protec-
13 tion and Affordable Care Act (42 U.S.C.
14 18071).
15 (C) PREMIUM SUBSIDY ELIGIBILITY.—Sec-
16 tion 36B of the Internal Revenue Code of 1986
17 (26 U.S.C. 36B).
18 (D) MEDICAID AND CHIP ELIGIBILITY.—
19 Titles XIX and XXI of the Social Security Act,
20 including under section 1903(v) of such Act (42
21 U.S.C. 1396b(v)).
22 (3) EFFECTIVE DATE.—
23 (A) IN GENERAL.—Paragraph (1) shall
24 take effect on the date of enactment of this Act.

1 (B) TRANSITION THROUGH SPECIAL EN-
2 ROLLMENT PERIOD.—In the case of an indi-
3 vidual described in paragraph (1) who, before
4 the first day of the first annual open enrollment
5 period under subparagraph (B) of section
6 1311(c)(6) of the Patient Protection and Af-
7 fordable Care Act (42 U.S.C. 18031(c)(6)) be-
8 ginning after the date of enactment of this Act,
9 is granted federally authorized presence in the
10 United States and who, as a result of such sub-
11 section, qualifies for a subsidy under a provi-
12 sion described in subparagraph (B) or (C) of
13 paragraph (2), the Secretary of Health and
14 Human Services shall establish a special enroll-
15 ment period under subparagraph (C) of such
16 section 1311(c)(6) during which such individual
17 may enroll in qualified health plans through
18 Exchanges under title I of the Patient Protec-
19 tion and Affordable Care Act and qualify for
20 such a subsidy. For such an individual who has
21 been granted federally authorized presence in
22 the United States as of the date of enactment
23 of this Act, such special enrollment period shall
24 begin not later than 90 days after such date of
25 enactment. Nothing in this paragraph shall be

1 construed as affecting the authority of the Sec-
2 retary to establish additional special enrollment
3 periods under such subparagraph (C).

4 (b) STATE OPTION TO EXPAND MEDICAID AND
5 CHIP TO INDIVIDUALS WITHOUT LAWFUL PRESENCE.—

6 (1) MEDICAID.—

7 (A) IN GENERAL.—Section
8 1902(a)(10)(A)(ii) of the Social Security Act
9 (42 U.S.C. 1396a(a)(10)(A)(ii)) is amended—

10 (i) in subclause (XXII), by striking
11 ''or'' at the end;

12 (ii) in subclause (XXIII), by striking
13 the semicolon and inserting ''; or''; and

14 (iii) by adding at the end the fol-
15 lowing new subclause:

16 ''(XXIV) who would be eligible
17 under the State plan (or waiver of
18 such plan) under this title if they were
19 citizens of the United States;''.

20 (B) CONFORMING AMENDMENT.—Section
21 1905(a) of the Social Security Act (42 U.S.C.
22 1396d(a)) is amended, in the matter preceding
23 paragraph (1)—

24 (i) in the matter designated as clause
25 (xvi), by striking ''or'' at the end;

1 (ii) in the matter designated as clause
2 (xvii), by adding "or" at the end; and
3 (iii) by inserting after the matter des-
4 ignated as clause (xvii) the following:
5 "(xviii) individuals described in section
6 1902(a)(10)(A)(ii)(XXIV),".
7 (2) CHIP.—Title XXI of the Social Security
8 Act (42 U.S.C. 1397aa et seq.) is amended by in-
9 serting after section 2112 the following new section:
10 **"SEC. 2112A. STATE OPTION TO PROVIDE COVERAGE FOR**
11 **INDIVIDUALS WITHOUT LAWFUL PRESENCE.**
12 "A State may elect through an amendment to its
13 State child health plan under section 2102 to treat an in-
14 dividual as a targeted low-income child or a targeted low-
15 income pregnant woman for purposes of this title if such
16 individual would otherwise be included as such a child or
17 such a pregnant woman (as applicable) under such plan
18 if the individual were a citizen of the United States.".
19 (3) NONAPPLICATION OF ELIGIBILITY PROHIBI-
20 TION.—Section 401(a) of the Personal Responsi-
21 bility and Work Opportunity Reconciliation Act of
22 1996 (42 U.S.C. 1611(a)) is amended by adding at
23 the end the following new sentence: "The preceding
24 sentence shall not apply with respect to a nonciti-
25 zen's eligibility under a State plan (or waiver of such

1 plan) under title XIX of the Social Security Act or
2 under a State child health plan (or waiver of such
3 plan) under title XXI of such Act to the extent that
4 such State has elected to make such individual so el-
5 igible pursuant to section 1902(a)(10)(A)(ii)(XXIV)
6 or 2112A of such Act, respectively.''.
7 (c) PRESERVING ACCESS TO COVERAGE.—
8 (1) IN GENERAL.—Nothing in this section, in-
9 cluding the amendments made by this section, shall
10 prevent lawfully present noncitizens who are ineli-
11 gible for full benefits under the Medicaid program
12 under title XIX of the Social Security Act from se-
13 curing a credit for which such lawfully present non-
14 citizens would be eligible under section 36B(c)(1)(B)
15 of the Internal Revenue Code of 1986 and under the
16 Medicaid provisions for lawfully present noncitizens,
17 as in effect on the date prior to the date of enact-
18 ment of this Act.
19 (2) DEFINITION.—For purposes of paragraph
20 (1), the term ''full benefits'' means, with respect to
21 an individual and State, medical assistance for all
22 services covered under the State plan under title
23 XIX of the Social Security Act that is not less in
24 amount, duration, or scope, or is determined by the
25 Secretary of Health and Human Services to be sub-

1 stantially equivalent to the medical assistance avail-
2 able for an individual described in section
3 1902(a)(10)(A)(i) of the Social Security Act (42
4 U.S.C. 1396a(a)(10)(A)(i)).

5 **SEC. 4007. STUDY ON THE UNINSURED.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (in this section referred to as the "Sec-
8 retary") shall—

9 (1) conduct a study, in accordance with the
10 standards under section 3101 of the Public Health
11 Service Act (42 U.S.C. 300kk), on the demographic
12 characteristics of the population of individuals who
13 do not have health insurance or oral health coverage;
14 and

15 (2) predict, based on such study, the demo-
16 graphic characteristics of the population of individ-
17 uals who would remain without health insurance
18 after the end of any annual open enrollment or any
19 special enrollment period or upon enactment and im-
20 plementation of any legislative changes to the Pa-
21 tient Protection and Affordable Care Act (Public
22 Law 111–148) that affect the number of persons eli-
23 gible for health insurance.

24 (b) REPORTING REQUIREMENTS.—

1 (1) IN GENERAL.—Not later than 12 months
2 after the date of the enactment of this Act, the Sec-
3 retary shall submit to the Congress the results of
4 the study under subsection (a)(1) and the prediction
5 made under subsection (a)(2).

6 (2) REPORTING OF DEMOGRAPHIC CHARACTER-
7 ISTICS.—The Secretary shall—

8 (A) report the demographic characteristics
9 under paragraphs (1) and (2) of subsection (a)
10 on the basis of racial and ethnic minority group
11 (as defined in section 1707(g)(1) of the Public
12 Health Service Act), and stratify the reporting
13 on each racial and ethnic minority group by
14 other demographic characteristics that can im-
15 pact access to health insurance, such as sexual
16 orientation, gender identity, primary language,
17 disability status, sex, socioeconomic status, age
18 group, citizenship, and immigration status, in a
19 manner consistent with title I of this Act, in-
20 cluding the amendments made by such title;
21 and

22 (B) not use such report, or any informa-
23 tion gathered in preparing such report—

24 (i) to engage in or anticipate any de-
25 portation or immigration related enforce-

1 ment action by any entity, including the
2 Department of Homeland Security; or
3 (ii) for the exploitation of, or discrimi-
4 nation against, communities of color or the
5 LGBTQ+ population.

6 **SEC. 4008. MEDICAID FALLBACK COVERAGE PROGRAM FOR**
7 **LOW-INCOME ADULTS IN NON-EXPANSION**
8 **STATES.**

9 (a) IN GENERAL.—As soon as possible after the date
10 of enactment of this Act the Secretary of Health and
11 Human Services (in this section referred to as the ''Sec-
12 retary'') shall—
13 (1) directly or by contract, establish a program
14 that offers eligible individuals the opportunity to en-
15 roll in health benefits coverage that meets the re-
16 quirements described in subsection (c) and any re-
17 quirements applicable to such coverage pursuant to
18 subsection (d); and
19 (2) ensure that such program is administered
20 consistent with the requirements of section
21 431.10(c)(2) of title 42, Code of Federal Regula-
22 tions.
23 (b) DEFINITION OF ELIGIBLE INDIVIDUAL.—In this
24 section, the term ''eligible individual'' means an individual
25 who—

1 (1) is described in section
2 1902(a)(10)(A)(i)(VIII) of the Social Security Act
3 (42 U.S.C. 1396a(a)(10)(A)(i)(VIII));
4 (2) resides in a State that—
5 (A) does not expend amounts for medical
6 assistance under title XIX of the Social Secu-
7 rity Act (42 U.S.C. 1396 et seq.) for all individ-
8 uals described in such section; and
9 (B) did not expend amounts for medical
10 assistance under such title for all such individ-
11 uals as of the date of enactment of this Act;
12 and
13 (3) would not be eligible for medical assistance
14 under such State's plan for medical assistance under
15 title XIX of the Social Security Act (42 U.S.C. 1396
16 et seq.), or a waiver of such plan, as such plan or
17 waiver was in effect on such date.
18 (c) HEALTH BENEFITS COVERAGE REQUIRE-
19 MENTS.—The requirements described in this subsection
20 with respect to health benefits coverage are the following:
21 (1) ESSENTIAL HEALTH BENEFITS.—At a min-
22 imum, the coverage meets the minimum standards
23 required under paragraph (5) of section 1937(b) of
24 the Social Security Act (42 U.S.C. 1396u–7(b)) for
25 benchmark coverage described in paragraph (1) of

1 such section or benchmark equivalent coverage de-
2 scribed in paragraph (2) of such section.

3 (2) PREMIUMS AND COST-SHARING.—No pre-
4 miums are imposed for the coverage, and deduct-
5 ibles, cost-sharing, or similar charges may only be
6 imposed in accordance with the requirements im-
7 posed on State Medicaid plans under section 1916 of
8 the Social Security Act (42 U.S.C. 1396o).

9 (d) APPLICATION OF REQUIREMENTS AND PROVI-
10 SIONS OF TITLE XIX OF THE SOCIAL SECURITY ACT.—
11 The Secretary shall specify that—

12 (1) any requirement applicable to the furnishing
13 of medical assistance under title XIX of the Social
14 Security Act (42 U.S.C. 1396 et seq.) by States that
15 have elected to make medical assistance available to
16 individuals described in section
17 1902(a)(10)(A)(i)(VIII) of such title (42 U.S.C.
18 1396a(a)(10)(A)(i)(VIII)) that does not conflict with
19 the requirements specified in subsection (c) applies
20 to the program established under this section; and

21 (2) other provisions of such title apply to such
22 program.

23 (e) NO STATE MANDATE.—Nothing in this section
24 shall be construed as requiring a State to make expendi-

1 tures related to the program established under this section
2 and the Secretary shall not impose any such requirement.
3 (f) FUNDING.—There are appropriated to the Sec-
4 retary for each fiscal year beginning with fiscal year 2025
5 from any funds in the Treasury not otherwise appro-
6 priated, such sums as are necessary to carry out this sec-
7 tion.

8 **SEC. 4009. INCREASE AND EXTENSION OF TEMPORARY EN-**
9 **HANCED FMAP FOR STATES WHICH BEGIN TO**
10 **EXPEND AMOUNTS FOR CERTAIN MANDA-**
11 **TORY INDIVIDUALS.**

12 (a) IN GENERAL.—Section 1905(ii)(1) of the Social
13 Security Act (42 U.S.C. 1396d(ii)(1)) is amended—
14 (1) by striking ‘‘8-quarter period’’ and inserting
15 ‘‘40-quarter period’’; and
16 (2) by striking ‘‘5 percentage points’’ and in-
17 serting ‘‘10 percentage points’’.
18 (b) EFFECTIVE DATE.—The amendments made by
19 this section shall take effect as if included in the enact-
20 ment of section 9814 of the American Rescue Plan Act
21 of 2021 (Public Law 117–2).

# Subtitle B—Improvement of Coverage

**SEC. 4101. MEDICAID IN THE TERRITORIES.**

(a) ELIMINATION OF GENERAL MEDICAID FUNDING LIMITATIONS (“CAP”) FOR TERRITORIES.—

(1) IN GENERAL.—Section 1108 of the Social Security Act (42 U.S.C. 1308) is amended—

(A) in subsection (f), in the matter preceding paragraph (1), by striking “subsections (g) and (h)” and inserting “subsections (g), (h), and (j)”;

(B) in subsection (g)(2), in the matter preceding subparagraph (A), by inserting “subsection (j) and” after “subject to”;

(C) in subsection (i), by striking paragraph (4); and

(D) by adding at the end the following new subsection:

“(j) SUNSET OF MEDICAID FUNDING LIMITATIONS FOR PUERTO RICO, THE VIRGIN ISLANDS, GUAM, THE NORTHERN MARIANA ISLANDS, AND AMERICAN SAMOA.—Subsections (f) and (g) shall not apply to Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa beginning with fiscal year 2025.”.

(2) CONFORMING AMENDMENTS.—

1 (A) Section 1902(j) of the Social Security
2 Act (42 U.S.C. 1396a(j)) is amended by strik-
3 ing ‘‘, the limitation in section 1108(f),,’’.
4 (B) Section 1903(u) of the Social Security
5 Act (42 U.S.C. 1396b(u)) is amended by strik-
6 ing paragraph (4).
7 (3) EFFECTIVE DATE.—The amendments made
8 by this subsection shall apply beginning with fiscal
9 year 2025.
10 (b) ELIMINATION OF SPECIFIC FEDERAL MEDICAL
11 ASSISTANCE PERCENTAGE (FMAP) LIMITATION FOR
12 PUERTO RICO.—Section 1905 of the Social Security Act
13 (42 U.S.C. 1396d) is amended—
14 (1) in subsection (b), in the first sentence, by
15 inserting ‘‘for fiscal years before fiscal year 2026’’
16 after ‘‘American Samoa’’; and
17 (2) in subsection (ff)(2), by striking ‘‘2027’’
18 and inserting ‘‘2025’’.
19 (c) PERMITTING MEDICAID DSH ALLOTMENTS FOR
20 TERRITORIES.—Section 1923(f) of the Social Security Act
21 (42 U.S.C. 1396r–4(f)) is amended—
22 (1) in paragraph (6), by adding at the end the
23 following new subparagraph:
24 ‘‘(C) TERRITORIES.—

1 "(i) FISCAL YEAR 2025.—For fiscal
2 year 2025, the DSH allotment for Puerto
3 Rico, the Virgin Islands, Guam, the North-
4 ern Mariana Islands, and American Samoa
5 shall bear the same ratio to $300,000,000
6 as the ratio of the number of individuals
7 who are low-income or uninsured and re-
8 siding in such respective territory (as esti-
9 mated from time to time by the Secretary)
10 bears to the sums of the number of such
11 individuals residing in all of the territories.
12 "(ii) SUBSEQUENT FISCAL YEAR.—
13 For each subsequent fiscal year, the DSH
14 allotment for each such territory is subject
15 to an increase in accordance with para-
16 graph (3)."; and
17 (2) in paragraph (9), by inserting before the pe-
18 riod at the end the following: ", and includes, begin-
19 ning with fiscal year 2025, Puerto Rico, the Virgin
20 Islands, Guam, the Northern Mariana Islands, and
21 American Samoa".

1 **SEC. 4102. EXTENSION OF THE SUPPLEMENTAL SECURITY**
2 **INCOME PROGRAM TO PUERTO RICO, THE**
3 **UNITED STATES VIRGIN ISLANDS, GUAM, AND**
4 **AMERICAN SAMOA.**

5 (a) IN GENERAL.—Section 303 of the Social Security
6 Amendments of 1972 (86 Stat. 1484) is amended by strik-
7 ing subsection (b).

8 (b) CONFORMING AMENDMENTS.—

9 (1) DEFINITION OF STATE.—Section
10 1101(a)(1) of the Social Security Act (42 U.S.C.
11 1301(a)(1)) is amended by striking the 5th sentence
12 and inserting the following: ''Such term when used
13 in title XVI includes Puerto Rico, the United States
14 Virgin Islands, Guam, and American Samoa.''.

15 (2) ELIMINATION OF LIMIT ON TOTAL PAY-
16 MENTS TO THE TERRITORIES.—Section 1108 of
17 such Act (42 U.S.C. 1308) is amended—

18 (A) in the section heading, by striking ''**;**
19 **LIMITATION ON TOTAL PAYMENTS**'';

20 (B) by striking subsection (a); and

21 (C) in subsection (c), by striking para-
22 graphs (2) and (4) and redesignating para-
23 graphs (3) and (5) as paragraphs (2) and (4),
24 respectively.

1 (3) UNITED STATES NATIONALS TREATED THE
2 SAME AS CITIZENS.—Section 1614(a)(1)(B) of such
3 Act (42 U.S.C. 1382c(a)(1)(B)) is amended—
4 (A) in clause (i)(I), by inserting ''or na-
5 tional,'' after ''citizen'';
6 (B) in clause (i)(II), by adding ''; or'' at
7 the end; and
8 (C) in clause (ii), by inserting ''or na-
9 tional'' after ''citizen''.
10 (4) TERRITORIES INCLUDED IN GEOGRAPHIC
11 MEANING OF UNITED STATES.—Section 1614(e) of
12 such Act (42 U.S.C. 1382c(e)) is amended by strik-
13 ing ''and the District of Columbia'' and inserting '',
14 the District of Columbia, Puerto Rico, the United
15 States Virgin Islands, Guam, and American
16 Samoa''.
17 (c) WAIVER AUTHORITY.—The Commissioner of So-
18 cial Security may waive or modify any statutory require-
19 ment relating to the provision of benefits under the Sup-
20 plemental Security Income Program under title XVI of the
21 Social Security Act in Puerto Rico, the United States Vir-
22 gin Islands, Guam, or American Samoa, to the extent that
23 the Commissioner deems it necessary in order to adapt
24 the program to the needs of the territory involved.

1 (d) EFFECTIVE DATE.—This section and the amend-
2 ments made by this section shall take effect on the 1st
3 day of the 1st Federal fiscal year that begins 1 year or
4 more after the date of the enactment of this Act.

5 **SEC. 4103. EXTENSION OF MEDICARE SECONDARY PAYER.**

6 (a) IN GENERAL.—Section 1862(b)(1)(C) of the So-
7 cial Security Act (42 U.S.C. 1395y(b)(1)(C)) is amend-
8 ed—

9 (1) in the last sentence, by inserting ‘‘, and be-
10 fore January 1, 2025’’ after ‘‘prior to such date)’’;
11 and

12 (2) by adding at the end the following new sen-
13 tence: ‘‘Effective for items and services furnished on
14 or after January 1, 2025 (with respect to periods
15 beginning on or after the date that is 42 months
16 prior to such date), clauses (i) and (ii) shall be ap-
17 plied by substituting ‘42-month’ for ‘12-month’ each
18 place it appears.’’.

19 (b) EFFECTIVE DATE.—The amendments made by
20 this section shall take effect on the date of enactment of
21 this Act. For purposes of determining an individual’s sta-
22 tus under section 1862(b)(1)(C) of the Social Security Act
23 (42 U.S.C. 1395y(b)(1)(C)), as amended by subsection
24 (a), an individual who is within the coordinating period
25 as of the date of enactment of this Act shall have that

1 period extended to the full 42 months described in the last
2 sentence of such section, as added by the amendment
3 made by subsection (a)(2).

4 **SEC. 4104. INDIAN DEFINED IN TITLE I OF THE PATIENT**
5 **PROTECTION AND AFFORDABLE CARE ACT.**

6 (a) DEFINITION OF INDIAN.—Section 1304 of the
7 Patient Protection and Affordable Care Act (42 U.S.C.
8 18024) is amended by adding at the end the following:
9 ''(f) INDIAN.—In this title:
10 ''(1) IN GENERAL.—The term 'Indian' means—
11 ''(A) an Indian, a California Indian, or an
12 Urban Indian (as those terms are defined in
13 section 4 of the Indian Health Care Improve-
14 ment Act (25 U.S.C. 1603)); or
15 ''(B) an individual who is of Indian de-
16 scent and a member of an Indian community
17 served by a local facility or program of the In-
18 dian Health Service.
19 ''(2) INCLUSIONS.—The term 'Indian' includes
20 the following individuals:
21 ''(A) A member of a federally recognized
22 Indian Tribe.
23 ''(B) A resident of an urban center who
24 meets 1 or more of the following criteria:

1 "(i) A member of a Tribe, band, or
2 other organized group of Indians, including
3 those Tribes, bands, or groups terminated
4 since 1940 and those recognized as of the
5 date of enactment of the Health Equity
6 and Accountability Act of 2024 or later by
7 the State in which they reside, or being a
8 descendant, in the first or second degree,
9 of any such member.

10 "(ii) An Eskimo or Aleut or other
11 Alaska Native.

12 "(iii) An individual who is determined
13 to be an Indian under regulations promul-
14 gated by the Secretary.

15 "(C) An individual who is considered by
16 the Secretary of the Interior to be an Indian for
17 any purpose.

18 "(D) An individual who is considered by
19 the Secretary to be an Indian for purposes of
20 eligibility for services provided by the Indian
21 Health Service, including as a California In-
22 dian, Eskimo, Aleut, or other Alaska Native.".

23 (b) CONFORMING AMENDMENTS.—

24 (1) AFFORDABLE CHOICES OF HEALTH BEN-
25 EFIT PLANS.—Section 1311(c)(6)(D) of the Patient

1 Protection and Affordable Care Act (42 U.S.C.
2 18031(c)(6)(D)) is amended by striking ''(as defined
3 in section 4 of the Indian Health Care Improvement
4 Act)''.

5 (2) REDUCED COST-SHARING FOR INDIVIDUALS
6 ENROLLING IN QUALIFIED HEALTH PLANS.—Section
7 1402(d) of the Patient Protection and Affordable
8 Care Act (42 U.S.C. 18071(d)) is amended—

9 (A) in paragraph (1), in the matter pre-
10 ceding subparagraph (A), by striking ''(as de-
11 fined in section 4(d) of the Indian Self-Deter-
12 mination and Education Assistance Act (25
13 U.S.C. 450b(d)))''; and

14 (B) in paragraph (2), in the matter pre-
15 ceding subparagraph (A), by striking ''(as so
16 defined)''.

17 (3) EXEMPTION FROM PENALTY FOR NOT
18 MAINTAINING MINIMUM ESSENTIAL COVERAGE.—
19 Section 5000A(e) of the Internal Revenue Code of
20 1986 is amended by striking paragraph (3) and in-
21 serting the following:

22 ''(3) INDIANS.—Any applicable individual who
23 is an Indian (as defined in section 1304(f) of the
24 Patient Protection and Affordable Care Act).''.

1 (c) EFFECTIVE DATE OF IRC AMENDMENT.—The
2 amendment made by subsection (b)(3) shall apply to tax-
3 able years beginning after the date of the enactment of
4 this Act.

5 **SEC. 4105. REMOVING MEDICARE BARRIER TO HEALTH**
6 **CARE.**

7 (a) PART A.—Section 1818(a)(3)(B) of the Social
8 Security Act (42 U.S.C. 1395i–2(a)(3)(B)) is amended by
9 striking ''an alien'' and all that follows through ''under
10 this section'' and inserting ''an individual who is lawfully
11 present in the United States''.

12 (b) PART B.—Section 1836(a)(2)(B) of the Social
13 Security Act (42 U.S.C. 1395o(a)(2)(B)) is amended by
14 striking ''an alien'' and all that follows through ''under
15 this part'' and inserting ''an individual who is lawfully
16 present in the United States''.

17 **SEC. 4106. LOWERING MEDICARE PREMIUMS AND PRE-**
18 **SCRIPTION DRUG COSTS.**

19 (a) MEDICARE COST ASSISTANCE PROGRAM.—
20 (1) IN GENERAL.—Title XVIII of the Social Se-
21 curity Act (42 U.S.C. 1395 et seq.) is amended by
22 adding at the end the following new section:

23 **''SEC. 1899C. MEDICARE COST ASSISTANCE PROGRAM.**

24 ''(a) IN GENERAL.—Effective beginning January 1,
25 2025, in the case of a Medicare Cost Assistance Program

1 eligible individual (as defined in subsection (b)(1)), the
2 Secretary shall provide Medicare cost assistance for the
3 following costs incurred with respect to the individual:

4 ‘‘(1) Premiums under section 1818.

5 ‘‘(2) Premiums under section 1839.

6 ‘‘(3) Coinsurance under this title (including co-
7 insurance described in section 1813).

8 ‘‘(4) Deductibles established under this title (in-
9 cluding those described in section 1813 and section
10 1833(b)).

11 ‘‘(5) The difference between the amount that is
12 paid under section 1833(a) and the amount that
13 would be paid under such section if any reference to
14 a percent less than 100 percent therein were deemed
15 a reference to ‘100 percent’.

16 ‘‘(b) DETERMINATION OF ELIGIBILITY.—

17 ‘‘(1) MEDICARE COST ASSISTANCE PROGRAM
18 ELIGIBLE INDIVIDUAL DEFINED.—The term ‘Medi-
19 care Cost Assistance Program eligible individual’
20 means an individual who—

21 ‘‘(A) is eligible for, and is receiving, med-
22 ical assistance for the payment of medicare
23 cost-sharing under a State Medicaid program
24 pursuant to clause (i), (iii), or (iv) of section
25 1902(a)(10)(E) as of December 31, 2024; or

1 "(B)(i) is entitled to hospital insurance
2 benefits under part A (including an individual
3 entitled to such benefits pursuant to an enroll-
4 ment under section 1818); and

5 "(ii) has income at or below 200 percent of
6 the poverty line applicable to a family of the
7 size involved.

8 "(2) JOINT DETERMINATION BY COMMISSIONER
9 OF SOCIAL SECURITY FOR LIS AND MEDICARE COST
10 ASSISTANCE.—

11 "(A) IN GENERAL.—The determination of
12 whether an individual is a Medicare Cost As-
13 sistance Program eligible individual shall be de-
14 termined by the Commissioner of Social Secu-
15 rity (referred to in this section as the 'Commis-
16 sioner') jointly with the determination of wheth-
17 er an individual is a subsidy eligible individual
18 described in section 1860D–14(a)(3). Such de-
19 termination shall be made with respect to eligi-
20 bility for Medicare cost assistance under this
21 section and premium and cost-sharing subsidies
22 under section 1860D–14 upon application of an
23 individual for a determination with respect to
24 eligibility for either such assistance or such sub-
25 sidies. There are authorized to be appropriated

1 to the Social Security Administration such
2 sums as may be necessary for the determination
3 of eligibility under this paragraph.

4 "(B) EFFECTIVE PERIOD.—Determina-
5 tions under this paragraph with respect to eligi-
6 bility for each of such assistance or such sub-
7 sidies shall be effective beginning with the
8 month in which the individual applies for a de-
9 termination described in subparagraph (A) and
10 shall remain in effect until such time as the
11 Secretary determines the individual is no longer
12 eligible as determined under subparagraph
13 (C)(ii).

14 "(C) REDETERMINATIONS.—With respect
15 to eligibility determinations under this para-
16 graph—

17 "(i) redeterminations shall be made at
18 the same time with respect to eligibility for
19 Medicare cost assistance under this section
20 and cost-sharing subsidies under section
21 1860D–14, but not more frequently than
22 once every 12 months;

23 "(ii) a redetermination shall automati-
24 cally determine that an individual remains

1 eligible for such assistance or subsidies un-
2 less—
3 ‘‘(I) the Commissioner has infor-
4 mation indicating that the individual’s
5 circumstances have changed such that
6 the individual is no longer eligible for
7 such assistance or subsidies;
8 ‘‘(II) the Commissioner sends no-
9 tice to the individual regarding such
10 information that requests a response
11 either confirming or correcting such
12 information; and
13 ‘‘(III) the individual either con-
14 firms such information or fails to pro-
15 vide documentation indicating that
16 such circumstances have not changed
17 within 60 days of receiving the notice
18 described in subclause (II);
19 ‘‘(iii) the Commissioner shall establish
20 procedures for appeals of such determina-
21 tions that are similar to the procedures de-
22 scribed in the third sentence of section
23 1631(c)(1)(A); and
24 ‘‘(iv) judicial review of the final deci-
25 sion of the Commissioner made after a

1 hearing shall be available to the same ex-
2 tent, and with the same limitations, as pro-
3 vided in subsections (g) and (h) of section
4 205.
5 "(D) TREATMENT OF MEDICAID BENE-
6 FICIARIES.—The Secretary shall provide that
7 individuals who are full-benefit dual eligible in-
8 dividuals (as defined in section 1935(c)(6)) or
9 who are recipients of supplemental security in-
10 come benefits under title XVI shall be treated
11 as a Medicare Cost Assistance Program eligible
12 individual and, in the case of such individual
13 who is a part D eligible individual, a subsidy el-
14 igible individual described in section 1860D–
15 14(a)(3).
16 "(E) SIMPLIFIED APPLICATION FORM.—
17 "(i) IN GENERAL.—The Secretary
18 shall develop and distribute a simplified
19 application form for use by individuals in
20 applying for Medicare cost assistance
21 under this section and premium and cost-
22 sharing subsidies under section 1860D–14.
23 Such form shall be easily readable based
24 on culturally fluid language for all demo-
25 graphics beyond just the various languages

1 offered. An audio version, digital version,
2 and photo-voice option should also be pro-
3 vided for all learners. The Secretary shall
4 provide for the translation of such applica-
5 tion form into at least the 10 languages
6 (other than English) that are most often
7 used by individuals applying for hospital
8 insurance benefits under section 226 or
9 226A and shall make the translated forms
10 available to the Commissioner of Social Se-
11 curity.

12 ''(ii) CONSULTATION.—In developing
13 the form under clause (i), the Secretary
14 shall consult with beneficiary groups.

15 ''(3) INCOME DETERMINATIONS.—For purposes
16 of applying this section—

17 ''(A) in the case of an individual who is
18 not treated as a Medicare Cost Assistance Pro-
19 gram eligible individual or a subsidy eligible in-
20 dividual under paragraph (2)(D), income shall
21 be determined in the manner described under
22 section 1612 for purposes of the supplemental
23 security income program, except that support
24 and maintenance furnished in kind shall not be
25 counted as income; and

1 "(B) the term 'poverty line' has the meaning given such term in section 673(2) of the Community Services Block Grant Act (42 U.S.C. 9902(2)), including any revision required by such section.

"(c) BENEFICIARY PROTECTIONS.—

"(1) IN GENERAL.—In the case in which the payment for Medicare cost assistance for a Medicare Cost Assistance Program eligible individual with respect to an item or service is reduced or eliminated, the individual shall not have any legal liability to make payment to a provider of services (as defined in section 1861(u)), a supplier (as defined in section 1861(d)), or to an organization described in section 1903(m)(1)(A) for the service, and any lawful sanction that may be imposed upon a provider of services, a supplier, or such an organization for excess charges under this title or title XIX shall apply to the imposition of any charge imposed upon the individual in such case.

"(2) CLARIFICATION.—This paragraph shall not be construed as preventing payment of any medicare cost assistance by a medicare supplemental policy or an employer retiree health plan on behalf of an individual.

1 "(d) ADMINISTRATION.—

2 "(1) IN GENERAL.—The Secretary shall estab-
3 lish procedures for the administration of the pro-
4 gram under this section.

5 "(2) FUNDING.—For purposes of carrying out
6 this section, the Secretary shall make payments from
7 the Federal Hospital Insurance Trust Fund under
8 section 1817 and the Federal Supplementary Med-
9 ical Insurance Trust Fund under section 1841, in
10 such proportion as the Secretary determines appro-
11 priate, of such amounts as the Secretary determines
12 necessary to provide Medicare cost assistance under
13 this section.

14 "(e) REFERENCES TO MEDICARE COST-SHARING.—
15 Effective beginning January 1, 2025, any reference to
16 medicare cost-sharing described in section 1905(p) shall
17 be deemed a reference to Medicare cost assistance under
18 this section.

19 "(f) OUTREACH EFFORTS.—For provisions relating
20 to outreach efforts to increase awareness of the availability
21 of Medicare cost assistance, see section 1144.".

22 (2) SPECIAL ENROLLMENT PERIOD.—

23 (A) NO PREMIUM PENALTY.—Section
24 1839(b) of the Social Security Act (42 U.S.C.
25 1395r(b)) is amended, in the last sentence, by

1 inserting the following before the period: ''or,
2 effective beginning January 1, 2025, for indi-
3 viduals who are Medicare Cost Assistance Pro-
4 gram eligible individuals (as defined in section
5 1899C(b)(1)).''.

6 (B) SPECIAL ENROLLMENT PERIOD.—Sec-
7 tion 1837 of the Social Security Act (42 U.S.C.
8 1395p) is amended by adding at the end the
9 following new subsection:

10 ''(p) SPECIAL ENROLLMENT PERIOD FOR MEDICARE
11 COST ASSISTANCE PROGRAM ELIGIBLE INDIVIDUAL.—

12 ''(1) IN GENERAL.—Effective beginning Janu-
13 ary 1, 2025, the Secretary shall establish special en-
14 rollment periods for Medicare Cost Assistance Pro-
15 gram eligible individuals (as defined in section
16 1899C(b)(1)).

17 ''(2) COVERAGE PERIOD.—In the case of an in-
18 dividual who enrolls during the special enrollment
19 period provided under paragraph (1), the coverage
20 period under this part shall—

21 ''(A) begin on the first day of the first
22 month in which the individual applies for a de-
23 termination under section 1899C(b)(2)(A); and

24 ''(B) remain in effect until such time as
25 the Secretary determines the individual is no

1 longer eligible as determined under section
2 1899C(b)(2)(C)(ii).''.
3 (C) CONFORMING SUNSET OF STATE
4 AGREEMENTS RELATING TO ENROLLMENT OF
5 QUALIFIED MEDICARE BENEFICIARIES.—
6 (i) PART A.—Section 1818(g) of the
7 Social Security Act (42 U.S.C. 1395i–2(g))
8 is amended by adding at the end the fol-
9 lowing new paragraph:
10 ''(3) SUNSET.—This subsection shall not apply on or
11 after January 1, 2025.''.
12 (ii) PART B.—Section 1843(h) of the
13 Social Security Act (42 U.S.C. 1395v(h))
14 is amended by adding at the end the fol-
15 lowing new paragraph:
16 ''(4) SUNSET WITH RESPECT TO QUALIFIED MEDI-
17 CARE BENEFICIARIES.—This subsection shall not apply
18 with respect to qualified medicare beneficiaries on or after
19 January 1, 2025.''.
20 (3) PUBLIC AWARENESS CAMPAIGN.—Section
21 1144 of the Social Security Act (42 U.S.C. 1320b–
22 14) is amended by adding at the end the following
23 new subsection:
24 ''(d) PUBLIC AWARENESS CAMPAIGN.—

1 "(1) IN GENERAL.—The Commissioner shall
2 conduct a public awareness campaign to educate
3 Medicare beneficiaries on the availability of Medicare
4 cost assistance for low-income individuals under sec-
5 tion 1899C.

6 "(2) COORDINATION.—In carrying out the pub-
7 lic awareness campaign under paragraph (1), the
8 Commissioner shall coordinate with State health in-
9 surance assistance programs described in subsection
10 (a)(1)(A) of section 119 of the Medicare Improve-
11 ments for Patients and Providers Act of 2008 (42
12 U.S.C. 1395b–3 note), the Administrator of the Ad-
13 ministration for Community Living, and the Admin-
14 istrator of the Centers for Medicare & Medicaid
15 Services.

16 "(3) FUNDING.—There is appropriated to the
17 Commissioner, out of any funds in the Treasury not
18 otherwise appropriated, $10,000,000 for each of fis-
19 cal years 2025 through 2029, to provide grants to
20 State health insurance assistance programs to carry
21 out outreach and education activities under the pub-
22 lic awareness campaign pursuant to this sub-
23 section.".

24 (b) MOVING MEDICARE COST-SHARING BENEFITS
25 FROM MEDICAID TO MEDICARE.—

1 (1) ENDING MOST MEDICARE COST-SHARING
2 BENEFITS UNDER MEDICAID.—Section 1902(a)(10)
3 of the Social Security Act (42 U.S.C. 1396a(a)(10))
4 is amended—
5 (A) by inserting ''for calendar quarters be-
6 ginning before January 1, 2025,'' before ''for
7 making'' each place it appears in clauses (i),
8 (iii), and (iv) of subparagraph (E); and
9 (B) in the matter following subparagraph
10 (G)—
11 (i) by inserting ''furnished during cal-
12 endar quarters beginning before January
13 1, 2025'' after ''(described in section
14 1905(p)(3))'';
15 (ii) by striking ''(XV)'' and inserting
16 '', (XV)'';
17 (iii) by striking ''and (XVIII)'' and in-
18 serting '', (XVIII)'';
19 (iv) by striking ''and (XIX)'' and in-
20 serting ''(XIX)''; and
21 (v) by inserting '', and (XX) no med-
22 ical assistance for medicare cost-sharing,
23 other than medical assistance for medicare
24 cost-sharing for qualified disabled and
25 working individuals described in section

1905(s), shall be made available after January 1, 2025'' before the semicolon at the end.

(2) CONFORMING AMENDMENTS.—

(A) TITLE XIX.—

(i) Section 1903(i) of such Act (42 U.S.C. 1396b(i)), as amended by section 4002, is amended—

(I) in paragraph (26), by striking ''or'' at the end;

(II) in paragraph (27), by striking the period at the end and inserting ''; or''; and

(III) by inserting after paragraph (27) the following new paragraph:

''(28) with respect to any amount expended for medical assistance for medicare cost-sharing (other than medical assistance for medicare cost-sharing for qualified disabled and working individuals described in section 1905(s)) furnished during calendar quarters beginning on or after January 1, 2025.''.

(ii) Section 1905(a) of such Act (42 U.S.C. 1396d(a)) is amended, in the first sentence, by inserting ''furnished during

calendar quarters beginning before January 1, 2025'' after ''medicare cost-sharing''.

(iii) Section 1933(g) of such Act (42 U.S.C. 1396u–3(g)) is amended—

(I) in paragraph (2)(Q), by striking ''paragraph (4), for each subsequent year'' and inserting ''paragraphs (4) and (5), for each subsequent year before 2025''; and

(II) by adding at the end the following:

''(5) SUNSET.—No individual shall be selected to be a qualifying individual for any calendar year or period under this section beginning on or after January 1, 2025, and no State allocation shall be made for any fiscal year or period under this section beginning on or after January 1, 2025.''.

(iv) Section 1935(a) of such Act (42 U.S.C. 1396u–5(a)) is amended—

(I) in paragraph (2)(A), by striking ''make determinations'' and inserting ''prior to January 1, 2025, make determinations''; and

1 (II) in paragraph (3), by insert-
2 ing "prior to January 1, 2025," be-
3 fore "the State shall".

4 (c) ENHANCING PRESCRIPTION DRUG AFFORD-
5 ABILITY BY EXPANDING ACCESS TO ASSISTANCE WITH
6 OUT-OF-POCKET COSTS UNDER MEDICARE PART D FOR
7 LOW-INCOME SENIORS AND INDIVIDUALS WITH DISABIL-
8 ITIES.—

9 (1) EXPANDING ACCESS.—Section 1860D–14 of
10 the Social Security Act (42 U.S.C. 1395w–114) is
11 amended—

12 (A) in subsection (a)—

13 (i) in paragraph (1), in the matter
14 preceding subparagraph (A)—

15 (I) by striking "150 percent" and
16 inserting "200 percent"; and

17 (II) by striking "and who meets
18 the resources requirement described in
19 paragraph (3)(D) (or, with respect to
20 a plan year beginning on or after Jan-
21 uary 1, 2025, paragraph (3)(E)) or
22 who is covered under this paragraph
23 under paragraph (3)(B)(i)";

24 (ii) by striking paragraph (2);

25 (iii) in paragraph (3)—

1 (I) in subparagraph (A)—
2 (aa) in clause (i), by adding
3 "and" at the end;
4 (bb) in clause (ii)—
5 (AA) by striking "150
6 percent" and inserting "200
7 percent"; and
8 (BB) by striking ";
9 and" at the end and insert-
10 ing a period; and
11 (cc) by striking clause (iii);
12 (II) by striking subparagraphs
13 (B) and (C) and inserting the fol-
14 lowing:
15 "(B) DETERMINATIONS.—For provisions
16 relating to joint determinations with respect to
17 eligibility for Medicare cost assistance under
18 section 1899C and premium and cost-sharing
19 subsidies under this section, see section
20 1899C(b)(2).
21 "(C) INCOME DETERMINATIONS.—For pur-
22 poses of applying this section—
23 "(i) in the case of an individual who
24 is not treated as a Medicare cost-sharing
25 assistance eligible individual and a subsidy

1 eligible individual under section
2 1899C(b)(2)(D), income shall be deter-
3 mined in the manner described under sec-
4 tion 1612 for purposes of the supplemental
5 security income program, except that sup-
6 port and maintenance furnished in kind
7 shall not be counted as income; and
8 "(ii) the term 'poverty line' has the
9 meaning given such term in section 673(2)
10 of the Community Services Block Grant
11 Act (42 U.S.C. 9902(2)), including any re-
12 vision required by such section."; and
13 (III) by striking subparagraphs
14 (D), (E), and (G); and
15 (iv) in paragraph (4)—
16 (I) in subparagraph (A)—
17 (aa) by striking "(A) CO-
18 PAYMENT FOR LOWEST INCOME
19 DUAL ELIGIBLE INDIVIDUALS.—
20 ";
21 (bb) by redesignating
22 clauses (i) and (ii) as subpara-
23 graphs (A) and (B), respectively
24 and indenting appropriately; and

1 (cc) by moving the flush text
2 at the end 2 ems to the left; and
3 (II) by striking subparagraph
4 (B); and
5 (B) in subsection (c)(1), in the second sen-
6 tence, by striking "subsections (a)(1)(D) and
7 (a)(2)(E)" and inserting "subsection
8 (a)(1)(D)".
9 (2) TREATMENT OF REDUCTION OF COST-SHAR-
10 ING FOR INDIVIDUALS RECEIVING HOME AND COM-
11 MUNITY-BASED SERVICES.—Section 1860D–
12 14(a)(1)(D)(i) of the Social Security Act (42 U.S.C.
13 1395w–114(a)(1)(D)(i)) is amended—
14 (A) by striking "who would be such an in-
15 stitutionalized individual or couple, if the full-
16 benefit dual eligible individual were not"; and
17 (B) by striking "or subsection (c) or (d) of
18 section 1915 or under a State plan amendment
19 under subsection (i) of such section" and in-
20 serting ", section 1115A, section 1915, or
21 under a State plan amendment".
22 (3) EFFECTIVE DATE.—The amendments made
23 by this subsection shall apply to plan year 2025 and
24 subsequent plan years.

1 **SEC. 4107. REDUCING COST-SHARING, ALIGNING INCOME**
2 **AND RESOURCE ELIGIBILITY TESTS, SIMPLI-**
3 **FYING ENROLLMENT, AND OTHER PROGRAM**
4 **IMPROVEMENTS FOR LOW-INCOME BENE-**
5 **FICIARIES.**

6 (a) INCREASE IN INCOME ELIGIBILITY TO 135 PER-
7 CENT OF FPL FOR QUALIFIED MEDICARE BENE-
8 FICIARIES.—

9 (1) IN GENERAL.—Section 1905(p)(2)(A) of the
10 Social Security Act (42 U.S.C. 1396d(p)(2)(A)) is
11 amended by striking ''shall be at least the percent
12 provided under subparagraph (B) (but not more
13 than 100 percent) of the official poverty line'' and
14 all that follows through the period at the end and
15 inserting the following: ''shall be—

16 ''(i) before January 1, 2025, at least
17 the percent provided under subparagraph
18 (B) (but not more than 100 percent) of
19 the official poverty line (as defined by the
20 Office of Management and Budget, and re-
21 vised annually in accordance with section
22 673(2) of the Community Services Block
23 Grant Act (42 U.S.C. 9902(2)) applicable
24 to a family of the size involved; and

25 ''(ii) on or after January 1, 2025,
26 equal to 135 percent of the official poverty

1 line (as so defined and revised) applicable
2 to a family of the size involved.''.
3 (2) NOT COUNTING IN-KIND SUPPORT AND
4 MAINTENANCE AS INCOME.—Section 1905(p)(2)(D)
5 of the Social Security Act (42 U.S.C.
6 1396d(p)(2)(D)) is amended by adding at the end
7 the following new clause:
8 ''(iii) In determining income under this sub-
9 section, support and maintenance furnished in kind
10 shall not be counted as income.''.
11 (b) INCREASE IN INCOME ELIGIBILITY TO 200 PER-
12 CENT OF FPL FOR SPECIFIED LOW-INCOME MEDICARE
13 BENEFICIARIES.—
14 (1) ELIGIBILITY OF INDIVIDUALS WITH IN-
15 COMES BELOW 150 PERCENT OF FPL.—Section
16 1902(a)(10)(E) of the Social Security Act (42
17 U.S.C. 1396a(a)(10)(E)) is amended—
18 (A) by adding ''and'' at the end of clause
19 (ii);
20 (B) in clause (iii)—
21 (i) by striking ''and 120 percent in
22 1995 and years thereafter'' and inserting
23 ''120 percent in 1995 and years thereafter
24 before 2025, and 200 percent in 2025 and
25 years thereafter''; and

1 (ii) by striking ''and'' at the end; and
2 (C) by striking clause (iv).
3 (2) REFERENCES.—Section 1905(p)(1) of the
4 Social Security Act (42 U.S.C. 1396d(p)(1)) is
5 amended by adding at and below subparagraph (C)
6 the following flush sentence:
7 ''The term 'specified low-income medicare beneficiary'
8 means an individual described in section
9 1902(a)(10)(E)(iii).''.
10 (3) CONFORMING AMENDMENTS.—
11 (A) The first sentence of section 1905(b)
12 of such Act (42 U.S.C. 1396d(b)) is amended
13 by striking ''and section 1933(d)''.
14 (B) Section 1933 of such Act (42 U.S.C.
15 1396u–3) is repealed.
16 (c) 100 PERCENT FMAP.—Section 1905 of the So-
17 cial Security Act (42 U.S.C. 1396d) is amended—
18 (1) in subsection (b), by striking ''and (ii)'' and
19 inserting ''(ii), and (kk)''; and
20 (2) amended by adding at the end the following
21 new subsection:
22 ''(kk) INCREASED FMAP FOR EXPANDED MEDICARE
23 COST-SHARING POPULATIONS.—
24 ''(1) IN GENERAL.—Notwithstanding subsection
25 (b), with respect to expenditures described in para-

1 graph (2) the Federal medical assistance percentage
2 shall be equal to 100 percent.
3 "(2) EXPENDITURES DESCRIBED.—The expend-
4 itures described in this paragraph are expenditures
5 made on or after January 1, 2025, for medical as-
6 sistance for medicare cost-sharing provided to any
7 individual under clause (i), (ii), or (iii) of section
8 1902(a)(10)(E) who would not have been eligible for
9 medicare cost-sharing under any such clause under
10 the income or resource eligibility standards in effect
11 on October 1, 2018.".
12 (d) CONSOLIDATION OF LOW-INCOME SUBSIDY RE-
13 SOURCE ELIGIBILITY TESTS.—
14 (1) IN GENERAL.—Section 1860D–14(a)(3) of
15 the Social Security Act (42 U.S.C. 1395w–
16 114(a)(3)) is amended—
17 (A) by striking subparagraph (D);
18 (B) by redesignating subparagraphs (E)
19 through (G) as subparagraphs (D) through (F),
20 respectively; and
21 (C) in the heading of subparagraph (D), as
22 so redesignated, by striking "ALTERNATIVE RE-
23 SOURCE" and inserting "RESOURCE".
24 (2) CLARIFICATION OF CERTAIN RULES RELAT-
25 ING TO INCOME AND RESOURCE DETERMINA-

1 TIONS.—Section 1860D–14(a)(3) of the Social Secu-
2 rity Act (42 U.S.C. 1395w–114(a)(3)), as amended
3 by paragraph (1), is amended by striking subpara-
4 graph (F) and inserting the following new subpara-
5 graphs:
6 "(F) RESOURCE EXCLUSIONS.—In deter-
7 mining the resources of an individual (and the
8 eligible spouse of the individual, if any) under
9 section 1613 for purposes of subparagraph
10 (D)—
11 "(i) no part of the value of any life in-
12 surance policy shall be taken into account;
13 "(ii) no part of the value of any vehi-
14 cle shall be taken into account;
15 "(iii) there shall be excluded an
16 amount equal to $1,500 each with respect
17 to any individual or eligible spouse of an
18 individual who attests that some of the re-
19 sources of such individual or spouse will be
20 used to meet the burial and related ex-
21 penses of such individual or spouse; and
22 "(iv) no balance in, or benefits re-
23 ceived under, an employee pension benefit
24 plan (as defined in section 3 of the Em-
25 ployee Retirement Income Security Act of

1 1974 (29 U.S.C. 1002)) shall be taken into
2 account.
3 "(G) FAMILY SIZE.—In determining the
4 size of the family of an individual for purposes
5 of determining the income eligibility of such in-
6 dividual under this section, an individual's fam-
7 ily shall consist of—
8 "(i) the individual;
9 "(ii) the individual's spouse who lives
10 in the same household as the individual (if
11 any); and
12 "(iii) any other individuals who—
13 "(I) are related to the individual
14 whose income eligibility is in question
15 or such individual's spouse who lives
16 in the same household;
17 "(II) are living in the same
18 household as such individual; and
19 "(III) are dependent on such in-
20 dividual or such individual's spouse
21 who is living in the same household
22 for at least one-half of their financial
23 support.".

1 (3) CONFORMING AMENDMENTS.—Section
2 1860D–14(a) of the Social Security Act (42 U.S.C.
3 1395w–114(a)) is amended—
4 (A) in paragraph (1), in the matter pre-
5 ceding subparagraph (A), by inserting ''(as de-
6 termined under paragraph (3)(G))'' after ''fam-
7 ily of the size involved''; and
8 (B) in paragraph (3), as amended by para-
9 graphs (1) and (2)—
10 (i) in subparagraph (A), in the matter
11 preceding clause (i), by striking ''subpara-
12 graph (F)'' and inserting ''subparagraph
13 (E)'';
14 (ii) in subparagraph (A)(ii), by insert-
15 ing ''(as determined under subparagraph
16 (G))'' after ''family of the size involved'';
17 (iii) in subparagraph (A)(iii), by strik-
18 ing ''or (E)'';
19 (iv) in subparagraph (B)(v), in the
20 matter preceding subclause (I), by striking
21 ''subparagraph (F)'' and inserting ''sub-
22 paragraph (E)''; and
23 (v) in subparagraph (D)(i), in the
24 matter preceding subclause (I), by striking
25 ''subject to the life insurance policy exclu-

1 sion provided under subparagraph (G)''
2 and inserting ''subject to the resource ex-
3 clusions provided under subparagraph
4 (F)''.

5 (e) ALIGNMENT OF LOW-INCOME SUBSIDY AND
6 MEDICARE SAVINGS PROGRAM INCOME AND RESOURCE
7 ELIGIBILITY TESTS.—

8 (1) APPLICATION OF MEDICAID SPOUSAL IM-
9 POVERISHMENT RESOURCE ALLOWANCE TO MSP AND
10 LIS RESOURCE ELIGIBILITY.—Section 1905(p)(1)(C)
11 of the Social Security Act (42 U.S.C.
12 1396d(p)(1)(C)) is amended to read as follows:

13 ''(C) whose resources (as determined under sec-
14 tion 1613 for purposes of the supplemental security
15 income program subject to the resource exclusions
16 under subparagraph (F) of section 1860D–14(a)(3))
17 do not exceed—

18 ''(i) in the case of an individual with a
19 spouse, an amount equal to the sum of the first
20 amount specified in subsection (f)(2)(A)(i) of
21 section 1924 (as adjusted under subsection (g)
22 of such section) and the amount specified in
23 subsection (f)(2)(A)(ii)(II) of such section (as
24 so adjusted); or

1 "(ii) in the case of an individual who does
2 not have a spouse, an amount equal to ½ of
3 the amount described in clause (i).".
4 (2) APPLICATION TO QDWIS.—Section
5 1905(s)(3) of the Social Security Act (42 U.S.C.
6 1396d(s)(3)) is amended to read as follows:
7 "(3) whose resources (as determined under sec-
8 tion 1613 for purposes of the supplemental security
9 income program subject to the resource exclusions
10 under subparagraph (F) of section 1860D–14(a)(3))
11 do not exceed—
12 "(A) in the case of an individual with a
13 spouse, the amount in effect for the year under
14 clause (i) of subsection (p)(1)(C); and
15 "(B) in the case of an individual who does
16 not have a spouse, the amount in effect for the
17 year under clause (ii) of subsection (p)(1)(C);
18 and".
19 (3) APPLICATION TO LIS.—Clause (i) of section
20 1860D–14(a)(3)(D) of the Social Security Act (42
21 U.S.C. 1395w–114(a)(3)(D)), as redesignated and
22 amended by subsection (d)(1), is amended to read as
23 follows:
24 "(i) IN GENERAL.—The resources re-
25 quirement of this subparagraph is that an

1 individual's resources (as determined under
2 section 1613 for purposes of the supple-
3 mental security income program subject to
4 the resource exclusions provided under
5 subparagraph (F)) do not exceed the
6 amount in effect for the year under section
7 1905(p)(1)(C)(ii).''.

8 (f) ENROLLMENT SIMPLIFICATIONS.—

9 (1) APPLICATION OF 3-MONTH RETROACTIVE
10 ELIGIBILITY TO QMBS.—

11 (A) IN GENERAL.—Section 1902(e)(8) of
12 the Social Security Act (42 U.S.C. 1396a(e)(8))
13 is amended by striking ''after the end of the
14 month in which the determination first occurs''
15 and inserting ''in or after the third month be-
16 fore the month in which the individual makes
17 application for assistance''.

18 (B) PROCESS FOR SUBMITTING CLAIMS
19 DURING RETROACTIVE ELIGIBILITY PERIOD.—
20 Section 1902(e)(8) of the Social Security Act
21 (42 U.S.C. 1396a(e)(8)) is further amended by
22 adding at the end the following: ''The Secretary
23 shall provide for a process under which claims
24 for medical assistance under the State plan may
25 be submitted for services furnished to such an

1 individual during such 3-month period before
2 the month in which the individual made appli-
3 cation for assistance.''.

4 (C) CONFORMING AMENDMENT.—Section
5 1905(a) of the Social Security Act (42 U.S.C.
6 1396d(a)) is amended, in the matter preceding
7 paragraph (1), by striking ''or, in the case of
8 medicare cost-sharing with respect to a quali-
9 fied medicare beneficiary described in sub-
10 section (p)(1), if provided after the month in
11 which the individual becomes such a bene-
12 ficiary''.

13 (2) STATE OPTION FOR 12-MONTH CONTINUOUS
14 ELIGIBILITY FOR SLMBS AND QWDIS.—Section
15 1902(e)(12) of the Social Security Act (42 U.S.C.
16 1396a(e)(12)) is amended—

17 (A) by redesignating subparagraphs (A)
18 and (B) as clauses (i) and (ii), respectively;

19 (B) by inserting ''(A)'' after ''(12)''; and

20 (C) by adding at the end the following:

21 ''(B) At the option of the State, the plan may provide
22 that an individual who is determined to be eligible for ben-
23 efits under a State plan approved under this title under
24 any of the following eligibility categories, or who is rede-
25 termined to be eligible for such benefits under any of such

1 categories, shall be considered to meet the eligibility re-
2 quirements met on the date of application and shall re-
3 main eligible for those benefits until the end of the 12-
4 month period following the date of the determination or
5 redetermination of eligibility, except that a State may pro-
6 vide for such determinations more frequently, but not
7 more frequently than once every 6 months for an indi-
8 vidual:

9 ''(i) A specified low-income medicare beneficiary
10 described in subsection (a)(10)(E)(iii) of this section
11 who is determined eligible for medicare cost-sharing
12 described in section 1905(p)(3)(A)(ii).

13 ''(ii) A qualified disabled and working indi-
14 vidual described in section 1905(s) who is deter-
15 mined eligible for medicare cost-sharing described in
16 section 1905(p)(3)(A)(i).''.

17 (3) STATE OPTION TO USE EXPRESS LANE ELI-
18 GIBILITY FOR THE MEDICARE SAVINGS PROGRAM.—
19 Section 1902(e)(13)(A) of the Social Security Act
20 (42 U.S.C. 1396a(e)(13)(A)) is amended by adding
21 at the end the following new clause:

22 ''(iii) STATE OPTION TO EXTEND EXPRESS
23 LANE ELIGIBILITY TO OTHER POPULATIONS.—

24 ''(I) IN GENERAL.—At the option of
25 the State, the State may apply the provi-

1 sions of this paragraph with respect to de-
2 termining eligibility under this title for an
3 eligible individual (as defined in subclause
4 (II)). In applying this paragraph in the
5 case of a State making such an option, any
6 reference in this paragraph to a child with
7 respect to this title (other than a reference
8 to child health assistance) shall be deemed
9 to be a reference to an eligible individual.
10 ‘‘(II) ELIGIBLE INDIVIDUAL DE-
11 FINED.—In this clause, the term ‘eligible
12 individual’ means any of the following:
13 ‘‘(aa) A qualified medicare bene-
14 ficiary described in section 1905(p)(1)
15 for purposes of determining eligibility
16 for medicare cost-sharing (as defined
17 in section 1905(p)(3)).
18 ‘‘(bb) A specified low-income
19 medicare beneficiary described in sub-
20 section (a)(10)(E)(iii) of this section
21 for purposes of determining eligibility
22 for medicare cost-sharing described in
23 section 1905(p)(3)(A)(ii).
24 ‘‘(cc) A qualified disabled and
25 working individual described in sec-

1 tion 1905(s) for purposes of deter-
2 mining eligibility for medicare cost-
3 sharing described in section
4 1905(p)(3)(A)(i).''.

5 (g) MEDICAID TREATMENT OF CERTAIN MEDICARE
6 PROVIDERS.—Section 1902(n) of the Social Security Act
7 (42 U.S.C. 1396a(n)) is amended by adding at the end
8 the following new paragraph:

9 ''(4) A State plan shall not deny a claim from a pro-
10 vider or supplier with respect to medicare cost-sharing de-
11 scribed in subparagraph (B), (C), or (D) of section
12 1905(p)(3) for an item or service which is eligible for pay-
13 ment under title XVIII on the basis that the provider or
14 supplier does not have a provider agreement in effect
15 under this title or does not otherwise serve all individuals
16 entitled to medical assistance under this title. The State
17 shall create a mechanism through which providers or sup-
18 pliers that do not otherwise have provider agreements with
19 the State can bill the State for medicare cost-sharing for
20 qualified medicare beneficiaries.''.

21 (h) ELIGIBILITY FOR OTHER PROGRAMS.—Section
22 1905(p) of the Social Security Act (42 U.S.C. 1396d(p))
23 is amended by adding at the end the following new para-
24 graph:

1 "(7) Notwithstanding any other provision of law, any
2 medical assistance for some or all medicare cost-sharing
3 under this title shall not be considered income or resources
4 in determining eligibility for, or the amount of assistance
5 or benefits provided under, any other public benefit pro-
6 vided under Federal law or the law of any State or polit-
7 ical subdivision thereof.''.

8 (i) TREATMENT OF QUALIFIED MEDICARE BENE-
9 FICIARIES, SPECIFIED LOW-INCOME MEDICARE BENE-
10 FICIARIES, AND OTHER DUAL ELIGIBLES AS MEDICARE
11 BENEFICIARIES.—Section 1862 of the Social Security Act
12 (42 U.S.C. 1395y) is amended by adding at the end the
13 following new subsection:

14 "(p) TREATMENT OF QUALIFIED MEDICARE BENE-
15 FICIARIES (QMBS), SPECIFIED LOW-INCOME MEDICARE
16 BENEFICIARIES (SLMBS), AND OTHER DUAL ELIGI-
17 BLES.—Nothing in this title shall be construed as author-
18 izing a provider of services or supplier to discriminate
19 (through a private contractual arrangement or otherwise)
20 against an individual who is otherwise entitled to services
21 under this title on the basis that the individual is a quali-
22 fied medicare beneficiary (as defined in section
23 1905(p)(1)), a specified low-income medicare beneficiary,
24 or is otherwise eligible for medical assistance for medicare
25 cost-sharing or other benefits under title XIX.''.

1 (j) ADDITIONAL FUNDING FOR STATE HEALTH IN-
2 SURANCE ASSISTANCE PROGRAMS.—
3 (1) GRANTS.—
4 (A) IN GENERAL.—The Secretary of
5 Health and Human Services (in this subsection
6 referred to as the ''Secretary'') shall use
7 amounts made available under subparagraph
8 (B) to make grants to States for State health
9 insurance assistance programs receiving assist-
10 ance under section 4360 of the Omnibus Budg-
11 et Reconciliation Act of 1990 (42 U.S.C.
12 1395b–4).
13 (B) FUNDING.—For purposes of making
14 grants under this subsection, the Secretary
15 shall provide for the transfer, from the Federal
16 Hospital Insurance Trust Fund under section
17 1817 of the Social Security Act (42 U.S.C.
18 1395i) and the Federal Supplementary Medical
19 Insurance Trust Fund under section 1841 of
20 such Act (42 U.S.C. 1395t), in the same pro-
21 portion as the Secretary determines under sec-
22 tion 1853(f) of such Act (42 U.S.C. 1395w–
23 23(f)), of $50,000,000 to the Centers for Medi-
24 care & Medicaid Services Program Management
25 Account for each of the fiscal years 2025

1 through 2029, to remain available until ex-
2 pended.
3 (2) AMOUNT OF GRANTS.—The amount of a
4 grant to a State under this subsection from the total
5 amount made available under paragraph (1) shall be
6 equal to the sum of the amount allocated to the
7 State under paragraph (3)(A) and the amount allo-
8 cated to the State under subparagraph (3)(B).
9 (3) ALLOCATION TO STATES.—
10 (A) ALLOCATION BASED ON PERCENTAGE
11 OF LOW-INCOME BENEFICIARIES.—The amount
12 allocated to a State under this subparagraph
13 from ⅔ of the total amount made available
14 under paragraph (1) shall be based on the num-
15 ber of individuals who meet the requirement
16 under subsection (a)(3)(A)(ii) of section
17 1860D–14 of the Social Security Act (42
18 U.S.C. 1395w–114) but who have not enrolled
19 to receive a subsidy under such section 1860D–
20 14 relative to the total number of individuals
21 who meet the requirement under such sub-
22 section (a)(3)(A)(ii) in each State, as estimated
23 by the Secretary.
24 (B) ALLOCATION BASED ON PERCENTAGE
25 OF RURAL BENEFICIARIES.—The amount allo-

1 cated to a State under this subparagraph from
2 ⅓ of the total amount made available under
3 paragraph (1) shall be based on the number of
4 part D eligible individuals (as defined in section
5 1860D–1(a)(3)(A) of such Act (42 U.S.C.
6 1395w–101(a)(3)(A))) residing in a rural area
7 relative to the total number of such individuals
8 in each State, as estimated by the Secretary.

9 (4) PORTION OF GRANT BASED ON PERCENT-
10 AGE OF LOW-INCOME BENEFICIARIES TO BE USED
11 TO PROVIDE OUTREACH TO INDIVIDUALS WHO MAY
12 BE SUBSIDY ELIGIBLE INDIVIDUALS OR ELIGIBLE
13 FOR THE MEDICARE SAVINGS PROGRAM.—Each
14 grant awarded under this subsection with respect to
15 amounts allocated under paragraph (3)(A) shall be
16 used to provide outreach to individuals who may be
17 subsidy eligible individuals (as defined in section
18 1860D–14(a)(3)(A) of the Social Security Act (42
19 U.S.C. 1395w–114(a)(3)(A))) or eligible for the pro-
20 gram of medical assistance for payment of the cost
21 of medicare cost-sharing under the Medicaid pro-
22 gram pursuant to sections 1902(a)(10)(E) and 1933
23 of such Act (42 U.S.C. 1396a(a)(10)(E), 1396u–3).

24 (k) EFFECTIVE DATE.—

1 (1) IN GENERAL.—Except as provided in para-
2 graph (2), the amendments and repeal made by this
3 section take effect on January 1, 2025, and, with re-
4 spect to title XIX of the Social Security Act, apply
5 to calendar quarters beginning on or after January
6 1, 2025.

7 (2) EXCEPTION FOR STATE LEGISLATION.—In
8 the case of a State plan for medical assistance under
9 title XIX of the Social Security Act which the Sec-
10 retary of Health and Human Services determines re-
11 quires State legislation (other than legislation appro-
12 priating funds) in order for the plan to meet the ad-
13 ditional requirements imposed by the amendments
14 and repeal made by this section, the State plan shall
15 not be regarded as failing to comply with the re-
16 quirements of such title solely on the basis of its
17 failure to meet these additional requirements before
18 the first day of the first calendar quarter beginning
19 after the close of the first regular session of the
20 State legislature that begins after the date of the en-
21 actment of this Act. For purposes of the previous
22 sentence, in the case of a State that has a 2-year
23 legislative session, each year of such session shall be
24 deemed to be a separate regular session of the State
25 legislature.

1 **SEC. 4108. 100 PERCENT FMAP FOR MEDICAL ASSISTANCE**
2 **PROVIDED BY URBAN INDIAN ORGANIZA-**
3 **TIONS.**

4 (a) IN GENERAL.—The third sentence of section
5 1905(b) of the Social Security Act (42 U.S.C. 1396d(b))
6 is amended by striking ''for the 8 fiscal year quarters be-
7 ginning with the first fiscal year quarter beginning after
8 the date of the enactment of the American Rescue Plan
9 Act of 2021,'' and inserting ''and''.

10 (b) EFFECTIVE DATE.—The amendment made by
11 this section shall apply to medical assistance provided on
12 or after the date of enactment of this Act.

13 **SEC. 4109. 100 PERCENT FMAP FOR MEDICAL ASSISTANCE**
14 **PROVIDED TO A NATIVE HAWAIIAN THROUGH**
15 **A FEDERALLY QUALIFIED HEALTH CENTER**
16 **OR A NATIVE HAWAIIAN HEALTH CARE SYS-**
17 **TEM UNDER THE MEDICAID PROGRAM.**

18 (a) IN GENERAL.—The third sentence of section
19 1905(b) of the Social Security Act (42 U.S.C. 1396d(b))
20 is amended by striking '', for such 8 fiscal year quarters''.

21 (b) EFFECTIVE DATE.—The amendment made by
22 this section shall apply to medical assistance provided on
23 or after the date of enactment of this Act.

**SEC. 4110. REPEAL OF REQUIREMENT FOR ESTATE RECOVERY UNDER THE MEDICAID PROGRAM.**

Section 1917 of the Social Security Act (42 U.S.C. 1396p) is amended—

(1) in subsection (a)—

(A) by amending paragraph (1) to read as follows:

"(1) No lien may be imposed against the property of any individual prior to his death on account of medical assistance paid or to be paid on his behalf under the State plan, except pursuant to the judgment of a court on account of benefits incorrectly paid on behalf of such individual.";

(B) by striking paragraph (2);

(C) in paragraph (3), by striking "(1)(B)" and inserting "(1)"; and

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

(2) by amending subsection (b) to read as follows:

"(b) ADJUSTMENT OR RECOVERY OF MEDICAL ASSISTANCE CORRECTLY PAID UNDER A STATE PLAN.—No adjustment or recovery of any medical assistance correctly paid on behalf of an individual under the State plan may be made.".

1 **SEC. 4111. ALLOW FOR SUSPENSION OF MEDICARE BENE-**
2 **FITS AND PREMIUM LIABILITY FOR INDIVID-**
3 **UALS WHO ARE INCARCERATED AND PRO-**
4 **VIDE A SPECIAL ENROLLMENT PERIOD**
5 **AROUND THE DATE OF RELEASE.**

6 (a) SPECIAL ENROLLMENT PERIOD FOR INDIVID-
7 UALS INCARCERATED AT TIME OF MEDICARE ELIGI-
8 BILITY.—Section 1837(i) of the Social Security Act (42
9 U.S.C. 1395p(i)) is amended by adding at the end the fol-
10 lowing new paragraph:

11 ''(5)(A) In the case of an individual who—

12 ''(i) at the time the individual first satis-
13 fies paragraph (1) or (2) of section 1836(a), is
14 incarcerated; or

15 ''(ii) has elected not to enroll (or to be
16 deemed enrolled) under this section during the
17 individual's initial enrollment period;

18 there shall be a special enrollment period de-
19 scribed in subparagraph (B).

20 ''(B) The special enrollment period re-
21 ferred to in subparagraph (A) is the 6-month
22 period beginning on the first day after which
23 the individual is no longer incarcerated.''.

24 (b) PREMIUM AMOUNT.—Section 1839(a) of the So-
25 cial Security Act (42 U.S.C. 1395r(a)) is amended—

1 (1) in paragraph (1), in the second sentence, by
2 striking "and (7)," and inserting "(7), and (8),";
3 and

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

6 "(8) In the case of an individual whose coverage pe-
7 riod includes months in which by reason of custody under
8 penal authority coverage is excluded pursuant to section
9 1862(a)(3), the premium amount for such months such
10 individual is in custody under penal authority shall be
11 zero.".

12 (c) CONFORMING AMENDMENT.—Section 1818(d)(5)
13 of the Social Security Act (42 U.S.C. 1395i–2(d)(5)) is
14 amended by adding at the end the following:

15 "(D) In the case of an individual who is a
16 person who is excluded from coverage pursuant
17 to section 1862(a)(3) by reason of custody
18 under penal authority, the amount of the
19 monthly premium for such individual shall be
20 zero for any month in which such individual is
21 in custody under penal authority.".

22 **SEC. 4112. FEDERAL EMPLOYEE HEALTH BENEFITS PLANS.**

23 (a) COVERAGE OF PREGNANCY.—The Director of the
24 Office of Personnel Management shall issue such regula-
25 tions as are necessary to ensure that pregnancy is consid-

ered a change in family status and a qualifying life event for an individual who is eligible to enroll, but is not enrolled, in a health benefits plan under chapter 89 of title 5, United States Code.

(b) EFFECTIVE DATE.—The requirement in paragraph (1) shall apply with respect to any contract entered into under section 8902 of title 5, United States Code, on or after the date that is 1 year after the date of enactment of this Act.

**SEC. 4113. CONTINUATION OF MEDICAID INCOME ELIGIBILITY STANDARD FOR PREGNANT INDIVIDUALS AND INFANTS.**

Section 1902(l)(2)(A) of the Social Security Act (42 U.S.C. 1396a(l)(2)(A)) is amended—

(1) in clause (i), by striking "and not more than 185 percent";

(2) in clause (ii)—

(A) in subclause (I), by striking "and" after the comma;

(B) in subclause (II), by striking the period at the end and inserting ", and"; and

(C) by adding at the end the following:

"(III) January 1, 2025, is the percentage provided under clause (v)."; and

1 (3) by adding at the end the following new
2 clause:
3 "(v) The percentage provided under
4 clause (ii) for medical assistance provided
5 on or after January 1, 2025, with respect
6 to individuals described in subparagraph
7 (A) or (B) of paragraph (1) shall not be
8 less than—
9 "(I) the percentage specified for
10 such individuals by the State in an
11 amendment to its State plan (whether
12 approved or not) as of January 1,
13 2014; or
14 "(II) if no such percentage is
15 specified as of January 1, 2014, the
16 percentage established for such indi-
17 viduals under the State's authorizing
18 legislation or provided for under the
19 State's appropriations as of that
20 date.".

# Subtitle C—Expansion of Access

## PART 1—GENERAL PROVISIONS

### SEC. 4201. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Title XXXIV of the Public Health Service Act, as amended by titles I, II, and III of this Act, is further amended by inserting after subtitle C the following:

# "Subtitle D—Reconstruction and Improvement Grants for Public Health Care Facilities Serving Pacific Islanders and the Insular Areas

### "SEC. 3441. GRANT SUPPORT FOR QUALITY IMPROVEMENT INITIATIVES.

"(a) IN GENERAL.—The Secretary, in collaboration with the Administrator of the Health Resources and Services Administration, the Director of the Agency for Healthcare Research and Quality, and the Administrator of the Centers for Medicare & Medicaid Services, shall award grants to eligible entities for the conduct of demonstration projects to improve the quality of and access to health care.

"(b) ELIGIBILITY.—To be eligible to receive a grant under subsection (a), an entity shall—

1 "(1) be a health center, hospital, health plan,
2 health system, community clinic, hospice or palliative
3 care provider, or other health entity determined ap-
4 propriate by the Secretary—
5 "(A) that, by legal mandate or explicitly
6 adopted mission, provides patients with access
7 to services regardless of their ability to pay;
8 "(B) that provides care or treatment for a
9 substantial number of patients who are unin-
10 sured, are receiving assistance under a State
11 plan under title XIX of the Social Security Act
12 (or under a waiver of such plan), or are mem-
13 bers of vulnerable populations, as determined
14 by the Secretary; and
15 "(C)(i) with respect to which, not less than
16 50 percent of the entity's patient population is
17 made up of racial and ethnic minority groups;
18 or
19 "(ii) that—
20 "(I) serves a disproportionate percent-
21 age of local patients who are from a racial
22 and ethnic minority group, or has a patient
23 population at least 50 percent of which is
24 composed of individuals with limited
25 English proficiency; and

1 "(II) provides an assurance that
2 amounts received under the grant will be
3 used only to support quality improvement
4 activities in the racial and ethnic minority
5 group served; and
6 "(2) prepare and submit to the Secretary an
7 application at such time, in such manner, and con-
8 taining such information as the Secretary may re-
9 quire.
10 "(c) PRIORITY.—In awarding grants under sub-
11 section (a), the Secretary shall give priority to eligible enti-
12 ties that—
13 "(1) demonstrate an intent to operate as part
14 of a health care partnership, network, collaborative,
15 coalition, or alliance where each member entity con-
16 tributes to the design, implementation, and evalua-
17 tion of the proposed intervention; or
18 "(2) intend to use funds to carry out system-
19 wide changes with respect to health care quality im-
20 provement, including—
21 "(A) improved systems for data collection
22 and reporting;
23 "(B) innovative collaborative or similar
24 processes;

1 “(C) group programs with behavioral or
2 self-management interventions;
3 “(D) case management services;
4 “(E) physician or patient reminder sys-
5 tems;
6 “(F) educational interventions;
7 “(G) comprehensive and patient-centric
8 health care;
9 “(H) creation and distribution of education
10 materials on available health care options; or
11 “(I) other activities determined appropriate
12 by the Secretary.
13 “(d) USE OF FUNDS.—An entity shall use amounts
14 received under a grant under subsection (a) to support
15 the implementation and evaluation of health care quality
16 improvement activities or minority health and health care
17 disparity reduction activities that include—
18 “(1) with respect to health care systems, activi-
19 ties relating to improving—
20 “(A) patient safety;
21 “(B) timeliness of care;
22 “(C) effectiveness of care;
23 “(D) efficiency of care;
24 “(E) patient centeredness;
25 “(F) health information technology;

1 ‘‘(G) accessibility and availability of infor-
2 mation on health care;
3 ‘‘(H) comprehensiveness of health care;
4 and
5 ‘‘(I) patient involvement and choice in
6 health care; and
7 ‘‘(2) with respect to patients, activities relating
8 to—
9 ‘‘(A) staying healthy;
10 ‘‘(B) getting well, mentally and physically;
11 ‘‘(C) living effectively with illness or dis-
12 ability;
13 ‘‘(D) preparing for end of life and ensuring
14 that end-of-life care is accessible and available,
15 as well as coping with end-of-life issues; and
16 ‘‘(E) shared decision making.
17 ‘‘(e) COMMON DATA SYSTEMS.—The Secretary shall
18 provide financial and other technical assistance to grant-
19 ees under this section for the development of common data
20 systems.
21 ‘‘(f) AUTHORIZATION OF APPROPRIATIONS.—There
22 are authorized to be appropriated to carry out this section
23 such sums as may be necessary for each of fiscal years
24 2025 through 2032.

1 **"SEC. 3442. CENTERS OF EXCELLENCE.**

2 "(a) IN GENERAL.—The Secretary, acting through
3 the Administrator of the Health Resources and Services
4 Administration, shall designate centers of excellence at
5 public hospitals, and other health systems serving large
6 numbers of patients from minority populations, that—

7 "(1) meet the requirements of section
8 3441(b)(1);

9 "(2) demonstrate excellence in providing care to
10 minority populations; and

11 "(3) demonstrate excellence in reducing dispari-
12 ties in health and health care.

13 "(b) REQUIREMENTS.—A hospital or health system
14 that serves as a center of excellence under subsection (a)
15 shall—

16 "(1) design, implement, and evaluate programs
17 and policies relating to the delivery of care in ra-
18 cially, ethnically, and linguistically diverse popu-
19 lations;

20 "(2) provide training and technical assistance
21 to other hospitals and health systems relating to the
22 provision of high-quality health care to minority pop-
23 ulations; and

24 "(3) develop activities for graduate or con-
25 tinuing medical education that institutionalize a

focus on cultural competence training for health care providers.

''(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each of fiscal years 2025 through 2032.

**''SEC. 3443. RECONSTRUCTION AND IMPROVEMENT GRANTS FOR PUBLIC HEALTH CARE FACILITIES SERVING PACIFIC ISLANDERS AND THE INSULAR AREAS.**

''(a) IN GENERAL.—The Secretary shall provide direct financial assistance to designated health care providers and community health centers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, Puerto Rico, and Hawaii for the purposes of reconstructing and improving health care facilities and services in a culturally competent and sustainable manner.

''(b) ELIGIBILITY.—To be eligible to receive direct financial assistance under subsection (a), an entity shall be a public health facility or community health center located in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, Puerto Rico, or Hawaii that—

''(1) is owned or operated by—

1 ''(A) the Government of American Samoa,
2 Guam, the Commonwealth of the Northern
3 Mariana Islands, the United States Virgin Is-
4 lands, Puerto Rico, or Hawaii or a unit of local
5 government; or
6 ''(B) a nonprofit organization; and
7 ''(2)(A) provides care or treatment for a sub-
8 stantial number of patients who are uninsured, are
9 receiving assistance under title XVIII of the Social
10 Security Act or under a State plan under title XIX
11 of such Act (or under a waiver of such plan), or are
12 members of a vulnerable population, as determined
13 by the Secretary; or
14 ''(B) serves a disproportionate percentage of
15 local patients that are from a racial and ethnic mi-
16 nority group.
17 ''(c) REPORT.—Not later than 180 days after the
18 date of enactment of this title and annually thereafter, the
19 Secretary shall submit to the Congress and the President
20 a report that includes an assessment of health resources
21 and facilities serving populations in American Samoa,
22 Guam, the Commonwealth of the Northern Mariana Is-
23 lands, the United States Virgin Islands, Puerto Rico, and
24 Hawaii. In preparing such report, the Secretary shall—

1 "(1) consult with and obtain information on all
2 health care facilities needs from the entities receiv-
3 ing direct financial assistance under subsection (a);
4 "(2) include all amounts of Federal assistance
5 received by each such entity in the preceding fiscal
6 year;
7 "(3) review the total unmet needs of health care
8 facilities serving American Samoa, Guam, the Com-
9 monwealth of the Northern Mariana Islands, the
10 United States Virgin Islands, Puerto Rico, and Ha-
11 waii, including needs for renovation and expansion
12 of existing facilities;
13 "(4) include a strategic plan for addressing the
14 needs of each such population identified in the re-
15 port; and
16 "(5) evaluate the effectiveness of the care pro-
17 vided by measuring patient outcomes and cost meas-
18 ures.
19 "(d) AUTHORIZATION OF APPROPRIATIONS.—There
20 are authorized to be appropriated such sums as necessary
21 to carry out this section.".
22 **SEC. 4202. BORDER HEALTH GRANTS.**
23 (a) DEFINITIONS.—In this section:
24 (1) BORDER AREA.—The term "border area"
25 means the United States-Mexico Border Area, as de-

1 fined in section 8 of the United States-Mexico Bor-
2 der Health Commission Act (22 U.S.C. 290n–6).
3 (2) ELIGIBLE ENTITY.—The term ''eligible enti-
4 ty'' means an entity that is located in the border
5 area and is any of the following:
6 (A) A State, local government, or Tribal
7 government.
8 (B) A public institution of higher edu-
9 cation.
10 (C) A nonprofit health organization.
11 (D) A community health center.
12 (E) A community clinic that is a health
13 center receiving assistance under section 330 of
14 the Public Health Service Act (42 U.S.C.
15 254b).
16 (F) A nonprofit organization serving immi-
17 grants.
18 (b) AUTHORIZATION.—From funds appropriated pur-
19 suant to subsection (f), the Secretary of Health and
20 Human Services (in this section referred to as the ''Sec-
21 retary''), acting through the United States members of the
22 United States-Mexico Border Health Commission, shall
23 award grants to eligible entities to address priorities and
24 recommendations to improve the health of border area
25 residents that are established by—

1 (1) the United States members of the United
2 States-Mexico Border Health Commission;
3 (2) the State border health offices; and
4 (3) the Secretary.
5 (c) APPLICATION.—An eligible entity that desires a
6 grant under subsection (b) shall submit an application to
7 the Secretary at such time, in such manner, and con-
8 taining such information as the Secretary may require and
9 demonstrating the entity's capacity to provide culturally
10 and linguistically appropriate services to border area resi-
11 dents.
12 (d) USE OF FUNDS.—An eligible entity that receives
13 a grant under subsection (b) shall use the grant funds
14 for—
15 (1) programs relating to—
16 (A) maternal and child health;
17 (B) primary care and preventative health;
18 (C) public health and public health infra-
19 structure;
20 (D) musculoskeletal health and obesity;
21 (E) health education and promotion;
22 (F) oral health;
23 (G) mental and behavioral health;
24 (H) substance use disorders;

1 (I) health conditions that have a high prev-
2 alence in the border area;
3 (J) medical and health services research;
4 (K) workforce training and development;
5 (L) community health workers, patient
6 navigators, and promotores;
7 (M) health care infrastructure problems in
8 the border area (including planning and con-
9 struction grants);
10 (N) health disparities in the border area;
11 (O) environmental health;
12 (P) outreach and enrollment services with
13 respect to Federal programs (including pro-
14 grams authorized under titles XIX and XXI of
15 the Social Security Act (42 U.S.C. 1396 et seq.;
16 42 U.S.C. 1397aa et seq.));
17 (Q) end-of-life care; and
18 (R) addressing social determinants of
19 health; and
20 (2) other programs determined appropriate by
21 the Secretary.
22 (e) SUPPLEMENT, NOT SUPPLANT.—Amounts pro-
23 vided to an eligible entity awarded a grant under sub-
24 section (b) shall be used to supplement and not supplant

1 other funds available to the eligible entity to carry out the
2 activities described in subsection (d).

3 (f) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section,
5 $200,000,000 for fiscal year 2025, and such sums as may
6 be necessary for each succeeding fiscal year.

7 **SEC. 4203. CRITICAL ACCESS HOSPITAL IMPROVEMENTS.**

8 (a) ELIMINATION OF ISOLATION TEST FOR COST-
9 BASED AMBULANCE REIMBURSEMENT.—

10 (1) IN GENERAL.—Section 1834(l)(8) of the
11 Social Security Act (42 U.S.C. 1395m(l)(8)) is
12 amended—

13 (A) in subparagraph (B)—

14 (i) by striking "owned and"; and

15 (ii) by inserting "(including when
16 such services are provided by the entity
17 under an arrangement with the hospital)"
18 after "hospital"; and

19 (B) by striking the comma at the end of
20 subparagraph (B) and all that follows and in-
21 serting a period.

22 (2) EFFECTIVE DATE.—The amendments made
23 by this subsection shall apply to services furnished
24 on or after January 1, 2025.

1 (b) PROVISION OF A MORE FLEXIBLE ALTERNATIVE
2 TO THE CAH DESIGNATION 25 INPATIENT BED LIMIT
3 REQUIREMENT.—
4 (1) IN GENERAL.—Section 1820(c)(2) of the
5 Social Security Act (42 U.S.C. 1395i–4(c)(2)) is
6 amended—
7 (A) in subparagraph (B)(iii), by striking
8 ‘‘provides not more than’’ and inserting ‘‘sub-
9 ject to subparagraph (F), provides not more
10 than’’; and
11 (B) by adding at the end the following new
12 subparagraph:
13 ‘‘(F) ALTERNATIVE TO 25 INPATIENT BED
14 LIMIT REQUIREMENT.—
15 ‘‘(i) IN GENERAL.—A State may elect
16 to treat a facility, with respect to the des-
17 ignation of the facility for a cost reporting
18 period, as satisfying the requirement of
19 subparagraph (B)(iii) relating to a max-
20 imum number of acute care inpatient beds
21 if the facility elects, in accordance with a
22 method specified by the Secretary and be-
23 fore the beginning of the cost reporting pe-
24 riod, to meet the requirement under clause
25 (ii).

1 "(ii) ALTERNATE REQUIREMENT.—
2 The requirement under this clause, with
3 respect to a facility and a cost reporting
4 period, is that the total number of inpa-
5 tient bed days described in subparagraph
6 (B)(iii) during such period will not exceed
7 7,300. For purposes of this subparagraph,
8 an individual who is an inpatient in a bed
9 in the facility for a single day shall be
10 counted as one inpatient bed day.
11 "(iii) WITHDRAWAL OF ELECTION.—
12 The option described in clause (i) shall not
13 apply to a facility for a cost reporting pe-
14 riod if the facility (for any two consecutive
15 cost reporting periods during the previous
16 5 cost-reporting periods) was treated under
17 such option and had a total number of in-
18 patient bed days for each of such two cost
19 reporting periods that exceeded the num-
20 ber specified in such clause.".
21 (2) EFFECTIVE DATE.—The amendments made
22 by paragraph (1) shall apply to cost reporting peri-
23 ods beginning on or after the date of the enactment
24 of this Act.

1 **SEC. 4204. MEDICARE REMOTE MONITORING PILOT**
2 **PROJECTS.**
3 (a) PILOT PROJECTS.—
4 (1) IN GENERAL.—Not later than 9 months
5 after the date of enactment of this Act, the Sec-
6 retary of Health and Human Services (in this sec-
7 tion referred to as the ''Secretary'') shall conduct
8 pilot projects under title XVIII of the Social Secu-
9 rity Act (42 U.S.C. 1395 et seq.) for the purpose of
10 providing incentives to home health agencies to uti-
11 lize home monitoring and communications tech-
12 nologies that—
13 (A) enhance health and health care out-
14 comes for Medicare beneficiaries; and
15 (B) reduce expenditures under such title.
16 (2) SITE REQUIREMENTS.—
17 (A) URBAN AND RURAL.—The Secretary
18 shall conduct the pilot projects under this sec-
19 tion in both urban and rural areas.
20 (B) SITE IN A SMALL STATE.—The Sec-
21 retary shall conduct at least 3 of the pilot
22 projects in a State with a population of less
23 than 1,000,000.
24 (3) DEFINITION OF HOME HEALTH AGENCY.—
25 In this section, the term ''home health agency'' has

1 the meaning given that term in section 1861(o) of
2 the Social Security Act (42 U.S.C. 1395x(o)).
3 (b) MEDICARE BENEFICIARIES WITHIN THE SCOPE
4 OF PROJECTS.—The Secretary shall specify the criteria
5 for identifying those Medicare beneficiaries who shall be
6 considered within the scope of the pilot projects under this
7 section for purposes of the application of subsection (c)
8 and for the assessment of the effectiveness of the home
9 health agency in achieving the objectives of this section.
10 Such criteria may provide for the inclusion in the projects
11 of Medicare beneficiaries who begin receiving home health
12 services under title XVIII of the Social Security Act (42
13 U.S.C. 1395 et seq.) after the date of the implementation
14 of the projects.
15 (c) INCENTIVES.—
16 (1) PERFORMANCE TARGETS.—The Secretary
17 shall establish for each home health agency partici-
18 pating in a pilot project under this section a per-
19 formance target using one of the following meth-
20 odologies, as determined appropriate by the Sec-
21 retary:
22 (A) ADJUSTED HISTORICAL PERFORMANCE
23 TARGET.—The Secretary shall establish for the
24 agency—

1 (i) a base expenditure amount equal
2 to the average total payments made to the
3 agency under parts A and B of title XVIII
4 of the Social Security Act (42 U.S.C. 1395
5 et seq.) for Medicare beneficiaries deter-
6 mined to be within the scope of the pilot
7 project in a base period determined by the
8 Secretary; and

9 (ii) an annual per capita expenditure
10 target for such beneficiaries, reflecting the
11 base expenditure amount adjusted for risk
12 and adjusted growth rates.

13 (B) COMPARATIVE PERFORMANCE TAR-
14 GET.—The Secretary shall establish for the
15 agency a comparative performance target equal
16 to the average total payments under such parts
17 A and B during the pilot project for comparable
18 individuals in the same geographic area that
19 are not determined to be within the scope of the
20 pilot project.

21 (2) INCENTIVE.—Subject to paragraph (3), the
22 Secretary shall pay to each participating home care
23 agency an incentive payment for each year under the
24 pilot project equal to a portion of the Medicare sav-

1 ings realized for such year relative to the perform-
2 ance target under paragraph (1).

3 (3) LIMITATION ON EXPENDITURES.—The Sec-
4 retary shall limit incentive payments under this sec-
5 tion in order to ensure that the aggregate expendi-
6 tures under title XVIII of the Social Security Act
7 (42 U.S.C. 1395 et seq.) (including incentive pay-
8 ments under this subsection) do not exceed the
9 amount that the Secretary estimates would have
10 been expended if the pilot projects under this section
11 had not been implemented.

12 (d) WAIVER AUTHORITY.—The Secretary may waive
13 such provisions of titles XI and XVIII of the Social Secu-
14 rity Act (42 U.S.C. 1301 et seq.; 42 U.S.C. 1395 et seq.)
15 as the Secretary determines to be appropriate for the con-
16 duct of the pilot projects under this section.

17 (e) REPORT TO CONGRESS.—Not later than 5 years
18 after the date that the first pilot project under this section
19 is implemented, the Secretary shall submit to Congress a
20 report on the pilot projects. Such report shall contain a
21 detailed description of issues related to the expansion of
22 the projects under subsection (f) and recommendations for
23 such legislation and administrative actions as the Sec-
24 retary considers appropriate.

1 (f) EXPANSION.—If the Secretary determines that
2 any of the pilot projects under this section enhance health
3 outcomes for Medicare beneficiaries and reduce expendi-
4 tures under title XVIII of the Social Security Act (42
5 U.S.C. 1395 et seq.), the Secretary may initiate com-
6 parable projects in additional areas.

7 (g) INCENTIVE PAYMENTS HAVE NO EFFECT ON
8 OTHER MEDICARE PAYMENTS TO AGENCIES.—An incen-
9 tive payment under this section—

10 (1) shall be in addition to the payments that a
11 home health agency would otherwise receive under
12 title XVIII of the Social Security Act for the provi-
13 sion of home health services; and

14 (2) shall have no effect on the amount of such
15 payments.

16 **SEC. 4205. COMMUNITY HEALTH CENTER COLLABORATIVE**
17 **ACCESS EXPANSION.**

18 Section 330(r)(4) of the Public Health Service Act
19 (42 U.S.C. 254b(r)(4)) is amended—

20 (1) in subparagraph (A), by striking ''primary
21 health care services'' each place it appears and in-
22 serting ''primary health care and other mental, den-
23 tal, and physical health services''; and

24 (2) in subparagraph (B)—

1 (A) in clause (i), by striking ''and'' at the
2 end;
3 (B) in clause (ii), by striking the period at
4 the end and inserting ''; and''; and
5 (C) by adding at the end the following:
6 ''(iii) in the case of a rural health
7 clinic described in such subparagraph—
8 ''(I) that such clinic provides, to
9 the extent possible, enabling services,
10 such as transportation and language
11 assistance (including translation and
12 interpretation); and
13 ''(II) that the primary health
14 care and other services described in
15 such subparagraph are subject to full
16 reimbursement according to the pro-
17 spective payment system for Federally
18 qualified health center services under
19 section 1834(o) of the Social Security
20 Act.''.

21 **SEC. 4206. FACILITATING THE PROVISION OF TELEHEALTH**
22 **SERVICES ACROSS STATE LINES.**

23 (a) IN GENERAL.—For purposes of expediting the
24 provision of telehealth services, for which payment is made
25 under the Medicare Program established under title XVIII

1 of the Social Security Act (42 U.S.C. 1395 et seq.). across
2 State lines, the Secretary of Health and Human Services
3 shall, in consultation with representatives of States, physi-
4 cians, health care practitioners, and patient advocates, en-
5 courage and facilitate the adoption of provisions allowing
6 for multistate practitioner practice across State lines.

7 (b) DEFINITIONS.—In subsection (a):

8 (1) TELEHEALTH SERVICE.—The term ''tele-
9 health service'' has the meaning given that term in
10 subparagraph (F) of section 1834(m)(4) of the So-
11 cial Security Act (42 U.S.C. 1395m(m)(4)).

12 (2) PHYSICIAN, PRACTITIONER.—The terms
13 ''physician'' and ''practitioner'' have the meaning
14 given those terms in subparagraphs (D) and (E), re-
15 spectively, of section 1834(m)(4) of the Social Secu-
16 rity Act (42 U.S.C. 1395m(m)(4)).

17 (3) MEDICARE PROGRAM.—The term ''Medicare
18 Program'' means the program of health insurance
19 administered by the Secretary of Health and Human
20 Services under title XVIII of the Social Security Act
21 (42 U.S.C. 1395 et seq.).

22 **SEC. 4207. SCORING OF PREVENTIVE HEALTH SAVINGS.**

23 Section 202 of the Congressional Budget and Im-
24 poundment Control Act of 1974 (2 U.S.C. 602) is amend-
25 ed by adding at the end the following:

1 "(h) SCORING OF PREVENTIVE HEALTH SAVINGS.—
2 "(1) DETERMINATION BY THE DIRECTOR.—
3 Upon a request by the chairman or ranking minority
4 member of the Committee on the Budget of the Sen-
5 ate, or by the chairman or ranking minority member
6 of the Committee on the Budget of the House of
7 Representatives, the Director shall determine if a
8 proposed measure would result in reductions in
9 budget outlays in budgetary outyears through the
10 use of preventive health and preventive health serv-
11 ices.
12 "(2) PROJECTIONS.—If the Director determines
13 that a measure would result in substantial reduc-
14 tions in budget outlays as described in paragraph
15 (1), the Director—
16 "(A) shall include, in any projection pre-
17 pared by the Director, a description and esti-
18 mate of the reductions in budget outlays in the
19 budgetary outyears and a description of the
20 basis for such conclusions; and
21 "(B) may prepare a budget projection that
22 includes some or all of the budgetary outyears,
23 notwithstanding the time periods for projections
24 described in subsection (e) and sections 308,
25 402, and 424.

1 “(3) DEFINITIONS.—As used in this sub-
2 section—
3 “(A) the term ‘budgetary outyears’ means
4 the 2 consecutive 10-fiscal-year periods begin-
5 ning with the first fiscal year that is 10 years
6 after the budget year provided for in the most
7 recently agreed to concurrent resolution on the
8 budget; and
9 “(B) the term ‘preventive health’ means an
10 action that focuses on the health of the public,
11 individuals, and defined populations in order to
12 protect, promote, and maintain health, wellness,
13 and functional ability, and prevent disease, dis-
14 ability, and premature death that is dem-
15 onstrated by credible and publicly available epi-
16 demiological projection models, incorporating
17 clinical trials or observational studies in hu-
18 mans, to avoid future health care costs.”.

19 **SEC. 4208. SENSE OF CONGRESS ON MAINTENANCE OF EF-**
20 **FORT PROVISIONS REGARDING CHILDREN’S**
21 **HEALTH.**

22 It is the sense of the Congress that—
23 (1) the maintenance of effort provisions added
24 to sections 1902 and 2105(d) of the Social Security
25 Act (42 U.S.C. 1396a; 42 U.S.C. 1397ee(d)) by sec-

1 tions 2001(b) and 2101(b) of the Patient Protection
2 and Affordable Care Act were intended to maintain
3 the eligibility standards for the Medicaid program
4 under title XIX of the Social Security Act (42
5 U.S.C. 1396 et seq.) and Children's Health Insur-
6 ance Program under title XXI of such Act (42
7 U.S.C. 1397aa et seq.) to protect vulnerable and dis-
8 abled adults, children, and senior citizens, many of
9 whom are also members of communities of color;
10 (2) the maintenance of effort provisions for
11 children's coverage have been extended by the Con-
12 gress through September 30, 2029;
13 (3) the maintenance of effort provisions ensure
14 the continued success of the Medicaid program and
15 Children's Health Insurance Program and were in-
16 tended to specifically protect vulnerable and disabled
17 children, many of whom are also members of com-
18 munities of color; and
19 (4) the maintenance of effort provisions must
20 be strictly enforced and proposals to weaken or
21 waive the maintenance of effort provisions must not
22 be considered.

1 **SEC. 4209. PROTECTION OF THE HHS OFFICES OF MINOR-**
2 **ITY HEALTH.**

3 (a) IN GENERAL.—Pursuant to section 1707A of the
4 Public Health Service Act (42 U.S.C. 300u–6a), the Of-
5 fices of Minority Health established within the Centers for
6 Disease Control and Prevention, the Health Resources
7 and Services Administration, the Substance Abuse and
8 Mental Health Services Administration, the Agency for
9 Healthcare Research and Quality, the Food and Drug Ad-
10 ministration, and the Centers for Medicare & Medicaid
11 Services, are offices that, regardless of change in the
12 structure of the Department of Health and Human Serv-
13 ices, shall report to the Secretary of Health and Human
14 Services.

15 (b) SENSE OF CONGRESS.—It is the sense of the
16 Congress that the Offices of Minority Health referred to
17 in subsection (a) play a critical role in addressing health
18 disparities and should be adequately funded and given a
19 prominent role in evaluating and establishing health poli-
20 cies and programs.

21 **SEC. 4210. OFFICE OF MINORITY HEALTH IN VETERANS**
22 **HEALTH ADMINISTRATION OF DEPARTMENT**
23 **OF VETERANS AFFAIRS.**

24 (a) ESTABLISHMENT AND FUNCTIONS.—Subchapter
25 I of chapter 73 of title 38, United States Code, is amended
26 by inserting after section 7308 the following new section:

1 **"§ 7308A. Office of Minority Health**

2 "(a) ESTABLISHMENT.—There is established in the
3 Department within the Office of the Under Secretary for
4 Health an office to be known as the 'Office of Minority
5 Health' (in this section referred to as the 'Office').

6 "(b) HEAD.—The Director of the Office of Minority
7 Health shall be the head of the Office. The Director of
8 the Office of Minority Health shall be appointed by the
9 Under Secretary for Health from among individuals quali-
10 fied to perform the duties of the position.

11 "(c) FUNCTIONS.—The functions of the Office are as
12 follows:

13 "(1) To establish short-range and long-range
14 goals and objectives and coordinate all other activi-
15 ties within the Veterans Health Administration that
16 relate to disease prevention, health promotion, health
17 care services delivery, health and health care edu-
18 cation, health care quality, and health care research
19 concerning veterans who are members of a racial or
20 ethnic minority group.

21 "(2) To support research, demonstrations, and
22 evaluations to test new and innovative models for
23 the discharge of activities described in paragraph
24 (1).

1 "(3) To increase knowledge and understanding
2 of health risk factors for veterans who are members
3 of a racial or ethnic minority group.
4 "(4) To develop mechanisms that support bet-
5 ter health care information dissemination, education,
6 prevention, and services delivery to veterans from
7 disadvantaged backgrounds, including veterans who
8 are members of a racial or ethnic minority group.
9 "(5) To enter into contracts or agreements with
10 appropriate public and nonprofit private entities to
11 develop and carry out programs to provide bilingual
12 or interpretive services to assist veterans who are
13 members of a racial or ethnic minority group and
14 who lack proficiency in speaking the English lan-
15 guage in accessing and receiving health care services
16 through the Veterans Health Administration.
17 "(6) To carry out programs to improve access
18 to health care services through the Veterans Health
19 Administration for veterans with limited proficiency
20 in speaking the English language, including the de-
21 velopment and evaluation of demonstration and pilot
22 projects for that purpose.
23 "(7) To advise the Under Secretary for Health
24 on matters relating to the development, implementa-
25 tion, and evaluation of health professions education

1 in decreasing disparities in health care outcomes be-
2 tween veterans who are members of a racial or eth-
3 nic minority group and other veterans, including cul-
4 tural competency as a method of eliminating such
5 health disparities.

6 ''(8) To perform such other functions and du-
7 ties as the Secretary or the Under Secretary for
8 Health considers appropriate.

9 ''(d) DEFINITIONS.—In this section:

10 ''(1) The term 'racial or ethnic minority group'
11 means any of the following:

12 ''(A) American Indians (including Alaska
13 Natives, Eskimos, and Aleuts).

14 ''(B) Asian Americans.

15 ''(C) Native Hawaiians and Pacific Island-
16 ers.

17 ''(D) Blacks.

18 ''(E) Hispanics.

19 ''(2) The term 'Hispanic' means individuals
20 whose origin is from Mexico, Puerto Rico, Cuba,
21 Central or South America, or any other Spanish-
22 speaking country.''.

23 (b) CLERICAL AMENDMENT.—The table of sections
24 at the beginning of such subchapter is amended by insert-

1 ing after the item relating to section 7308 the following
2 new item:

"7308A. Office of Minority Health.".

3 **SEC. 4211. STUDY OF DSH PAYMENTS TO ENSURE HOSPITAL**
4 **ACCESS FOR LOW-INCOME PATIENTS.**

5 (a) IN GENERAL.—Not later than January 1, 2025,
6 the Comptroller General of the United States shall con-
7 duct a study on how amendments made by the Patient
8 Protection and Affordable Care Act (Public Law 111–
9 148) and the Health Care and Education Reconciliation
10 Act of 2010 (Public Law 111–152) to titles XVIII and
11 XIX of the Social Security Act (42 U.S.C. 1395 et seq.;
12 42 U.S.C. 1396 et seq.) relating to disproportionate share
13 hospital adjustment payments under Medicare and Med-
14 icaid (and subsequent amendments made with respect to
15 such payments) affect the timely access to health care
16 services for low-income patients. Such study shall—

17 (1) evaluate and examine whether States elect-
18 ing to make medical assistance available under sec-
19 tion 1902(a)(10)(A)(i)(VIII) of the Social Security
20 Act (42 U.S.C. 1396a(a)(10)(A)(i)(VIII)) (including
21 States making such an election through a waiver of
22 the State plan) to individuals described in such sec-
23 tion mitigate the need for payments to dispropor-
24 tionate share hospitals under section 1886(d)(5)(F)
25 of the Social Security Act (42 U.S.C.

1395ww(d)(5)(F)) and section 1923 of such Act (42 U.S.C. 1396r–4), including the impact of such States electing to make medical assistance available to such individuals on—

(A) the number of individuals in the United States who are without health insurance and the distribution of such individuals in relation to areas primarily served by disproportionate share hospitals; and

(B) the low-income utilization rate of such hospitals and the resulting fiscal sustainability of such hospitals;

(2) evaluate the appropriate level and distribution of such payments among such disproportionate share hospitals for purposes of—

(A) sufficiently accounting for the level of uncompensated care provided by such hospitals to low-income patients; and

(B) providing timely access to health care services for individuals in medically underserved areas; and

(3) assess, with respect to such disproportionate share hospitals—

(A) the role played by such hospitals in providing critical access to emergency, inpa-

1 tient, and outpatient health services, including
2 end-of-life services, as well as the location of
3 such hospitals in relation to medically under-
4 served areas; and
5 (B) the extent to which such hospitals sat-
6 isfy the requirements established for charitable
7 hospital organizations under section 501(r) of
8 the Internal Revenue Code of 1986 with respect
9 to community health needs assessments, finan-
10 cial assistance policy requirements, limitations
11 on charges, and billing and collection require-
12 ments.
13 (b) REPORTS.—
14 (1) REPORT TO CONGRESS.—Not later than
15 180 days after the date on which the study under
16 subsection (a) is completed, the Comptroller General
17 of the United States shall submit to the Committee
18 on Energy and Commerce of the House of Rep-
19 resentatives and the Committee on Finance of the
20 Senate a report that contains—
21 (A) the results of the study;
22 (B) recommendations to Congress for any
23 legislative changes to the payments to dis-
24 proportionate share hospitals under section
25 1886(d)(5)(F) of the Social Security Act (42

1 U.S.C. 1395ww(d)(5)(F)) and section 1923 of
2 such Act (42 U.S.C. 1396r–4) that are needed
3 to ensure access to health services for low-in-
4 come patients that—
5 (i) are based on the number of indi-
6 viduals without health insurance, the
7 amount of uncompensated care provided by
8 such hospitals, and the impact of reduced
9 payment levels on low-income communities;
10 and
11 (ii) takes into account any reports
12 submitted by the Secretary of the Treas-
13 ury, in consultation with the Secretary of
14 Health and Human Services, to congres-
15 sional committees regarding the costs in-
16 curred by charitable hospital organizations
17 for charity care, bad debt, nonreimbursed
18 expenses for services provided to individ-
19 uals under the Medicare program under
20 title XVIII of the Social Security Act and
21 the Medicaid program under title XIX of
22 such Act, and any community benefit ac-
23 tivities provided by such organizations.
24 (2) REPORT TO THE SECRETARY OF HEALTH
25 AND HUMAN SERVICES.—Not later than 180 days

1 after the date on which the study under subsection
2 (a) is completed, the Comptroller General of the
3 United States shall submit to the Secretary of
4 Health and Human Services a report that con-
5 tains—

6 (A) the results of the study; and

7 (B) any recommendations for purposes of
8 assisting in the development of the methodology
9 for the adjustment of payments to dispropor-
10 tionate share hospitals, as required under sec-
11 tion 1886(r) of the Social Security Act (42
12 U.S.C. 1395ww(r)) and the reduction of such
13 payments under section 1923(f)(7) of such Act
14 (42 U.S.C. 1396r–4(f)(7)), taking into account
15 the reports referred to in paragraph (1)(B)(ii).

16 **SEC. 4212. REAUTHORIZATION OF PROGRAMS UNDER THE**
17 **NATIVE HAWAIIAN HEALTH CARE IMPROVE-**
18 **MENT ACT.**

19 (a) NATIVE HAWAIIAN HEALTH CARE SYSTEMS.—
20 Section 6(h)(1) of the Native Hawaiian Health Care Im-
21 provement Act (42 U.S.C. 11705(h)(1)) is amended by
22 striking "may be necessary for fiscal years 1993 through
23 2019" and inserting "are necessary".

24 (b) ADMINISTRATIVE GRANT FOR PAPA OLA
25 LOKAHI.—Section 7(b) of the Native Hawaiian Health

1 Care Improvement Act (42 U.S.C. 11706(b)) is amended
2 by striking "may be necessary for fiscal years 1993
3 through 2019" and inserting "are necessary".

4 (c) NATIVE HAWAIIAN HEALTH SCHOLARSHIPS.—
5 Section 10(c) of the Native Hawaiian Health Care Im-
6 provement Act (42 U.S.C. 11709(c)) is amended by strik-
7 ing "may be necessary for fiscal years 1993 through
8 2019" and inserting "are necessary".

9 **PART 2—RURAL**

10 **SEC. 4221. ESTABLISHMENT OF RURAL COMMUNITY HOS-**
11 **PITAL (RCH) PROGRAM.**

12 (a) IN GENERAL.—Section 1861 of the Social Secu-
13 rity Act (42 U.S.C. 1395x), as amended by section
14 2007(b)(1), is amended by adding at the end of the fol-
15 lowing new subsection:

16 "Rural Community Hospital; Rural Community Hospital
17 Services

18 "(ooo)(1) The term 'rural community hospital' means
19 a hospital (as defined in subsection (e)) that—

20 "(A) is located in a rural area (as defined in
21 section 1886(d)(2)(D)) or treated as being so lo-
22 cated pursuant to section 1886(d)(8)(E);

23 "(B) subject to paragraph (2), has less than 51
24 acute care inpatient beds, as reported in its most re-
25 cent cost report;

1 ''(C) makes available 24-hour emergency care
2 services;
3 ''(D) subject to paragraph (3), has a provider
4 agreement in effect with the Secretary and is open
5 to the public as of January 1, 2010; and
6 ''(E) applies to the Secretary for such designa-
7 tion.
8 ''(2) For purposes of paragraph (1)(B), beds in a
9 psychiatric or rehabilitation unit of the hospital which is
10 a distinct part of the hospital shall not be counted.
11 ''(3) Paragraph (1)(D) shall not be construed to pro-
12 hibit any of the following from qualifying as a rural com-
13 munity hospital:
14 ''(A) A replacement facility (as defined by the
15 Secretary in regulations in effect on January 1,
16 2012) with the same service area (as defined by the
17 Secretary in regulations in effect on such date).
18 ''(B) A facility obtaining a new provider num-
19 ber pursuant to a change of ownership.
20 ''(C) A facility which has a binding written
21 agreement with an outside, unrelated party for the
22 construction, reconstruction, lease, rental, or financ-
23 ing of a building as of January 1, 2012.
24 ''(4) Nothing in this subsection shall be construed as
25 prohibiting a critical access hospital from qualifying as a

1 rural community hospital if the critical access hospital
2 meets the conditions otherwise applicable to hospitals
3 under subsection (e) and section 1866.

4 ''(5) Nothing in this subsection shall be construed as
5 prohibiting a rural community hospital participating in
6 the demonstration program under section 410A of the
7 Medicare Prescription Drug, Improvement, and Mod-
8 ernization Act of 2003 (42 U.S.C. 1395ww note; Public
9 Law 108–173) from qualifying as a rural community hos-
10 pital if the rural community hospital meets the conditions
11 otherwise applicable to hospitals under subsection (e) and
12 section 1866.''.

13 (b) PAYMENT.—

14 (1) INPATIENT HOSPITAL SERVICES.—Section
15 1814 of the Social Security Act (42 U.S.C. 1395f)
16 is amended by adding at the end the following new
17 subsection:

18 ''Payment for Inpatient Services Furnished in Rural
19 Community Hospitals

20 ''(m) The amount of payment under this part for in-
21 patient hospital services furnished in a rural community
22 hospital, other than such services furnished in a psy-
23 chiatric or rehabilitation unit of the hospital which is a
24 distinct part, is, at the election of the hospital in the appli-
25 cation referred to in section 1861(ooo)(1)(E)—

1 “(1) 101 percent of the reasonable costs of pro-
2 viding such services, without regard to the amount
3 of the customary or other charge, or

4 “(2) the amount of payment provided for under
5 the prospective payment system for inpatient hos-
6 pital services under section 1886(d).”.

7 (2) OUTPATIENT SERVICES.—Section 1834 of
8 the Social Security Act (42 U.S.C. 1395m) is
9 amended by adding at the end the following new
10 subsection:

11 “(aa) PAYMENT FOR OUTPATIENT SERVICES FUR-
12 NISHED IN RURAL COMMUNITY HOSPITALS.—The
13 amount of payment under this part for outpatient services
14 furnished in a rural community hospital is, at the election
15 of the hospital in the application referred to in section
16 1861(ooo)(1)(E)—

17 “(1) 101 percent of the reasonable costs of pro-
18 viding such services, without regard to the amount
19 of the customary or other charge and any limitation
20 under section 1861(v)(1)(U), or

21 “(2) the amount of payment provided for under
22 the prospective payment system for covered OPD
23 services under section 1833(t).”.

24 (3) EXEMPTION FROM 30-PERCENT REDUCTION
25 IN REIMBURSEMENT FOR BAD DEBT.—Section

1 1861(v)(1)(T) of the Social Security Act (42 U.S.C.
2 1395x(v)(1)(T)) is amended in the matter preceding
3 clause (i) by inserting "(other than for a rural com-
4 munity hospital)" after "In determining such rea-
5 sonable costs for hospitals".

6 (c) BENEFICIARY COST-SHARING FOR OUTPATIENT
7 SERVICES.—Section 1834(aa) of the Social Security Act
8 (as added by subsection (b)(2)) is amended—

9 (1) by redesignating paragraphs (1) and (2) as
10 subparagraphs (A) and (B), respectively;

11 (2) by inserting "(1)" after "(aa)"; and

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

13 "(2) The amounts of beneficiary cost-sharing for out-
14 patient services furnished in a rural community hospital
15 under this part shall be as follows:

16 "(A) For items and services that would have
17 been paid under section 1833(t) if furnished by a
18 hospital, the amount of cost-sharing determined
19 under paragraph (8) of such section.

20 "(B) For items and services that would have
21 been paid under section 1833(h) if furnished by a
22 provider of services or supplier, no cost-sharing shall
23 apply.

24 "(C) For all other items and services, the
25 amount of cost-sharing that would apply to the item

1 or service under the methodology that would be used
2 to determine payment for such item or service if pro-
3 vided by a physician, provider of services, or sup-
4 plier, as the case may be.''.
5 (d) CONFORMING AMENDMENTS.—
6 (1) PART A PAYMENT.—Section 1814(b) of the
7 Social Security Act (42 U.S.C. 1395f(b)) is amended
8 in the matter preceding paragraph (1) by inserting
9 ''other than inpatient hospital services furnished by
10 a rural community hospital,'' after ''critical access
11 hospital services,''.
12 (2) PART B PAYMENT.—Section 1833(a) of the
13 Social Security Act (42 U.S.C. 1395l(a)), as amend-
14 ed by section 2207(b)(3), is amended—
15 (A) by striking ''and'' at the end of para-
16 graph (10);
17 (B) by striking the period at the end of
18 paragraph (11) and inserting ''; and''; and
19 (C) by adding at the end the following:
20 ''(12) in the case of outpatient services fur-
21 nished by a rural community hospital, the amounts
22 described in section 1834(aa).''.
23 (3) TECHNICAL AMENDMENTS.—
24 (A) CONSULTATION WITH STATE AGEN-
25 CIES.—Section 1863 of the Social Security Act

1 (42 U.S.C. 1395z) is amended by striking ''and
2 (dd)(2)'' and inserting ''(dd)(2), and (ooo)(1)''.
3 (B) PROVIDER AGREEMENTS.—Section
4 1866(a)(2)(A) of the Social Security Act (42
5 U.S.C. 1395cc(a)(2)(A)) is amended by insert-
6 ing ''section 1834(aa)(2),'' after ''section
7 1833(b),''.
8 (e) EFFECTIVE DATE.—The amendments made by
9 this section shall apply to items and services furnished on
10 or after the date that is 30 days after the date of the
11 enactment of this Act.

12 **SEC. 4222. RURAL HEALTH QUALITY ADVISORY COMMIS-**
13 **SION AND DEMONSTRATION PROJECTS.**

14 (a) RURAL HEALTH QUALITY ADVISORY COMMIS-
15 SION.—
16 (1) ESTABLISHMENT.—Not later than 6
17 months after the date of the enactment of this sec-
18 tion, the Secretary of Health and Human Services
19 (in this section referred to as the ''Secretary'') shall
20 establish a commission to be known as the ''Rural
21 Health Quality Advisory Commission'' (in this sec-
22 tion referred to as the ''Commission'').
23 (2) DUTIES OF COMMISSION.—
24 (A) NATIONAL PLAN.—The Commission
25 shall develop, coordinate, and facilitate imple-

1 mentation of a national plan for rural health
2 quality improvement. The national plan shall—
3 (i) identify objectives for rural health
4 quality improvement;
5 (ii) identify strategies to eliminate
6 known gaps in rural health system capacity
7 and improve rural health quality; and
8 (iii) provide recommendations for
9 Federal programs to identify opportunities
10 for strengthening and aligning policies and
11 programs to improve rural health quality.
12 (B) DEMONSTRATION PROJECTS.—The
13 Commission shall design demonstration projects
14 to recommend to the Secretary to test alter-
15 native models for rural health quality improve-
16 ment, including with respect to both personal
17 and population health.
18 (C) MONITORING.—The Commission shall
19 monitor progress toward the objectives identi-
20 fied pursuant to subparagraph (A)(i).
21 (3) MEMBERSHIP.—
22 (A) NUMBER.—The Commission shall be
23 composed of 11 members appointed by the Sec-
24 retary.

1 (B) SELECTION.—The Secretary shall se-
2 lect the members of the Commission from
3 among individuals with significant rural health
4 care and health care quality expertise, including
5 expertise in clinical health care, health care
6 quality research, end-of-life care, population or
7 public health, or purchaser organizations.
8 (4) CONTRACTING AUTHORITY.—Subject to the
9 availability of funds, the Commission may enter into
10 contracts and make other arrangements, as may be
11 necessary to carry out the duties described in para-
12 graph (2).
13 (5) STAFF.—Upon the request of the Commis-
14 sion, the Secretary may detail, on a reimbursable
15 basis, any of the personnel of the Office of Rural
16 Health Policy of the Health Resources and Services
17 Administration, the Agency for Healthcare Research
18 and Quality, or the Centers for Medicare & Medicaid
19 Services to the Commission to assist in carrying out
20 this subsection.
21 (6) REPORTS TO CONGRESS.—Not later than 1
22 year after the establishment of the Commission, and
23 annually thereafter, the Commission shall submit a
24 report to the Congress on rural health quality. Each
25 such report shall include the following:

1 (A) An inventory of relevant programs and
2 recommendations for improved coordination and
3 integration of policy and programs.
4 (B) An assessment of achievement of the
5 objectives identified in the national plan devel-
6 oped under paragraph (2) and recommenda-
7 tions for realizing such objectives.
8 (C) Recommendations on Federal legisla-
9 tion, regulations, or administrative policies to
10 enhance rural health quality and outcomes.
11 (b) RURAL HEALTH QUALITY DEMONSTRATION
12 PROJECTS.—
13 (1) IN GENERAL.—Not later than 270 days
14 after the date of the enactment of this section, the
15 Secretary, in consultation with the Rural Health
16 Quality Advisory Commission, the Office of Rural
17 Health Policy of the Health Resources and Services
18 Administration, the Agency for Healthcare Research
19 and Quality, and the Centers for Medicare & Med-
20 icaid Services, shall make grants to eligible entities
21 for a total of 5 demonstration projects to implement
22 and evaluate methods for improving the quality of
23 health care in rural communities. Each such dem-
24 onstration project shall include—
25 (A) alternative community models that—

1 (i) will achieve greater integration of
2 personal and population health services;
3 and
4 (ii) address safety, effectiveness,
5 patient- or community-centeredness, timeli-
6 ness, efficiency, and equity (the 6 aims
7 identified by the National Academy of
8 Medicine (formerly known as the "Institute
9 of Medicine") in its report entitled "Cross-
10 ing the Quality Chasm: A New Health Sys-
11 tem for the 21st Century" released on
12 March 1, 2001);
13 (B) innovative approaches to the financing
14 and delivery of health care services to achieve
15 rural health quality and accessibility goals for
16 patients; and
17 (C) development of quality improvement
18 support structures to assist rural health sys-
19 tems and professionals in the provision of
20 health care (such as workforce support struc-
21 tures, quality monitoring and reporting, clinical
22 care protocols, and information technology ap-
23 plications).

1 (2) ELIGIBLE ENTITIES.—In this subsection,
2 the term ‘‘eligible entity’’ means a consortium
3 that—
4 (A) shall include—
5 (i) at least one health care provider or
6 health care delivery system located in a
7 rural area; and
8 (ii) at least one organization rep-
9 resenting multiple community stakeholders;
10 and
11 (B) may include other partners such as
12 rural research centers.
13 (3) CONSULTATION.—In developing the pro-
14 gram for awarding grants under this subsection, the
15 Secretary shall consult with the Administrator of the
16 Agency for Healthcare Research and Quality, rural
17 health care providers, rural health care researchers,
18 and private and nonprofit groups (including national
19 associations) which are undertaking similar efforts.
20 (4) EXPEDITED WAIVERS.—The Secretary shall
21 expedite the processing of any waiver that—
22 (A) is authorized under title XVIII or XIX
23 of the Social Security Act (42 U.S.C. 1395 et
24 seq.; 42 U.S.C. 1396 et seq.); and

1 (B) is necessary to carry out a demonstra-
2 tion project under this subsection.
3 (5) DEMONSTRATION PROJECT SITES.—The
4 Secretary shall ensure that the 5 demonstration
5 projects funded under this subsection are conducted
6 at a variety of sites representing the diversity of
7 rural communities in the United States.
8 (6) DURATION.—Each demonstration project
9 under this subsection shall be for a period of 4
10 years.
11 (7) INDEPENDENT EVALUATION.—The Sec-
12 retary shall enter into an arrangement with an enti-
13 ty that has experience working directly with rural
14 health systems for the conduct of an independent
15 evaluation of the program carried out under this
16 subsection.
17 (8) REPORT.—Not later than 1 year after the
18 conclusion of all of the demonstration projects fund-
19 ed under this subsection, the Secretary shall submit
20 a report to the Congress on the results of such
21 projects. The report shall include—
22 (A) an evaluation of patient access to care,
23 patient outcomes, and an analysis of the cost-
24 effectiveness of each such project; and

1 (B) recommendations on Federal legisla-
2 tion, regulations, or administrative policies to
3 enhance rural health quality and outcomes.
4 (c) APPROPRIATIONS.—
5 (1) IN GENERAL.—Out of funds in the Treas-
6 ury not otherwise appropriated, there are appro-
7 priated to the Secretary to carry out this section
8 $30,000,000 for the period of fiscal years 2025
9 through 2029.
10 (2) AVAILABILITY.—
11 (A) IN GENERAL.—Except as provided in
12 subparagraph (B), funds appropriated under
13 paragraph (1) shall remain available for ex-
14 penditure through fiscal year 2028.
15 (B) REPORT.—For purposes of carrying
16 out subsection (b)(8), funds appropriated under
17 paragraph (1) shall remain available for ex-
18 penditure through fiscal year 2029.
19 (3) RESERVATION.—Of the amount appro-
20 priated under paragraph (1), the Secretary shall re-
21 serve—
22 (A) $5,000,000 to carry out subsection (a);
23 and
24 (B) $25,000,000 to carry out subsection
25 (b), of which—

1 (i) 2 percent shall be for the provision
2 of technical assistance to grant recipients;
3 and
4 (ii) 5 percent shall be for the inde-
5 pendent evaluation under subsection
6 (b)(7).

7 **SEC. 4223. RURAL HEALTH CARE SERVICES.**

8 Section 330A of the Public Health Service Act (42
9 U.S.C. 254c) is amended to read as follows:

10 **''SEC. 330A. RURAL HEALTH CARE SERVICES OUTREACH,**
11 **RURAL HEALTH NETWORK DEVELOPMENT,**
12 **DELTA RURAL DISPARITIES AND HEALTH**
13 **SYSTEMS DEVELOPMENT, AND SMALL RURAL**
14 **HEALTH CARE PROVIDER QUALITY IMPROVE-**
15 **MENT GRANT PROGRAMS.**

16 ''(a) PURPOSE.—The purpose of this section is to
17 provide for grants—
18 ''(1) under subsection (b), to promote rural
19 health care services outreach;
20 ''(2) under subsection (c), to provide for the
21 planning and implementation of integrated health
22 care networks in rural areas;
23 ''(3) under subsection (d), to assist rural com-
24 munities in the Delta Region to reduce health dis-

1 parities and to promote and enhance health system
2 development; and
3 "(4) under subsection (e), to provide for the
4 planning and implementation of small rural health
5 care provider quality improvement activities.
6 "(b) RURAL HEALTH CARE SERVICES OUTREACH
7 GRANTS.—
8 "(1) GRANTS.—The Director of the Office of
9 Rural Health Policy of the Health Resources and
10 Services Administration (referred to in this section
11 as the 'Director') may award grants to eligible enti-
12 ties to promote rural health care services outreach
13 by expanding the delivery of health care services to
14 include new and enhanced services in rural areas.
15 The Director may award the grants for periods of
16 not more than 3 years.
17 "(2) ELIGIBILITY.—To be eligible to receive a
18 grant under this subsection for a project, an enti-
19 ty—
20 "(A) shall be a rural public or rural non-
21 profit private entity, a facility that qualifies as
22 a rural health clinic under title XVIII of the
23 Social Security Act, a public or nonprofit entity
24 existing exclusively to provide services to mi-
25 grant and seasonal farm workers in rural areas,

1 or a Tribal government whose grant-funded ac-
2 tivities will be conducted within federally recog-
3 nized Tribal areas;

4 ‘‘(B) shall represent a consortium com-
5 posed of members—

6 ‘‘(i) that include 3 or more independ-
7 ently owned health care entities; and

8 ‘‘(ii) that may be nonprofit or for-
9 profit entities; and

10 ‘‘(C) shall not previously have received a
11 grant under this subsection for the same or a
12 similar project, unless the entity is proposing to
13 expand the scope of the project or the area that
14 will be served through the project.

15 ‘‘(3) APPLICATIONS.—To be eligible to receive a
16 grant under this subsection, an eligible entity shall
17 prepare and submit to the Director an application at
18 such time, in such manner, and containing such in-
19 formation as the Director may require, including—

20 ‘‘(A) a description of the project that the
21 eligible entity will carry out using the funds
22 provided under the grant;

23 ‘‘(B) a description of the manner in which
24 the project funded under the grant will meet

1 the health care needs of rural populations in
2 the local community or region to be served;
3 ''(C) a plan for quantifying how health
4 care needs will be met through identification of
5 the target population and benchmarks of service
6 delivery or health status, such as—
7 ''(i) quantifiable measurements of
8 health and health care status improvement
9 for projects focusing on health promotion;
10 or
11 ''(ii) benchmarks of increased access
12 to primary and end-of-life care, including
13 tracking factors such as the number and
14 type of primary and end-of-life care visits,
15 identification of a medical home, or other
16 general measures of such access;
17 ''(D) a description of how the local com-
18 munity or region to be served will be involved
19 in the development and ongoing operations of
20 the project;
21 ''(E) a plan for sustaining the project after
22 Federal support for the project has ended;
23 ''(F) a description of how the project will
24 be evaluated;

1 "(G) the administrative capacity to submit
2 annual performance data electronically as speci-
3 fied by the Director; and
4 "(H) other such information as the Direc-
5 tor determines to be appropriate.
6 "(c) RURAL HEALTH NETWORK DEVELOPMENT
7 GRANTS.—
8 "(1) GRANTS.—
9 "(A) IN GENERAL.—The Director may
10 award rural health network development grants
11 to eligible entities to promote, through planning
12 and implementation, the development of inte-
13 grated health care networks that have combined
14 the functions of the entities participating in the
15 networks in order to—
16 "(i) achieve efficiencies and economies
17 of scale;
18 "(ii) expand access to, coordinate, and
19 improve the quality of the health care de-
20 livery system through development of orga-
21 nizational efficiencies;
22 "(iii) implement health information
23 technology to achieve efficiencies, reduce
24 medical errors, and improve quality;

1 "(iv) coordinate care and manage
2 chronic and terminal illness; and
3 "(v) strengthen the rural health care
4 system as a whole and across all facets of
5 the health care delivery system, including
6 end-of-life care, in such a manner as to
7 show a quantifiable return on investment
8 to the participants in the network.
9 "(B) GRANT PERIODS.—The Director may
10 award such a rural health network development
11 grant—
12 "(i) for a period of 3 years for imple-
13 mentation activities; or
14 "(ii) for a period of 1 year for plan-
15 ning activities to assist in the initial devel-
16 opment of an integrated health care net-
17 work, if the proposed participants in the
18 network do not have a history of collabo-
19 rative efforts and a 3-year grant would be
20 inappropriate.
21 "(2) ELIGIBILITY.—To be eligible to receive a
22 grant under this subsection, an entity—
23 "(A) shall be a rural public or rural non-
24 profit private entity, a facility that qualifies as
25 a rural health clinic under title XVIII of the

1 Social Security Act, a public or nonprofit entity
2 existing exclusively to provide services to mi-
3 grant and seasonal farm workers in rural areas,
4 or a Tribal government whose grant-funded ac-
5 tivities will be conducted within federally recog-
6 nized Tribal areas;
7 ''(B) shall represent a network composed
8 of participants—
9 ''(i) that include 3 or more independ-
10 ently owned health care entities; and
11 ''(ii) that may be nonprofit or for-
12 profit entities; and
13 ''(C) shall not previously have received a
14 grant under this subsection (other than a 1-
15 year grant for planning activities) for the same
16 or a similar project.
17 ''(3) APPLICATIONS.—To be eligible to receive a
18 grant under this subsection, an eligible entity, in
19 consultation with the appropriate State office of
20 rural health or another appropriate State entity,
21 shall prepare and submit to the Director an applica-
22 tion at such time, in such manner, and containing
23 such information as the Director may require, in-
24 cluding—

1 "(A) a description of the project that the
2 eligible entity will carry out using the funds
3 provided under the grant;
4 "(B) an explanation of the reasons why
5 Federal assistance is required to carry out the
6 project;
7 "(C) a description of—
8 "(i) the history of collaborative activi-
9 ties carried out by the participants in the
10 network;
11 "(ii) the degree to which the partici-
12 pants are ready to integrate their func-
13 tions; and
14 "(iii) how the local community or re-
15 gion to be served will benefit from and be
16 involved in the activities carried out by the
17 network;
18 "(D) a description of how the local com-
19 munity or region to be served will experience in-
20 creased access to quality health care services
21 across the continuum of care as a result of the
22 integration activities carried out by the net-
23 work, including a description of—
24 "(i) return on investment for the com-
25 munity and the network members; and

1 "(ii) other quantifiable performance
2 measures that show the benefit of the net-
3 work activities;
4 "(E) a plan for sustaining the project after
5 Federal support for the project has ended;
6 "(F) a description of how the project will
7 be evaluated;
8 "(G) the administrative capacity to submit
9 annual performance data electronically as speci-
10 fied by the Director; and
11 "(H) other such information as the Direc-
12 tor determines to be appropriate.
13 "(d) DELTA RURAL DISPARITIES AND HEALTH SYS-
14 TEMS DEVELOPMENT GRANTS.—
15 "(1) GRANTS.—The Director may award grants
16 to eligible entities to support reduction of health dis-
17 parities, improve access to health care, and enhance
18 rural health system development in the Delta Re-
19 gion.
20 "(2) ELIGIBILITY.—To be eligible to receive a
21 grant under this subsection, an entity shall be a
22 rural public or rural nonprofit private entity, a facil-
23 ity that qualifies as a rural health clinic under title
24 XVIII of the Social Security Act, a public or non-
25 profit entity existing exclusively to provide services

1 to migrant and seasonal farm workers in rural
2 areas, or a Tribal government whose grant-funded
3 activities will be conducted within federally recog-
4 nized Tribal areas.

5 ‘‘(3) APPLICATIONS.—To be eligible to receive a
6 grant under this subsection, an eligible entity shall
7 prepare and submit to the Director an application at
8 such time, in such manner, and containing such in-
9 formation as the Director may require, including—

10 ‘‘(A) a description of the project that the
11 eligible entity will carry out using the funds
12 provided under the grant;

13 ‘‘(B) an explanation of the reasons why
14 Federal assistance is required to carry out the
15 project;

16 ‘‘(C) a description of the manner in which
17 the project funded under the grant will meet
18 the health care needs of the Delta Region;

19 ‘‘(D) a description of how the local com-
20 munity or region to be served will experience in-
21 creased access to quality health care services as
22 a result of the activities carried out by the enti-
23 ty;

1 ''(E) a description of how health disparities will be reduced or the health system will be improved;

4 ''(F) a plan for sustaining the project after Federal support for the project has ended;

6 ''(G) a description of how the project will be evaluated including process and outcome measures related to the quality of care provided or how the health care system improves its performance;

11 ''(H) a description of how the grantee will develop an advisory group made up of representatives of the communities to be served to provide guidance to the grantee to best meet community need; and

16 ''(I) other such information as the Director determines to be appropriate.

18 ''(e) SMALL RURAL HEALTH CARE PROVIDER QUALITY IMPROVEMENT GRANTS.—

20 ''(1) GRANTS.—The Director may award grants to provide for the planning and implementation of small rural health care provider quality improvement activities. The Director may award the grants for periods of 1 to 3 years.

1 "(2) ELIGIBILITY.—To be eligible for a grant
2 under this subsection, an entity—
3 "(A) shall be—
4 "(i) a rural public or rural nonprofit
5 private health care provider or provider of
6 health care services, such as a rural health
7 clinic; or
8 "(ii) another rural provider or net-
9 work of small rural providers identified by
10 the Director as a key source of local care;
11 and
12 "(B) shall not previously have received a
13 grant under this subsection for the same or a
14 similar project.
15 "(3) PREFERENCE.—In awarding grants under
16 this subsection, the Director shall give preference to
17 facilities that qualify as rural health clinics under
18 title XVIII of the Social Security Act.
19 "(4) APPLICATIONS.—To be eligible to receive a
20 grant under this subsection, an eligible entity shall
21 prepare and submit to the Director an application at
22 such time, in such manner, and containing such in-
23 formation as the Director may require, including—

1 "(A) a description of the project that the
2 eligible entity will carry out using the funds
3 provided under the grant;
4 "(B) an explanation of the reasons why
5 Federal assistance is required to carry out the
6 project;
7 "(C) a description of the manner in which
8 the project funded under the grant will assure
9 continuous quality improvement in the provision
10 of services by the entity;
11 "(D) a description of how the local com-
12 munity or region to be served will experience in-
13 creased access to quality health care services as
14 a result of the activities carried out by the enti-
15 ty;
16 "(E) a plan for sustaining the project after
17 Federal support for the project has ended;
18 "(F) a description of how the project will
19 be evaluated including process and outcome
20 measures related to the quality of care pro-
21 vided; and
22 "(G) other such information as the Direc-
23 tor determines to be appropriate.
24 "(f) GENERAL REQUIREMENTS.—

1 "(1) PROHIBITED USES OF FUNDS.—An entity
2 that receives a grant under this section may not use
3 funds provided through the grant—
4 "(A) to build or acquire real property; or
5 "(B) for construction.
6 "(2) COORDINATION WITH OTHER AGENCIES.—
7 The Director shall coordinate activities carried out
8 under grant programs described in this section, to
9 the extent practicable, with Federal and State agen-
10 cies and nonprofit organizations that are operating
11 similar grant programs, to maximize the effect of
12 public dollars in funding meritorious proposals.
13 "(g) REPORT.—Not later than September 30, 2025,
14 the Secretary shall prepare and submit to the appropriate
15 committees of Congress a report on the progress and ac-
16 complishments of the grant programs described in sub-
17 sections (b), (c), (d), and (e).
18 "(h) DEFINITION OF DELTA REGION.—In this sec-
19 tion, the term 'Delta Region' has the meaning given to
20 the term 'region' in section 382A of the Consolidated
21 Farm and Rural Development Act (7 U.S.C. 2009aa).
22 "(i) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated to carry out this section
24 such sums as may be necessary for each of fiscal years
25 2025 through 2028.".

1 **PART 3—INDIAN COMMUNITIES**

2 **SEC. 4231. ASSISTANT SECRETARY OF THE INDIAN HEALTH**
3 **SERVICE.**

4 (a) REFERENCES.—Any reference in a law, regula-
5 tion, document, paper, or other record of the United
6 States to the Director of the Indian Health Service shall
7 be deemed to be a reference to the Assistant Secretary
8 of the Indian Health Service.

9 (b) EXECUTIVE SCHEDULE.—Section 5315 of title 5,
10 United States Code, is amended, in the matter relating
11 to the Assistant Secretaries of Health and Human Serv-
12 ices, by striking ''(6)'' and inserting ''(7), 1 of whom shall
13 be the Assistant Secretary of the Indian Health Service''.

14 (c) CONFORMING AMENDMENT.—Section 5316 of
15 title 5, United States Code, is amended by striking ''Direc-
16 tor, Indian Health Service, Department of Health and
17 Human Services.''.

18 **SEC. 4232. EXTENSION OF FULL FEDERAL MEDICAL ASSIST-**
19 **ANCE PERCENTAGE TO INDIAN HEALTH**
20 **CARE PROVIDERS.**

21 Section 1905(a)(9) of the Social Security Act (42
22 U.S.C. 1396d(a)(9)) is amended to read as follows:

23 ''(9) clinic services furnished by or under the
24 direction of a physician, without regard to whether
25 the clinic itself is administered by a physician, in-
26 cluding—

1 "(A) such services furnished outside the
2 clinic by clinic personnel to an eligible indi-
3 vidual who does not reside in a permanent
4 dwelling or does not have a fixed home or mail-
5 ing address; and

6 "(B) such services furnished outside the
7 clinic by any Indian Health Service facility, a
8 health program or facility operated by a tribe or
9 tribal organization under the Indian Self-Deter-
10 mination Act (Public Law 93–638), or an
11 urban Indian organization receiving funds
12 under title V of the Indian Health Care Im-
13 provement Act;".

14 **SEC. 4233. CONFERRING WITH URBAN INDIAN ORGANIZA-**
15 **TIONS.**

16 Section 514 of the Indian Health Care Improvement
17 Act (25 U.S.C. 1660d) is amended by striking subsection
18 (b) and inserting the following:

19 "(b) REQUIREMENT.—The Secretary shall ensure
20 that the Service and other agencies and offices of the De-
21 partment and the Department of Veterans Affairs confer,
22 to the maximum extent practicable, with urban Indian or-
23 ganizations in carrying out—

24 "(1) this Act; and

1 "(2) other provisions of law relating to Indian
2 health care.".

3 ## PART 4—PROVIDERS

4 **SEC. 4241. AVAILABILITY OF NON-ENGLISH LANGUAGE**
5 **SPEAKING PROVIDERS.**

6 (a) IN GENERAL.—Section 1311(c)(1)(B) of the Pa-
7 tient Protection and Affordable Care Act (42 U.S.C.
8 18031(c)(1)(B)) is amended by inserting before the semi-
9 colon the following: "and the ability of such provider to
10 provide care in a language other than English either
11 through the provider speaking such language or by the
12 provider having a qualified interpreter for an individual
13 with limited English proficiency (as defined in section
14 3400 of such Act) who speaks such language available
15 during office hours".

16 (b) EFFECTIVE DATE.—The amendment made by
17 subsection (a) shall not apply to any plan beginning on
18 or prior to the date that is 1 year after the date of the
19 enactment of this Act.

20 **SEC. 4242. ACCESS TO ESSENTIAL COMMUNITY PROVIDERS.**

21 (a) ESSENTIAL COMMUNITY PROVIDERS.—Section
22 1311(c)(1)(C) of the Patient Protection and Affordable
23 Care Act (42 U.S.C. 18031(c)(1)(C)) is amended—
24 (1) by inserting "(i)" after "(C)"; and

1 (2) by adding at the end the following new
2 clauses:
3 "(ii) not later than January 1, 2025, in-
4 crease the percentage of essential community
5 providers as described in clause (i) included in
6 its network by 10 percent annually (based on
7 the level in the plan for 2023) until 90 percent
8 of all federally qualified health centers and 75
9 percent of all other such essential community
10 providers in the contract service area are in-net-
11 work; and
12 "(iii) include at least one essential commu-
13 nity provider in each of the essential community
14 provider categories described in section
15 156.235(a)(2)(ii)(B) of title 45, Code of Fed-
16 eral Regulations (as in effect on the date of en-
17 actment of the Health Equity and Account-
18 ability Act of 2024), in each county in the serv-
19 ice area, where available;".
20 (b) REPORTING REQUIREMENTS.—Section
21 1311(e)(3) of the Patient Protection and Affordable Care
22 Act (42 U.S.C. 18031(e)(3)) is amended by adding at the
23 end the following new subparagraph:
24 "(E) DATA ON ESSENTIAL COMMUNITY
25 PROVIDERS.—The Secretary shall require quali-

1 fied health plans to submit annually to the Sec-
2 retary data on the percentage of essential com-
3 munity providers as described in clause (ii) of
4 subsection (c)(1)(C), by county, that contract
5 with each qualified health plan offered in that
6 county and the percentage of such essential
7 community providers, by category as described
8 in clause (iii) of such subsection, that contract
9 with each qualified health plan offered in that
10 county. Such data shall be made available to
11 the general public.''.

12 (c) ESSENTIAL COMMUNITY PROVIDER PROVISIONS
13 APPLIED UNDER MEDICARE AND MEDICAID.—

14 (1) MEDICARE.—Section 1852(d)(1) of the So-
15 cial Security Act (42 U.S.C. 1395w–22(d)(1)) is
16 amended—

17 (A) by striking ''and'' at the end of sub-
18 paragraph (D);

19 (B) by striking the period at the end of
20 subparagraph (E) and inserting ''; and''; and

21 (C) by adding at the end the following new
22 subparagraph:

23 ''(F) the plan meets the requirements of
24 clauses (ii) and (iii) of section 1311(c)(1)(C) of
25 the Patient Protection and Affordable Care Act

1 (relating to inclusion in networks of essential
2 community providers).''.
3 (2) MEDICAID.—Section 1932(b)(5) of the So-
4 cial Security Act (42 U.S.C. 1396u–2(b)(5)) is
5 amended—
6 (A) by striking ''and'' at the end of sub-
7 paragraph (A);
8 (B) by striking the period at the end of
9 subparagraph (B) and inserting ''; and''; and
10 (C) by adding at the end the following new
11 subparagraph:
12 ''(C) meets the requirements of clauses (ii)
13 and (iii) of section 1311(c)(1)(C) of the Patient
14 Protection and Affordable Care Act (relating to
15 inclusion in networks of essential community
16 providers) with respect to services offered in the
17 service area involved.''.

18 **SEC. 4243. PROVIDER NETWORK ADEQUACY IN COMMU-**
19 **NITIES OF COLOR.**

20 (a) IN GENERAL.—Section 1311(c)(1)(B) of the Pa-
21 tient Protection and Affordable Care Act (42 U.S.C.
22 18031(c)(1)(B)), as amended by section 4241(a), is fur-
23 ther amended—
24 (1) by inserting ''(i)'' after ''(B)''; and

1 (2) by adding at the end the following new
2 clauses:
3 "(ii) meet such network adequacy stand-
4 ards as the Secretary may establish with regard
5 to—
6 "(I) appointment wait time;
7 "(II) travel time and distance to
8 health care provider facilities and providers
9 by public and private transit;
10 "(III) hours of operation to accommo-
11 date individuals who cannot come to pro-
12 vider appointments during standard busi-
13 ness hours;
14 "(IV) availability of health care op-
15 tions for patients; and
16 "(V) other network adequacy stand-
17 ards to ensure that care through these
18 plans is accessible to diverse communities,
19 including individuals with limited English
20 proficiency as defined in section 3400 of
21 such Act; and
22 "(iii) provide coverage for services for en-
23 rollees through out-of-network providers at no
24 additional cost to the enrollees in cases where
25 in-network providers are unable to comply with

1 the standards established under subclause (III)
2 or (IV) of clause (ii) for such services and the
3 out-of-network providers can deliver such serv-
4 ices in compliance with such standards;''.

5 (b) EFFECTIVE DATE.—The amendments made by
6 subsection (a) shall not apply to plans beginning on or
7 prior to the date that is 1 year after the date of the enact-
8 ment of the Health Equity and Accountability Act of
9 2024.

10 **PART 5—DENTAL**

11 **SEC. 4251. IMPROVING ACCESS TO DENTAL CARE.**

12 (a) REPORTS TO CONGRESS.—

13 (1) GAO REPORTS.—Not later than 1 year
14 after the date of the enactment of this Act, the
15 Comptroller General of the United States shall sub-
16 mit to Congress—

17 (A) a report on the Alaska Dental Health
18 Aide Therapists program and the Dental Ther-
19 apist and Advanced Dental Therapist programs
20 in Minnesota, to assess the effectiveness of den-
21 tal therapists in—

22 (i) improving access to timely dental
23 care among communities of color;

24 (ii) providing high-quality care;

1 (iii) providing culturally competent
2 care; and
3 (iv) providing accessible care to people
4 with disabilities;
5 (B) a report on State variations in the use
6 of dental hygienists and the effectiveness of ex-
7 panding the scope of practice for dental hygien-
8 ists in—
9 (i) improving access to timely dental
10 care among communities of color;
11 (ii) providing high-quality care;
12 (iii) providing culturally competent
13 care; and
14 (iv) providing accessible care to people
15 with disabilities; and
16 (C) a report on the use of telehealth serv-
17 ices to enhance services provided by dental hy-
18 gienists and therapists, including recommenda-
19 tions for any modifications to the Medicare pro-
20 gram under title XVIII of the Social Security
21 Act (42 U.S.C. 1395 et seq.) and the Medicaid
22 program under title XIX of such Act (42
23 U.S.C. 1396 et seq.) to better provide for tele-
24 health consultations in conjunction with thera-
25 pists' and hygienists' care.

1 (2) HRSA REPORT ON DENTAL SHORTAGE
2 AREAS.—Not later than 1 year after the date of the
3 enactment of this Act, the Secretary of Health and
4 Human Services, acting through the Administrator
5 of the Health Resources and Services Administra-
6 tion, shall submit to Congress a report which details
7 geographic dental access shortages and the pre-
8 paredness of dental providers to offer culturally and
9 linguistically appropriate, affordable, accessible, and
10 timely services.
11 (b) EXPANSION OF DENTAL HEALTH AID THERA-
12 PISTS IN TRIBAL AND URBAN INDIAN COMMUNITIES.—
13 Section 119 of the Indian Health Care Improvement Act
14 (25 U.S.C. 1616l) is amended—
15 (1) in subsection (d)—
16 (A) by striking paragraph (2) and insert-
17 ing the following:
18 ''(2) REQUIREMENTS; EXCLUSION.—Subject to
19 paragraphs (3) and (4), in establishing a national
20 program under paragraph (1), the Secretary—
21 ''(A) shall not reduce the amounts pro-
22 vided for the Community Health Aide Program
23 described in subsections (a) and (b);

1 "(B) shall exclude dental health aide thera-
2 pist services from services covered under that
3 Program; and
4 "(C) shall include urban Indian organiza-
5 tions."; and
6 (B) in paragraph (3)—
7 (i) in the paragraph heading, by strik-
8 ing "OR TRIBAL ORGANIZATION" and in-
9 serting ", TRIBAL ORGANIZATION, OR
10 URBAN INDIAN ORGANIZATION"; and
11 (ii) in each of subparagraphs (A) and
12 (B), by striking "or tribal organization"
13 and inserting ", tribal organization, or
14 urban Indian organization"; and
15 (2) in subsection (e), by striking "or a tribal or-
16 ganization" and inserting "a tribal organization, or
17 an urban Indian organization".
18 (c) COVERAGE OF DENTAL SERVICES UNDER THE
19 MEDICARE PROGRAM.—
20 (1) COVERAGE.—Section 1861(s)(2) of the So-
21 cial Security Act (42 U.S.C. 1395x(s)(2)) is amend-
22 ed—
23 (A) in subparagraph (JJ), by inserting
24 "and" at the end; and

1 (B) by adding at the end the following new
2 subparagraph:
3 "(KK) dental and oral health services (as de-
4 fined in subsection (ppp));".
5 (2) DENTAL AND ORAL HEALTH SERVICES DE-
6 FINED.—Section 1861 of the Social Security Act (42
7 U.S.C. 1395x), as amended by sections 2007(b) and
8 4221(a), is amended by adding at the end the fol-
9 lowing new subsection:
10 "Dental and Oral Health Services
11 "(ppp)(1) The term 'dental and oral health services'
12 means services (as defined by the Secretary) that are nec-
13 essary to prevent disease and promote oral health, restore
14 oral structures to health and function, and treat emer-
15 gency conditions, including—
16 "(A) routine diagnostic and preventive care
17 such as dental cleanings, exams, and x-rays;
18 "(B) basic dental services such as fillings and
19 extractions;
20 "(C) major dental services such as root canals,
21 crowns, and dentures;
22 "(D) emergency dental care; and
23 "(E) other necessary services related to dental
24 and oral health (as defined by the Secretary).

1 "(2) For purposes of paragraph (1), such term shall
2 include mobile and portable oral health services (as de-
3 fined by the Secretary) that—

4 "(A) are provided for the purpose of over-
5 coming mobility, transportation, and access barriers
6 for individuals; and

7 "(B) satisfy the standards and certification re-
8 quirements established under section 1902(a)(82)
9 for the State in which the services are provided.".

10 (3) PAYMENT AND COINSURANCE.—Section
11 1833(a)(1) of the Social Security Act (42 U.S.C.
12 1395l(a)(1)) is amended—

13 (A) by striking "and" before "(HH)"; and

14 (B) by inserting before the semicolon at
15 the end the following: "and (II) with respect to
16 dental and oral health services (as defined in
17 section 1861(ppp)), the amount paid shall be (i)
18 in the case of such services that are preventive,
19 100 percent of the lesser of the actual charge
20 for the services or the amount determined
21 under the payment basis determined under sec-
22 tion 1848, and (ii) in the case of all other such
23 services, 80 percent of the lesser of the actual
24 charge for the services or the amount deter-

1 mined under the payment basis determined
2 under section 1848''.
3 (4) PAYMENT UNDER PHYSICIAN FEE SCHED-
4 ULE.—Section 1848(j)(3) of the Social Security Act
5 (42 U.S.C. 1395w–4(j)(3)) is amended by inserting
6 '', (2)(KK),'' after ''(including administration of the
7 health risk assessment)''.
8 (5) DENTURES.—Section 1861(s)(8) of the So-
9 cial Security Act (42 U.S.C. 1395x(s)(8)) is amend-
10 ed—
11 (A) by striking ''(other than dental)'' and
12 inserting ''(including dentures)''; and
13 (B) by striking ''internal body''.
14 (6) REPEAL OF GROUND FOR EXCLUSION.—
15 Section 1862(a) of the Social Security Act (42
16 U.S.C. 1395y) is amended by striking paragraph
17 (12).
18 (7) EFFECTIVE DATE.—The amendments made
19 by this section shall apply to services furnished on
20 or after January 1, 2026.
21 (d) REQUIRING MEDICAID COVERAGE OF DENTAL
22 AND ORAL HEALTH SERVICES FOR ADULTS.—
23 (1) IN GENERAL.—
24 (A) MANDATORY COVERAGE.—
25 (i) IN GENERAL.—

1 (I) REQUIREMENT.—Section
2 1902(a)(10)(A) of the Social Security
3 Act (42 U.S.C. 1396a(a)(10)(A)) is
4 amended by inserting ''(10),'' before
5 ''(13)(B),''.
6 (II) MEDICALLY NEEDY.—
7 (aa) IN GENERAL.—Section
8 1902(a)(10)(C)(iv) of such Act
9 (42 U.S.C. 1396a(a)(10)(C)(iv))
10 is amended by inserting ''(10),''
11 before ''(13)(B)''.
12 (bb) RULE OF CONSTRUC-
13 TION.—Nothing in this section or
14 the amendments made by this
15 section shall be construed to limit
16 the access of an individual resid-
17 ing in an institutional setting to
18 dental and oral health services
19 (as such term is defined in sec-
20 tion 1905(ll) of the Social Secu-
21 rity Act, as added by paragraph
22 (2)(B)).
23 (III) EFFECTIVE DATE.—The
24 amendments made by clauses (i) and
25 (ii) shall apply with respect to expend-

1 itures for medical assistance in cal-
2 endar quarters beginning on or after
3 January 1, 2026.
4 (ii) BENCHMARK COVERAGE.—Section
5 1937(b)(5) of the Social Security Act (42
6 U.S.C. 1396u–7(b)(5)) is amended by
7 striking the period and inserting '', and,
8 beginning January 1, 2026, coverage of
9 dental and oral health services (as such
10 term is defined in section 1905(ll)).''.
11 (iii) OPTIONAL APPLICATION TO TER-
12 RITORIES.—Section 1902(j) of the Social
13 Security Act (42 U.S.C. 1396a(j)) is
14 amended—
15 (I) by striking ''this title, the
16 Secretary'' and inserting ''this title—
17 ''(1) in the case of a State other than the 50
18 States and the District of Columbia the requirement
19 under subsection (a)(10)(A) to provide the care and
20 services listed in paragraph (10) of section 1905(a)
21 shall be optional; and
22 ''(2) the Secretary''; and
23 (II) by striking the second
24 comma after ''section 1108(f)''.

1 (B) DEFINITION OF DENTAL AND ORAL
2 HEALTH SERVICES.—Section 1905 of the Social
3 Security Act (42 U.S.C. 1396d), as amended by
4 section 4107(c), is amended—
5 (i) in subsection (a)(10), by inserting
6 ''and dental and oral health services (as
7 defined in subsection (ll))'' after ''dental
8 services''; and
9 (ii) by adding at the end the following
10 new subsection:
11 ''(ll) DENTAL AND ORAL HEALTH SERVICES.—For
12 purposes of subsection (a)(10), the term 'dental and oral
13 health services' means dentures and denture services, im-
14 plants and implant services, and services necessary to pre-
15 vent oral disease and promote oral health, restore oral
16 structures to health and function, reduce oral pain, and
17 treat emergency oral conditions, that are furnished by a
18 provider who is legally authorized to furnish such items
19 and services under State law (or the State regulatory
20 mechanism provided by State law).''.
21 (C) CONFORMING AMENDMENT.—
22 (i) IN GENERAL.—Section
23 1905(a)(10) of the Social Security Act (42
24 U.S.C. 1396d(a)(10)), as amended by

1 paragraph (2), is amended by striking
2 "dental services and".
3 (ii) EFFECTIVE DATE.—The amend-
4 ment made by subparagraph (A) shall take
5 effect on January 1, 2026.
6 (2) STATE OPTION FOR ADDITIONAL DENTAL
7 AND ORAL HEALTH BENEFITS.—Section
8 1905(a)(13) of the Social Security Act (42 U.S.C.
9 1396d(a)(13)) is amended by inserting the following
10 new subparagraph after subparagraph (C):
11 "(D) at State option, such items and serv-
12 ices related to dental and oral health services
13 (as defined in subsection (ll)) that are in addi-
14 tion to those identified in such subsection (ll) as
15 the State may specify;".
16 (3) INCREASED FMAP.—
17 (A) MEDICAID.—Section 1905 of the So-
18 cial Security Act (42 U.S.C. 1396d), as amend-
19 ed by paragraph (1), is further amended—
20 (i) in subsection (b), by striking "and
21 (kk)" and inserting "(kk), and (mm)";
22 (ii) in subsection (ff), by striking
23 "and (ii)" and inserting ", (ii), and
24 (mm)"; and

1 (iii) by adding at the end the fol-
2 lowing new subsection:
3 "(mm) INCREASED FMAP FOR EXPENDITURES RE-
4 LATED TO DENTAL AND ORAL HEALTH SERVICES.—
5 "(1) IN GENERAL.—
6 "(A) 50 STATES AND DC.—Notwith-
7 standing subsection (b), in the case of a State
8 that is 1 of the 50 States or the District of Co-
9 lumbia, during the 12-quarter period that be-
10 gins on January 1, 2026, the Federal medical
11 assistance percentage shall be equal to 100 per-
12 cent with respect to amounts expended by the
13 State for medical assistance for dental and oral
14 health services authorized under paragraph (10)
15 of subsection (a). In no case may the applica-
16 tion of this subparagraph result in the Federal
17 medical assistance percentage determined for a
18 State with respect to expenditures described in
19 this subparagraph exceeding 100 percent.
20 "(B) TERRITORIES.—
21 "(i) IN GENERAL.—Notwithstanding
22 subsection (b), in the case of a State that
23 is Puerto Rico, the Virgin Islands, Guam,
24 the Northern Mariana Islands, or Amer-
25 ican Samoa, during a period described in

1 clause (ii), the Federal medical assistance
2 percentage shall be equal to 100 percent
3 with respect to amounts expended by the
4 State for medical assistance for any item
5 or service that is included in dental and
6 oral health services authorized under para-
7 graph (10) of subsection (a). In no case
8 may the application of this clause result in
9 the Federal medical assistance percentage
10 determined for a State with respect to ex-
11 penditures described in this clause exceed-
12 ing 100 percent.

13 "(ii) PERIOD DESCRIBED.—A period
14 described in this clause is, with respect to
15 an item or service described in clause (i)
16 and a State described in such clause, the
17 12-quarter period that begins with the first
18 quarter beginning on or after January 1,
19 2026, in which such item or service is first
20 covered under the State plan or under a
21 waiver of such plan.

22 "(2) EXCLUSIONS.—The Federal medical as-
23 sistance percentage specified in paragraph (1) shall
24 not apply to amounts expended for medical assist-
25 ance during any period for—

1 "(A) additional items and services authorized under paragraph (13)(D) of subsection (a); or

4 "(B) items and services furnished to an individual if, as of the date of enactment of this subsection, medical assistance was available to such individual for such items and services or medicare cost-sharing under the State plan or a waiver of such plan.".

10 (B) EXCLUSION OF AMOUNTS ATTRIBUTABLE TO INCREASED FMAP FROM TERRITORIAL CAPS.—Section 1108 of the Social Security Act (42 U.S.C. 1308), as amended by section 4101, is amended—

15 (i) in subsection (f), in the matter preceding paragraph (1), by striking "(h), and (j)" and inserting "(h), (j), and (k)"; and

19 (ii) by adding at the end the following:

21 "(k) EXCLUSION FROM CAPS OF AMOUNTS ATTRIBUTABLE TO INCREASED FMAP FOR COVERAGE OF DENTAL AND ORAL HEALTH SERVICES.—Any additional amount paid to Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa for

1 expenditures for medical assistance that is attributable to
2 an increase in the Federal medical assistance percentage
3 applicable to such expenditures under section 1905(mm)
4 shall not be taken into account for purposes of applying
5 payment limits under subsections (f) and (g).''.

6 (e) ORAL HEALTH SERVICES AS AN ESSENTIAL
7 HEALTH BENEFIT.—Section 1302(b) of the Patient Pro-
8 tection and Affordable Care Act (42 U.S.C. 18022(b)), as
9 amended by section 2013(a), is further amended—

10 (1) in paragraph (1)—

11 (A) in subparagraph (J), by striking ''oral
12 and''; and

13 (B) by adding at the end the following:

14 ''(L) Oral health services for children and
15 adults.''; and

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

17 ''(6) ORAL HEALTH SERVICES.—For purposes
18 of paragraph (1)(L), the term 'oral health services'
19 means services (as defined by the Secretary) that
20 are necessary to prevent any oral disease and pro-
21 mote oral health, restore oral structures to health
22 and function, and treat emergency oral conditions.''.

23 (f) DEMONSTRATION PROGRAM ON TRAINING AND
24 EMPLOYMENT OF ALTERNATIVE DENTAL HEALTH CARE
25 PROVIDERS FOR DENTAL HEALTH CARE SERVICES FOR

1 VETERANS IN RURAL AND OTHER UNDERSERVED COM-
2 MUNITIES.—

3 (1) DEMONSTRATION PROGRAM AUTHORIZED.—
4 The Secretary of Veterans Affairs may carry out a
5 demonstration program to establish programs to
6 train and employ alternative dental health care pro-
7 viders in order to increase access to dental health
8 care services for veterans who are entitled to such
9 services from the Department of Veterans Affairs
10 and reside in rural and other underserved commu-
11 nities.

12 (2) TELEHEALTH.—For purposes of alternative
13 dental health care providers and other dental care
14 providers who are licensed to provide clinical care,
15 dental services provided under the demonstration
16 program under this subsection may be administered
17 by such providers through telehealth-enabled collabo-
18 ration and supervision when appropriate and fea-
19 sible.

20 (3) ALTERNATIVE DENTAL HEALTH CARE PRO-
21 VIDERS DEFINED.—In this subsection, the term ''al-
22 ternative dental health care providers'' has the
23 meaning given that term in section 340G–1(a)(2) of
24 the Public Health Service Act (42 U.S.C. 256g–
25 1(a)(2)).

1 (4) AUTHORIZATION OF APPROPRIATIONS.—
2 There are authorized to be appropriated such sums
3 as are necessary to carry out the demonstration pro-
4 gram under this subsection.
5 (g) DEMONSTRATION PROGRAM ON TRAINING AND
6 EMPLOYMENT OF ALTERNATIVE DENTAL HEALTH CARE
7 PROVIDERS FOR DENTAL HEALTH CARE SERVICES FOR
8 MEMBERS OF THE ARMED FORCES AND DEPENDENTS
9 LACKING READY ACCESS TO SUCH SERVICES.—
10 (1) DEMONSTRATION PROGRAM AUTHORIZED.—
11 The Secretary of Defense may carry out a dem-
12 onstration program to establish programs to train
13 and employ alternative dental health care providers
14 in order to increase access to dental health care
15 services for members of the Armed Forces and their
16 dependents who lack ready access to such services,
17 including the following individuals:
18 (A) Members and dependents who reside in
19 rural areas or areas otherwise underserved by
20 dental health care providers.
21 (B) Members of a reserve component of
22 the Armed Forces in active status who are po-
23 tentially deployable.
24 (2) TELEHEALTH.—For purposes of alternative
25 dental health care providers and other dental care

1 providers who are licensed to provide clinical care,
2 dental services provided under the demonstration
3 program under this subsection may be administered
4 by such providers through telehealth-enabled collabo-
5 ration and supervision when appropriate and fea-
6 sible.

7 (3) DEFINITIONS.—In this subsection:

8 (A) ACTIVE STATUS.—The term ''active
9 status'' has the meaning given that term in sec-
10 tion 101(d) of title 10, United States Code.

11 (B) ALTERNATIVE DENTAL HEALTH CARE
12 PROVIDERS.—The term ''alternative dental
13 health care providers'' has the meaning given
14 that term in section 340G–1(a)(2) of the Public
15 Health Service Act (42 U.S.C. 256g–1(a)(2)).

16 (4) AUTHORIZATION OF APPROPRIATIONS.—
17 There are authorized to be appropriated such sums
18 as are necessary to carry out the demonstration pro-
19 gram under this subsection.

20 (h) DEMONSTRATION PROGRAM ON TRAINING AND
21 EMPLOYMENT OF ALTERNATIVE DENTAL HEALTH CARE
22 PROVIDERS FOR DENTAL HEALTH CARE SERVICES FOR
23 PRISONERS WITHIN THE CUSTODY OF THE BUREAU OF
24 PRISONS.—

1 (1) DEMONSTRATION PROGRAM AUTHORIZED.—
2 The Attorney General, acting through the Director
3 of the Bureau of Prisons, may carry out a dem-
4 onstration program to establish programs to train
5 and employ alternative dental health care providers
6 in order to increase access to dental health services
7 for prisoners within the custody of the Bureau of
8 Prisons.

9 (2) TELEHEALTH.—For purposes of alternative
10 dental health care providers and other dental care
11 providers who are licensed to provide clinical care,
12 dental services provided under the demonstration
13 program under this subsection may be administered
14 by such providers through telehealth-enabled collabo-
15 ration and supervision when appropriate and fea-
16 sible.

17 (3) ALTERNATIVE DENTAL HEALTH CARE PRO-
18 VIDERS DEFINED.—In this subsection, the term ''al-
19 ternative dental health care providers'' has the
20 meaning given that term in section 340G–1(a)(2) of
21 the Public Health Service Act (42 U.S.C. 256g–
22 1(a)(2)).

23 (4) AUTHORIZATION OF APPROPRIATIONS.—
24 There are authorized to be appropriated such sums

1 as are necessary to carry out the demonstration pro-
2 gram under this subsection.

3 (i) DEMONSTRATION PROGRAM ON TRAINING AND
4 EMPLOYMENT OF ALTERNATIVE DENTAL HEALTH CARE
5 PROVIDERS FOR DENTAL HEALTH CARE SERVICES
6 UNDER THE INDIAN HEALTH SERVICE.—

7 (1) DEMONSTRATION PROGRAM AUTHORIZED.—
8 The Secretary of Health and Human Services, act-
9 ing through the Indian Health Service, may carry
10 out a demonstration program to establish programs
11 to train and employ alternative dental health care
12 providers in order to help eliminate oral health dis-
13 parities and increase access to dental services
14 through health programs operated by the Indian
15 Health Service, Indian tribes, tribal organizations,
16 and Urban Indian organizations.

17 (2) TELEHEALTH.—For purposes of alternative
18 dental health care providers and other dental care
19 providers who are licensed to provide clinical care,
20 dental services provided under the demonstration
21 program under this subsection may be administered
22 by such providers through telehealth-enabled collabo-
23 ration and supervision when appropriate and fea-
24 sible.

25 (3) DEFINITIONS.—In this subsection:

1 (A) ALTERNATIVE DENTAL HEALTH CARE
2 PROVIDERS DEFINED.—The term ''alternative
3 dental health care providers'' has the meaning
4 given that term in section 340G–1(a)(2) of the
5 Public Health Service Act (42 U.S.C. 256g–
6 1(a)(2)).
7 (B) INDIAN HEALTH CARE IMPROVEMENT
8 ACT.—The terms ''Indian tribe'', ''tribal organi-
9 zation'', and ''Urban Indian organization'' have
10 the meaning given the terms in section 4 of the
11 Indian Health Care Improvement Act (25
12 U.S.C. 1603).
13 (4) AUTHORIZATION OF APPROPRIATIONS.—
14 There are authorized to be appropriated such sums
15 as are necessary to carry out the demonstration pro-
16 gram under this subsection.

17 **SEC. 4252. ORAL HEALTH LITERACY AND AWARENESS CAM-**
18 **PAIGN.**

19 The Public Health Service Act is amended by insert-
20 ing after section 340G–1 of such Act (42 U.S.C. 256g–
21 1) the following:

22 **''SEC. 340G–2. ORAL HEALTH LITERACY AND AWARENESS.**

23 ''(a) CAMPAIGN.—The Secretary, acting through the
24 Administrator of the Health Resources and Services Ad-
25 ministration, shall establish a public education campaign

1 (referred to in this subsection as the 'campaign') across
2 all relevant programs of the Health Resources and Serv-
3 ices Administration (including the health center program,
4 oral health workforce programs, maternal and child health
5 programs, the Ryan White HIV/AIDS Program, and rural
6 health programs) to increase oral health literacy and
7 awareness.

8 "(b) STRATEGIES.—In carrying out the campaign,
9 the Secretary shall identify oral health literacy and aware-
10 ness strategies that are evidence based and focused on oral
11 health care education, including education on prevention
12 of oral disease such as early childhood and other caries,
13 periodontal disease, and oral cancer.

14 "(c) FOCUS.—The Secretary shall design the cam-
15 paign to communicate directly with specific populations,
16 including children, pregnant women, parents, the elderly,
17 individuals with disabilities, and ethnic and racial minority
18 populations, including Indians, Alaska Natives, and Na-
19 tive Hawaiians, in a culturally and linguistically appro-
20 priate manner.

21 "(d) OUTCOMES.—In carrying out the campaign, the
22 Secretary shall include a process for measuring outcomes
23 and effectiveness.

24 "(e) REPORT TO CONGRESS.—Not later than 3 years
25 after the date of enactment of this section, the Secretary

shall 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 the outcomes and effectiveness of the campaign.

"(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $750,000 for each of fiscal years 2025 through 2029.".

**SEC. 4253. ENSURING KIDS HAVE ACCESS TO MEDICALLY NECESSARY DENTAL CARE ACT.**

(a) PROHIBITION OF LIFETIME OR ANNUAL LIMITS ON DENTAL BENEFITS UNDER THE CHILDREN'S HEALTH INSURANCE PROGRAM.—

(1) IN GENERAL.—Section 2103(c)(6) of the Social Security Act (42 U.S.C. 1397cc(c)(6)) is amended—

(A) in subparagraph (A), by inserting ", subject to subparagraph (D)," after "shall include";

(B) in subparagraph (B), by striking "A State" and inserting "Subject to subparagraph (D), a State"; and

(C) by adding at the end the following new subparagraph:

1 "(D) NO LIFETIME OR ANNUAL LIMITS ON
2 DENTAL BENEFITS.—A State shall not establish
3 lifetime or annual limits on the dollar value of
4 benefits for dental services provided under the
5 State child health plan to a targeted low-income
6 child, and, in the case that the State elects to
7 provide pregnancy-related assistance pursuant
8 to section 2112, to a targeted low-income preg-
9 nant woman (as defined in section 2112(d)), in-
10 cluding benefits for such services that are pro-
11 vided through dental coverage that is otherwise
12 equivalent to a benchmark dental package de-
13 scribed in subparagraph (C).".
14 (2) EFFECTIVE DATE.—The amendments made
15 by this subsection shall take effect on the date that
16 is 6 months after the date of enactment of this Act.
17 (b) REQUIRING WRAPAROUND COVERAGE OF DEN-
18 TAL SERVICES FOR CERTAIN CHILDREN UNDER CHIP.—
19 (1) IN GENERAL.—Section 2110(b)(5) of the
20 Social Security Act (42 U.S.C. 1397jj(b)(5)) is
21 amended—
22 (A) in the paragraph header, by striking
23 "OPTION" and inserting "REQUIREMENT";
24 (B) in subparagraph (A), by striking "may
25 waive" and inserting "shall waive"; and

1 (C) in subparagraph (C)—
2 (i) in the subparagraph header, by
3 striking "CONDITIONS" and inserting "RE-
4 QUIREMENTS"; and
5 (ii) by striking "may not offer dental-
6 only supplemental coverage under this
7 paragraph unless the State satisfies the
8 following conditions" and inserting "shall
9 offer dental-only supplemental coverage
10 under this paragraph in accordance with
11 the following requirements".
12 (2) EFFECTIVE DATE.—The amendments made
13 by this subsection shall take effect on the date that
14 is 6 months after the date of enactment of this Act.

## 15 Subtitle D—Advancing Health Eq-
## 16 uity Through Payment and De-
## 17 livery Reform

### 18 SEC. 4301. CENTERS FOR MEDICARE & MEDICAID SERVICES
### 19 REPORTING AND VALUE-BASED PROGRAMS.

20 (a) ADVANCING HEALTH EQUITY IN REPORTING AND
21 VALUE-BASED PAYMENT PROGRAMS.—
22 (1) IN GENERAL.—The Administrator of the
23 Centers for Medicare & Medicaid Services (in this
24 section referred to as the "Administrator") shall re-
25 quire that a clinician or other professional partici-

1 pating in any pay-for-reporting or value-based pay-
2 ment program stratify clinical quality measures by
3 disparity variables, including race, ethnicity, sex, pri-
4 mary language, disability status, sexual orientation,
5 gender identity, and socioeconomic status. A clini-
6 cian or other professional may use existing demo-
7 graphic data collection fields in certified electronic
8 health record technology (as defined in section
9 1848(o)(4) of the Social Security Act (42 U.S.C.
10 1395w–4(o)(4))) to carry out such data stratifica-
11 tion under the preceding sentence. Such stratified
12 data will assist clinicians and other professionals in
13 the identification of disparities obscured in aggre-
14 gated data and assist with the provision of interven-
15 tions that target reducing those disparities.

16 (2) CLINICIAN.—In assessing performance in
17 any value-based payment program, the Adminis-
18 trator shall incorporate a clinician or other profes-
19 sional's performance in reducing disparities across
20 race, ethnicity, sex, primary language, disability sta-
21 tus, sexual orientation, gender identity, and socio-
22 economic status. Linking performance payments to
23 the reduction of health care disparities across such
24 variables will assist in holding clinicians and other

1 professionals accountable for providing quality care
2 that can lead to decreased health inequities.
3 (3) REQUIREMENT OF ADOPTION OF CERT.—All
4 entities, clinicians, or other professionals partici-
5 pating in the Quality Payment Program of the Cen-
6 ters for Medicare & Medicaid Services shall be re-
7 quired to adopt 2015 certified electronic health
8 record technology (as so defined) as a condition of
9 participating in such program.
10 (b) QUALITY IMPROVEMENT ACTIVITIES.—The Ad-
11 ministrator, upon yearly review of the Quality Payment
12 Program, shall add quality improvement activities that im-
13 plement the Culturally and Linguistically Accessible
14 Standards (CLAS) as Improvement Activities under the
15 Quality Payment Program.
16 **SEC. 4302. DEVELOPMENT AND TESTING OF DISPARITY RE-**
17 **DUCING DELIVERY AND PAYMENT MODELS.**
18 (a) IN GENERAL.—The Center for Medicare and
19 Medicaid Innovation established under section 1115A of
20 the Social Security Act (42 U.S.C. 1315a) (in this section
21 referred to as the ''CMI'') shall establish a dedicated fund
22 to identify, test, evaluate, and scale delivery and payment
23 models under the applicable titles (as defined in subsection
24 (a)(4)(B) of such section) that target health disparities
25 among racial and ethnic minorities, including models that

1 support high-value nonmedical services that address so-
2 cially determined barriers to health in all stages of the
3 life cycle through end-of-life, including English proficiency
4 status, low health and health care literacy, lack of access
5 to health care planning, including end-of-life care plan-
6 ning, case management, transportation, enrollment assist-
7 ance needs, stable and affordable housing, utility assist-
8 ance, employment and career development, and nutrition
9 and food security which will help to reduce disparities and
10 impact the overall cost of care.

11 (b) AMENDMENT TO SOCIAL SECURITY ACT.—The
12 second sentence of section 1115A(a)(1) of the Social Secu-
13 rity Act (42 U.S.C. 1315a(a)(1)) is amended by inserting
14 "and improve health equity" after "expenditures".

15 (c) PILOT PROGRAMS.—The CMI shall prioritize the
16 testing of models under such section 1115A that include
17 partnerships with entities, including community-based or-
18 ganizations or other nonprofit entities, to help address so-
19 cially determined barriers to health and health care.

20 (d) ALTERNATIVES.—Any model tested by the CMI
21 under such 1115A shall include measures to assess and
22 track the impact of the model on health disparities, using
23 existing measures such as the Healthcare Disparities and
24 Cultural Competency Measures endorsed by the entity
25 with a contract under section 1890(a) of the Social Secu-

1 rity Act (42 U.S.C. 1395aaa(a)), and stratified by race,
2 ethnicity, English proficiency, gender identity, sexual ori-
3 entation, and disability status.

4 **SEC. 4303. DIVERSITY IN CENTERS FOR MEDICARE AND**
5 **MEDICAID CONSULTATION.**

6 (a) IN GENERAL.—In carrying out the duties under
7 this subtitle, the CMI shall consult clinical and analytical
8 experts with expertise in medicine and health care man-
9 agement, specifically such experts with expertise in—

10 (1) the health care needs of minority, rural, and
11 underserved populations; and

12 (2) the financial needs of safety net, commu-
13 nity-based, rural, and critical access providers, in-
14 cluding federally qualified health centers.

15 (b) OPEN DOOR FORUMS.—The CMI shall use open
16 door forums or other mechanisms to seek external feed-
17 back from interested parties and incorporate that feedback
18 into the development of models.

19 **SEC. 4304. SUPPORTING SAFETY NET AND COMMUNITY-**
20 **BASED PROVIDERS TO COMPETE IN VALUE-**
21 **BASED PAYMENT SYSTEMS.**

22 (a) IN GENERAL.—Any pay-for-performance or alter-
23 native payment model that is developed and tested by the
24 Center for Medicare and Medicaid Innovation established
25 under section 1115A of the Social Security Act (42 U.S.C.

1315a), or any other agency of the Department of Health and Human Services with respect to the programs under titles XVIII, XIX, or XXI of such Act, shall be assessed for potential impact on safety net, community-based, and critical access providers, including Federally qualified health centers.

(b) NEW MODELS.—The rollout of any such models shall include training and additional up front resources for community-based and safety net providers to enable those providers to participate in the model.

**SEC. 4305. IMPROVING ACCESS TO CARE FOR MEDICARE AND MEDICAID BENEFICIARIES.**

Section 1115A of the Social Security Act (42 U.S.C. 1315a) is amended—

(1) in subsection (a)—

(A) in the last sentence of paragraph (1), by inserting ''advance health equity and'' before ''improve the coordination''; and

(B) in the first sentence of paragraph (3)—

(i) by inserting ''(including the Office of Minority Health of the Centers for Medicare & Medicaid Services, the Office of Rural Health Policy of the Health Resources and Services Administration, and

1 the Office on Women's Health of the De-
2 partment of Health and Human Services)''
3 after ''relevant Federal agencies''; and
4 (ii) by striking ''experts with expertise
5 in medicine'' and inserting ''experts with
6 expertise in medicine, the causes of health
7 disparities and the social determinants of
8 health, and'';
9 (2) in subsection (b)—
10 (A) in paragraph (2)—
11 (i) in subparagraph (A)—
12 (I) by inserting the following
13 after the first sentence: ''Prior to se-
14 lecting a model under this paragraph,
15 the Secretary shall consult with the
16 Office of Minority Health of the Cen-
17 ters for Medicare & Medicaid Services,
18 the Office of Rural Health Policy of
19 the Health Resources and Services
20 Administration, and the Office on
21 Women's Health of the Department of
22 Health and Human Services to ensure
23 that models under consideration ad-
24 dress health disparities and social de-
25 terminants of health as appropriate

1 for populations to be cared for under
2 the model.'';
3 (II) by inserting ''and, for models
4 for which testing begins on or after
5 January 1, 2025, address health eq-
6 uity as well as improving access to
7 care received by individuals receiving
8 benefits under such title'' after ''appli-
9 cable title''; and
10 (III) by adding at the end the
11 following: ''The models selected under
12 this subparagraph shall include the
13 social determinants of health payment
14 model described in subsection (h), the
15 testing of which shall begin not later
16 than December 31, 2025.''; and
17 (ii) in subparagraph (C), by adding at
18 the end the following new clauses:
19 ''(ix) Whether the model will affect
20 access to care from providers and suppliers
21 caring for high risk patients or operating
22 in underserved areas.
23 ''(x) Whether the model has the po-
24 tential to reduce health disparities, includ-
25 ing minority and rural health disparities.'';

1 (B) in paragraph (3)(B)—
2 (i) in clause (i), by inserting "or
3 health equity" after "quality of care";
4 (ii) in clause (ii), by inserting "or in-
5 creasing health inequities" after "quality
6 of care"; and
7 (iii) in clause (iii), by inserting "or
8 health equity" after "quality of care"; and
9 (C) in paragraph (4)(A)—
10 (i) in clause (i), by striking "; and"
11 and inserting a semicolon;
12 (ii) in clause (ii), by striking the pe-
13 riod and inserting "; and"; and
14 (iii) by adding at the end the fol-
15 lowing new clause:
16 "(iii) for models for which testing be-
17 gins on or after January 1, 2025, the ex-
18 tent to which the model improves health
19 equity.";
20 (3) in subsection (c)—
21 (A) in paragraph (1)—
22 (i) in subparagraph (A), by inserting
23 "or, beginning on or after January 1,
24 2025, increasing health inequities" before
25 the semicolon; and

1 (ii) in subparagraph (B), by inserting
2 ‘‘or, beginning on or after January 1,
3 2025, health equity’’ after ‘‘patient care’’;
4 and
5 (B) in paragraph (3), by inserting ‘‘or in-
6 crease health disparities experienced by bene-
7 ficiaries, including low-income, minority, or
8 rural beneficiaries, or that such expansion
9 would improve health equity’’ before the period;
10 (4) in subsection (g), by adding at the end the
11 following: ‘‘For reports submitted after the date of
12 enactment of the Health Equity and Accountability
13 Act of 2024, each such report shall include informa-
14 tion on the following:
15 ‘‘(1) The interventions that address social de-
16 terminants of health, health disparities, or health eq-
17 uity in payment models selected by the CMI for test-
18 ing under this section.
19 ‘‘(2) Estimated Federal savings achieved
20 through reducing disparities, including rural and mi-
21 nority health disparities, improving health equity, or
22 addressing social determinants of health.
23 ‘‘(3) The effectiveness of interventions in miti-
24 gating negative health outcomes and higher costs as-
25 sociated with social determinants of health within

1 models selected by the Center for Medicare and
2 Medicaid Innovation for testing.

3 "(4) Other areas determined appropriate by the
4 Secretary."; and

5 (5) by adding at the end the following new sub-
6 section:

7 "(h) SOCIAL DETERMINANTS OF HEALTH PAYMENT
8 MODEL.—

9 "(1) IN GENERAL.—The social determinants of
10 health payment model described in this subsection is
11 a payment model that tests each of the payment and
12 service delivery innovations described in paragraph
13 (2) in a region determined appropriate by the Sec-
14 retary.

15 "(2) PAYMENT AND SERVICE DELIVERY INNO-
16 VATIONS DESCRIBED.—For purposes of paragraph
17 (1), the payment and service delivery innovations de-
18 scribed in this clause are the following:

19 "(A) Payment and service delivery innova-
20 tions for behavioral health services, focusing on
21 gathering actionable data to address the higher
22 costs associated with beneficiaries with diag-
23 nosed behavioral conditions.

24 "(B) Payment and service delivery innova-
25 tions targeting conditions or comorbidities of

1 individuals entitled or enrolled under the Medi-
2 care program under title XVIII and enrolled
3 under a State plan under the Medicaid program
4 under title XIX to increase capacity in under-
5 served areas.

6 "(C) Payment and service delivery innova-
7 tions targeting conditions or comorbidities of
8 applicable individuals to increase capacity in
9 underserved areas.

10 "(D) Payment and service delivery innova-
11 tions targeted on Medicaid eligible pregnant
12 and postpartum women, up to one year after
13 delivery.".

## 14 Subtitle E—Health Empowerment 15 Zones

### 16 SEC. 4401. DESIGNATION OF HEALTH EMPOWERMENT 17 ZONES.

18 (a) IN GENERAL.—The Secretary may, at the request
19 of an eligible community partnership described in sub-
20 section (b)(1), designate an eligible area described in sub-
21 section (b)(2) as a health empowerment zone for the pur-
22 pose of eligibility for a grant under section 4402.

23 (b) ELIGIBILITY CRITERIA.—

1 (1) ELIGIBLE COMMUNITY PARTNERSHIP.—A
2 community partnership is eligible to submit a re-
3 quest under this section if the partnership—
4 (A) demonstrates widespread public sup-
5 port from key individuals and entities in the eli-
6 gible area, including members of the target
7 community, State and local governments, non-
8 profit organizations including national and re-
9 gional intermediaries with demonstrated capac-
10 ity to serve low-income urban communities, and
11 community and industry leaders, for designa-
12 tion of the eligible area as a health empower-
13 ment zone; and
14 (B) includes representatives of—
15 (i) a broad cross-section of stake-
16 holders and residents from communities in
17 the eligible area experiencing dispropor-
18 tionate disparities in health status and
19 health care; and
20 (ii) organizations, facilities, and insti-
21 tutions that have a history of working
22 within and serving such communities.
23 (2) ELIGIBLE AREA.—An area is eligible to be
24 designated as a health empowerment zone under this
25 section if one or more communities in the area expe-

1 rience disproportionate disparities in health status
2 and health care. In determining whether a commu-
3 nity experiences such disparities, the Secretary shall
4 consider data collected by the Department of Health
5 and Human Services focusing on the following areas:
6 (A) Access to affordable, high-quality
7 health care services.
8 (B) The prevalence of disproportionate
9 rates of certain illnesses or diseases including
10 the following:
11 (i) Arthritis, osteoporosis, chronic
12 back conditions, and other musculoskeletal
13 diseases.
14 (ii) Cancer.
15 (iii) Chronic kidney disease.
16 (iv) Diabetes.
17 (v) Injury (intentional and uninten-
18 tional).
19 (vi) Violence (intimate and non-
20 intimate).
21 (vii) Maternal and paternal illnesses
22 and diseases.
23 (viii) Infant mortality.
24 (ix) Mental illness and other disabil-
25 ities.

1 (x) Substance use disorder treatment
2 and prevention, including underage drink-
3 ing.
4 (xi) Nutrition, obesity, and overweight
5 conditions.
6 (xii) Heart disease.
7 (xiii) Hypertension.
8 (xiv) Cerebrovascular disease or
9 stroke.
10 (xv) Tuberculosis.
11 (xvi) HIV/AIDS and other sexually
12 transmitted infections.
13 (xvii) Viral hepatitis.
14 (xviii) Asthma.
15 (xix) Tooth decay and other oral
16 health issues.
17 (C) Within the community, the historical
18 and persistent presence of conditions that have
19 been found to contribute to health disparities
20 including any such conditions respecting any of
21 the following:
22 (i) Poverty.
23 (ii) Educational status and the quality
24 of community schools.
25 (iii) Income.

1 (iv) Access to high-quality affordable
2 health care.
3 (v) Work and work environment.
4 (vi) Environmental conditions in the
5 community, including with respect to clean
6 water, clean air, and the presence or ab-
7 sence of pollutants.
8 (vii) Language and English pro-
9 ficiency.
10 (viii) Access to affordable healthy
11 food.
12 (ix) Access to ethnically and culturally
13 diverse health and human service providers
14 and practitioners.
15 (x) Access to culturally and linguis-
16 tically competent health and human serv-
17 ices and health and human service pro-
18 viders.
19 (xi) Health-supporting infrastructure.
20 (xii) Health insurance that is ade-
21 quate and affordable.
22 (xiii) Race, racism, and bigotry (con-
23 scious and unconscious).
24 (xiv) Sexual orientation.
25 (xv) Health and health care literacy.

1 (xvi) Place of residence (such as
2 urban areas, rural areas, and reservations
3 of Indian Tribes).
4 (xvii) Stress.
5 (c) PROCEDURE.—
6 (1) REQUEST.—A request under subsection (a)
7 shall—
8 (A) describe the bounds of the area to be
9 designated as a health empowerment zone and
10 the process used to select those bounds;
11 (B) demonstrate that the partnership sub-
12 mitting the request is an eligible community
13 partnership described in subsection (b)(1);
14 (C) demonstrate that the area is an eligible
15 area described in subsection (b)(2);
16 (D) include a comprehensive assessment of
17 disparities in health status and health care ex-
18 perience by one or more communities in the
19 area;
20 (E) set forth—
21 (i) a vision and a set of values for the
22 area; and
23 (ii) a comprehensive and holistic set of
24 goals to be achieved in the area through

1 designation as a health empowerment zone;
2 and
3 (F) include a strategic plan and an action
4 plan for achieving the goals described in sub-
5 paragraph (E)(ii).
6 (2) APPROVAL.—Not later than 60 days after
7 the receipt of a request for designation of an area
8 as a health empowerment zone under this section,
9 the Secretary shall approve or disapprove the re-
10 quest.
11 (d) MINIMUM NUMBER.—The Secretary—
12 (1) shall designate not more than 110 health
13 empowerment zones under this section; and
14 (2) of such zones designated under paragraph
15 (1), shall designate at least one health empowerment
16 zone in each of the several States, the District of
17 Columbia, and each territory or possession of the
18 United States.
19 **SEC. 4402. ASSISTANCE TO THOSE SEEKING DESIGNATION.**
20 At the request of any organization or entity seeking
21 to submit a request under section 4401(a), the Secretary
22 shall provide technical assistance, and may award a grant,
23 to assist such organization or entity—
24 (1) to form an eligible community partnership
25 described in section 4401(b)(1);

1 (2) to complete a health assessment, including
2 an assessment of health disparities under section
3 4401(c)(1)(D); or
4 (3) to prepare and submit a request, including
5 a strategic plan, in accordance with section 4401.

6 **SEC. 4403. BENEFITS OF DESIGNATION.**

7 (a) PRIORITY.—In awarding a grant under sub-
8 section (b), a Federal official shall give priority to any ap-
9 plicant that—
10 (1) meets the eligibility criteria for the grant;
11 (2) proposes to use the grant for activities in a
12 health empowerment zone; and
13 (3) demonstrates that such activities will di-
14 rectly and significantly further the goals of the stra-
15 tegic plan approved for such zone under section
16 4401.
17 (b) GRANTS FOR INITIAL IMPLEMENTATION OF
18 STRATEGIC PLAN.—
19 (1) IN GENERAL.—Upon designating an eligible
20 area as a health empowerment zone at the request
21 of an eligible community partnership, the Secretary
22 shall, subject to the availability of appropriations,
23 make a grant to the community partnership for im-
24 plementation of the strategic plan for such zone.

1 (2) GRANT PERIOD.—A grant under paragraph
2 (1) for a health empowerment zone shall be for a pe-
3 riod of 2 years and may be renewed, except that the
4 total period of grants under paragraph (1) for such
5 zone may not exceed 10 years.

6 (3) LIMITATION.—In awarding grants under
7 this subsection, the Secretary shall not give less pri-
8 ority to an applicant or reduce the amount of a
9 grant because the Secretary rendered technical as-
10 sistance or made a grant to the same applicant
11 under section 4401.

12 (4) REPORTING.—The Secretary shall establish
13 metrics for measuring the progress of grantees
14 under this subsection and, based on such metrics,
15 require each such grantee to report to the Secretary
16 not less than every 6 months on the progress in im-
17 plementing the strategic plan for the health em-
18 powerment zone.

19 **SEC. 4404. DEFINITION OF SECRETARY.**

20 In this subtitle, the term ''Secretary'' means the Sec-
21 retary of Health and Human Services, acting through the
22 Administrator of the Health Resources and Services Ad-
23 ministration and the Deputy Assistant Secretary for Mi-
24 nority Health, and in cooperation with the Director of the
25 Office of Community Services and the Director of the Na-

1 tional Institute on Minority Health and Health Dispari-
2 ties.

3 **SEC. 4405. AUTHORIZATION OF APPROPRIATIONS.**

4 To carry out this subtitle, there is authorized to be
5 appropriated $100,000,000 for fiscal year 2025.

# 6 Subtitle F—Equitable Health Care 7 for All

8 **SEC. 4501. DATA COLLECTION AND REPORTING.**

9 (a) REQUIRED REPORTING.—

10 (1) IN GENERAL.—The Secretary of Health and
11 Human Services, in consultation with the Director
12 for Civil Rights and Health Equity, the Director of
13 the National Institutes of Health, the Administrator
14 of the Centers for Medicare & Medicaid Services, the
15 Director of the Agency for Healthcare Research and
16 Quality, the Deputy Assistant Secretary for Minority
17 Health, and the Director of the Centers for Disease
18 Control and Prevention, shall by regulation require
19 all health care providers and facilities that are re-
20 quired under other provisions of law to report data
21 on specific health outcomes to the Department of
22 Health and Human Services in aggregate form, to
23 disaggregate such data by demographic characteris-
24 tics, including by race, national origin, sex (including
25 sexual orientation and gender identity), disability,

1 and age, as well as any other factor that the Sec-
2 retary of Health and Human Services determines
3 would be useful for determining a pattern of provi-
4 sion of inequitable health care.

5 (2) PROPOSED REGULATIONS.—Not later than
6 90 days after the date of enactment of this Act, the
7 Secretary of Health and Human Services shall issue
8 proposed regulations to carry out paragraph (1).

9 (b) REPOSITORY.—The Secretary of Health and
10 Human Services shall—

11 (1) not later than 1 year after the date of en-
12 actment of this Act, establish a repository of the
13 disaggregated data reported pursuant to subsection
14 (a);

15 (2) subject to paragraph (3), make the data in
16 such repository publicly available; and

17 (3) ensure that such repository does not contain
18 any data that is individually identifiable.

19 **SEC. 4502. REQUIRING EQUITABLE HEALTH CARE IN THE**
20 **HOSPITAL VALUE-BASED PURCHASING PRO-**
21 **GRAM.**

22 (a) EQUITABLE HEALTH CARE AS VALUE MEASURE-
23 MENT.—Section 1886(b)(3)(B)(viii) of the Social Security
24 Act (42 U.S.C. 1395ww(b)(3)(B)(viii)) is amended by
25 adding at the end the following new subclause:

1 "(XIII)(aa) Effective for payments beginning with
2 fiscal year 2025, in expanding the number of measures
3 under subclause (III), the Secretary shall adopt measures
4 that relate to equitable health care furnished by hospitals
5 in inpatient settings.

6 "(bb) In carrying out this subclause, the Secretary
7 shall solicit input and recommendations from individuals
8 and groups representing communities of color and other
9 protected classes and ensure measures adopted pursuant
10 to this subclause account for social determinants of health,
11 as defined in section 4505(e)(10) of the Health Equity
12 and Accountability Act of 2024.

13 "(cc) For purposes of this subclause, the term 'equi-
14 table health care' refers to the principle that high-quality
15 care should be provided to all individuals and health care
16 treatment and services should not vary on account of the
17 real or perceived race, national origin, sex (including sex-
18 ual orientation and gender identity), disability, or age of
19 an individual, as well as any other factor that the Sec-
20 retary determines would be useful for determining a pat-
21 tern of provision of inequitable health care.".

22 (b) INCLUSION OF EQUITABLE HEALTH CARE MEAS-
23 URES.—Section 1886(o)(2)(B) of the Social Security Act
24 (42 U.S.C. 1395ww(o)(2)(B)) is amended by adding at the
25 end the following new clause:

1 "(iv) INCLUSION OF EQUITABLE
2 HEALTH CARE MEASURES.—Beginning in
3 fiscal year 2025, measures selected under
4 subparagraph (A) shall include the equi-
5 table health care measures described in
6 subsection (b)(3)(B)(viii)(XIII).".

7 **SEC. 4503. PROVISION OF INEQUITABLE HEALTH CARE AS A**
8 **BASIS FOR PERMISSIVE EXCLUSION FROM**
9 **MEDICARE AND STATE HEALTH CARE PRO-**
10 **GRAMS.**

11 Section 1128(b) of the Social Security Act (42 U.S.C.
12 1320a–7(b)) is amended by adding at the end the fol-
13 lowing new paragraph:

14 "(18) PROVISION OF INEQUITABLE HEALTH
15 CARE.—

16 "(A) IN GENERAL.—Subject to subpara-
17 graph (B), any health care provider that the
18 Secretary determines has engaged in a pattern
19 of providing inequitable health care (as defined
20 in section 4505(e)(7) of the Health Equity and
21 Accountability Act of 2024) on the basis of
22 race, national origin, sex (including sexual ori-
23 entation and gender identity), disability, or age
24 of an individual.

1 "(B) EXCEPTION.—For purposes of car-
2 rying out subparagraph (A), the Secretary shall
3 not exclude any health care provider from par-
4 ticipation in the Medicare program under title
5 XVIII of the Social Security Act or the Med-
6 icaid program under title XIX of such Act if
7 the exclusion of such health care provider would
8 result in increased difficulty in access to health
9 care services for underserved or low-income
10 communities.".

11 **SEC. 4504. OFFICE FOR CIVIL RIGHTS AND HEALTH EQUITY**
12 **OF THE DEPARTMENT OF HEALTH AND**
13 **HUMAN SERVICES.**

14 (a) NAME OF OFFICE.—Beginning on the date of en-
15 actment of this Act, the Office for Civil Rights of the De-
16 partment of Health and Human Services shall be known
17 as the "Office for Civil Rights and Health Equity" of the
18 Department of Health and Human Services. Any ref-
19 erence to the Office for Civil Rights of the Department
20 of Health and Human Services in any law, regulation,
21 map, document, record, or other paper of the United
22 States shall be deemed to be a reference to the Office for
23 Civil Rights and Health Equity.

24 (b) HEAD OF OFFICE.—The head of the Office for
25 Civil Rights and Health Equity shall be the Director for

Civil Rights and Health Equity, to be appointed by the President. Any reference to the Director of the Office for Civil Rights of the Department of Health and Human Services in any law, regulation, map, document, record, or other paper of the United States shall be deemed to be a reference to the Director for Civil Rights and Health Equity.

**SEC. 4505. PROHIBITING DISCRIMINATION IN HEALTH CARE.**

(a) PROHIBITING DISCRIMINATION.—

(1) IN GENERAL.—No health care provider may, on the basis, in whole or in part, of race, sex (including sexual orientation and gender identity), disability, age, or religion, subject an individual to the provision of inequitable health care.

(2) NOTICE OF PATIENT RIGHTS.—The Secretary shall provide to each patient a notice of a patient's rights under this section.

(b) ADMINISTRATIVE COMPLAINT AND CONCILIATION PROCESS.—

(1) COMPLAINTS AND ANSWERS.—

(A) IN GENERAL.—An aggrieved person may, not later than 1 year after an alleged violation of subsection (a) has occurred or concluded, file a complaint with the Director alleg-

1 ing provision of inequitable health care by a
2 provider described in subsection (a).
3 (B) COMPLAINT.—A complaint submitted
4 pursuant to subparagraph (A) shall be in writ-
5 ing and shall contain such information and be
6 in such form as the Director requires.
7 (C) OATH OR AFFIRMATION.—The com-
8 plaint and any answer made under this sub-
9 section shall be made under oath or affirmation,
10 and may be reasonably and fairly modified at
11 any time.
12 (2) RESPONSE TO COMPLAINTS.—
13 (A) IN GENERAL.—Upon the filing of a
14 complaint under this subsection, the following
15 procedures shall apply:
16 (i) COMPLAINANT NOTICE.—The Di-
17 rector shall serve notice upon the com-
18 plainant acknowledging receipt of such fil-
19 ing and advising the complainant of the
20 time limits and procedures provided under
21 this section.
22 (ii) RESPONDENT NOTICE.—The Di-
23 rector shall, not later than 30 days after
24 receipt of such filing—

1 (I) serve on the respondent a no-
2 tice of the complaint, together with a
3 copy of the original complaint; and
4 (II) advise the respondent of the
5 procedural rights and obligations of
6 respondents under this section.
7 (iii) ANSWER.—The respondent may
8 file, not later than 60 days after receipt of
9 the notice from the Director, an answer to
10 such complaint.
11 (iv) INVESTIGATIVE DUTIES.—The Di-
12 rector shall—
13 (I) make an investigation of the
14 alleged provision of inequitable health
15 care; and
16 (II) complete such investigation
17 within 180 days (unless it is impracti-
18 cable to complete such investigation
19 within 180 days) after the filing of
20 the complaint.
21 (B) INVESTIGATIONS.—
22 (i) PATTERN OR PRACTICE.—In the
23 course of investigating the complaint, the
24 Director may seek records of care provided
25 to patients other than the complainant if

1 necessary to demonstrate or disprove an
2 allegation of provision of inequitable health
3 care or to determine whether there is a
4 pattern or practice of such care.

5 (ii) ACCOUNTING FOR SOCIAL DETER-
6 MINANTS OF HEALTH.—In investigating
7 the complaint and reaching a determina-
8 tion on the validity of the complaint, the
9 Director shall account for social deter-
10 minants of health and the effect of such
11 social determinants on health care out-
12 comes.

13 (iii) INABILITY TO COMPLETE INVES-
14 TIGATION.—If the Director is unable to
15 complete (or finds it is impracticable to
16 complete) the investigation within 180
17 days after the filing of the complaint (or,
18 if the Secretary takes further action under
19 paragraph (6)(B) with respect to a com-
20 plaint, within 180 days after the com-
21 mencement of such further action), the Di-
22 rector shall notify the complainant and re-
23 spondent in writing of the reasons in-
24 volved.

1 (iv) REPORT TO STATE LICENSING
2 AUTHORITIES.—On concluding each inves-
3 tigation under this subparagraph, the Di-
4 rector shall provide to the appropriate
5 State licensing authorities information
6 specifying the results of the investigation.
7 (C) REPORT.—
8 (i) FINAL REPORT.—On completing
9 each investigation under this paragraph,
10 the Director shall prepare a final investiga-
11 tive report.
12 (ii) MODIFICATION OF REPORT.—A
13 final report under this subparagraph may
14 be modified if additional evidence is later
15 discovered.
16 (3) CONCILIATION.—
17 (A) IN GENERAL.—During the period be-
18 ginning on the date on which a complaint is
19 filed under this subsection and ending on the
20 date of final disposition of such complaint (in-
21 cluding during an investigation under para-
22 graph (2)(B)), the Director shall, to the extent
23 feasible, engage in conciliation with respect to
24 such complaint.

1 (B) CONCILIATION AGREEMENT.—A con-
2 ciliation agreement arising out of such concilia-
3 tion shall be an agreement between the re-
4 spondent and the complainant, and shall be
5 subject to approval by the Director.
6 (C) RIGHTS PROTECTED.—The Director
7 shall approve a conciliation agreement only if
8 the agreement protects the rights of the com-
9 plainant and other persons similarly situated.
10 (D) PUBLICLY AVAILABLE AGREEMENT.—
11 (i) IN GENERAL.—Subject to clause
12 (ii), the Secretary shall make available to
13 the public a copy of a conciliation agree-
14 ment entered into pursuant to this sub-
15 section unless the complainant and re-
16 spondent otherwise agree, and the Sec-
17 retary determines, that disclosure is not re-
18 quired to further the purposes of this sub-
19 section.
20 (ii) LIMITATION.—A conciliation
21 agreement that is made available to the
22 public pursuant to clause (i) may not dis-
23 close individually identifiable health infor-
24 mation.

1 (4) FAILURE TO COMPLY WITH CONCILIATION
2 AGREEMENT.—Whenever the Director has reason-
3 able cause to believe that a respondent has breached
4 a conciliation agreement, the Director shall refer the
5 matter to the Attorney General to consider filing a
6 civil action to enforce such agreement.
7 (5) WRITTEN CONSENT FOR DISCLOSURE OF
8 INFORMATION.—Nothing said or done in the course
9 of conciliation under this subsection may be made
10 public, or used as evidence in a subsequent pro-
11 ceeding under this subsection, without the written
12 consent of the parties to the conciliation.
13 (6) PROMPT JUDICIAL ACTION.—
14 (A) IN GENERAL.—If the Director deter-
15 mines at any time following the filing of a com-
16 plaint under this subsection that prompt judi-
17 cial action is necessary to carry out the pur-
18 poses of this subsection, the Director may rec-
19 ommend that the Attorney General promptly
20 commence a civil action under subsection (d).
21 (B) IMMEDIATE SUIT.—If the Director de-
22 termines at any time following the filing of a
23 complaint under this subsection that the public
24 interest would be served by allowing the com-
25 plainant to bring a civil action under subsection

1 (c) in a State or Federal court immediately, the
2 Director shall certify that the administrative
3 process has concluded and that the complainant
4 may file such a suit immediately.
5 (7) ANNUAL REPORT.—Not later than 1 year
6 after the date of enactment of this Act, and annually
7 thereafter, the Director shall make publicly available
8 a report detailing the activities of the Office for Civil
9 Rights and Health Equity under this subsection, in-
10 cluding—
11 (A) the number of complaints filed and the
12 basis on which the complaints were filed;
13 (B) the number of investigations under-
14 taken as a result of such complaints; and
15 (C) the disposition of all such investiga-
16 tions.
17 (c) ENFORCEMENT BY PRIVATE PERSONS.—
18 (1) IN GENERAL.—
19 (A) CIVIL ACTION.—
20 (i) IN SUIT.—A complainant under
21 subsection (b) may commence a civil action
22 to obtain appropriate relief with respect to
23 an alleged violation of subsection (a), or
24 for breach of a conciliation agreement
25 under subsection (b), in an appropriate

1 district court of the United States or State
2 court—
3 (I) not sooner than the earliest
4 of—
5 (aa) the date a conciliation
6 agreement is reached under sub-
7 section (b);
8 (bb) the date of a final dis-
9 position of a complaint under
10 subsection (b); or
11 (cc) 180 days after the first
12 day of the alleged violation; and
13 (II) not later than 2 years after
14 the final day of the alleged violation.
15 (ii) STATUTE OF LIMITATIONS.—The
16 computation of such 2-year period shall
17 not include any time during which an ad-
18 ministrative proceeding (including inves-
19 tigation or conciliation) under subsection
20 (b) was pending with respect to a com-
21 plaint under such subsection.
22 (B) BARRING SUIT.—If the Director has
23 obtained a conciliation agreement under sub-
24 section (b) regarding an alleged violation of
25 subsection (a), no action may be filed under

1 this paragraph by the complainant involved
2 with respect to the alleged violation except for
3 the purpose of enforcing the terms of such an
4 agreement.
5 (2) RELIEF WHICH MAY BE GRANTED.—
6 (A) IN GENERAL.—In a civil action under
7 paragraph (1), if the court finds that a viola-
8 tion of subsection (a) or breach of a conciliation
9 agreement has occurred, the court may award
10 to the plaintiff actual and punitive damages,
11 and may grant as relief, as the court deter-
12 mines to be appropriate, any permanent or tem-
13 porary injunction, temporary restraining order,
14 or other order (including an order enjoining the
15 defendant from engaging in a practice violating
16 subsection (a) or ordering such affirmative ac-
17 tion as may be appropriate).
18 (B) FEES AND COSTS.—In a civil action
19 under paragraph (1), the court, in its discre-
20 tion, may allow the prevailing party, other than
21 the United States, a reasonable attorney's fee
22 and costs. The United States shall be liable for
23 such fees and costs to the same extent as a pri-
24 vate person.

1 (3) INTERVENTION BY ATTORNEY GENERAL.—
2 Upon timely application, the Attorney General may
3 intervene in a civil action under paragraph (1), if
4 the Attorney General certifies that the case is of
5 general public importance.
6 (d) ENFORCEMENT BY THE ATTORNEY GENERAL.—
7 (1) COMMENCEMENT OF ACTIONS.—
8 (A) PATTERN OR PRACTICE CASES.—The
9 Attorney General may commence a civil action
10 in any appropriate district court of the United
11 States if the Attorney General has reasonable
12 cause to believe that any health care provider
13 covered by subsection (a)—
14 (i) is engaged in a pattern or practice
15 that violates such subsection; or
16 (ii) is engaged in a violation of such
17 subsection that raises an issue of signifi-
18 cant public importance.
19 (B) CASES BY REFERRAL.—The Director
20 may determine, based on a pattern of com-
21 plaints, a pattern of violations, a review of data
22 reported by a health care provider covered by
23 subsection (a), or any other means, that there
24 is reasonable cause to believe a health care pro-
25 vider is engaged in a pattern or practice that

violates subsection (a). If the Director makes such a determination, the Director shall refer the related findings to the Attorney General. If the Attorney General finds that such reasonable cause exists, the Attorney General may commence a civil action in any appropriate district court of the United States.

(2) ENFORCEMENT OF SUBPOENAS.—The Attorney General, on behalf of the Director, or another party at whose request a subpoena is issued under this subsection, may enforce such subpoena in appropriate proceedings in the district court of the United States for the district in which the person to whom the subpoena was addressed resides, was served, or transacts business.

(3) RELIEF WHICH MAY BE GRANTED IN CIVIL ACTIONS.—

(A) IN GENERAL.—In a civil action under paragraph (1), the court—

(i) may award such preventive relief, including a permanent or temporary injunction, temporary restraining order, or other order against the person responsible for a violation of subsection (a) as is nec-

1 essary to assure the full enjoyment of the
2 rights granted by this subsection;
3 (ii) may award such other relief as the
4 court determines to be appropriate, includ-
5 ing monetary damages, to aggrieved per-
6 sons; and
7 (iii) may, to vindicate the public inter-
8 est, assess punitive damages against the
9 respondent—
10 (I) in an amount not exceeding
11 $500,000, for a first violation; and
12 (II) in an amount not exceeding
13 $1,000,000, for any subsequent viola-
14 tion.
15 (B) FEES AND COSTS.—In a civil action
16 under this subsection, the court, in its discre-
17 tion, may allow the prevailing party, other than
18 the United States, a reasonable attorney's fee
19 and costs. The United States shall be liable for
20 such fees and costs to the extent provided by
21 section 2412 of title 28, United States Code.
22 (4) INTERVENTION IN CIVIL ACTIONS.—Upon
23 timely application, any person may intervene in a
24 civil action commenced by the Attorney General
25 under paragraphs (1) and (2) if the action involves

1 an alleged violation of subsection (a) with respect to
2 which such person is an aggrieved person (including
3 a person who is a complainant under subsection (b))
4 or a conciliation agreement to which such person is
5 a party.

6 (e) DEFINITIONS.—In this section:

7 (1) AGGRIEVED PERSON.—The term "aggrieved
8 person" means—

9 (A) a person who believes that the person
10 was or will be injured in violation of subsection
11 (a); or

12 (B) the personal representative or estate of
13 a deceased person who was injured in violation
14 of subsection (a).

15 (2) DIRECTOR.—The term "Director" means
16 the Director for Civil Rights and Health Equity of
17 the Department of Health and Human Services.

18 (3) DISABILITY.—The term "disability" has the
19 meaning given such term in section 3 of the Ameri-
20 cans with Disabilities Act of 1990 (42 U.S.C.
21 12102).

22 (4) CONCILIATION.—The term "conciliation"
23 means the attempted resolution of issues raised by
24 a complaint, or by the investigation of such com-

1 plaint, through informal negotiations involving the
2 complainant, the respondent, and the Secretary.
3 (5) CONCILIATION AGREEMENT.—The term
4 "conciliation agreement" means a written agreement
5 setting forth the resolution of the issues in concilia-
6 tion.
7 (6) INDIVIDUALLY IDENTIFIABLE HEALTH IN-
8 FORMATION.—The term "individually identifiable
9 health information" means any information, includ-
10 ing demographic information collected from an indi-
11 vidual—
12 (A) that is created or received by a health
13 care provider covered by subsection (a), health
14 plan, employer, or health care clearinghouse;
15 (B) that relates to the past, present, or fu-
16 ture physical or mental health or condition of,
17 the provision of health care to, or the past,
18 present, or future payment for the provision of
19 health care to, the individual; and
20 (C)(i) that identifies the individual; or
21 (ii) with respect to which there is a reason-
22 able basis to believe that the information can be
23 used to identify the individual.
24 (7) PROVISION OF INEQUITABLE HEALTH
25 CARE.—The term "provision of inequitable health

1 care'' means the provision of any health care service,
2 by a health care provider in a manner that—
3 (A) fails to meet a high-quality care stand-
4 ard, meaning the health care provider fails to—
5 (i) avoid harm to patients as a result
6 of the health services that are intended to
7 help the patient;
8 (ii) provide health services based on
9 scientific knowledge to all and to all pa-
10 tients who benefit;
11 (iii) refrain from providing services to
12 patients not likely to benefit;
13 (iv) provide care that is responsive to
14 patient preferences, needs, and values; and
15 (v) avoids waits or delays in care; and
16 (B) is discriminatory in intent or effect
17 based at least in part on a basis specified in
18 subsection (a).
19 (8) RESPONDENT.—The term ''respondent''
20 means the person or other entity accused in a com-
21 plaint of a violation of subsection (a).
22 (9) SECRETARY.—The term ''Secretary'' means
23 the Secretary of Health and Human Services.
24 (10) SOCIAL DETERMINANTS OF HEALTH.—The
25 term ''social determinants of health'' means condi-

1 tions in the environments in which individuals live,
2 work, attend school, and worship, that affect a wide
3 range of health, functioning, and quality-of-life out-
4 comes and risks.

5 (f) RULE OF CONSTRUCTION.—Nothing in this sec-
6 tion shall be construed as repealing or limiting the effect
7 of title VI of the Civil Rights Act of 1964 (42 U.S.C.
8 2000d et seq.), section 1557 of the Patient Protection and
9 Affordable Care Act (42 U.S.C. 18116), section 504 of
10 the Rehabilitation Act of 1973 (29 U.S.C. 794), or the
11 Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.).

12 **SEC. 4506. FEDERAL HEALTH EQUITY COMMISSION.**

13 (a) ESTABLISHMENT OF COMMISSION.—

14 (1) IN GENERAL.—There is established the
15 Federal Health Equity Commission (in this section
16 referred to as the ''Commission'').

17 (2) MEMBERSHIP.—

18 (A) IN GENERAL.—The Commission shall
19 be composed of—

20 (i) 8 voting members appointed under
21 subparagraph (B); and

22 (ii) the nonvoting, ex officio members
23 listed in subparagraph (C).

24 (B) VOTING MEMBERS.—Not more than 4
25 of the members described in subparagraph

1 (A)(i) shall at any one time be of the same po-
2 litical party. Such members shall have recog-
3 nized expertise in and personal experience with
4 racial and ethnic health inequities, health care
5 needs of vulnerable and marginalized popu-
6 lations, and health equity as a vehicle for im-
7 proving health status and health outcomes.
8 Such members shall be appointed to the Com-
9 mission as follows:

10 (i) 4 members of the Commission
11 shall be appointed by the President.

12 (ii) 2 members of the Commission
13 shall be appointed by the President pro
14 tempore of the Senate, upon the rec-
15 ommendations of the majority leader and
16 the minority leader of the Senate. Each
17 member appointed to the Commission
18 under this clause shall be appointed from
19 a different political party.

20 (iii) 2 members of the Commission
21 shall be appointed by the Speaker of the
22 House of Representatives upon the rec-
23 ommendations of the majority leader and
24 the minority leader of the House of Rep-
25 resentatives. Each member appointed to

1 the Commission under this clause shall be
2 appointed from a different political party.
3 (C) EX OFFICIO MEMBER.—The Commis-
4 sion shall have the following nonvoting, ex offi-
5 cio members:
6 (i) The Director for Civil Rights and
7 Health Equity of the Department of
8 Health and Human Services.
9 (ii) The Deputy Assistant Secretary
10 for Minority Health of the Department of
11 Health and Human Services.
12 (iii) The Director of the National In-
13 stitute on Minority Health and Health Dis-
14 parities.
15 (iv) The Chairperson of the Advisory
16 Committee on Minority Health established
17 under section 1707(c) of the Public Health
18 Service Act (42 U.S.C. 300u–6(c)).
19 (3) TERMS.—The term of office of each mem-
20 ber appointed under paragraph (2)(B) of the Com-
21 mission shall be 6 years.
22 (4) CHAIRPERSON; VICE CHAIRPERSON.—
23 (A) CHAIRPERSON.—The President shall,
24 with the concurrence of a majority of the mem-
25 bers of the Commission appointed under para-

1 graph (2)(B), designate a Chairperson from
2 among the members of the Commission ap-
3 pointed under such paragraph.

4 (B) VICE CHAIRPERSON.—

5 (i) DESIGNATION.—The Speaker of
6 the House of Representatives shall, in con-
7 sultation with the majority leaders and the
8 minority leaders of the Senate and the
9 House of Representatives and with the
10 concurrence of a majority of the members
11 of the Commission appointed under para-
12 graph (2)(B), designate a Vice Chairperson
13 from among the members of the Commis-
14 sion appointed under such paragraph. The
15 Vice Chairperson may not be a member of
16 the same political party as the Chair-
17 person.

18 (ii) DUTY.—The Vice Chairperson
19 shall act in place of the Chairperson in the
20 absence of the Chairperson.

21 (5) REMOVAL OF MEMBERS.—The President
22 may remove a member of the Commission only for
23 neglect of duty or malfeasance in office.

24 (6) QUORUM.—A majority of members of the
25 Commission appointed under paragraph (2)(B) shall

1 constitute a quorum of the Commission, but a lesser
2 number of members may hold hearings.
3 (b) DUTIES OF THE COMMISSION.—
4 (1) IN GENERAL.—The Commission shall—
5 (A) monitor and report on the implementa-
6 tion of this Act; and
7 (B) investigate, monitor, and report on
8 progress towards health equity and the elimi-
9 nation of health disparities.
10 (2) ANNUAL REPORT.—The Commission
11 shall—
12 (A) submit to the President and Congress
13 at least one report annually on health equity
14 and health disparities; and
15 (B) include in such report—
16 (i) a description of actions taken by
17 the Department of Health and Human
18 Services and any other Federal agency re-
19 lated to health equity or health disparities;
20 and
21 (ii) recommendations on ensuring eq-
22 uitable health care and eliminating health
23 disparities.
24 (c) POWERS.—
25 (1) HEARINGS.—

1 (A) IN GENERAL.—The Commission or, at
2 the direction of the Commission, any sub-
3 committee or member of the Commission, may,
4 for the purpose of carrying out this section, as
5 the Commission or the subcommittee or mem-
6 ber considers advisable—
7 (i) hold such hearings, meet and act
8 at such times and places, take such testi-
9 mony, receive such evidence, and admin-
10 ister such oaths; and
11 (ii) require, by subpoena or otherwise,
12 the attendance and testimony of such wit-
13 nesses and the production of such books,
14 records, correspondence, memoranda, pa-
15 pers, documents, tapes, and materials.
16 (B) LIMITATION ON HEARINGS.—The
17 Commission may hold a hearing under subpara-
18 graph (A)(i) only if the hearing is approved—
19 (i) by a majority of the members of
20 the Commission appointed under sub-
21 section (a)(2)(B); or
22 (ii) by a majority of such members
23 present at a meeting when a quorum is
24 present.

1 (2) ISSUANCE AND ENFORCEMENT OF SUB-
2 POENAS.—
3 (A) ISSUANCE.—A subpoena issued under
4 paragraph (1) shall—
5 (i) bear the signature of the Chair-
6 person of the Commission; and
7 (ii) be served by any person or class
8 of persons designated by the Chairperson
9 for that purpose.
10 (B) ENFORCEMENT.—In the case of contu-
11 macy or failure to obey a subpoena issued
12 under paragraph (1), the United States district
13 court for the district in which the subpoenaed
14 person resides, is served, or may be found may
15 issue an order requiring the person to appear at
16 any designated place to testify or to produce
17 documentary or other evidence.
18 (C) NONCOMPLIANCE.—Any failure to
19 obey the order of the court may be punished by
20 the court as a contempt of court.
21 (3) WITNESS ALLOWANCES AND FEES.—
22 (A) IN GENERAL.—Section 1821 of title
23 28, United States Code, shall apply to a witness
24 requested or subpoenaed to appear at a hearing
25 of the Commission.

1 (B) EXPENSES.—The per diem and mile-
2 age allowances for a witness shall be paid from
3 funds available to pay the expenses of the Com-
4 mission.
5 (4) POSTAL SERVICES.—The Commission may
6 use the United States mails in the same manner and
7 under the same conditions as other agencies of the
8 Federal Government.
9 (5) GIFTS.—The Commission may accept, use,
10 and dispose of gifts or donations of services or prop-
11 erty.
12 (d) ADMINISTRATIVE PROVISIONS.—
13 (1) STAFF.—
14 (A) DIRECTOR.—There shall be a full-time
15 staff director for the Commission who shall—
16 (i) serve as the administrative head of
17 the Commission; and
18 (ii) be appointed by the Chairperson
19 with the concurrence of the Vice Chair-
20 person.
21 (B) OTHER PERSONNEL.—The Commis-
22 sion may—
23 (i) appoint such other personnel as it
24 considers advisable, subject to the provi-
25 sions of title 5, United States Code, gov-

1 erning appointments in the competitive
2 service, and the provisions of chapter 51
3 and subchapter III of chapter 53 of that
4 title relating to classification and General
5 Schedule pay rates; and
6 (ii) may procure temporary and inter-
7 mittent services under section 3109(b) of
8 title 5, United States Code, at rates for in-
9 dividuals not in excess of the daily equiva-
10 lent paid for positions at the maximum
11 rate for GS–15 of the General Schedule
12 under section 5332 of title 5, United
13 States Code.
14 (2) COMPENSATION OF MEMBERS.—
15 (A) NON-FEDERAL EMPLOYEES.—Each
16 member of the Commission who is not an offi-
17 cer or employee of the Federal Government
18 shall be compensated at a rate equal to the
19 daily equivalent of the annual rate of basic pay
20 prescribed for level IV of the Executive Sched-
21 ule under section 5315 of title 5, United States
22 Code, for each day (including travel time) dur-
23 ing which the member is engaged in the per-
24 formance of the duties of the Commission.

1 (B) FEDERAL EMPLOYEES.—Each member
2 of the Commission who is an officer or em-
3 ployee of the Federal Government shall serve
4 without compensation in addition to the com-
5 pensation received for the services of the mem-
6 ber as an office or employee of the Federal
7 Government.

8 (C) TRAVEL EXPENSES.—A member of the
9 Commission shall be allowed travel expenses, in-
10 cluding per diem in lieu of subsistence, at rates
11 authorized for an employee of an agency under
12 subchapter I of chapter 57 of title 5, United
13 States Code, while away from the home or reg-
14 ular place of business of the member in the per-
15 formance of the duties of the Commission.

16 (3) COOPERATION.—The Commission may se-
17 cure directly from any Federal department or agency
18 such information as the Commission considers nec-
19 essary to carry out this Act. Upon request of the
20 Chairman of the Commission, the head of such de-
21 partment or agency shall furnish such information to
22 the Commission.

23 (e) PERMANENT COMMISSION.—Section 1013 of title
24 5, United States Code, shall not apply to the Commission.

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated for fiscal year 2025 and each fiscal year thereafter such sums as may be necessary to carry out the duties of the Commission.

**SEC. 4507. GRANTS FOR HOSPITALS TO PROMOTE EQUITABLE HEALTH CARE AND OUTCOMES.**

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the "Secretary") shall award grants to hospitals to promote equitable health care treatment and services, and reduce disparities in care and outcomes.

(b) CONSULTATION.—In establishing the criteria for grants under this section and evaluating applications for such grants, the Secretary shall consult with the Director for Civil Rights and Health Equity of the Department of Health and Human Services.

(c) USE OF FUNDS.—A hospital shall use funds received from a grant under this section to establish or expand programs to provide equitable health care to all patients and to ensure equitable health care outcomes. Such uses may include—

(1) providing explicit and implicit bias training to medical providers and staff;

1 (2) providing translation or interpretation serv-
2 ices for patients;
3 (3) recruiting and training a diverse workforce;
4 (4) tracking data related to care and outcomes;
5 and
6 (5) training on cultural sensitivity.
7 (d) PRIORITY.—In awarding grants under this sec-
8 tion, the Secretary shall give priority to hospitals that
9 have received disproportionate share hospital payments
10 under section 1886(r) of the Social Security Act (42
11 U.S.C. 1395ww(r)) or section 1923 of such Act (42 U.S.C.
12 1396r–4) with respect to fiscal year 2023.
13 (e) SUPPLEMENT, NOT SUPPLANT.—Grants awarded
14 under this section shall be used to supplement, not sup-
15 plant, any nongovernment efforts, or other Federal, State,
16 or local funds provided to a recipient.
17 (f) EQUITABLE HEALTH CARE DEFINED.—The term
18 ''equitable health care'' has the meaning given such term
19 in section 1886(b)(3)(B)(viii)(XIII)(cc) of the Social Secu-
20 rity Act (42 U.S.C. 1395ww(b)(3)(B)(viii)(XIII)(cc)), as
21 added by section 4502(a).
22 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there are authorized to be appropriated
24 such sums as may be necessary for each of fiscal years
25 2025 through 2029.

1 # Subtitle G—Investing in Equity

2 **SEC. 4601. DEFINITIONS.**

3 In this subtitle:

4 (1) ADVISORY COUNCIL.—The term "Advisory
5 Council" means the Pay for Equity Council con-
6 vened under section 4603.

7 (2) SECRETARY.—The term "Secretary" means
8 the Secretary of Health and Human Services.

9 (3) STRATEGY.—The term "Strategy" means
10 the Pay for Equity Strategy set forth under section
11 4602.

12 **SEC. 4602. STRATEGY TO INCENTIVIZE HEALTH EQUITY.**

13 (a) IN GENERAL.—The Secretary, in consultation
14 with the heads of other appropriate Federal agencies, shall
15 develop jointly with the Advisory Council and submit to
16 the Committee on Finance of the Senate and the Com-
17 mittee on Energy and Commerce and the Committee on
18 Ways and Means of the House of Representatives, and
19 make publicly available on the internet website of the De-
20 partment of Health and Human Services, a Pay for Eq-
21 uity Strategy.

22 (b) CONTENTS.—The Strategy shall establish goals
23 for Federal programs, including those authorized under ti-
24 tles XVIII and XIX of the Social Security Act, to
25 incentivize health equity, which may include at least—

1 (1) incorporating measures of equity into all
2 payment models by 2026;
3 (2) tying a percentage of reimbursement in
4 value-based payment models to equity measure per-
5 formance by 2029; and
6 (3) increasing the number of safety net pro-
7 viders participating in value-based payment by a set
8 percentage by 2031.
9 (c) DUTIES OF THE SECRETARY.—The Secretary, in
10 carrying out subsection (a), shall oversee the following:
11 (1) Collecting and making publicly available in-
12 formation submitted by the Advisory Council.
13 (2) Coordinating and assessing existing Federal
14 Government programs and activities to assess capac-
15 ity to meet equity goals.
16 (3) Providing technical assistance, as appro-
17 priate, such as disseminating identified best prac-
18 tices and information sharing based on reports de-
19 veloped as a result of this subtitle.
20 (d) INITIAL STRATEGY; UPDATES.—The Secretary
21 shall—
22 (1) not later than 18 months after the date of
23 enactment of this Act, develop, publish, and submit
24 to the Committee on Finance of the Senate and the
25 Committee on Energy and Commerce and the Com-

mittee on Ways and Means of the House of Representatives the strategy outlined in subsection (a); and

(2) biennially update, publish, and submit to Congress an updated strategy to—

(A) reflect new developments, challenges, opportunities, and solutions; and

(B) review progress and, based on the results of such review, recommend priority actions for improving the implementation of such recommendations, as appropriate.

(e) PROCESS FOR PUBLIC INPUT.—The Secretary shall establish a process for public input to inform the development of, and updates to, the Strategy, including a process for the public to submit recommendations to the Advisory Council and an opportunity for public comment on the proposed Strategy.

**SEC. 4603. PAY FOR EQUITY ADVISORY COUNCIL.**

(a) CONVENING.—The Secretary shall convene a Pay for Equity Advisory Council to advise and provide recommendations, including identified best practices, to the Secretary on the Pay for Equity Strategy.

(b) MEMBERSHIP.—

(1) IN GENERAL.—The members of the Advisory Council shall consist of—

1 (A) the appointed members under para-
2 graph (2); and
3 (B) the Federal members under paragraph
4 (3).
5 (2) APPOINTED MEMBERS.—In addition to the
6 Federal members under paragraph (3), the Sec-
7 retary shall appoint not more than 15 voting mem-
8 bers of the Advisory Council who are not representa-
9 tives of Federal departments or agencies and who
10 shall include at least 1 representative of each of the
11 following:
12 (A) Beneficiaries of Medicare and Med-
13 icaid.
14 (B) Safety net health care providers.
15 (C) Value-based payment experts.
16 (D) Other members with expertise and
17 lived experience the Secretary deems appro-
18 priate.
19 (3) FEDERAL MEMBERS.—The Federal mem-
20 bers of the Advisory Council, who shall be nonvoting
21 members, shall consist of the following:
22 (A) The Administrator of the Centers for
23 Medicare & Medicaid Services (or the Adminis-
24 trator's designee).

1 (B) The Administrator of the Health Re-
2 sources and Services Administration.
3 (4) DIVERSE REPRESENTATION.—The Sec-
4 retary shall ensure that the membership of the Advi-
5 sory Council reflects the diversity of individuals im-
6 pacted by Federal health payment programs.
7 (c) MEETINGS.—The Advisory Council shall meet
8 quarterly during the 1-year period beginning on the date
9 of enactment of this Act and at least 3 times during each
10 year thereafter. Meetings of the Advisory Council shall be
11 open to the public.

# 12 TITLE V—IMPROVING HEALTH 13 OUTCOMES FOR WOMEN, 14 GENDER-DIVERSE PEOPLE, 15 CHILDREN, AND FAMILIES

## 16 Subtitle A—Underserved 17 Communities

### 18 SEC. 5001. GRANTS TO PROMOTE HEALTH FOR UNDER- 19 SERVED COMMUNITIES.

20 Part Q of title III of the Public Health Service Act
21 (42 U.S.C. 280h et seq.) is amended by adding at the end
22 the following:

1 **"SEC. 399Z–3. GRANTS TO PROMOTE HEALTH FOR UNDER-**
2 **SERVED COMMUNITIES.**

3 "(a) GRANTS AUTHORIZED.—The Secretary, in col-
4 laboration with the Administrator of the Health Resources
5 and Services Administration and other Federal officials
6 determined appropriate by the Secretary, may award
7 grants to eligible entities—

8 "(1) to promote health for medically under-
9 served communities, such as racial and ethnic minor-
10 ity women, racial and ethnic minority children, ado-
11 lescents, and lesbian, gay, bisexual, transgender,
12 queer, nonbinary, gender-nonconforming, or ques-
13 tioning communities; and

14 "(2) to strengthen health outreach initiatives in
15 medically underserved communities, including lin-
16 guistically isolated populations.

17 "(b) USE OF FUNDS.—Grants awarded pursuant to
18 subsection (a) may be used to support the activities of
19 community health workers, including such activities—

20 "(1) to provide education and outreach regard-
21 ing enrollment in health insurance including the
22 State Children's Health Insurance Program under
23 title XXI of the Social Security Act, Medicare under
24 title XVIII of such Act, and Medicaid under title
25 XIX of such Act;

1 “(2) to provide education and outreach in a
2 community setting regarding health problems preva-
3 lent among medically underserved communities, and
4 especially among racial and ethnic minority women,
5 racial and ethnic minority children, adolescents, and
6 lesbian, gay, bisexual, transgender, queer, nonbinary,
7 gender-nonconforming, or questioning communities;

8 “(3) to provide education and experiential
9 learning opportunities and target risk factors and
10 healthy behaviors that impede or contribute to
11 achieving positive health outcomes, including—

12 “(A) healthy nutrition;

13 “(B) physical activity;

14 “(C) overweight or obesity;

15 “(D) tobacco use, including the use of e-
16 cigarettes and vaping;

17 “(E) alcohol and substance use;

18 “(F) injury and violence;

19 “(G) sexual health;

20 “(H) mental health;

21 “(I) musculoskeletal health and arthritis;

22 “(J) prenatal and postnatal care;

23 “(K) dental and oral health;

24 “(L) understanding informed consent;

25 “(M) stigma; and

1 ‘‘(N) environmental hazards;
2 ‘‘(4) to promote community wellness and aware-
3 ness; and
4 ‘‘(5) to provide education and refer target popu-
5 lations to appropriate health care agencies and com-
6 munity-based programs and organizations in order
7 to increase access to quality health care services, in-
8 cluding preventive health services.
9 ‘‘(c) APPLICATION.—
10 ‘‘(1) IN GENERAL.—Each eligible entity that
11 desires to receive a grant under subsection (a) shall
12 submit an application to the Secretary at such time,
13 in such manner, and accompanied by such additional
14 information as the Secretary may require.
15 ‘‘(2) CONTENTS.—Each application submitted
16 pursuant to paragraph (1) shall—
17 ‘‘(A) describe the activities for which as-
18 sistance under this section is sought;
19 ‘‘(B) contain an assurance that, with re-
20 spect to each community health worker pro-
21 gram receiving funds under the grant awarded,
22 such program provides in-language training and
23 supervision to community health workers to en-
24 able such workers to provide authorized pro-
25 gram activities in (at least) the most commonly

1 used languages within a particular geographic
2 region;
3 "(C) contain an assurance that the appli-
4 cant will evaluate the effectiveness of commu-
5 nity health worker programs receiving funds
6 under the grant;
7 "(D) contain an assurance that each com-
8 munity health worker program receiving funds
9 under the grant will provide culturally com-
10 petent services in the linguistic context most
11 appropriate for the individuals served by the
12 program;
13 "(E) contain a plan to document and dis-
14 seminate project descriptions and results to
15 other States and organizations as identified by
16 the Secretary; and
17 "(F) describe plans to enhance the capac-
18 ity of individuals to utilize health services and
19 health-related social services under Federal,
20 State, and local programs by—
21 "(i) assisting individuals in estab-
22 lishing eligibility under the programs and
23 in receiving the services or other benefits
24 of the programs; and

1 "(ii) providing other services, as the
2 Secretary determines to be appropriate,
3 which may include transportation and
4 translation services.

5 "(d) PRIORITY.—In awarding grants under sub-
6 section (a), the Secretary shall give priority to those appli-
7 cants—

8 "(1) who propose to target geographic areas
9 that—

10 "(A)(i) have a high percentage of residents
11 who are uninsured or underinsured (if the tar-
12 geted geographic area is located in a State that
13 has elected to make medical assistance available
14 under section 1902(a)(10)(A)(i)(VIII) of the
15 Social Security Act to individuals described in
16 such section);

17 "(ii) have a high percentage of under-
18 insured residents in a particular geographic
19 area (if the targeted geographic area is located
20 in a State that has not so elected); or

21 "(iii) have a high number of households ex-
22 periencing extreme poverty; and

23 "(B) have a high percentage of families for
24 whom English is not their primary language or
25 including smaller limited English-proficient

1 communities within the region that are not oth-
2 erwise reached by linguistically appropriate
3 health services;
4 ‘‘(2) with experience in providing health or
5 health-related social services to individuals who are
6 underserved with respect to such services; and
7 ‘‘(3) with documented community activity and
8 experience with community health workers.
9 ‘‘(e) COLLABORATION WITH ACADEMIC INSTITU-
10 TIONS.—The Secretary shall encourage community health
11 worker programs receiving funds under this section to col-
12 laborate with academic institutions, including minority-
13 serving institutions. Nothing in this section shall be con-
14 strued to require such collaboration.
15 ‘‘(f) QUALITY ASSURANCE AND COST-EFFECTIVE-
16 NESS.—The Secretary shall establish guidelines for ensur-
17 ing the quality of the training and supervision of commu-
18 nity health workers under the programs funded under this
19 section and for ensuring the cost-effectiveness of such pro-
20 grams.
21 ‘‘(g) MONITORING.—The Secretary shall monitor
22 community health worker programs identified in approved
23 applications and shall determine whether such programs
24 are in compliance with the guidelines established under
25 subsection (f).

1 ‘‘(h) TECHNICAL ASSISTANCE.—The Secretary may
2 provide technical assistance to community health worker
3 programs identified in approved applications with respect
4 to planning, developing, and operating programs under the
5 grant.

6 ‘‘(i) REPORT TO CONGRESS.—

7 ‘‘(1) IN GENERAL.—Not later than 4 years
8 after the date on which the Secretary first awards
9 grants under subsection (a), the Secretary shall sub-
10 mit to Congress a report regarding the grant
11 project.

12 ‘‘(2) CONTENTS.—The report required under
13 paragraph (1) shall include the following:

14 ‘‘(A) A description of the programs for
15 which grant funds were used.

16 ‘‘(B) The number of individuals served.

17 ‘‘(C) An evaluation of—

18 ‘‘(i) the effectiveness of these pro-
19 grams;

20 ‘‘(ii) the cost of these programs; and

21 ‘‘(iii) the impact of these programs on
22 the health outcomes of the community resi-
23 dents.

1 "(D) Recommendations for sustaining the
2 community health worker programs developed
3 or assisted under this section.

4 "(E) Recommendations regarding training
5 to enhance career opportunities for community
6 health workers.

7 "(j) DEFINITIONS.—In this section:

8 "(1) COMMUNITY HEALTH WORKER.—The term
9 'community health worker' means an individual who
10 promotes health or nutrition within the community
11 in which the individual resides—

12 "(A) by serving as a liaison between com-
13 munities and health care agencies;

14 "(B) by providing guidance and social as-
15 sistance to community residents;

16 "(C) by enhancing community residents'
17 ability to effectively communicate with health
18 care providers;

19 "(D) by providing culturally and linguis-
20 tically appropriate health or nutrition edu-
21 cation;

22 "(E) by advocating for individual and com-
23 munity health, including dental, oral, mental,
24 and environmental health, or nutrition needs;

1 ''(F) by taking into consideration the
2 needs of the communities served, including the
3 prevalence rates of risk factors that impede
4 achieving positive healthy outcomes among
5 pregnant, birthing, and postpartum people and
6 children, especially among racial and ethnic mi-
7 nority pregnant, birthing, and postpartum peo-
8 ple and children; or

9 ''(G) by providing referral and followup
10 services.

11 ''(2) COMMUNITY SETTING.—The term 'commu-
12 nity setting' means a home or a community organi-
13 zation that serves a population.

14 ''(3) ELIGIBLE ENTITY.—The term 'eligible en-
15 tity' means—

16 ''(A) a unit of State, territorial, local, or
17 Tribal government (including a federally recog-
18 nized Tribe or Alaska Native village); or

19 ''(B) a community-based organization.

20 ''(4) MEDICALLY UNDERSERVED COMMUNITY.—
21 The term 'medically underserved community' means
22 a community—

23 ''(A) that has a substantial number of in-
24 dividuals who are members of a medically un-

derserved population, as defined by section 330(b)(3);

"(B) a significant portion of which is a health professional shortage area as designated under section 332; and

"(C) that includes populations that are linguistically isolated, such as geographic areas with a shortage of health professionals able to provide linguistically appropriate services.

"(5) SUPPORT.—The term 'support' means the provision of training, supervision, and materials needed to effectively deliver the services described in subsection (b), reimbursement for services, and other benefits.

"(k) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $15,000,000 for each of fiscal years 2025 through 2029.".

## Subtitle B—Pregnancy Screening

### SEC. 5101. PREGNANCY INTENTION SCREENING INITIATIVE DEMONSTRATION PROGRAM.

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:

1 **“SEC. 399V–8. PREGNANCY INTENTION SCREENING INITIA-**
2 **TIVE DEMONSTRATION PROGRAM.**

3 “(a) PROGRAM ESTABLISHMENT.—The Secretary,
4 acting through the Director of the Centers for Disease
5 Control and Prevention, shall establish a demonstration
6 program to facilitate the clinical adoption of pregnancy in-
7 tention screening initiatives by health care and social serv-
8 ices providers.

9 “(b) GRANTS.—The Secretary may carry out the
10 demonstration program through awarding grants to eligi-
11 ble entities to implement pregnancy intention screening
12 initiatives, collect data, and evaluate such initiatives.

13 “(c) ELIGIBLE ENTITIES.—To be eligible for a grant
14 under this section, an entity shall—

15 “(1) provide non-directive, comprehensive,
16 medically accurate information; and

17 “(2) be a community-based organization, vol-
18 untary health organization, public health depart-
19 ment, community health center, or other interested
20 public or private primary, behavioral, or other health
21 care or social service provider or organization.

22 “(d) PREGNANCY INTENTION SCREENING INITIA-
23 TIVE.—For purposes of this section, the term ‘pregnancy
24 intention screening initiative’ means any initiative by an
25 eligible entity to routinely screen people with respect to
26 their pregnancy intentions and goals to either prevent un-

1 intended pregnancies or improve the likelihood of healthy
2 pregnancies, in order to better provide health care that
3 meets the contraceptive or pre-pregnancy needs and goals
4 of such people.

5 ''(e) EVALUATION.—

6 ''(1) IN GENERAL.—The Secretary, acting
7 through the Director of the Centers for Disease
8 Control and Prevention, shall, by grant or contract,
9 and after consultation as described in paragraph (2),
10 conduct an evaluation of the demonstration pro-
11 gram, with respect to pregnancy intention screening
12 initiatives, conducted under this section. Such eval-
13 uation shall include:

14 ''(A) Assessment of the implementation of
15 pregnancy intention screening protocols among
16 a diverse group of patients and providers, in-
17 cluding collecting data on the experiences and
18 outcomes for diverse patient populations in a
19 variety of clinical settings.

20 ''(B) Analysis of outcome measures that
21 will facilitate effective and widespread adoption
22 of such protocols by health care providers for
23 inquiring about and responding to pregnancy
24 goals of people with both contraceptive and pre-
25 pregnancy care.

1 "(C) Consideration of health inequities
2 among the population served.
3 "(D) Assessment of the equitable and vol-
4 untary application of such initiatives to minor-
5 ity and medically underserved communities.
6 "(E) Assessment of the training, capacity,
7 and ongoing technical assistance needed for
8 providers to effectively implement such preg-
9 nancy intention screening protocols.
10 "(F) Assessment of whether referral sys-
11 tems for selected protocols follow evidence-based
12 standards that ensure access to comprehensive
13 health services and appropriate follow-up care.
14 "(G) Measuring through rigorous methods
15 the effect of such initiatives on key health out-
16 comes.
17 "(2) CONSULTATION WITH INDEPENDENT, EX-
18 PERT ADVISORY PANEL.—In conducting the evalua-
19 tion under paragraph (1), the Director of the Cen-
20 ters for Disease Control and Prevention shall consult
21 with physicians, physician assistants, advanced prac-
22 tice registered nurses, nurse midwives, and other
23 health care providers who specialize in women's
24 health, and other experts in public health, clinical
25 practice, program evaluation, and research.

1 "(3) REPORT.—Not later than one year after
2 the last day of the demonstration program under
3 this section, the Director of the Centers for Disease
4 Control and Prevention shall—
5 "(A) submit to Congress a report on the
6 results of the evaluation conducted under para-
7 graph (1); and
8 "(B) make the report publicly available.
9 "(f) FUNDING.—
10 "(1) AUTHORIZATION OF APPROPRIATIONS.—
11 To carry out this section, there is authorized to be
12 appropriated $10,000,000 for each of fiscal years
13 2025 through 2029.
14 "(2) LIMITATION.—Not more than 20 percent
15 of funds appropriated to carry out this section pur-
16 suant to paragraph (1) for a fiscal year may be used
17 for purposes of the evaluation under subsection
18 (e).".

19 **SEC. 5102. BIRTH DEFECTS PREVENTION, RISK REDUCTION,**
20 **AND AWARENESS.**

21 (a) IN GENERAL.—The Secretary shall establish and
22 implement a birth defects prevention and public awareness
23 program, consisting of the activities described in sub-
24 sections (b) and (c).

1 (b) NATIONWIDE MEDIA CAMPAIGN.—In carrying
2 out subsection (a), the Secretary shall conduct or support
3 a nationwide media campaign to increase awareness
4 among health care providers and at-risk populations about
5 pregnancy and breastfeeding information services.
6 (c) GRANTS FOR PREGNANCY AND BREASTFEEDING
7 INFORMATION SERVICES.—
8 (1) IN GENERAL.—In carrying out subsection
9 (a), the Secretary shall award grants to State or re-
10 gional agencies or organizations for any of the fol-
11 lowing:
12 (A) INFORMATION SERVICES.—The provi-
13 sion of, or campaigns to increase awareness
14 about, pregnancy and breastfeeding information
15 services.
16 (B) SURVEILLANCE AND RESEARCH.—The
17 conduct or support of—
18 (i) surveillance of or research on—
19 (I) maternal exposures and ma-
20 ternal health conditions that may in-
21 fluence the risk of birth defects, pre-
22 maturity, or other adverse pregnancy
23 outcomes; and

1 (II) maternal exposures that may
2 influence health risks to a breastfed
3 infant; or
4 (ii) networking to facilitate surveil-
5 lance or research described in this sub-
6 paragraph.
7 (2) PREFERENCE FOR CERTAIN STATES.—The
8 Secretary, in making any grant under this sub-
9 section, shall give preference to States, otherwise
10 equally qualified, that have pregnancy and
11 breastfeeding information services in place.
12 (3) MATCHING FUNDS.—The Secretary may
13 only award a grant under this subsection to a State
14 or regional agency or organization that agrees, with
15 respect to the costs to be incurred in carrying out
16 the grant activities, to make available (directly or
17 through donations from public or private entities)
18 non-Federal funds toward such costs in an amount
19 equal to not less than 25 percent of the amount of
20 the grant.
21 (4) COORDINATION.—The Secretary shall en-
22 sure that activities funded through a grant under
23 this subsection are coordinated, to the maximum ex-
24 tent practicable, with other birth defects prevention
25 and environmental health activities of the Federal

1 Government, including with respect to pediatric envi-
2 ronmental health specialty units and children's envi-
3 ronmental health centers.
4 (d) EVALUATION.—The Secretary shall provide for
5 an evaluation of pregnancy and breastfeeding information
6 services carried out by States to identify efficient and ef-
7 fective models of—
8 (1) providing information;
9 (2) raising awareness and increasing knowledge
10 about birth defects prevention measures and tar-
11 geting education to at-risk groups;
12 (3) modifying risk behaviors; or
13 (4) other outcome measures as determined ap-
14 propriate by the Secretary.
15 (e) DEFINITIONS.—In this section:
16 (1) MATERNAL.—The term "maternal" refers
17 to people who are pregnant or breastfeeding.
18 (2) PREGNANCY AND BREASTFEEDING INFOR-
19 MATION SERVICES.—The term "pregnancy and
20 breastfeeding information services" includes only—
21 (A) information services to provide accu-
22 rate, evidence-based, clinical information re-
23 garding maternal exposures during pregnancy
24 or breastfeeding that may be associated with
25 birth defects, health risks to a breastfed infant,

1 or other health risks, such as exposures to
2 medications, chemicals, infections, foodborne
3 pathogens, illnesses, nutrition, lifestyle, or
4 climate- and weather-related factors;
5 (B) the provision of accurate, evidence-
6 based information weighing risks of exposures
7 during breastfeeding against the benefits of
8 breastfeeding; and
9 (C) the provision of information described
10 in subparagraph (A) or (B) through counselors,
11 websites, fact sheets, telephonic or electronic
12 communication, community outreach efforts, or
13 other appropriate means.
14 (3) SECRETARY.—The term ''Secretary'' means
15 the Secretary of Health and Human Services, acting
16 through the Director of the Centers for Disease
17 Control and Prevention.
18 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
19 out this section, there are authorized to be appropriated—
20 (1) $5,000,000 for fiscal year 2025;
21 (2) $6,000,000 for fiscal year 2026;
22 (3) $7,000,000 for fiscal year 2027;
23 (4) $8,000,000 for fiscal year 2028; and
24 (5) $9,000,000 for fiscal year 2029.

# Subtitle C—Pregnancy-related Care

**SEC. 5201. COMMUNITY ACCESS, RESOURCES, AND EMPOWERMENT FOR MOMS.**

(a) SHORT TITLE.—This section may be cited as the "Community Access, Resources, and Empowerment for Moms Act" or the "CARE for Moms Act".

(b) IMPROVING FEDERAL EFFORTS WITH RESPECT TO PREVENTION OF MATERNAL MORTALITY.—

(1) FUNDING FOR STATE-BASED PERINATAL QUALITY COLLABORATIVES DEVELOPMENT AND SUSTAINABILITY.—

(A) IN GENERAL.—Not later than one year after the date of enactment of this Act, the Secretary of Health and Human Services, acting through the Division of Reproductive Health of the Centers for Disease Control and Prevention (referred to in this paragraph as the "Secretary"), shall establish a grant program to be known as the "State-Based Perinatal Quality Collaborative Grant Program", under which the Secretary shall award grants to eligible entities for the purpose of development and sustainability of State-based perinatal quality collaboratives in every State, the District of Co-

1 lumbia, and eligible territories, in order to
2 measurably improve perinatal care and
3 perinatal health outcomes for pregnant and
4 postpartum women and their infants.

5 (B) GRANT AMOUNTS.—Grants awarded
6 under this paragraph shall be in amounts not to
7 exceed $250,000 per year, for the duration of
8 the grant period.

9 (C) STATE-BASED PERINATAL QUALITY
10 COLLABORATIVE DEFINED.—For purposes of
11 this paragraph, the term ''State-based perinatal
12 quality collaborative'' means a network of teams
13 that—

14 (i) is multidisciplinary in nature and
15 includes the full range of perinatal and
16 maternity care providers;

17 (ii) works to improve measurable out-
18 comes for maternal and infant health by
19 advancing evidence-informed clinical prac-
20 tices using quality improvement principles;

21 (iii) works with hospital-based or out-
22 patient facility-based clinical teams, ex-
23 perts, and stakeholders, including patients
24 and families, to spread best practices and

1 optimize resources to improve perinatal
2 care and outcomes;
3 (iv) employs strategies that include
4 the use of the collaborative learning model
5 to provide opportunities for hospitals and
6 clinical teams to collaborate on improve-
7 ment strategies, rapid-response data to
8 provide timely feedback to hospital and
9 other clinical teams to track progress, and
10 quality improvement science to provide
11 support and coaching to hospital and clin-
12 ical teams;
13 (v) has the goal of improving popu-
14 lation-level outcomes in maternal and in-
15 fant health; and
16 (vi) has the goal of improving out-
17 comes of all birthing people, through the
18 coordination, integration, and collaboration
19 across birth settings.
20 (D) AUTHORIZATION OF APPROPRIA-
21 TIONS.—For purposes of carrying out this
22 paragraph, there is authorized to be appro-
23 priated $35,000,000 for each of fiscal years
24 2025 through 2029.

1 (2) EXPANSION OF MEDICAID AND CHIP COV-
2 ERAGE FOR PREGNANT AND POSTPARTUM WOMEN.—
3 (A) REQUIRING COVERAGE OF ORAL
4 HEALTH SERVICES FOR PREGNANT AND
5 POSTPARTUM WOMEN.—
6 (i) MEDICAID.—Section 1905 of the
7 Social Security Act (42 U.S.C. 1396d), as
8 amended by section 4251(d)(3)(A), is
9 amended—
10 (I) in subsection (a)(4)—
11 (aa) by striking ''; and (D)''
12 and inserting ''; (D)'';
13 (bb) by striking ''; and (E)''
14 and inserting ''; (E)'';
15 (cc) by striking ''; and (F)''
16 and inserting ''; (F)''; and
17 (dd) by striking the semi-
18 colon at the end and inserting '';
19 and (G) oral health services for
20 pregnant and postpartum women
21 (as defined in subsection (nn));'';
22 and
23 (II) by adding at the end the fol-
24 lowing new subsection:

1 “(nn) ORAL HEALTH SERVICES FOR PREGNANT AND
2 POSTPARTUM WOMEN.—

3 “(1) IN GENERAL.—For purposes of this title,
4 the term ‘oral health services for pregnant and
5 postpartum women’ means dental services necessary
6 to prevent disease and promote oral health, restore
7 oral structures to health and function, and treat
8 emergency conditions that are furnished to a woman
9 during pregnancy (or during the 1-year period be-
10 ginning on the last day of the pregnancy).

11 “(2) COVERAGE REQUIREMENTS.—To satisfy
12 the requirement to provide oral health services for
13 pregnant and postpartum women, a State shall, at
14 a minimum, provide coverage for preventive, diag-
15 nostic, periodontal, and restorative care consistent
16 with recommendations for perinatal oral health care
17 and dental care during pregnancy from the Amer-
18 ican Academy of Pediatric Dentistry and the Amer-
19 ican College of Obstetricians and Gynecologists.”.

20 (ii) CHIP.—Section 2103(c)(6) of the
21 Social Security Act (42 U.S.C.
22 1397cc(c)(6)) is amended—

23 (I) in subparagraph (A)—

24 (aa) by inserting “or a tar-
25 geted low-income pregnant

1 woman'' after ``targeted low-in-
2 come child''; and
3 (bb) by inserting ``, and, in
4 the case of a targeted low-income
5 child who is pregnant or a tar-
6 geted low-income pregnant
7 woman, satisfy the coverage re-
8 quirements specified in section
9 1905(nn)'' after ``emergency con-
10 ditions''; and
11 (II) in subparagraph (B), by in-
12 serting ``(but only if, in the case of a
13 targeted low-income child who is preg-
14 nant or a targeted low-income preg-
15 nant woman, the benchmark dental
16 benefit package satisfies the coverage
17 requirements specified in section
18 1905(nn))'' after ``subparagraph (C)''.
19 (B) REQUIRING 12-MONTH CONTINUOUS
20 COVERAGE OF FULL BENEFITS FOR PREGNANT
21 AND POSTPARTUM INDIVIDUALS UNDER MED-
22 ICAID AND CHIP.—
23 (i) MEDICAID.—Section 1902 of the
24 Social Security Act (42 U.S.C. 1396a) is
25 amended—

1 (I) in subsection (a)—

2 (aa) in paragraph (86), by
3 striking "and" at the end;

4 (bb) in paragraph (87), by
5 striking the period at the end
6 and inserting "; and"; and

7 (cc) by inserting after para-
8 graph (87) the following new
9 paragraph:

10 "(88) provide that the State plan is in compli-
11 ance with subsection (e)(16)."; and

12 (II) in subsection (e)(16)—

13 (aa) in subparagraph (A),
14 by striking "At the option of the
15 State, the State plan (or waiver
16 of such State plan) may provide"
17 and inserting "A State plan (or
18 waiver of such State plan) shall
19 provide";

20 (bb) in subparagraph (B), in
21 the matter preceding clause (i),
22 by striking "by a State making
23 an election under this para-
24 graph" and inserting "under a

1 State plan (or a waiver of such
2 State plan)''; and
3 (cc) by striking subpara-
4 graph (C).
5 (ii) CHIP.—
6 (I) IN GENERAL.—Section
7 2107(e)(1)(J) of the Social Security
8 Act (42 U.S.C. 1397gg(e)(1)(J)), as
9 inserted by section 9822 of the Amer-
10 ican Rescue Plan Act of 2021 (Public
11 Law 117–2), is amended to read as
12 follows:
13 ''(J) Paragraphs (5) and (16) of section
14 1902(e) (relating to the requirement to provide
15 medical assistance under the State plan or
16 waiver consisting of full benefits during preg-
17 nancy and throughout the 12-month
18 postpartum period under title XIX).''.
19 (II) CONFORMING.—Section
20 2112(d)(2)(A) of the Social Security
21 Act (42 U.S.C. 1397ll(d)(2)(A)) is
22 amended by striking ''the month in
23 which the 60-day period'' and all that
24 follows through ''pursuant to section
25 2107(e)(1),''.

1 (C) MAINTENANCE OF EFFORT.—

2 (i) MEDICAID.—Section 1902(l) of the
3 Social Security Act (42 U.S.C. 1396a(l)) is
4 amended by adding at the end the fol-
5 lowing new paragraph:

6 "(5) During the period that begins on the date of
7 enactment of this paragraph and ends on the date that
8 is 5 years after such date of enactment, as a condition
9 for receiving any Federal payments under section 1903(a)
10 for calendar quarters occurring during such period, a
11 State shall not have in effect, with respect to women who
12 are eligible for medical assistance under the State plan
13 or under a waiver of such plan on the basis of being preg-
14 nant or having been pregnant, eligibility standards, meth-
15 odologies, or procedures under the State plan or waiver
16 that are more restrictive than the eligibility standards,
17 methodologies, or procedures, respectively, under such
18 plan or waiver that are in effect on the date of enactment
19 of this paragraph.".

20 (ii) CHIP.—Section 2105(d) of the
21 Social Security Act (42 U.S.C. 1397ee(d))
22 is amended by adding at the end the fol-
23 lowing new paragraph:

24 "(4) IN ELIGIBILITY STANDARDS FOR TAR-
25 GETED LOW-INCOME PREGNANT WOMEN.—During

1 the period that begins on the date of enactment of
2 this paragraph and ends on the date that is 5 years
3 after such date of enactment, as a condition of re-
4 ceiving payments under subsection (a) and section
5 1903(a), a State that elects to provide assistance to
6 women on the basis of being pregnant (including
7 pregnancy-related assistance provided to targeted
8 low-income pregnant women (as defined in section
9 2112(d)), pregnancy-related assistance provided to
10 women who are eligible for such assistance through
11 application of section 1902(v)(4)(A)(i) under section
12 2107(e)(1), or any other assistance under the State
13 child health plan (or a waiver of such plan) which
14 is provided to women on the basis of being preg-
15 nant) shall not have in effect, with respect to such
16 women, eligibility standards, methodologies, or pro-
17 cedures under such plan (or waiver) that are more
18 restrictive than the eligibility standards, methodolo-
19 gies, or procedures, respectively, under such plan (or
20 waiver) that are in effect on the date of enactment
21 of this paragraph.''.
22 (D) INFORMATION ON BENEFITS.—The
23 Secretary of Health and Human Services shall
24 make publicly available on the internet website
25 of the Department of Health and Human Serv-

1 ices, information regarding benefits available to
2 pregnant and postpartum women and under the
3 Medicaid program and the Children's Health
4 Insurance Program, including information on—
5 (i) benefits that States are required to
6 provide to pregnant and postpartum
7 women under such programs;
8 (ii) optional benefits that States may
9 provide to pregnant and postpartum
10 women under such programs; and
11 (iii) the availability of different kinds
12 of benefits for pregnant and postpartum
13 women, including oral health and mental
14 health benefits and breastfeeding services
15 and supplies, under such programs.
16 (E) FEDERAL FUNDING FOR COST OF EX-
17 TENDED MEDICAID AND CHIP COVERAGE FOR
18 POSTPARTUM WOMEN.—
19 (i) MEDICAID.—Section 1905 of the
20 Social Security Act (42 U.S.C. 1396d), as
21 amended by title IV and subparagraph
22 (A)(i)(II), is further amended—
23 (I) in subsection (b), by striking
24 "and (mm)" and inserting "(mm),
25 and (oo)"; and

1 (II) by adding at the end the fol-
2 lowing:
3 ''(oo) INCREASED FMAP FOR EXTENDED MEDICAL
4 ASSISTANCE FOR POSTPARTUM INDIVIDUALS.—
5 ''(1) IN GENERAL.—Notwithstanding subsection
6 (b), the Federal medical assistance percentage for a
7 State, with respect to amounts expended by such
8 State for medical assistance for an individual who is
9 eligible for such assistance on the basis of being
10 pregnant or having been pregnant that is provided
11 during the 305-day period that begins on the 60th
12 day after the last day of the individual's pregnancy
13 (including any such assistance provided during the
14 month in which such period ends), shall be equal
15 to—
16 ''(A) during the first 20-quarter period for
17 which this subsection is in effect with respect to
18 a State, 100 percent; and
19 ''(B) with respect to a State, during each
20 quarter thereafter, 90 percent.
21 ''(2) EXCLUSION FROM TERRITORIAL CAPS.—
22 Any payment made to a territory for expenditures
23 for medical assistance for an individual described in
24 paragraph (1) that is subject to the Federal medical
25 assistance percentage specified under paragraph (1)

1 shall not be taken into account for purposes of ap-
2 plying payment limits under subsections (f) and (g)
3 of section 1108.''.

4 (ii) CHIP.—Section 2105(c) of the
5 Social Security Act (42 U.S.C. 1397ee(c))
6 is amended by adding at the end the fol-
7 lowing new paragraph:

8 ''(13) ENHANCED PAYMENT FOR EXTENDED
9 ASSISTANCE PROVIDED TO PREGNANT WOMEN.—
10 Notwithstanding subsection (b), the enhanced
11 FMAP, with respect to payments under subsection
12 (a) for expenditures under the State child health
13 plan (or a waiver of such plan) for assistance pro-
14 vided under the plan (or waiver) to a woman who is
15 eligible for such assistance on the basis of being
16 pregnant (including pregnancy-related assistance
17 provided to a targeted low-income pregnant woman
18 (as defined in section 2112(d)), pregnancy-related
19 assistance provided to a woman who is eligible for
20 such assistance through application of section
21 1902(v)(4)(A)(i) under section 2107(e)(1), or any
22 other assistance under the plan (or waiver) provided
23 to a woman who is eligible for such assistance on the
24 basis of being pregnant) during the 305-day period
25 that begins on the 60th day after the last day of her

1 pregnancy (including any such assistance provided
2 during the month in which such period ends), shall
3 be equal to—

4 ''(A) during the first 20-quarter period for
5 which this subsection is in effect with respect to
6 a State, 100 percent; and

7 ''(B) with respect to a State, during each
8 quarter thereafter, 90 percent.''.

9 (F) GUIDANCE ON STATE OPTIONS FOR
10 MEDICAID COVERAGE OF DOULA SERVICES.—
11 Not later than 1 year after the date of the en-
12 actment of this section, the Secretary of Health
13 and Human Services shall issue guidance for
14 the States concerning options for Medicaid cov-
15 erage and payment for support services pro-
16 vided by doulas.

17 (G) ENHANCED FMAP FOR RURAL OBSTET-
18 RIC AND GYNECOLOGICAL SERVICES.—Section
19 1905 of the Social Security Act (42 U.S.C.
20 1396d), as amended by title IV and subpara-
21 graphs (A) and (E), is further amended—

22 (i) in subsection (b), by striking ''and
23 (oo)'' and inserting ''(oo), and (pp)''; and

24 (ii) by adding at the end the following
25 new subsection:

1 "(pp) INCREASED FMAP FOR MEDICAL ASSISTANCE
2 FOR OBSTETRIC AND GYNECOLOGICAL SERVICES FUR-
3 NISHED AT RURAL HOSPITALS.—
4 "(1) IN GENERAL.—Notwithstanding subsection
5 (b), the Federal medical assistance percentage for a
6 State, with respect to amounts expended by such
7 State for medical assistance for obstetric or gyneco-
8 logical services that are furnished in a hospital that
9 is located in a rural area (as defined for purposes
10 of section 1886) shall be equal to 90 percent for
11 each calendar quarter beginning with the first cal-
12 endar quarter during which this subsection is in ef-
13 fect.
14 "(2) EXCLUSION FROM TERRITORIAL CAPS.—
15 Any payment made to a territory for expenditures
16 for medical assistance described in paragraph (1)
17 that is subject to the Federal medical assistance per-
18 centage specified under paragraph (1) shall not be
19 taken into account for purposes of applying payment
20 limits under subsections (f) and (g) of section
21 1108.".
22 (H) EFFECTIVE DATES.—
23 (i) IN GENERAL.—Subject to clauses
24 (ii) and (iii)—

1 (I) the amendments made by
2 subparagraphs (A), (B), and (E) shall
3 take effect on the first day of the first
4 calendar quarter that begins on or
5 after the date that is 1 year after the
6 date of enactment of this section;
7 (II) the amendments made by
8 subparagraph (C) shall take effect on
9 the date of enactment of this section;
10 and
11 (III) the amendments made by
12 subparagraph (G) shall take effect on
13 the first day of the first calendar
14 quarter that begins on or after the
15 date of enactment of this section.
16 (ii) EXCEPTION FOR STATE LEGISLA-
17 TION.—In the case of a State plan under
18 title XIX of the Social Security Act or a
19 State child health plan under title XXI of
20 such Act that the Secretary of Health and
21 Human Services determines requires State
22 legislation in order for the respective plan
23 to meet any requirement imposed by
24 amendments made by this paragraph, the
25 respective plan shall not be regarded as

1 failing to comply with the requirements of
2 such title solely on the basis of its failure
3 to meet such an additional requirement be-
4 fore the first day of the first calendar
5 quarter beginning after the close of the
6 first regular session of the State legislature
7 that begins after the date of enactment of
8 this section. For purposes of the previous
9 sentence, in the case of a State that has a
10 2-year legislative session, each year of the
11 session shall be considered to be a separate
12 regular session of the State legislature.

13 (iii) STATE OPTION FOR EARLIER EF-
14 FECTIVE DATE.—A State may elect to have
15 subsection (e)(16) of section 1902 of the
16 Social Security Act (42 U.S.C. 1396a) and
17 subparagraph (J) of section 2107(e)(1) of
18 the Social Security Act (42 U.S.C.
19 1397gg(e)(1)), as amended by subpara-
20 graph (B), and subsection (oo) of section
21 1905 of the Social Security Act (42 U.S.C.
22 1396d) and paragraph (13) of section
23 2105(c) of the Social Security Act (42
24 U.S.C. 1397ee(c)), as added by subpara-
25 graph (E), take effect with respect to the

1 State on the first day of any fiscal quarter
2 that begins before the date described in
3 clause (i) and apply to amounts payable to
4 the State for expenditures for medical as-
5 sistance, child health assistance, or preg-
6 nancy-related assistance to pregnant or
7 postpartum individuals furnished on or
8 after such day.

9 (3) REGIONAL CENTERS OF EXCELLENCE.—
10 Part P of title III of the Public Health Service Act
11 (42 U.S.C. 280g et seq.) (as amended by section
12 5101) is amended by adding at the end the fol-
13 lowing:

14 **"SEC. 399V–9. REGIONAL CENTERS OF EXCELLENCE AD-**
15 **DRESSING IMPLICIT BIAS AND CULTURAL**
16 **COMPETENCY IN PATIENT-PROVIDER INTER-**
17 **ACTIONS EDUCATION.**

18 "(a) IN GENERAL.—Not later than one year after the
19 date of enactment of this section, the Secretary, in con-
20 sultation with such other agency heads as the Secretary
21 determines appropriate, shall award cooperative agree-
22 ments for the establishment or support of regional centers
23 of excellence addressing implicit bias, cultural competency,
24 and respectful care practices in patient-provider inter-
25 actions education for the purpose of enhancing and im-

1 proving how health care professionals are educated in im-
2 plicit bias and delivering culturally competent health care.

3 ‘‘(b) ELIGIBILITY.—To be eligible to receive a cooper-
4 ative agreement under subsection (a), an entity shall—

5 ‘‘(1) be a public or other nonprofit entity speci-
6 fied by the Secretary that provides educational and
7 training opportunities for students and health care
8 professionals, which may be a health system, teach-
9 ing hospital, community health center, medical
10 school, school of public health, school of nursing,
11 dental school, social work school, school of profes-
12 sional psychology, or any other health professional
13 school or program at an institution of higher edu-
14 cation (as defined in section 101 of the Higher Edu-
15 cation Act of 1965) focused on the prevention, treat-
16 ment, or recovery of health conditions that con-
17 tribute to maternal mortality and the prevention of
18 maternal mortality and severe maternal morbidity;

19 ‘‘(2) demonstrate community engagement and
20 participation, such as through partnerships with
21 home visiting and case management programs and
22 community-based organizations serving minority
23 populations;

24 ‘‘(3) demonstrate engagement with groups en-
25 gaged in the implementation of health care profes-

1 sional training in implicit bias and delivering cul-
2 turally competent care, such as departments of pub-
3 lic health, perinatal quality collaboratives, hospital
4 systems, and health care professional groups, in
5 order to obtain input on resources needed for effec-
6 tive implementation strategies; and

7 ''(4) provide to the Secretary such information,
8 at such time and in such manner, as the Secretary
9 may require.

10 ''(c) DIVERSITY.—In awarding a cooperative agree-
11 ment under subsection (a), the Secretary shall take into
12 account any regional differences among eligible entities
13 and make an effort to ensure geographic diversity among
14 award recipients.

15 ''(d) DISSEMINATION OF INFORMATION.—

16 ''(1) PUBLIC AVAILABILITY.—The Secretary
17 shall make publicly available on the internet website
18 of the Department of Health and Human Services
19 information submitted to the Secretary under sub-
20 section (b)(4).

21 ''(2) EVALUATION.—The Secretary shall evalu-
22 ate each regional center of excellence established or
23 supported pursuant to subsection (a) and dissemi-
24 nate the findings resulting from each such evalua-
25 tion to the appropriate public and private entities.

1 "(3) DISTRIBUTION.—The Secretary shall share
2 evaluations and overall findings with State depart-
3 ments of health and other relevant State level offices
4 to inform State and local best practices.
5 "(e) MATERNAL MORTALITY DEFINED.—In this sec-
6 tion, the term 'maternal mortality' means death of a
7 woman that occurs during pregnancy or within the one-
8 year period following the end of such pregnancy.
9 "(f) AUTHORIZATION OF APPROPRIATIONS.—For
10 purposes of carrying out this section, there is authorized
11 to be appropriated $5,000,000 for each of fiscal years
12 2025 through 2029.".
13 (4) SPECIAL SUPPLEMENTAL NUTRITION PRO-
14 GRAM FOR WOMEN, INFANTS, AND CHILDREN.—Sec-
15 tion 17(d)(3)(A)(ii) of the Child Nutrition Act of
16 1966 (42 U.S.C. 1786(d)(3)(A)(ii)) is amended—
17 (A) by striking the clause designation and
18 heading and all that follows through "A State"
19 and inserting the following:
20 "(ii) WOMEN.—
21 "(I) BREASTFEEDING WOMEN.—
22 A State";
23 (B) in subclause (I) (as so designated), by
24 striking "1 year" and all that follows through

1 "earlier" and inserting "2 years postpartum";
2 and
3 (C) by adding at the end the following:
4 "(II) POSTPARTUM WOMEN.—A
5 State may elect to certify a
6 postpartum woman for a period of 2
7 years.".
8 (c) FULL SPECTRUM DOULA WORKFORCE.—
9 (1) IN GENERAL.—The Secretary of Health and
10 Human Services shall establish and implement a
11 program to award grants or contracts to health pro-
12 fessions schools, schools of public health, academic
13 health centers, State or local governments, terri-
14 tories, Indian Tribes and Tribal organizations,
15 Urban Indian organizations, Native Hawaiian orga-
16 nizations, or other appropriate public or private non-
17 profit entities or community-based organizations (or
18 consortia of any such entities, including entities pro-
19 moting multidisciplinary approaches), to establish or
20 expand programs to grow and diversify the doula
21 workforce, including through improving the capacity
22 and supply of health care providers.
23 (2) USE OF FUNDS.—Amounts made available
24 by paragraph (1) shall be used for the following ac-
25 tivities:

1 (A) Establishing programs that provide
2 education and training to individuals seeking
3 appropriate training or certification as full
4 spectrum doulas.
5 (B) Expanding the capacity of existing
6 programs described in subparagraph (A), for
7 the purpose of increasing the number of stu-
8 dents enrolled in such programs, including by
9 awarding scholarships for students who agree to
10 work in underserved communities after receiv-
11 ing such education and training.
12 (C) Developing and implementing strate-
13 gies to recruit and retain students from under-
14 served communities, particularly from demo-
15 graphic groups experiencing high rates of ma-
16 ternal mortality and severe maternal morbidity,
17 including racial and ethnic minority groups,
18 into programs described in subparagraphs (A)
19 and (B).
20 (3) FUNDING.—In addition to amounts other-
21 wise available, there is appropriated to the Secretary
22 of Health and Human Services for fiscal year 2025,
23 out of any money in the Treasury not otherwise ap-
24 propriated, $50,000,000, to remain available until
25 expended, for carrying out this subsection.

1 (d) GRANTS FOR RURAL OBSTETRIC MOBILE
2 HEALTH UNITS.—Part B of title III of the Public Health
3 Service Act (42 U.S.C. 243 et seq.) is amended by adding
4 at the end the following:

5 **"SEC. 320C. GRANTS FOR RURAL OBSTETRIC MOBILE**
6 **HEALTH UNITS.**

7 "(a) IN GENERAL.—The Secretary, acting through
8 the Administrator of the Health Resources and Services
9 Administration (referred to in this section as the 'Sec-
10 retary'), shall establish a pilot program under which the
11 Secretary shall make grants to States—

12 "(1) to purchase and equip rural mobile health
13 units for the purpose of providing pre-conception,
14 pregnancy, postpartum, and obstetric emergency
15 services in rural and underserved communities;

16 "(2) to train providers including obstetrician-
17 gynecologists, certified nurse-midwives, nurse practi-
18 tioners, nurses, and midwives to operate and provide
19 obstetric services, including training and planning
20 for obstetric emergencies, in such mobile health
21 units; and

22 "(3) to address access issues, including social
23 determinants of health and wrap-around clinical and
24 community services including nutrition, housing, lac-

1 tation services, and transportation support and re-
2 ferrals.
3 "(b) NO SHARING OF DATA WITH LAW ENFORCE-
4 MENT.—As a condition of receiving a grant under this sec-
5 tion, a State shall submit to the Secretary an assurance
6 that the State will not make available to Federal or State
7 law enforcement any personally identifiable information
8 regarding any pregnant or postpartum individual collected
9 pursuant to such grant.
10 "(c) GRANT DURATION.—The period of a grant
11 under this section shall not exceed 5 years.
12 "(d) IMPLEMENTING AND REPORTING.—
13 "(1) IN GENERAL.—States that receive pilot
14 grants under this section shall—
15 "(A) implement the program funded by the
16 pilot grants; and
17 "(B) not later than 3 years after the date
18 of enactment of this section, and not later than
19 6 years after such date of enactment, submit to
20 the Secretary a report that describes the results
21 of such program, including—
22 "(i) relevant information and relevant
23 quantitative indicators of the programs'
24 success in improving the standard of care
25 and maternal health outcomes for individ-

1 uals in rural and underserved communities
2 seen for pre-conception, pregnancy, or
3 postpartum visits in the rural mobile
4 health units, stratified by the categories of
5 data specified in paragraph (2);

6 "(ii) relevant qualitative evaluations
7 from individuals receiving pre-conception,
8 pregnant, or postpartum care from rural
9 mobile health units, including measures of
10 patient-reported experience of care and
11 measures of patient-reported issues with
12 access to care without the rural mobile
13 health unit pilot; and

14 "(iii) strategies to sustain such pro-
15 grams beyond the duration of the grant
16 and expand such programs to other rural
17 and underserved communities.

18 "(2) CATEGORIES OF DATA.—The categories of
19 data specified in this paragraph are the following:

20 "(A) Race, ethnicity, sex, gender, gender
21 identity, primary language, age, geography, in-
22 surance status, disability status.

23 "(B) Number of visits provided for pre-
24 conception, prenatal, or postpartum care.

1 "(C) Number of repeat visits provided for
2 preconception, prenatal, or postpartum care.
3 "(D) Number of screenings or tests pro-
4 vided for smoking, substance use, hypertension,
5 sexually-transmitted diseases, diabetes, HIV,
6 depression, intimate partner violence, pap
7 smears, and pregnancy.
8 "(3) DATA PRIVACY PROTECTION.—The reports
9 referred to in paragraph (1)(B) shall not contain
10 any personally identifiable information regarding
11 any pregnant or postpartum individual.
12 "(e) EVALUATION.—The Secretary shall conduct an
13 evaluation of the pilot program under this section to deter-
14 mine the impact of the pilot program with respect to—
15 "(1) the effectiveness of the grants awarded
16 under this section to improve maternal health out-
17 comes in rural and underserved communities, with
18 data stratified by race, ethnicity, primary language,
19 socioeconomic status, geography, insurance type, and
20 other factors as the Secretary determines appro-
21 priate;
22 "(2) spending on maternity care by States par-
23 ticipating in the pilot program;
24 "(3) to the extent practicable, qualitative and
25 quantitative measures of patient experience; and

1 “(4) any other areas of assessment that the
2 Secretary determines relevant.

3 “(f) REPORT.—Not later than one year after the
4 completion of the pilot program under this section, the
5 Secretary shall submit to Congress, and make publicly
6 available, a report that describes—

7 “(1) the results of the evaluation conducted
8 under subsection (e); and

9 “(2) a recommendation regarding whether the
10 pilot program should be continued after fiscal year
11 2029 and expanded on a national basis.

12 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
13 is authorized to be appropriated to the Secretary to carry
14 out this section $10,000,000 for each of fiscal years 2025
15 through 2029.”.

16 (e) REQUIRING NOTIFICATION OF IMPENDING HOS-
17 PITAL OBSTETRIC UNIT CLOSURE.—Section 1866(a)(1)
18 of the Social Security Act (42 U.S.C. 1395cc(a)(1)) is
19 amended—

20 (1) in subparagraph (X), by striking “and” at
21 the end;

22 (2) in subparagraph (Y)(ii)(V), by striking the
23 period and inserting “, and”; and

24 (3) by inserting after subparagraph (Y) the fol-
25 lowing new subparagraph:

1 ''(Z) beginning 180 days after the date of the
2 enactment of this subparagraph, in the case of a
3 hospital, not less than 90 days prior to the closure
4 of any obstetric unit of the hospital, to submit to the
5 Secretary a notification which shall include—
6 ''(i) a report analyzing the impact the clo-
7 sure will have on the community;
8 ''(ii) steps the hospital will take to identify
9 other health care providers that can alleviate
10 any service gaps as a result of the closure; and
11 ''(iii) any additional information as may be
12 required by the Secretary.''.
13 (f) EVALUATION AND REPORT ON MATERNAL
14 HEALTH NEEDS.—
15 (1) IN GENERAL.—Not later than 2 years after
16 the date of enactment of this Act, the Secretary of
17 Health and Human Services shall conduct, and sub-
18 mit to Congress a report that describes the results
19 of, an evaluation of—
20 (A) where the maternal health needs are
21 greatest in the United States; and
22 (B) the Federal expenditures made to ad-
23 dress such needs.

1 (2) PERIOD COVERED.—The evaluation under
2 paragraph (1) shall cover the period of calendar
3 years 2000 through 2023.
4 (3) ANALYSIS.—The evaluation under para-
5 graph (1) shall include analysis of the following:
6 (A) How Federal funds provided to States
7 for maternal health were distributed across re-
8 gions, States, and localities or counties.
9 (B) Barriers to applying for and receiving
10 Federal funds for maternal health, including,
11 with respect to initial applications—
12 (i) requirements for submission in
13 partnership with other entities; and
14 (ii) stringent network requirements.
15 (C) Why applicants did not receive fund-
16 ing, including limited availability of funds, the
17 strength of the respective applications, and fail-
18 ure to adhere to requirements.
19 (4) DISAGGREGATION OF DATA.—The report
20 under paragraph (1) shall disaggregate data on
21 mothers served by race, ethnicity, insurance status,
22 and language spoken.
23 (g) INCREASING EXCISE TAXES ON CIGARETTES AND
24 ESTABLISHING EXCISE TAX EQUITY AMONG ALL TO-
25 BACCO PRODUCT TAX RATES.—

1 (1) TAX PARITY FOR ROLL-YOUR-OWN TO-
2 BACCO.—Section 5701(g) of the Internal Revenue
3 Code of 1986 is amended by striking ‘‘$24.78’’ and
4 inserting ‘‘$49.56’’.
5 (2) TAX PARITY FOR PIPE TOBACCO.—Section
6 5701(f) of the Internal Revenue Code of 1986 is
7 amended by striking ‘‘$2.8311 cents’’ and inserting
8 ‘‘$49.56’’.
9 (3) TAX PARITY FOR SMOKELESS TOBACCO.—
10 (A) Section 5701(e) of the Internal Rev-
11 enue Code of 1986 is amended—
12 (i) in paragraph (1), by striking
13 ‘‘$1.51’’ and inserting ‘‘$26.84’’;
14 (ii) in paragraph (2), by striking
15 ‘‘50.33 cents’’ and inserting ‘‘$10.74’’; and
16 (iii) by adding at the end the fol-
17 lowing:
18 ‘‘(3) SMOKELESS TOBACCO SOLD IN DISCRETE
19 SINGLE-USE UNITS.—On discrete single-use units,
20 $100.66 per thousand.’’.
21 (B) Section 5702(m) of such Code is
22 amended—
23 (i) in paragraph (1), by striking ‘‘or
24 chewing tobacco’’ and inserting ‘‘, chewing
25 tobacco, or discrete single-use unit’’;

1 (ii) in paragraphs (2) and (3), by in-
2 serting ''that is not a discrete single-use
3 unit'' before the period in each such para-
4 graph; and
5 (iii) by adding at the end the fol-
6 lowing:
7 ''(4) DISCRETE SINGLE-USE UNIT.—The term
8 'discrete single-use unit' means any product con-
9 taining, made from, or derived from tobacco or nico-
10 tine that—
11 ''(A) is not intended to be smoked; and
12 ''(B) is in the form of a lozenge, tablet,
13 pill, pouch, dissolvable strip, or other discrete
14 single-use or single-dose unit.''.
15 (4) TAX PARITY FOR SMALL CIGARS.—Para-
16 graph (1) of section 5701(a) of the Internal Revenue
17 Code of 1986 is amended by striking ''$50.33'' and
18 inserting ''$100.66''.
19 (5) TAX PARITY FOR LARGE CIGARS.—
20 (A) IN GENERAL.—Paragraph (2) of sec-
21 tion 5701(a) of the Internal Revenue Code of
22 1986 is amended by striking ''52.75 percent''
23 and all that follows through the period and in-
24 serting the following: ''$49.56 per pound and a
25 proportionate tax at the like rate on all frac-

1 tional parts of a pound but not less than
2 10.066 cents per cigar.''.

3 (B) GUIDANCE.—The Secretary of the
4 Treasury, or the Secretary's delegate, may issue
5 guidance regarding the appropriate method for
6 determining the weight of large cigars for pur-
7 poses of calculating the applicable tax under
8 section 5701(a)(2) of the Internal Revenue
9 Code of 1986.

10 (C) CONFORMING AMENDMENT.—Section
11 5702 of such Code is amended by striking sub-
12 section (l).

13 (6) TAX PARITY FOR ROLL-YOUR-OWN TOBACCO
14 AND CERTAIN PROCESSED TOBACCO.—Subsection (o)
15 of section 5702 of the Internal Revenue Code of
16 1986 is amended by inserting '', and includes proc-
17 essed tobacco that is removed for delivery or deliv-
18 ered to a person other than a person with a permit
19 provided under section 5713, but does not include
20 removals of processed tobacco for exportation'' after
21 ''wrappers thereof''.

22 (7) CLARIFYING TAX RATE FOR OTHER TO-
23 BACCO PRODUCTS.—

1 (A) IN GENERAL.—Section 5701 of the In-
2 ternal Revenue Code of 1986 is amended by
3 adding at the end the following new subsection:
4 "(i) OTHER TOBACCO PRODUCTS.—Any product not
5 otherwise described under this section that has been deter-
6 mined to be a tobacco product by the Food and Drug Ad-
7 ministration through its authorities under the Family
8 Smoking Prevention and Tobacco Control Act shall be
9 taxed at a level of tax equivalent to the tax rate for ciga-
10 rettes on an estimated per use basis as determined by the
11 Secretary.".
12 (B) ESTABLISHING PER USE BASIS.—For
13 purposes of section 5701(i) of the Internal Rev-
14 enue Code of 1986, not later than 12 months
15 after the later of the date of the enactment of
16 this Act or the date that a product has been de-
17 termined to be a tobacco product by the Food
18 and Drug Administration, the Secretary of the
19 Treasury (or the Secretary of the Treasury's
20 delegate) shall issue final regulations estab-
21 lishing the level of tax for such product that is
22 equivalent to the tax rate for cigarettes on an
23 estimated per use basis.
24 (8) CLARIFYING DEFINITION OF TOBACCO
25 PRODUCTS.—

1 (A) IN GENERAL.—Subsection (c) of sec-
2 tion 5702 of the Internal Revenue Code of 1986
3 is amended to read as follows:
4 "(c) TOBACCO PRODUCTS.—The term 'tobacco prod-
5 ucts' means—
6 "(1) cigars, cigarettes, smokeless tobacco, pipe
7 tobacco, and roll-your-own tobacco, and
8 "(2) any other product subject to tax pursuant
9 to section 5701(i).".
10 (B) CONFORMING AMENDMENTS.—Sub-
11 section (d) of section 5702 of such Code is
12 amended by striking "cigars, cigarettes, smoke-
13 less tobacco, pipe tobacco, or roll-your-own to-
14 bacco" each place it appears and inserting "to-
15 bacco products".
16 (9) INCREASING TAX ON CIGARETTES.—
17 (A) SMALL CIGARETTES.—Section
18 5701(b)(1) of such Code is amended by striking
19 "$50.33" and inserting "$100.66".
20 (B) LARGE CIGARETTES.—Section
21 5701(b)(2) of such Code is amended by striking
22 "$105.69" and inserting "$211.38".
23 (10) TAX RATES ADJUSTED FOR INFLATION.—
24 Section 5701 of such Code, as amended by para-

1 graph (7), is amended by adding at the end the fol-
2 lowing new subsection:
3 "(j) INFLATION ADJUSTMENT.—
4 "(1) IN GENERAL.—In the case of any calendar
5 year beginning after 2024, the dollar amounts pro-
6 vided under this chapter shall each be increased by
7 an amount equal to—
8 "(A) such dollar amount, multiplied by
9 "(B) the cost-of-living adjustment deter-
10 mined under section 1(f)(3) for the calendar
11 year, determined by substituting 'calendar year
12 2023' for 'calendar year 2016' in subparagraph
13 (A)(ii) thereof.
14 "(2) ROUNDING.—If any amount as adjusted
15 under paragraph (1) is not a multiple of $0.01, such
16 amount shall be rounded to the next highest multiple
17 of $0.01.".
18 (11) FLOOR STOCKS TAXES.—
19 (A) IMPOSITION OF TAX.—On tobacco
20 products manufactured in or imported into the
21 United States which are removed before any tax
22 increase date and held on such date for sale by
23 any person, there is hereby imposed a tax in an
24 amount equal to the excess of—

1 (i) the tax which would be imposed
2 under section 5701 of the Internal Rev-
3 enue Code of 1986 on the article if the ar-
4 ticle had been removed on such date, over
5 (ii) the prior tax (if any) imposed
6 under section 5701 of such Code on such
7 article.
8 (B) CREDIT AGAINST TAX.—Each person
9 shall be allowed as a credit against the taxes
10 imposed by subparagraph (A) an amount equal
11 to the lesser of $1,000 or the amount of such
12 taxes. For purposes of the preceding sentence,
13 all persons treated as a single employer under
14 subsection (b), (c), (m), or (o) of section 414 of
15 the Internal Revenue Code of 1986 shall be
16 treated as 1 person for purposes of this sub-
17 paragraph.
18 (C) LIABILITY FOR TAX AND METHOD OF
19 PAYMENT.—
20 (i) LIABILITY FOR TAX.—A person
21 holding tobacco products on any tax in-
22 crease date to which any tax imposed by
23 subparagraph (A) applies shall be liable for
24 such tax.

1 (ii) METHOD OF PAYMENT.—The tax
2 imposed by subparagraph (A) shall be paid
3 in such manner as the Secretary shall pre-
4 scribe by regulations.
5 (iii) TIME FOR PAYMENT.—The tax
6 imposed by subparagraph (A) shall be paid
7 on or before the date that is 120 days
8 after the effective date of the tax rate in-
9 crease.
10 (D) ARTICLES IN FOREIGN TRADE
11 ZONES.—Notwithstanding the Act of June 18,
12 1934 (commonly known as the Foreign Trade
13 Zone Act, 48 Stat. 998, 19 U.S.C. 81a et seq.),
14 or any other provision of law, any article which
15 is located in a foreign trade zone on any tax in-
16 crease date shall be subject to the tax imposed
17 by subparagraph (A) if—
18 (i) internal revenue taxes have been
19 determined, or customs duties liquidated,
20 with respect to such article before such
21 date pursuant to a request made under the
22 first proviso of section 3(a) of such Act, or
23 (ii) such article is held on such date
24 under the supervision of an officer of the
25 United States Customs and Border Protec-

1 tion of the Department of Homeland Secu-
2 rity pursuant to the second proviso of such
3 section 3(a).
4 (E) DEFINITIONS.—For purposes of this
5 paragraph—
6 (i) IN GENERAL.—Any term used in
7 this paragraph which is also used in sec-
8 tion 5702 of such Code shall have the
9 same meaning as such term has in such
10 section.
11 (ii) TAX INCREASE DATE.—The term
12 ''tax increase date'' means the effective
13 date of any increase in any tobacco prod-
14 uct excise tax rate pursuant to the amend-
15 ments made by this subsection (other than
16 paragraph (10) thereof).
17 (iii) SECRETARY.—The term ''Sec-
18 retary'' means the Secretary of the Treas-
19 ury or the Secretary's delegate.
20 (F) CONTROLLED GROUPS.—Rules similar
21 to the rules of section 5061(e)(3) of such Code
22 shall apply for purposes of this paragraph.
23 (G) OTHER LAWS APPLICABLE.—All provi-
24 sions of law, including penalties, applicable with
25 respect to the taxes imposed by section 5701 of

1 such Code shall, insofar as applicable and not
2 inconsistent with the provisions of this para-
3 graph, apply to the floor stocks taxes imposed
4 by subparagraph (A), to the same extent as if
5 such taxes were imposed by such section 5701.
6 The Secretary may treat any person who bore
7 the ultimate burden of the tax imposed by sub-
8 paragraph (A) as the person to whom a credit
9 or refund under such provisions may be allowed
10 or made.

11 (12) EFFECTIVE DATES.—

12 (A) IN GENERAL.—Except as provided in
13 subparagraphs (B) and (C), the amendments
14 made by this subsection shall apply to articles
15 removed (as defined in section 5702(j) of the
16 Internal Revenue Code of 1986) after the last
17 day of the month which includes the date of the
18 enactment of this Act.

19 (B) DISCRETE SINGLE-USE UNITS, LARGE
20 CIGARS, AND PROCESSED TOBACCO.—The
21 amendments made by paragraphs (3)(A)(iii),
22 (3)(B), (5), and (6) shall apply to articles re-
23 moved (as defined in section 5702(j) of the In-
24 ternal Revenue Code of 1986) after the date

1 that is 6 months after the date of the enact-
2 ment of this Act.
3 (C) OTHER TOBACCO PRODUCTS.—The
4 amendments made by paragraph (7)(A) shall
5 apply to products removed after the last day of
6 the month which includes the date that the Sec-
7 retary of the Treasury (or the Secretary of the
8 Treasury's delegate) issues final regulations es-
9 tablishing the level of tax for such product.

10 **SEC. 5202. MOMMIES.**

11 (a) GAO STUDY AND REPORT.—
12 (1) IN GENERAL.—Not later than 1 year after
13 the date of the enactment of this Act, the Comp-
14 troller General of the United States shall submit to
15 Congress a report on the gaps in coverage with re-
16 spect to—
17 (A) pregnant individuals enrolled under a
18 State plan (or waiver of such plan) under title
19 XIX of the Social Security Act (42 U.S.C. 1396
20 et seq.) and the Children's Health Insurance
21 Program under title XXI of the Social Security
22 Act (42 U.S.C. 1397aa et seq.); and
23 (B) postpartum individuals enrolled under
24 a State plan (or waiver of such plan) under title
25 XIX of the Social Security Act (42 U.S.C. 1396

1 et seq.) and the Children's Health Insurance
2 Program under title XXI of the Social Security
3 Act (42 U.S.C. 1397aa et seq.) who received as-
4 sistance under either such program during their
5 pregnancy.

6 (2) CONTENT OF REPORT.—The report re-
7 quired under this paragraph shall include the fol-
8 lowing:

9 (A) Information about the abilities and
10 successes of State Medicaid agencies in deter-
11 mining whether pregnant and postpartum indi-
12 viduals are eligible under another insurance af-
13 fordability program, and in transitioning any
14 such individuals who are so eligible to coverage
15 under such a program at the end of their period
16 of eligibility for medical assistance, pursuant to
17 section 435.1200 of the title 42, Code of Fed-
18 eral Regulations (as in effect on September 1,
19 2018).

20 (B) Information on factors contributing to
21 gaps in coverage that disproportionately impact
22 underserved populations, including low-income
23 individuals, Black, Indigenous, and other indi-
24 viduals of color, individuals who reside in a
25 health professional shortage area (as defined in

1 section 332(a)(1)(A) of the Public Health Serv-
2 ice Act (42 U.S.C. 254e(a)(1)(A))) or individ-
3 uals who are members of a medically under-
4 served population (as defined by section
5 330(b)(3) of such Act (42 U.S.C.
6 254b(b)(3)(A))).
7 (C) Recommendations for addressing and
8 reducing such gaps in coverage.
9 (D) Such other information as the Comp-
10 troller General deems necessary.
11 (3) DATA DISAGGREGATION.—To the greatest
12 extent possible, the Comptroller General shall
13 disaggregate data presented in the report, including
14 by age, gender identity, race, ethnicity, income level,
15 and other demographic factors.
16 (b) MATERNITY CARE HOME DEMONSTRATION
17 PROJECT.—Title XIX of the Social Security Act (42
18 U.S.C. 1396 et seq.) is amended by inserting the following
19 new section after section 1947:
20 **"SEC. 1948. MATERNITY CARE HOME DEMONSTRATION**
21 **PROJECT.**
22 "(a) IN GENERAL.—Not later than 1 year after the
23 date of the enactment of this section, the Secretary shall
24 establish a demonstration project (in this section referred
25 to as the 'demonstration project') under which the Sec-

1 retary shall provide grants to States to enter into arrange-
2 ments with eligible entities to implement or expand a ma-
3 ternity care home model for eligible individuals.

4 "(b) GOALS OF DEMONSTRATION PROJECT.—The
5 goals of the demonstration project are the following:

6 "(1) To improve—

7 "(A) maternity and infant care outcomes;

8 "(B) birth equity;

9 "(C) health equity for—

10 "(i) Black, Indigenous, and other peo-
11 ple of color;

12 "(ii) lesbian, gay, bisexual,
13 transgender, queer, non-binary, and gender
14 nonconfirming individuals;

15 "(iii) people with disabilities; and

16 "(iv) other underserved populations;

17 "(D) communication by maternity, infant
18 care, and social services providers;

19 "(E) integration of perinatal support serv-
20 ices, including community health workers,
21 doulas, social workers, public health nurses,
22 peer lactation counselors, lactation consultants,
23 childbirth educators, peer mental health work-
24 ers, and others, into health care entities and or-
25 ganizations;

1 "(F) care coordination between maternity,
2 infant care, oral health services, and social serv-
3 ices providers within the community;
4 "(G) the quality and safety of maternity
5 and infant care;
6 "(H) the experience of individuals receiv-
7 ing maternity care, including by increasing the
8 ability of an individual to develop and follow
9 their own birthing plans; and
10 "(I) access to adequate prenatal and
11 postpartum care, including—
12 "(i) prenatal care that is initiated in
13 a timely manner;
14 "(ii) not fewer than 5 post-pregnancy
15 visits to a maternity care provider; and
16 "(iii) interpregnancy care.
17 "(2) To provide coordinated, evidence-based, re-
18 spectful, culturally and linguistically appropriate,
19 and person-centered maternity care management.
20 "(3) To decrease—
21 "(A) severe and preventable maternal mor-
22 bidity and maternal mortality;
23 "(B) overall health care spending;
24 "(C) unnecessary emergency department
25 visits;

1 ‘‘(D) inequities in maternal and infant care
2 outcomes, including racial, economic, disability,
3 gender-based, and geographical inequities;
4 ‘‘(E) racial, gender, economic, and other
5 discrimination among health care professionals;
6 ‘‘(F) racism, discrimination, disrespect,
7 and abuse in maternity care settings;
8 ‘‘(G) the rate of cesarean deliveries for
9 low-risk pregnancies;
10 ‘‘(H) the rate of pre-term births and in-
11 fants born with low birth weight; and
12 ‘‘(I) the rate of avoidable maternal and
13 newborn hospitalizations and admissions to in-
14 tensive care units.
15 ‘‘(c) CONSULTATION.—In designing and imple-
16 menting the demonstration project the Secretary shall
17 consult with stakeholders, including—
18 ‘‘(1) States;
19 ‘‘(2) organizations representing relevant health
20 care professionals, including oral health services pro-
21 fessionals;
22 ‘‘(3) organizations, particularly reproductive
23 justice and birth justice organizations led by people
24 of color, that represent consumers of maternal
25 health care, including consumers of maternal health

1 care who are disproportionately impacted by poor
2 maternal health outcomes;
3 "(4) representatives with experience imple-
4 menting other maternity care home models, includ-
5 ing representatives from the Center for Medicare
6 and Medicaid Innovation;
7 "(5) community-based health care professionals,
8 including doulas, lactation consultants, and other
9 stakeholders;
10 "(6) experts in promoting health equity and
11 combating racial bias in health care settings; and
12 "(7) Black, Indigenous, and other maternal
13 health care consumers of color who have experienced
14 severe maternal morbidity.
15 "(d) APPLICATION AND SELECTION OF STATES.—
16 "(1) IN GENERAL.—A State seeking to partici-
17 pate in the demonstration project shall submit an
18 application to the Secretary at such time and in
19 such manner as the Secretary shall require.
20 "(2) SELECTION OF STATES.—
21 "(A) IN GENERAL.—The Secretary shall
22 select at least 10 States to participate in the
23 demonstration project.

1 "(B) SELECTION REQUIREMENTS.—In se-
2 lecting States to participate in the demonstra-
3 tion project, the Secretary shall—
4 "(i) ensure that there is geographic
5 and regional diversity in the areas in which
6 activities will be carried out under the
7 project;
8 "(ii) ensure that States with signifi-
9 cant inequities in maternal and infant
10 health outcomes, including severe maternal
11 morbidity, and other inequities based on
12 race, income, or access to maternity care,
13 are included; and
14 "(iii) ensure that at least 1 territory
15 is included.
16 "(e) GRANTS.—
17 "(1) IN GENERAL.—From amounts appro-
18 priated under subsection (l), the Secretary shall
19 award 1 grant for each year of the demonstration
20 project to each State that is selected to participate
21 in the demonstration project.
22 "(2) USE OF GRANT FUNDS.—A State may use
23 funds received under this section to—

1 "(A) award grants or make payments to
2 eligible entities as part of an arrangement de-
3 scribed in subsection (f)(2);
4 "(B) provide financial incentives to health
5 care professionals, including community-based
6 health care workers and community-based
7 doulas, who participate in the State's maternity
8 care home model;
9 "(C) provide adequate training for health
10 care professionals, including community-based
11 health care workers, doulas, and care coordina-
12 tors, who participate in the State's maternity
13 care home model, which may include training
14 for cultural humility and antiracism, racial bias,
15 health equity, reproductive and birth justice,
16 trauma-informed care, home visiting skills, and
17 respectful communication and listening skills,
18 particularly in regards to maternal health;
19 "(D) pay for personnel and administrative
20 expenses associated with designing, imple-
21 menting, and operating the State's maternity
22 care home model;
23 "(E) pay for items and services that are
24 furnished under the State's maternity care

1 home model and for which payment is otherwise
2 unavailable under this title;
3 ‘‘(F) pay for services and materials to en-
4 sure culturally and linguistically appropriate
5 communication, including—
6 ‘‘(i) language services such as inter-
7 preters and translation of written mate-
8 rials; and
9 ‘‘(ii) development of culturally and lin-
10 guistically appropriate materials; and aux-
11 iliary aids and services; and
12 ‘‘(G) pay for other costs related to the
13 State's maternity care home model, as deter-
14 mined by the Secretary.
15 ‘‘(3) GRANT FOR NATIONAL INDEPENDENT
16 EVALUATOR.—
17 ‘‘(A) IN GENERAL.—From the amounts
18 appropriated under subsection (l), prior to
19 awarding any grants under paragraph (1), the
20 Secretary shall enter into a contract with a na-
21 tional external entity to create a single, uniform
22 process to—
23 ‘‘(i) ensure that States that receive
24 grants under paragraph (1) comply with
25 the requirements of this section; and

1 “(ii) evaluate the outcomes of the
2 demonstration project in each participating
3 State.
4 “(B) ANNUAL REPORT.—The contract de-
5 scribed in subparagraph (A) shall require the
6 national external entity to submit to the Sec-
7 retary—
8 “(i) a yearly evaluation report for
9 each year of the demonstration project;
10 and
11 “(ii) a final impact report after the
12 demonstration project has concluded.
13 “(C) SECRETARY’S AUTHORITY.—Nothing
14 in this paragraph shall prevent the Secretary
15 from making a determination that a State is
16 not in compliance with the requirements of this
17 section without the national external entity
18 making such a determination.
19 “(f) PARTNERSHIP WITH ELIGIBLE ENTITIES.—
20 “(1) IN GENERAL.—As a condition of receiving
21 a grant under this section, a State shall enter into
22 an arrangement with one or more eligible entities
23 that meets the requirements of paragraph (2).
24 “(2) ARRANGEMENTS WITH ELIGIBLE ENTI-
25 TIES.—Under an arrangement between a State and

1 an eligible entity under this subsection, the eligible
2 entity shall perform the following functions, with re-
3 spect to eligible individuals enrolled with the entity
4 under the State's maternity care home model—
5 "(A) provide culturally and linguistically
6 appropriate congruent care, which may include
7 prenatal care, family planning services, medical
8 care, mental and behavioral care, postpartum
9 care, and oral health services to such eligible in-
10 dividuals through a team of health care profes-
11 sionals, which may include obstetrician-gyne-
12 cologists, maternal-fetal medicine specialists,
13 family physicians, primary care providers, oral
14 health providers, physician assistants, advanced
15 practice registered nurses such as nurse practi-
16 tioners and certified nurse midwives, certified
17 midwives, certified professional midwives, phys-
18 ical therapists, social workers, traditional and
19 community-based doulas, lactation consultants,
20 childbirth educators, community health workers,
21 peer mental health supporters, and other health
22 care professionals;
23 "(B) conduct a risk assessment of each
24 such eligible individual to determine if their
25 pregnancy is high or low risk, and establish a

1 tailored pregnancy care plan, which takes into
2 consideration the individual's own preferences
3 and pregnancy care and birthing plans and de-
4 termines the appropriate support services to re-
5 duce the individual's medical, social, and envi-
6 ronmental risk factors, for each such eligible in-
7 dividual based on the results of such risk as-
8 sessment;

9 "(C) assign each such eligible individual to
10 a culturally and linguistically appropriate care
11 coordinator, which may be a nurse, social work-
12 er, traditional or community-based doula, com-
13 munity health worker, midwife, or other health
14 care provider, who is responsible for ensuring
15 that such eligible individual receives the nec-
16 essary medical care and connections to essential
17 support services;

18 "(D) provide, or arrange for the provision
19 of, essential support services, such as services
20 that address—

21 "(i) food access, nutrition, and exer-
22 cise;

23 "(ii) smoking cessation;

24 "(iii) substance use disorder and ad-
25 diction treatment;

1 “(iv) anxiety, depression, trauma, and
2 other mental and behavioral health issues;
3 “(v) breastfeeding, chestfeeding, or
4 other infant feeding options supports, initi-
5 ation, continuation, and duration;
6 “(vi) stable, affordable, safe, and
7 healthy housing;
8 “(vii) transportation;
9 “(viii) intimate partner violence;
10 “(ix) community and police violence;
11 “(x) home visiting services;
12 “(xi) childbirth and newborn care edu-
13 cation;
14 “(xii) oral health education;
15 “(xiii) continuous labor support;
16 “(xiv) group prenatal care;
17 “(xv) family planning and contracep-
18 tive care and supplies; and
19 “(xvi) affordable child care;
20 “(E) as appropriate, facilitate connections
21 to a usual primary care provider, which may be
22 a reproductive health care provider;
23 “(F) refer to guidelines and opinions of
24 medical associations when determining whether

1 an elective delivery should be performed on an
2 eligible individual before 39 weeks of gestation;
3 ‘‘(G) provide such eligible individual with
4 evidence-based and culturally and linguistically
5 appropriate education and resources to identify
6 potential warning signs of pregnancy and
7 postpartum complications and when and how to
8 obtain medical attention;
9 ‘‘(H) provide, or arrange for the provision
10 of, culturally and linguistically appropriate
11 pregnancy and postpartum health services, in-
12 cluding family planning counseling and services,
13 to eligible individuals;
14 ‘‘(I) track and report postpartum health
15 and birth outcomes of such eligible individuals
16 and their children;
17 ‘‘(J) ensure that care is person-centered,
18 culturally and linguistically appropriate, and
19 patient-led, including by engaging eligible indi-
20 viduals in their own care, including through
21 communication and education; and
22 ‘‘(K) ensure adequate training for appro-
23 priately serving the population of individuals el-
24 igible for medical assistance under the State
25 plan (or waiver of such plan), including through

1 reproductive justice, birth justice, birth equity,
2 and anti-racist frameworks, home visiting skills,
3 and knowledge of social services.

4 "(g) TERM OF DEMONSTRATION PROJECT.—The
5 Secretary shall conduct the demonstration project for a
6 period of 5 years.

7 "(h) REPORT.—Not later than 18 months after the
8 date of the enactment of this section and annually there-
9 after for each year of the demonstration project term, the
10 Secretary shall submit a report to Congress on the results
11 of the demonstration project, including—

12 "(1) the results of the final report of the na-
13 tional external entity required under subsection
14 (e)(3)(B)(ii); and

15 "(2) recommendations on whether the model
16 studied in the demonstration project should be con-
17 tinued or more widely adopted, including by private
18 health plans.

19 "(i) WAIVER AUTHORITY.—To the extent that the
20 Secretary determines necessary in order to carry out the
21 demonstration project, the Secretary may waive section
22 1902(a)(1) (relating to statewideness) and section
23 1902(a)(10)(B) (relating to comparability).

24 "(j) TECHNICAL ASSISTANCE.—The Secretary shall
25 establish a process to provide technical assistance to

1 States that are awarded grants under this section and to
2 eligible entities and other providers participating in a
3 State maternity care home model funded by such a grant.
4 ‘‘(k) DEFINITIONS.—In this section:
5 ‘‘(1) ELIGIBLE ENTITY.—The term ‘eligible en-
6 tity’ means an entity or organization that provides
7 medically accurate, comprehensive maternity services
8 to individuals who are eligible for medical assistance
9 under a State plan under this title or a waiver of
10 such a plan, and may include:
11 ‘‘(A) A freestanding birth center.
12 ‘‘(B) An entity or organization receiving
13 assistance under section 330 of the Public
14 Health Service Act.
15 ‘‘(C) A federally qualified health center.
16 ‘‘(D) A rural health clinic.
17 ‘‘(E) A health facility operated by an In-
18 dian tribe or tribal organization (as those terms
19 are defined in section 4 of the Indian Health
20 Care Improvement Act).
21 ‘‘(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible
22 individual’ means a pregnant individual or a for-
23 merly pregnant individual during the 1-year period
24 beginning on the last day of the pregnancy, or such

1 longer period beginning on such day as a State may
2 elect, who is—

3 "(A) enrolled in a State plan under this
4 title, a waiver of such a plan, or a State child
5 health plan under title XXI; and

6 "(B) a patient of an eligible entity which
7 has entered into an arrangement with a State
8 under subsection (g).

9 "(l) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to the Secretary, for
11 each of fiscal years 2025 through 2032, such sums as may
12 be necessary to carry out this section.".

13 (c) REAPPLICATION OF MEDICARE PAYMENT RATE
14 FLOOR TO PRIMARY CARE SERVICES FURNISHED UNDER
15 MEDICAID AND INCLUSION OF ADDITIONAL PRO-
16 VIDERS.—

17 (1) REAPPLICATION OF PAYMENT FLOOR; ADDI-
18 TIONAL PROVIDERS.—

19 (A) IN GENERAL.—Section 1902(a)(13) of
20 the Social Security Act (42 U.S.C.
21 1396a(a)(13)) is amended—

22 (i) in subparagraph (B), by striking ";
23 and" and inserting a semicolon;

24 (ii) in subparagraph (C), by striking
25 the semicolon and inserting "; and"; and

1 (iii) by adding at the end the fol-
2 lowing new subparagraph:
3 ''(D) payment for primary care services (as
4 defined in subsection (jj)(1)) furnished in the
5 period that begins on the first day of the first
6 month that begins after the date of enactment
7 of this subparagraph by a provider described in
8 subsection (jj)(2)—
9 ''(i) at a rate that is not less than 100
10 percent of the payment rate that applies to
11 such services and the provider of such
12 services under part B of title XVIII (or, if
13 greater, the payment rate that would be
14 applicable under such part if the conver-
15 sion factor under section 1848(d) for the
16 year were the conversion factor under such
17 section for 2009);
18 ''(ii) in the case of items and services
19 that are not items and services provided
20 under such part, at a rate to be established
21 by the Secretary; and
22 ''(iii) in the case of items and services
23 that are furnished in rural areas (as de-
24 fined in section 1886(d)(2)(D)), health
25 professional shortage areas (as defined in

1 section 332(a)(1)(A) of the Public Health
2 Service Act (42 U.S.C. 254e(a)(1)(A))), or
3 medically underserved areas (according to
4 a designation under section 330(b)(3)(A)
5 of the Public Health Service Act (42
6 U.S.C. 254b(b)(3)(A))), at the rate other-
7 wise applicable to such items or services
8 under clause (i) or (ii) increased, at the
9 Secretary's discretion, by not more than 25
10 percent;''.

11 (B) CONFORMING AMENDMENTS.—

12 (i) Section 1902(a)(13)(C) of the So-
13 cial Security Act (42 U.S.C.
14 1396a(a)(13)(C)) is amended by striking
15 ''subsection (jj)'' and inserting ''subsection
16 (jj)(1)''.

17 (ii) Section 1905(dd) of the Social Se-
18 curity Act (42 U.S.C. 1396d(dd)) is
19 amended—

20 (I) by striking ''Notwith-
21 standing'' and inserting the following:
22 ''(1) IN GENERAL.—Notwithstanding'';

23 (II) by striking ''section
24 1902(a)(13)(C)'' and inserting ''sub-

1 paragraph (C) of section
2 1902(a)(13)'';
3 (III) by inserting ''or for services
4 described in subparagraph (D) of sec-
5 tion 1902(a)(13) furnished during an
6 additional period specified in para-
7 graph (2),'' after ''2015,'';
8 (IV) by striking ''under such sec-
9 tion'' and inserting ''under subpara-
10 graph (C) or (D) of section
11 1902(a)(13), as applicable''; and
12 (V) by adding at the end the fol-
13 lowing:
14 ''(2) ADDITIONAL PERIODS.—For purposes of
15 paragraph (1), the following are additional periods:
16 ''(A) The period that begins on the first
17 day of the first month that begins after the
18 date of enactment of this paragraph.''.
19 (2) IMPROVED TARGETING OF PRIMARY
20 CARE.—Section 1902(jj) of the Social Security Act
21 (42 U.S.C. 1396a(jj)) is amended—
22 (A) by redesignating paragraphs (1) and
23 (2) as clauses (i) and (ii), respectively, and re-
24 aligning the left margins accordingly;

1 (B) by striking ''For purposes of sub-
2 section (a)(13)(C)'' and inserting the following:
3 ''(1) IN GENERAL.—
4 ''(A) DEFINITION.—For purposes of sub-
5 paragraphs (C) and (D) of subsection (a)(13)'';
6 and
7 (C) by inserting after clause (ii) (as so re-
8 designated) the following:
9 ''(B) EXCLUSIONS.—Such term does not
10 include any services described in subparagraph
11 (A) or (B) of paragraph (1) if such services are
12 provided in an emergency department of a hos-
13 pital.
14 ''(2) ADDITIONAL PROVIDERS.—For purposes
15 of subparagraph (D) of subsection (a)(13), a pro-
16 vider described in this paragraph is any of the fol-
17 lowing:
18 ''(A) A physician with a primary specialty
19 designation of family medicine, general internal
20 medicine, or pediatric medicine, or obstetrics
21 and gynecology.
22 ''(B) An advanced practice clinician, as de-
23 fined by the Secretary, that works under the
24 supervision of—

1 "(i) a physician that satisfies the cri-
2 teria specified in subparagraph (A);
3 "(ii) a nurse practitioner or a physi-
4 cian assistant (as such terms are defined
5 in section 1861(aa)(5)(A)) who is working
6 in accordance with State law; or
7 "(iii) or a certified nurse-midwife (as
8 defined in section 1861(gg)) or a certified
9 professional midwife who is working in ac-
10 cordance with State law.
11 "(C) A rural health clinic, federally quali-
12 fied health center, health center that receives
13 funding under title X of the Public Health
14 Service Act, or other health clinic that receives
15 reimbursement on a fee schedule applicable to
16 a physician.
17 "(D) An advanced practice clinician super-
18 vised by a physician described in subparagraph
19 (A), another advanced practice clinician, or a
20 certified nurse-midwife.
21 "(E) A midwife who is working in accord-
22 ance with State law.".
23 (3) ENSURING PAYMENT BY MANAGED CARE
24 ENTITIES.—

1 (A) IN GENERAL.—Section 1903(m)(2)(A)
2 of the Social Security Act (42 U.S.C.
3 1396b(m)(2)(A)) is amended—
4 (i) in clause (xii), by striking "and"
5 after the semicolon;
6 (ii) by realigning the left margin of
7 clause (xiii) so as to align with the left
8 margin of clause (xii) and by striking the
9 period at the end of clause (xiii) and in-
10 serting "; and"; and
11 (iii) by inserting after clause (xiii) the
12 following:
13 "(xiv) such contract provides that (I) payments
14 to providers specified in section 1902(a)(13)(D) for
15 primary care services (as defined in section 1902(jj))
16 that are furnished during a year or period (as speci-
17 fied in section 1902(a)(13)(D) and section
18 1905(dd)) are at least equal to the amounts set
19 forth and required by the Secretary by regulation;
20 (II) the entity shall, upon request, provide docu-
21 mentation to the State, sufficient to enable the State
22 and the Secretary to ensure compliance with sub-
23 clause (I); and (III) the Secretary shall approve pay-
24 ments described in subclause (I) that are furnished
25 through an agreed upon capitation, partial capita-

1 tion, or other value-based payment arrangement if
2 the capitation, partial capitation, or other value-
3 based payment arrangement is based on a reason-
4 able methodology and the entity provides docu-
5 mentation to the State sufficient to enable the State
6 and the Secretary to ensure compliance with sub-
7 clause (I).''.
8 (B) CONFORMING AMENDMENT.—Section
9 1932(f) of the Social Security Act (42 U.S.C.
10 1396u–2(f)) is amended—
11 (i) by striking ''section
12 1902(a)(13)(C)'' and inserting ''sub-
13 sections (C) and (D) of section
14 1902(a)(13)''; and
15 (ii) by inserting '', and clause (xiv) of
16 section 1903(m)(2)(A)'' before the period.
17 (d) MACPAC REPORT AND CMS GUIDANCE ON IN-
18 CREASING ACCESS TO DOULA SERVICES FOR MEDICAID
19 BENEFICIARIES.—
20 (1) MACPAC REPORT.—
21 (A) IN GENERAL.—Not later than 1 year
22 after the date of the enactment of this Act, the
23 Medicaid and CHIP Payment and Access Com-
24 mission (referred to in this subsection as
25 ''MACPAC'') shall publish a report on the cov-

1 erage of doula services under State Medicaid
2 programs, which shall at a minimum include
3 the following:
4 (i) Information about coverage for
5 doula services under State Medicaid pro-
6 grams that currently provide coverage for
7 such care, including the type of doula serv-
8 ices offered (such as prenatal, labor and
9 delivery, postpartum support, and also
10 community-based and traditional doula
11 services).
12 (ii) An analysis of barriers to covering
13 doula services under State Medicaid pro-
14 grams.
15 (iii) An identification of effective
16 strategies to increase the use of doula serv-
17 ices in order to provide better care and
18 achieve better maternal and infant health
19 outcomes, including strategies that States
20 may use to recruit, train, and certify a di-
21 verse doula workforce, particularly from
22 underserved communities, communities of
23 color, and communities facing linguistic or
24 cultural barriers.

1 (iv) Recommendations for legislative
2 and administrative actions to increase ac-
3 cess to doula services in State Medicaid
4 programs, including actions that ensure
5 doulas may earn a living wage that ac-
6 counts for their time and costs associated
7 with providing care and community-based
8 doula program administration and oper-
9 ation.

10 (B) STAKEHOLDER CONSULTATION.—In
11 developing the report required under subpara-
12 graph (A), MACPAC shall consult with relevant
13 stakeholders, including—

14 (i) States;

15 (ii) organizations, especially reproduc-
16 tive justice and birth justice organizations
17 led by people of color, representing con-
18 sumers of maternal health care, including
19 those that are disproportionately impacted
20 by poor maternal health outcomes;

21 (iii) organizations and individuals rep-
22 resenting doulas, including community-
23 based doula programs and those who serve
24 underserved communities, including com-

1 munities of color, and communities facing
2 linguistic or cultural barriers;
3 (iv) organizations representing health
4 care providers; and
5 (v) Black, Indigenous, and other ma-
6 ternal health care consumers of color who
7 have experienced severe maternal mor-
8 bidity.
9 (2) CMS GUIDANCE.—
10 (A) IN GENERAL.—Not later than 1 year
11 after the date that MACPAC publishes the re-
12 port required under paragraph (1)(A), the Ad-
13 ministrator of the Centers for Medicare & Med-
14 icaid Services shall issue guidance to States on
15 increasing access to doula services under Med-
16 icaid. Such guidance shall at a minimum in-
17 clude—
18 (i) options for States to provide med-
19 ical assistance for doula services under
20 State Medicaid programs;
21 (ii) best practices for ensuring that
22 doulas, including community-based doulas,
23 receive reimbursement for doula services
24 provided under a State Medicaid program,
25 at a level that allows doulas to earn a liv-

1 ing wage that accounts for their time and
2 costs associated with providing care and
3 community-based doula program adminis-
4 tration; and
5 (iii) best practices for increasing ac-
6 cess to doula services, including services
7 provided by community-based doulas,
8 under State Medicaid programs.
9 (B) STAKEHOLDER CONSULTATION.—In
10 developing the guidance required under sub-
11 paragraph (A), the Administrator of the Cen-
12 ters for Medicare & Medicaid Services shall con-
13 sult with MACPAC and other relevant stake-
14 holders, including—
15 (i) State Medicaid officials;
16 (ii) organizations representing con-
17 sumers of maternal health care, including
18 those that are disproportionately impacted
19 by poor maternal health outcomes;
20 (iii) organizations representing doulas,
21 including community-based doulas and
22 those who serve underserved communities,
23 such as communities of color and commu-
24 nities facing linguistic or cultural barriers;
25 and

1 (iv) organizations representing med-
2 ical professionals.
3 (e) GAO REPORT ON STATE MEDICAID PROGRAMS'
4 USE OF TELEHEALTH TO INCREASE ACCESS TO MATER-
5 NITY CARE.—Not later than 1 year after the date of the
6 enactment of this Act, the Comptroller General of the
7 United States shall submit a report to Congress on State
8 Medicaid programs' use of telehealth to increase access to
9 maternity care. Such report shall include the following:
10 (1) The number of State Medicaid programs
11 that utilize telehealth that increases access to mater-
12 nity care.
13 (2) With respect to State Medicaid programs
14 that utilize telehealth that increases access to mater-
15 nity care, information about—
16 (A) common characteristics of such pro-
17 grams' approaches to utilizing telehealth that
18 increases access to maternity care;
19 (B) differences in States' approaches to
20 utilizing telehealth to improve access to mater-
21 nity care, and the resulting differences in State
22 maternal health outcomes, as determined by
23 factors described in subsection (C); and

1 (C) when compared to patients who receive
2 maternity care in person, what is known
3 about—
4 (i) the demographic characteristics,
5 such as race, ethnicity, sex, sexual orienta-
6 tion, gender identity, disability status, age,
7 and preferred language of the individuals
8 enrolled in such programs who use tele-
9 health to access maternity care;
10 (ii) health outcomes for such individ-
11 uals, including frequency of mortality and
12 severe morbidity, as compared to individ-
13 uals with similar characteristics who did
14 not use telehealth to access maternity care;
15 (iii) the services provided to individ-
16 uals through telehealth, including family
17 planning services, mental health care serv-
18 ices, and oral health services;
19 (iv) the devices and equipment pro-
20 vided to individuals for remote patient
21 monitoring and telehealth, including blood
22 pressure monitors and blood glucose mon-
23 itors;
24 (v) the quality of maternity care pro-
25 vided through telehealth, including whether

maternity care provided through telehealth is culturally and linguistically appropriate;

(vi) the level of patient satisfaction with maternity care provided through telehealth to individuals enrolled in State Medicaid programs;

(vii) the impact of utilizing telehealth to increase access to maternity care on spending, cost savings, access to care, and utilization of care under State Medicaid programs; and

(viii) the accessibility and effectiveness of telehealth for maternity care during the COVID–19 pandemic.

(3) An identification and analysis of the barriers to using telehealth to increase access to maternity care under State Medicaid programs.

(4) Recommendations for such legislative and administrative actions related to increasing access to telehealth maternity services under Medicaid as the Comptroller General deems appropriate.

**SEC. 5203. SOCIAL DETERMINANTS FOR MOMS.**

(a) TASK FORCE TO DEVELOP A STRATEGY TO ADDRESS SOCIAL DETERMINANTS OF MATERNAL HEALTH.—

1 (1) IN GENERAL.—The Secretary of Health and
2 Human Services shall convene a task force (in this
3 subsection referred to as the ''Task Force'') to de-
4 velop a strategy to coordinate efforts between Fed-
5 eral agencies to address social determinants of ma-
6 ternal health with respect to pregnant and
7 postpartum individuals.

8 (2) EX OFFICIO MEMBERS.—The ex officio
9 members of the Task Force shall consist of the fol-
10 lowing:

11 (A) The Secretary of Health and Human
12 Services (or a designee thereof).

13 (B) The Secretary of Housing and Urban
14 Development (or a designee thereof).

15 (C) The Secretary of Transportation (or a
16 designee thereof).

17 (D) The Secretary of Agriculture (or a
18 designee thereof).

19 (E) The Secretary of Labor (or a designee
20 thereof).

21 (F) The Administrator of the Environ-
22 mental Protection Agency (or a designee there-
23 of).

1 (G) The Assistant Secretary for the Ad-
2 ministration for Children and Families (or a
3 designee thereof).
4 (H) The Administrator of the Centers for
5 Medicare & Medicaid Services (or a designee
6 thereof).
7 (I) The Director of the Indian Health
8 Service (or a designee thereof).
9 (J) The Director of the National Institutes
10 of Health (or a designee thereof).
11 (K) The Administrator of the Health Re-
12 sources and Services Administration (or a des-
13 ignee thereof).
14 (L) The Deputy Assistant Secretary for
15 Minority Health of the Department of Health
16 and Human Services (or a designee thereof).
17 (M) The Deputy Assistant Secretary for
18 Women's Health of the Department of Health
19 and Human Services (or a designee thereof).
20 (N) The Director of the Centers for Dis-
21 ease Control and Prevention (or a designee
22 thereof).
23 (O) The Director of the Office on Violence
24 Against Women of the Department of Justice
25 (or a designee thereof).

1 (3) APPOINTED MEMBERS.—In addition to the
2 ex officio members of the Task Force, the Secretary
3 of Health and Human Services shall appoint the fol-
4 lowing members of the Task Force:
5 (A) At least two representatives of pa-
6 tients, to include—
7 (i) a representative of patients who
8 have suffered from severe maternal mor-
9 bidity; or
10 (ii) a representative of patients who is
11 a family member of an individual who suf-
12 fered a pregnancy-related death.
13 (B) At least two leaders of community-
14 based organizations that address maternal mor-
15 tality and severe maternal morbidity with a spe-
16 cific focus on racial and ethnic inequities. In
17 appointing such leaders under this subpara-
18 graph, the Secretary of Health and Human
19 Services shall give priority to individuals who
20 are leaders of organizations led by individuals
21 from racial and ethnic minority groups.
22 (C) At least two perinatal health workers.
23 (D) A professionally diverse panel of ma-
24 ternity care providers.

1 (4) CHAIR.—The Secretary of Health and
2 Human Services shall select the chair of the Task
3 Force from among the members of the Task Force.
4 (5) REPORT.—Not later than 2 years after the
5 date of enactment of this Act, the Task Force shall
6 submit to Congress a report on—
7 (A) the strategy developed under para-
8 graph (1);
9 (B) recommendations on funding amounts
10 with respect to implementing such strategy; and
11 (C) recommendations for how to expand
12 coverage of social services to address social de-
13 terminants of maternal health under Medicaid
14 managed care organizations and State Medicaid
15 programs.
16 (6) TERMINATION.—Section 1013 of title 5,
17 United States Code, shall not apply to the Task
18 Force with respect to termination.
19 (b) HOUSING FOR MOMS GRANT PROGRAM.—
20 (1) DEFINITIONS.—In this subsection:
21 (A) ELIGIBLE ENTITY.—The term ''eligible
22 entity'' means—
23 (i) a community-based organization;

(ii) a State or local governmental entity, including a State or local public health department;

(iii) an Indian tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304)); or

(iv) an Urban Indian organization (as such term is defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

(B) SECRETARY.—The term ''Secretary'' means the Secretary of Housing and Urban Development.

(2) ESTABLISHMENT.—The Secretary shall establish a Housing for Moms grant program to make grants to eligible entities to increase access to safe, stable, affordable, and adequate housing for pregnant and postpartum individuals and their families.

(3) APPLICATION.—To be eligible to receive a grant under this subsection, an eligible entity shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may provide.

1 (4) PRIORITY.—In awarding grants under this
2 subsection, the Secretary shall give priority to an eli-
3 gible entity that—
4 (A) is a community-based organization or
5 will partner with a community-based organiza-
6 tion to implement initiatives to increase access
7 to safe, stable, affordable, and adequate hous-
8 ing for pregnant and postpartum individuals
9 and their families;
10 (B) is operating in an area with high rates
11 of adverse maternal health outcomes or signifi-
12 cant racial or ethnic inequities in maternal
13 health outcomes, to the extent such data are
14 available; and
15 (C) is operating in an area with a high
16 poverty rate or a significant number of individ-
17 uals who lack consistent access to safe, stable,
18 affordable, and adequate housing.
19 (5) USE OF FUNDS.—An eligible entity that re-
20 ceives a grant under this subsection shall use funds
21 from the grant for the purposes of—
22 (A) identifying and conducting outreach to
23 pregnant and postpartum individuals who are
24 low-income and lack consistent access to safe,
25 stable, affordable, and adequate housing;

1 (B) providing safe, stable, affordable, and
2 adequate housing options to such individuals;
3 (C) connecting such individuals with local
4 organizations offering safe, stable, affordable,
5 and adequate housing options;
6 (D) providing application assistance to
7 such individuals seeking to enroll in programs
8 offering safe, stable, affordable, and adequate
9 housing options;
10 (E) providing direct financial assistance to
11 such individuals for the purposes of maintaining
12 safe, stable, and adequate housing for the dura-
13 tion of the individual's pregnancy and
14 postpartum periods; and
15 (F) working with relevant stakeholders to
16 ensure that local housing and homeless shelter
17 infrastructure is supportive to pregnant and
18 postpartum individuals, including through—
19 (i) health-promoting housing codes;
20 (ii) enforcement of housing codes;
21 (iii) proactive rental inspection pro-
22 grams;
23 (iv) code enforcement officer training;
24 and

1 (v) partnerships between regional of-
2 fices of the Department of Housing and
3 Urban Development and community-based
4 organizations to ensure housing laws are
5 understood and violations are discovered.
6 (6) REPORTING.—
7 (A) ELIGIBLE ENTITIES.—The Secretary
8 shall require each eligible entity receiving a
9 grant under this subsection to annually submit
10 to the Secretary and make publicly available a
11 report on the status of activities conducted
12 using the grant.
13 (B) SECRETARY.—Not later than the end
14 of each fiscal year in which grants are made
15 under this subsection, the Secretary shall sub-
16 mit to Congress and make publicly available a
17 report that—
18 (i) summarizes the reports received
19 under subparagraph (A);
20 (ii) evaluates the effectiveness of
21 grants awarded under this subsection in
22 increasing access to safe, stable, afford-
23 able, and adequate housing for pregnant
24 and postpartum individuals and their fami-
25 lies; and

1 (iii) makes recommendations with respect to ensuring activities described in paragraph (5) continue after grant amounts made available under this subsection are expended.

6 (7) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection $10,000,000 for fiscal year 2025, which shall remain available until expended.

10 (c) DEPARTMENT OF TRANSPORTATION.—

11 (1) REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary of Transportation shall submit to Congress and make publicly available a report containing—

15 (A) an assessment of transportation barriers preventing individuals from attending prenatal and postpartum appointments, accessing maternal health care services, or accessing services and resources related to social determinants of maternal health;

21 (B) recommendations on how to overcome the barriers assessed under subparagraph (A); and

1 (C) an assessment of transportation safety
2 risks for pregnant individuals and recommenda-
3 tions on how to mitigate those risks.
4 (2) CONSIDERATIONS.—In carrying out para-
5 graph (1), the Secretary of Transportation shall give
6 special consideration to solutions for—
7 (A) pregnant and postpartum individuals
8 living in a health professional shortage area
9 designated under section 332 of the Public
10 Health Service Act (42 U.S.C. 254e);
11 (B) pregnant and postpartum individuals
12 living in areas with high maternal mortality or
13 severe morbidity rates or significant racial or
14 ethnic inequities in maternal health outcomes;
15 and
16 (C) pregnant and postpartum individuals
17 with a disability that impacts mobility.
18 (d) DEPARTMENT OF AGRICULTURE.—
19 (1) SPECIAL SUPPLEMENTAL NUTRITION PRO-
20 GRAM FOR WOMEN, INFANTS, AND CHILDREN.—
21 (A) EXTENSION OF POSTPARTUM PE-
22 RIOD.—Section 17(b)(10) of the Child Nutri-
23 tion Act of 1966 (42 U.S.C. 1786(b)(10)) is
24 amended by striking ''six'' and inserting ''24''.

1 (B) REPORT.—Not later than 2 years after
2 the date of enactment of this Act, the Secretary
3 shall submit to Congress a report that evaluates
4 the effect of the amendment made by subpara-
5 graph (A) on—
6 (i) maternal and infant health out-
7 comes, including racial and ethnic inequi-
8 ties with respect to those outcomes;
9 (ii) breastfeeding rates among
10 postpartum individuals;
11 (iii) qualitative evaluations of family
12 experiences under the special supplemental
13 nutrition program for women, infants, and
14 children established under section 17 of
15 the Child Nutrition Act of 1966 (42
16 U.S.C. 1786); and
17 (iv) other relevant information as de-
18 termined by the Secretary.
19 (2) GRANT PROGRAM FOR HEALTHY FOOD AND
20 CLEAN WATER FOR PREGNANT AND POSTPARTUM
21 INDIVIDUALS.—
22 (A) IN GENERAL.—The Secretary shall es-
23 tablish a program (referred to in this paragraph
24 as the ''program'') to award grants, on a com-

1 petitive basis, to eligible entities to carry out
2 the activities described in subparagraph (D).
3 (B) APPLICATION.—To be eligible for a
4 grant under the program, an eligible entity
5 shall submit to the Secretary an application at
6 such time, in such manner, and containing such
7 information as the Secretary determines appro-
8 priate.
9 (C) PRIORITY.—In awarding grants under
10 the program, the Secretary shall give priority to
11 an eligible entity that—
12 (i) is, or will partner with, an eligible
13 entity described in paragraph (3)(A)(i);
14 and
15 (ii) is operating in an area with a high
16 rate of—
17 (I) adverse maternal health out-
18 comes; or
19 (II) significant racial or ethnic
20 inequities in maternal health out-
21 comes.
22 (D) USE OF FUNDS.—An eligible entity
23 shall use a grant awarded under the program to
24 deliver healthy food, infant formula, clean
25 water, or diapers to pregnant and postpartum

1 individuals located in areas that are food
2 deserts, as determined by the Secretary using
3 data from the Food Access Research Atlas of
4 the Department of Agriculture.
5 (E) REPORTS.—
6 (i) ELIGIBLE ENTITIES.—Not later
7 than 1 year after the date on which an eli-
8 gible entity receives a grant under the pro-
9 gram, and annually thereafter, the eligible
10 entity shall submit to the Secretary a re-
11 port on the status of activities conducted
12 using the grant, which shall contain such
13 information as the Secretary may require.
14 (ii) SECRETARY.—
15 (I) IN GENERAL.—Not later than
16 2 years after the date on which the
17 first grant is awarded under the pro-
18 gram, the Secretary shall submit to
19 Congress a report that includes—
20 (aa) a summary of the re-
21 ports submitted by eligible enti-
22 ties under clause (i);
23 (bb) an assessment of the
24 extent to which food distributed
25 using grants awarded under the

program was purchased from local and regional food systems;

(cc) an evaluation of the effect of the program on maternal and infant health outcomes, including racial and ethnic inequities with respect to those outcomes; and

(dd) recommendations with respect to ensuring the activities described in subparagraph (D) continue after the grant period funding those activities expires.

(II) PUBLICATION.—The Secretary shall make the report submitted under subclause (I) publicly available on the website of the Department of Agriculture.

(F) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out the program $5,000,000 for the period of fiscal years 2025 through 2027.

(3) DEFINITIONS.—In this subsection:

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

1 (i) a community-based organization;
2 (ii) a State or local governmental enti-
3 ty, including a State or local public health
4 department;
5 (iii) an Indian Tribe or Tribal organi-
6 zation (as those terms are defined in sec-
7 tion 4 of the Indian Self-Determination
8 and Education Assistance Act (25 U.S.C.
9 5304)); and
10 (iv) an Urban Indian organization (as
11 defined in section 4 of the Indian Health
12 Care Improvement Act (25 U.S.C. 1603)).
13 (B) SECRETARY.—The term ''Secretary''
14 means the Secretary of Agriculture.
15 (e) ENVIRONMENTAL STUDY THROUGH NATIONAL
16 ACADEMIES.—
17 (1) IN GENERAL.—Not later than 60 days after
18 the date of enactment of this Act, the Administrator
19 of the Environmental Protection Agency shall seek
20 to enter into an agreement with the National Acad-
21 emies of Sciences, Engineering, and Medicine (re-
22 ferred to in this subsection as the ''National Acad-
23 emies'') under which the National Academies agree
24 to conduct a study on the impacts of, with respect
25 to maternal and infant health incomes, water and

1 air quality, exposure to extreme temperatures, envi-
2 ronmental chemicals, environmental risks in the
3 workplace and the home, and pollution levels.
4 (2) STUDY REQUIREMENTS.—The agreement
5 under paragraph (1) shall direct the National Acad-
6 emies to make recommendations for—
7 (A) improving environmental conditions to
8 improve maternal and infant health outcomes;
9 and
10 (B) reducing or eliminating racial and eth-
11 nic inequities in those outcomes.
12 (3) REPORT.—The agreement under paragraph
13 (1) shall direct the National Academies to complete
14 the study under this subsection, and submit to Con-
15 gress and make publicly available a report on the re-
16 sults of the study, not later than 1 year after the
17 date of enactment of this Act.
18 (f) CHILD CARE ACCESS.—
19 (1) GRANT PROGRAM.—The Secretary of
20 Health and Human Services (in this subsection re-
21 ferred to as the ''Secretary'') shall award grants to
22 eligible organizations to carry out programs to pro-
23 vide pregnant and postpartum individuals with free
24 and accessible drop-in child care services during pre-
25 natal and postpartum appointments.

1 (2) APPLICATION.—To be eligible to receive a
2 grant under this subsection, an eligible entity shall
3 submit to the Secretary an application at such time,
4 in such manner, and containing such information as
5 the Secretary may require.
6 (3) ELIGIBLE ORGANIZATIONS.—
7 (A) ELIGIBILITY.—To be eligible to receive
8 a grant under this subsection, an organization
9 shall be an organization that—
10 (i) provides child care services; and
11 (ii) can carry out a program providing
12 pregnant and postpartum individuals with
13 free and accessible drop-in child care serv-
14 ices during prenatal and postpartum ap-
15 pointments.
16 (B) PRIORITIZATION.—In selecting grant
17 recipients under this subsection, the Secretary
18 shall give priority to eligible organizations that
19 operate in an area that has, to the extent data
20 with respect to such an area are available—
21 (i) high rates of adverse maternal
22 health outcomes; or
23 (ii) significant racial or ethnic inequi-
24 ties in maternal health outcomes.

1 (4) TIMING.—The Secretary shall commence
2 the grant program under paragraph (1) not later
3 than 1 year after the date of enactment of this Act.
4 (5) REPORTING.—
5 (A) GRANTEES.—Each recipient of a grant
6 under this subsection shall annually submit to
7 the Secretary and make publicly available a re-
8 port on the status of activities conducted using
9 the grant. Each such report shall include—
10 (i) an analysis of the effect of the
11 funded program on prenatal and
12 postpartum appointment attendance rates;
13 (ii) summaries of qualitative assess-
14 ments of the funded program from—
15 (I) pregnant and postpartum in-
16 dividuals participating in the pro-
17 gram; and
18 (II) the families of such individ-
19 uals; and
20 (iii) such additional information as
21 the Secretary may require.
22 (B) SECRETARY.—Not later than the end
23 of fiscal year 2027, the Secretary shall submit
24 to the Congress, and make publicly available, a
25 report containing each of the following:

1 (i) A summary of the reports received
2 under subparagraph (A).
3 (ii) An assessment of the effects, if
4 any, of the funded programs on maternal
5 health outcomes, with a specific focus on
6 racial and ethnic inequities in such out-
7 comes.
8 (iii) A description of actions the Sec-
9 retary can take to ensure that pregnant
10 and postpartum individuals eligible for
11 medical assistance under a State plan
12 under title XIX of the Social Security Act
13 (42 U.S.C. 1936 et seq.) have access to
14 free and accessible drop-in child care serv-
15 ices during prenatal and postpartum ap-
16 pointments, including identification of the
17 funding necessary to carry out such ac-
18 tions.
19 (6) DROP-IN CHILD CARE SERVICES DE-
20 FINED.—In this subsection, the term ''drop-in child
21 care services'' means child care (including early
22 childhood education) services that are—
23 (A) delivered at a facility that meets the
24 requirements of all applicable laws and regula-
25 tions of the State or local government in which

1 it is located, including the requirements for li-
2 censing of the facility as a child care facility;
3 and
4 (B) provided in single encounters without
5 requiring full-time enrollment of a person in a
6 child care program.
7 (7) AUTHORIZATION OF APPROPRIATIONS.—To
8 carry out this subsection, there is authorized to be
9 appropriated $5,000,000 for the period of fiscal
10 years 2025 through 2027.
11 (g) GRANTS TO LOCAL ENTITIES ADDRESSING SO-
12 CIAL DETERMINANTS OF MATERNAL HEALTH.—
13 (1) IN GENERAL.—The Secretary of Health and
14 Human Services (in this subsection referred to as
15 the ''Secretary'') shall award grants to eligible enti-
16 ties to—
17 (A) address social determinants of mater-
18 nal health for pregnant and postpartum individ-
19 uals; and
20 (B) eliminate racial and ethnic inequities
21 in maternal health outcomes.
22 (2) APPLICATION.—To be eligible to receive a
23 grant under this subsection an eligible entity shall
24 submit to the Secretary an application at such time,

1 in such manner, and containing such information as
2 the Secretary may provide.
3 (3) PRIORITIZATION.—In awarding grants
4 under paragraph (1), the Secretary shall give pri-
5 ority to an eligible entity that—
6 (A) is a community-based organization, or
7 will partner with a community-based organiza-
8 tion to carry out the activities under paragraph
9 (4);
10 (B) is operating in an area with high rates
11 of adverse maternal health outcomes or signifi-
12 cant racial or ethnic inequities in maternal
13 health outcomes; and
14 (C) is operating in an area with a high
15 poverty rate.
16 (4) ACTIVITIES.—An eligible entity that re-
17 ceives a grant under this subsection may use funds
18 received through the grant to—
19 (A) hire and retain staff;
20 (B) develop and distribute a list of avail-
21 able resources with respect to social service pro-
22 grams in a community;
23 (C) establish a resource center that pro-
24 vides multiple social service programs in a sin-
25 gle location;

1 (D) offer programs and resources in the
2 communities in which the respective eligible en-
3 tities are located to address social determinants
4 of health for pregnant and postpartum individ-
5 uals; and
6 (E) consult with such pregnant and
7 postpartum individuals to conduct an assess-
8 ment of the activities under this paragraph.
9 (5) TECHNICAL ASSISTANCE.—The Secretary
10 shall provide to grant recipients under this sub-
11 section technical assistance to plan for sustaining
12 programs to address social determinants of maternal
13 health among pregnant and postpartum individuals
14 after the period of the grant.
15 (6) REPORTING.—
16 (A) GRANTEES.—Not later than 1 year
17 after the date on which an eligible entity first
18 receives a grant under this subsection, and an-
19 nually thereafter, an eligible entity shall submit
20 to the Secretary, and make publicly available, a
21 report on the status of activities conducted
22 using the grant. Each such report shall include
23 data on the effects of such activities,
24 disaggregated by race, ethnicity, gender, and
25 other relevant factors.

1 (B) SECRETARY.—Not later than the end
2 of fiscal year 2029, the Secretary shall submit
3 to Congress a report that includes—
4 (i) a summary of the reports received
5 under subparagraph (A); and
6 (ii) recommendations for—
7 (I) improving maternal health
8 outcomes; and
9 (II) reducing or eliminating ra-
10 cial and ethnic inequities in maternal
11 health outcomes.
12 (7) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to carry out
14 this subsection $15,000,000 for each of fiscal years
15 2025 through 2029.
16 (h) DEFINITIONS.—In this section:
17 (1) CULTURALLY CONGRUENT.—The term ''cul-
18 turally congruent'', with respect to care or maternity
19 care provided to a health care consumer, means care
20 that is in agreement with the preferred cultural val-
21 ues, beliefs, worldview, language, and practices of
22 the health care consumer and other relevant stake-
23 holders.

1 (2) MATERNITY CARE PROVIDER.—The term
2 ''maternity care provider'' means a health care pro-
3 vider who—
4 (A) is a physician, physician assistant,
5 midwife who meets at a minimum the inter-
6 national definition of the midwife and global
7 standards for midwifery education as estab-
8 lished by the International Confederation of
9 Midwives, nurse practitioner, or clinical nurse
10 specialist; and
11 (B) has a focus on maternal or perinatal
12 health.
13 (3) MATERNAL MORTALITY.—The term ''mater-
14 nal mortality'' means a death occurring during or
15 within a one-year period after pregnancy, caused by
16 pregnancy-related or childbirth complications, in-
17 cluding a suicide, overdose, or other death resulting
18 from a mental health or substance use disorder at-
19 tributed to or aggravated by pregnancy-related or
20 childbirth complications.
21 (4) PERINATAL HEALTH WORKER.—The term
22 ''perinatal health worker'' means a doula, commu-
23 nity health worker, peer supporter, breastfeeding
24 and lactation educator or counselor, nutritionist or

1 dietitian, childbirth educator, social worker, home
2 visitor, language interpreter, or navigator.
3 (5) POSTPARTUM AND POSTPARTUM PERIOD.—
4 The terms ''postpartum'' and ''postpartum period''
5 refer to the 1-year period beginning on the last day
6 of the pregnancy of an individual.
7 (6) RACIAL AND ETHNIC MINORITY GROUP.—
8 The term ''racial and ethnic minority group'' has the
9 meaning given such term in section 1707(g)(1) of
10 the Public Health Service Act (42 U.S.C. 300u–
11 6(g)(1)).
12 (7) SEVERE MATERNAL MORBIDITY.—The term
13 ''severe maternal morbidity'' means a health condi-
14 tion, including mental health conditions and sub-
15 stance use disorders, attributed to or aggravated by
16 pregnancy or childbirth that results in significant
17 short-term or long-term consequences to the health
18 of the individual who was pregnant.
19 (8) SOCIAL DETERMINANTS OF MATERNAL
20 HEALTH DEFINED.—The term ''social determinants
21 of maternal health'' means non-clinical factors that
22 impact maternal health outcomes, including—
23 (A) economic factors, which may include
24 poverty, employment, food security, support for

1 and access to lactation and other infant feeding
2 options, housing stability, and related factors;
3 (B) neighborhood factors, which may in-
4 clude quality of housing, access to transpor-
5 tation, access to child care, availability of
6 healthy foods and nutrition counseling, avail-
7 ability of clean water, air and water quality,
8 ambient temperatures, neighborhood crime and
9 violence, access to broadband, and related fac-
10 tors;
11 (C) social and community factors, which
12 may include systemic racism, gender discrimi-
13 nation or discrimination based on other pro-
14 tected classes, workplace conditions, incarcer-
15 ation, and related factors;
16 (D) household factors, which may include
17 ability to conduct lead testing and abatement,
18 car seat installation, indoor air temperatures,
19 and related factors;
20 (E) education access and quality factors,
21 which may include educational attainment, lan-
22 guage and literacy, and related factors; and
23 (F) health care access factors, including
24 health insurance coverage, access to culturally
25 congruent health care services, providers, and

1 non-clinical support, access to home visiting
2 services, access to wellness and stress manage-
3 ment programs, health literacy, access to tele-
4 health and items required to receive telehealth
5 services, and related factors.

6 **SEC. 5204. KIRA JOHNSON ACT.**

7 (a) INVESTMENTS IN COMMUNITY-BASED ORGANIZA-
8 TIONS TO IMPROVE BLACK MATERNAL HEALTH OUT-
9 COMES.—

10 (1) AWARDS.—Following the 1-year period de-
11 scribed in paragraph (3), the Secretary of Health
12 and Human Services (in this subsection referred to
13 as the "Secretary") shall award grants to eligible
14 entities to establish or expand programs to prevent
15 maternal mortality and severe maternal morbidity
16 among Black pregnant and postpartum individuals.

17 (2) ELIGIBILITY.—To be eligible to seek a
18 grant under this subsection, an entity shall be a
19 community-based organization offering programs
20 and resources aligned with evidence-based practices
21 for improving maternal health outcomes for Black
22 pregnant and postpartum individuals.

23 (3) OUTREACH AND TECHNICAL ASSISTANCE
24 PERIOD.—During the 1-year period beginning on the
25 date of enactment of this Act, the Secretary shall—

1 (A) conduct outreach to encourage eligible
2 entities to apply for grants under this sub-
3 section; and
4 (B) provide technical assistance to eligible
5 entities on best practices for applying for grants
6 under this subsection.
7 (4) SPECIAL CONSIDERATION.—
8 (A) OUTREACH.—In conducting outreach
9 under paragraph (3), the Secretary shall give
10 special consideration to eligible entities that—
11 (i) are based in, and provide support
12 for, communities with high rates of adverse
13 maternal health outcomes or significant ra-
14 cial and ethnic inequities in maternal
15 health outcomes, to the extent such data
16 are available;
17 (ii) are led by Black people; and
18 (iii) offer programs and resources that
19 are aligned with evidence-based practices
20 for improving maternal health outcomes
21 for Black pregnant and postpartum indi-
22 viduals.
23 (B) AWARDS.—In awarding grants under
24 this subsection, the Secretary shall give special
25 consideration to eligible entities that—

1 (i) are described in clauses (i), (ii),
2 and (iii) of subparagraph (A);
3 (ii) offer programs and resources de-
4 signed in consultation with and intended
5 for Black pregnant and postpartum indi-
6 viduals; and
7 (iii) offer programs and resources in
8 the communities in which the respective el-
9 igible entities are located that—
10 (I) promote maternal mental
11 health and maternal substance use
12 disorder treatments and supports that
13 are aligned with evidence-based prac-
14 tices for improving maternal mental
15 and behavioral health outcomes for
16 Black pregnant and postpartum indi-
17 viduals;
18 (II) address social determinants
19 of maternal health for pregnant and
20 postpartum individuals;
21 (III) promote evidence-based
22 health literacy and pregnancy, child-
23 birth, and parenting education for
24 pregnant and postpartum individuals;

1 (IV) provide support from
2 perinatal health workers to pregnant
3 and postpartum individuals;
4 (V) provide culturally congruent
5 training to perinatal health workers;
6 (VI) conduct or support research
7 on maternal health issues dispropor-
8 tionately impacting Black pregnant
9 and postpartum individuals;
10 (VII) provide support to family
11 members of individuals who suffered a
12 pregnancy-associated death or preg-
13 nancy-related death;
14 (VIII) operate midwifery prac-
15 tices that provide culturally congruent
16 maternal health care and support, in-
17 cluding for the purposes of—
18 (aa) supporting additional
19 education, training, and certifi-
20 cation programs, including sup-
21 port for distance learning;
22 (bb) providing financial sup-
23 port to current and future mid-
24 wives to address education costs,
25 debts, and other needs;

(cc) clinical site investments;

(dd) supporting preceptor development trainings;

(ee) expanding the midwifery practice; or

(ff) related needs identified by the midwifery practice and described in the practice's application; or

(IX) have developed other programs and resources that address community-specific needs for pregnant and postpartum individuals and are aligned with evidence-based practices for improving maternal health outcomes for Black pregnant and postpartum individuals.

(5) TECHNICAL ASSISTANCE.—The Secretary shall provide to grant recipients under this subsection technical assistance on—

(A) capacity building to establish or expand programs to prevent adverse maternal health outcomes among Black pregnant and postpartum individuals;

1 (B) best practices in data collection, meas-
2 urement, evaluation, and reporting; and
3 (C) planning for sustaining programs to
4 prevent maternal mortality and severe maternal
5 morbidity among Black pregnant and
6 postpartum individuals after the period of the
7 grant.
8 (6) EVALUATION.—Not later than the end of
9 fiscal year 2029, the Secretary shall submit to the
10 Congress an evaluation of the grant program under
11 this subsection that—
12 (A) assesses the effectiveness of outreach
13 efforts during the application process in diversi-
14 fying the pool of grant recipients;
15 (B) makes recommendations for future
16 outreach efforts to diversify the pool of grant
17 recipients for Department of Health and
18 Human Services grant programs and funding
19 opportunities related to maternal health;
20 (C) assesses the effectiveness of programs
21 funded by grants under this subsection in im-
22 proving maternal health outcomes for Black
23 pregnant and postpartum individuals, to the ex-
24 tent practicable; and

1 (D) makes recommendations for future
2 Department of Health and Human Services
3 grant programs and funding opportunities that
4 deliver funding to community-based organiza-
5 tions that provide programs and resources that
6 are aligned with evidence-based practices for
7 improving maternal health outcomes for Black
8 pregnant and postpartum individuals.
9 (7) AUTHORIZATION OF APPROPRIATIONS.—To
10 carry out this subsection, there is authorized to be
11 appropriated $10,000,000 for each of fiscal years
12 2025 through 2029.
13 (b) INVESTMENTS IN COMMUNITY-BASED ORGANIZA-
14 TIONS TO IMPROVE MATERNAL HEALTH OUTCOMES IN
15 UNDERSERVED COMMUNITIES.—
16 (1) AWARDS.—Following the 1-year period de-
17 scribed in paragraph (3), the Secretary of Health
18 and Human Services (in this subsection referred to
19 as the ''Secretary'') shall award grants to eligible
20 entities to establish or expand programs to prevent
21 maternal mortality and severe maternal morbidity
22 among underserved groups.
23 (2) ELIGIBILITY.—To be eligible to seek a
24 grant under this subsection, an entity shall be a
25 community-based organization offering programs

1 and resources aligned with evidence-based practices
2 for improving maternal health outcomes for preg-
3 nant and postpartum individuals.

4 (3) OUTREACH AND TECHNICAL ASSISTANCE
5 PERIOD.—During the 1-year period beginning on the
6 date of enactment of this Act, the Secretary shall—

7 (A) conduct outreach to encourage eligible
8 entities to apply for grants under this sub-
9 section; and

10 (B) provide technical assistance to eligible
11 entities on best practices for applying for grants
12 under this subsection.

13 (4) SPECIAL CONSIDERATION.—

14 (A) OUTREACH.—In conducting outreach
15 under paragraph (3), the Secretary shall give
16 special consideration to eligible entities that—

17 (i) are based in, and provide support
18 for, communities with high rates of adverse
19 maternal health outcomes or significant ra-
20 cial and ethnic inequities in maternal
21 health outcomes, to the extent such data
22 are available;

23 (ii) are led by individuals from ra-
24 cially, ethnically, and geographically di-
25 verse backgrounds; and

1 (iii) offer programs and resources that
2 are aligned with evidence-based practices
3 for improving maternal health outcomes
4 for pregnant and postpartum individuals.
5 (B) AWARDS.—In awarding grants under
6 this subsection, the Secretary shall give special
7 consideration to eligible entities that—
8 (i) are described in clauses (i), (ii),
9 and (iii) of subparagraph (A);
10 (ii) offer programs and resources de-
11 signed in consultation with and intended
12 for pregnant and postpartum individuals
13 from underserved groups;
14 (iii) offer programs and resources in
15 the communities in which the respective el-
16 igible entities are located that—
17 (I) promote maternal mental
18 health and maternal substance use
19 disorder treatments and support that
20 are aligned with evidence-based prac-
21 tices for improving maternal mental
22 and behavioral health outcomes for
23 pregnant and postpartum individuals;

1 (II) address social determinants
2 of maternal health for pregnant and
3 postpartum individuals;
4 (III) promote evidence-based
5 health literacy and pregnancy, child-
6 birth, and parenting education for
7 pregnant and postpartum individuals;
8 (IV) provide support from
9 perinatal health workers to pregnant
10 and postpartum individuals;
11 (V) provide culturally congruent
12 training to perinatal health workers;
13 (VI) conduct or support research
14 on maternal health outcomes and in-
15 equities;
16 (VII) provide support to family
17 members of individuals who suffered a
18 pregnancy-associated death or preg-
19 nancy-related death; or
20 (VIII) operate midwifery prac-
21 tices that provide culturally congruent
22 maternal health care and support, in-
23 cluding for the purposes of—
24 (aa) supporting additional
25 education, training, and certifi-

1 cation programs, including sup-
2 port for distance learning;
3 (bb) providing financial sup-
4 port to current and future mid-
5 wives to address education costs,
6 debts, and other needs;
7 (cc) clinical site investments;
8 (dd) supporting preceptor
9 development trainings;
10 (ee) expanding the mid-
11 wifery practice; or
12 (ff) related needs identified
13 by the midwifery practice and de-
14 scribed in the practice's applica-
15 tion; or
16 (iv) have developed other programs
17 and resources that address community-spe-
18 cific needs for pregnant and postpartum
19 individuals and are aligned with evidence-
20 based practices for improving maternal
21 health outcomes for pregnant and
22 postpartum individuals.
23 (5) TECHNICAL ASSISTANCE.—The Secretary
24 shall provide to grant recipients under this sub-
25 section technical assistance on—

1 (A) capacity building to establish or ex-
2 pand programs to prevent adverse maternal
3 health outcomes among pregnant and
4 postpartum individuals from underserved
5 groups;
6 (B) best practices in data collection, meas-
7 urement, evaluation, and reporting; and
8 (C) planning for sustaining programs to
9 prevent maternal mortality and severe maternal
10 morbidity among pregnant and postpartum in-
11 dividuals from underserved groups after the pe-
12 riod of the grant.
13 (6) EVALUATION.—Not later than the end of
14 fiscal year 2029, the Secretary shall submit to the
15 Congress an evaluation of the grant program under
16 this subsection that—
17 (A) assesses the effectiveness of outreach
18 efforts during the application process in diversi-
19 fying the pool of grant recipients;
20 (B) makes recommendations for future
21 outreach efforts to diversify the pool of grant
22 recipients for Department of Health and
23 Human Services grant programs and funding
24 opportunities related to maternal health;

1 (C) assesses the effectiveness of programs
2 funded by grants under this subsection in im-
3 proving maternal health outcomes for pregnant
4 and postpartum individuals from underserved
5 groups, to the extent practicable; and
6 (D) makes recommendations for future
7 Department of Health and Human Services
8 grant programs and funding opportunities that
9 deliver funding to community-based organiza-
10 tions that provide programs and resources that
11 are aligned with evidence-based practices for
12 improving maternal health outcomes for preg-
13 nant and postpartum individuals.
14 (7) DEFINITION.—In this subsection, the term
15 ‘‘underserved groups’’ refers to pregnant and
16 postpartum individuals—
17 (A) from racial and ethnic minority
18 groups;
19 (B) whose household income is equal to or
20 less than 150 percent of the Federal poverty
21 line;
22 (C) who live in health professional shortage
23 areas (as such term is defined in section 332 of
24 the Public Health Service Act (42 U.S.C.
25 254e));

1 (D) who live in counties with no hospital
2 offering obstetric care, no birth center, and no
3 obstetric provider; or

4 (E) who live in counties with a level of vul-
5 nerability of moderate-to-high or higher, accord-
6 ing to the Social Vulnerability Index of the Cen-
7 ters for Disease Control and Prevention.

8 (8) AUTHORIZATION OF APPROPRIATIONS.—To
9 carry out this subsection, there is authorized to be
10 appropriated $10,000,000 for each of fiscal years
11 2025 through 2029.

12 (c) RESPECTFUL MATERNITY CARE TRAINING FOR
13 ALL EMPLOYEES IN MATERNITY CARE SETTINGS.—Part
14 B of title VII of the Public Health Service Act (42 U.S.C.
15 293 et seq.) (as amended by section 3002), is amended
16 by adding at the end the following:

17 **"SEC. 743. RESPECTFUL MATERNITY CARE TRAINING FOR**
18 **ALL EMPLOYEES IN MATERNITY CARE SET-**
19 **TINGS.**

20 "(a) GRANTS.—The Secretary shall award grants for
21 programs to reduce and prevent bias, racism, and dis-
22 crimination in maternity care settings and to advance re-
23 spectful, culturally congruent, trauma-informed care.

1 "(b) SPECIAL CONSIDERATION.—In awarding grants
2 under subsection (a), the Secretary shall give special con-
3 sideration to applications for programs that would—
4 "(1) apply to all maternity care providers and
5 any employees who interact with pregnant and
6 postpartum individuals in the provider setting, in-
7 cluding front desk employees, sonographers, sched-
8 ulers, health care professionals, hospital or health
9 system administrators, security staff, and other em-
10 ployees;
11 "(2) emphasize periodic, as opposed to one-
12 time, trainings for all birthing professionals and em-
13 ployees described in paragraph (1);
14 "(3) address implicit bias, racism, and cultural
15 humility;
16 "(4) be delivered in ongoing education settings
17 for providers maintaining their licenses, with a pref-
18 erence for trainings that provide continuing edu-
19 cation units;
20 "(5) include trauma-informed care best prac-
21 tices and an emphasis on shared decision making be-
22 tween providers and patients;
23 "(6) include antiracism training and programs;
24 "(7) be delivered in undergraduate programs
25 that funnel into health professions schools;

1 "(8) be delivered in settings that apply to pro-
2 viders of the special supplemental nutrition program
3 for women, infants, and children under section 17 of
4 the Child Nutrition Act of 1966;
5 "(9) integrate bias training in obstetric emer-
6 gency simulation trainings or related trainings;
7 "(10) include training for emergency depart-
8 ment employees and emergency medical technicians
9 on recognizing warning signs for severe pregnancy-
10 related complications;
11 "(11) offer training to all maternity care pro-
12 viders on the value of racially, ethnically, and profes-
13 sionally diverse maternity care teams to provide cul-
14 turally congruent care; or
15 "(12) be based on one or more programs de-
16 signed by a historically Black college or university or
17 other minority-serving institution.
18 "(c) APPLICATION.—To seek a grant under sub-
19 section (a), an entity shall submit an application at such
20 time, in such manner, and containing such information as
21 the Secretary may require.
22 "(d) REPORTING TO SECRETARY.—Each recipient of
23 a grant under this section shall annually submit to the
24 Secretary a report on the status of activities conducted
25 using the grant, including, as applicable, a description of

1 the impact of training provided through the grant on pa-
2 tient outcomes and patient experience for pregnant and
3 postpartum individuals from racial and ethnic minority
4 groups and their families.

5 ‘‘(e) DISSEMINATION OF FINDINGS.—Based on the
6 annual reports submitted pursuant to subsection (d), the
7 Secretary—

8 ‘‘(1) shall produce an annual report on the find-
9 ings resulting from programs funded through this
10 section;

11 ‘‘(2) shall disseminate such report to all recipi-
12 ents of grants under this section and to the public;
13 and

14 ‘‘(3) may include in such report findings on
15 best practices for improving patient outcomes and
16 patient experience for pregnant and postpartum in-
17 dividuals from racial and ethnic minority groups and
18 their families in maternity care settings.

19 ‘‘(f) DEFINITIONS.—In this section:

20 ‘‘(1) The term ‘postpartum’ means the one-year
21 period beginning on the last day of an individual’s
22 pregnancy.

23 ‘‘(2) The term ‘culturally congruent’ means in
24 agreement with the preferred cultural values, beliefs,

1 world view, language, and practices of the health
2 care consumer and other stakeholders.

3 "(3) The term 'maternity care provider' means
4 a health care provider who—

5 "(A) is a physician, physician assistant,
6 midwife who meets at a minimum the inter-
7 national definition of the midwife and global
8 standards for midwifery education as estab-
9 lished by the International Confederation of
10 Midwives, nurse practitioner, or clinical nurse
11 specialist; and

12 "(B) has a focus on maternal or perinatal
13 health.

14 "(4) The term 'racial and ethnic minority
15 group' has the meaning given such term in section
16 1707(g)(1).

17 "(g) AUTHORIZATION OF APPROPRIATIONS.—To
18 carry out this section, there is authorized to be appro-
19 priated $5,000,000 for each of fiscal years 2025 through
20 2029.".

21 (d) STUDY ON REDUCING AND PREVENTING BIAS,
22 RACISM, AND DISCRIMINATION IN MATERNITY CARE SET-
23 TINGS.—

24 (1) IN GENERAL.—The Secretary of Health and
25 Human Services shall seek to enter into an agree-

1 ment, not later than 90 days after the date of enact-
2 ment of this Act, with the National Academies of
3 Sciences, Engineering, and Medicine (referred to in
4 this subsection as the ''National Academies'') under
5 which the National Academies agree to—

6 (A) conduct a study on the design and im-
7 plementation of programs to reduce and prevent
8 bias, racism, and discrimination in maternity
9 care settings and to advance respectful, cul-
10 turally congruent, trauma-informed care; and

11 (B) not later than 2 years after the date
12 of enactment of this Act—

13 (i) complete the study; and

14 (ii) transmit a report on the results of
15 the study to the Congress.

16 (2) POSSIBLE TOPICS.—The agreement entered
17 into pursuant to paragraph (1) may provide for the
18 study of any of the following:

19 (A) The development of a scorecard or
20 other evaluation standards for programs de-
21 signed to reduce and prevent bias, racism, and
22 discrimination in maternity care settings to as-
23 sess the effectiveness of such programs in im-
24 proving patient outcomes and patient experi-
25 ence for pregnant and postpartum individuals

1 from racial and ethnic minority groups and
2 their families.
3 (B) Determination of the types and fre-
4 quency of training to reduce and prevent bias,
5 racism, and discrimination in maternity care
6 settings that are demonstrated to improve pa-
7 tient outcomes or patient experience for preg-
8 nant and postpartum individuals from racial
9 and ethnic minority groups and their families.
10 (e) RESPECTFUL MATERNITY CARE COMPLIANCE
11 PROGRAM.—
12 (1) IN GENERAL.—The Secretary of Health and
13 Human Services (referred to in this subsection as
14 the ''Secretary'') shall award grants to accredited
15 hospitals, health systems, and other maternity care
16 settings to establish as an integral part of quality
17 implementation initiatives within one or more hos-
18 pitals or other birth settings a respectful maternity
19 care compliance program.
20 (2) PROGRAM REQUIREMENTS.—A respectful
21 maternity care compliance program funded through
22 a grant under this subsection shall—
23 (A) institutionalize mechanisms to allow
24 patients receiving maternity care services, the
25 families of such patients, or perinatal health

1 workers supporting such patients to report in-
2 stances of racism or evidence of bias on the
3 basis of race, ethnicity, or another protected
4 class;

5 (B) institutionalize response mechanisms
6 through which representatives of the program
7 can directly follow up with the patient, if pos-
8 sible, and the patient's family in a timely man-
9 ner;

10 (C) prepare, and make publicly available, a
11 hospital- or health system-wide strategy to re-
12 duce bias on the basis of race, ethnicity, or an-
13 other protected class in the delivery of mater-
14 nity care that includes—

15 (i) information on the training pro-
16 grams to reduce and prevent bias, racism,
17 and discrimination on the basis of race,
18 ethnicity, or another protected class for all
19 employees in maternity care settings;

20 (ii) information on the number of
21 cases reported to the compliance program;
22 and

23 (iii) the development of methods to
24 routinely assess the extent to which bias,
25 racism, or discrimination on the basis of

1 race, ethnicity, or another protected class
2 are present in the delivery of maternity
3 care to patients from racial and ethnic mi-
4 nority groups;
5 (D) develop mechanisms to routinely col-
6 lect and publicly report hospital-level data re-
7 lated to patient-reported experience of care; and
8 (E) provide annual reports to the Sec-
9 retary with information about each case re-
10 ported to the compliance program over the
11 course of the year containing such information
12 as the Secretary may require, such as—
13 (i) de-identified demographic informa-
14 tion on the patient in the case, such as
15 race, ethnicity, gender identity, and pri-
16 mary language;
17 (ii) the content of the report from the
18 patient or the family of the patient to the
19 compliance program;
20 (iii) the response from the compliance
21 program; and
22 (iv) to the extent applicable, institu-
23 tional changes made as a result of the
24 case.
25 (3) SECRETARY REQUIREMENTS.—

1 (A) PROCESSES.—Not later than 180 days
2 after the date of enactment of this Act, the Sec-
3 retary shall establish processes for—
4 (i) disseminating best practices for es-
5 tablishing and implementing a respectful
6 maternity care compliance program within
7 a hospital or other birth setting;
8 (ii) promoting coordination and col-
9 laboration between hospitals, health sys-
10 tems, and other maternity care delivery
11 settings on the establishment and imple-
12 mentation of respectful maternity care
13 compliance programs; and
14 (iii) evaluating the effectiveness of re-
15 spectful maternity care compliance pro-
16 grams on maternal health outcomes and
17 patient and family experiences, especially
18 for patients from racial and ethnic minor-
19 ity groups and their families.
20 (B) STUDY.—
21 (i) IN GENERAL.—Not later than 2
22 years after the date of enactment of this
23 Act, the Secretary shall, through a con-
24 tract with an independent research organi-

1 zation, conduct a study on strategies to ad-
2 dress—
3 (I) racism or bias on the basis of
4 race, ethnicity, or another protected
5 class in the delivery of maternity care
6 services; and
7 (II) successful implementation of
8 respectful care initiatives.
9 (ii) COMPONENTS OF STUDY.—The
10 study shall include the following:
11 (I) An assessment of the reports
12 submitted to the Secretary from the
13 respectful maternity care compliance
14 programs pursuant to paragraph
15 (2)(E).
16 (II) Based on such assessment,
17 recommendations for potential ac-
18 countability mechanisms related to
19 cases of racism or bias on the basis of
20 race, ethnicity, or another protected
21 class in the delivery of maternity care
22 services at hospitals and other birth
23 settings. Such recommendations shall
24 take into consideration medical and
25 non-medical factors that contribute to

1 adverse patient experiences and ma-
2 ternal health outcomes.
3 (iii) REPORT.—The Secretary shall
4 submit to the Congress, and make publicly
5 available, a report on the results of the
6 study under this subparagraph.
7 (4) AUTHORIZATION OF APPROPRIATIONS.—To
8 carry out this subsection, there is authorized to be
9 appropriated such sums as may be necessary for fis-
10 cal years 2025 through 2030.
11 (f) GAO REPORT.—
12 (1) IN GENERAL.—Not later than 2 years after
13 the date of enactment of this Act and annually
14 thereafter, the Comptroller General of the United
15 States shall submit to the Congress, and make pub-
16 licly available, a report on the establishment of re-
17 spectful maternity care compliance programs within
18 hospitals, health systems, and other maternity care
19 settings.
20 (2) MATTERS INCLUDED.—The report under
21 paragraph (1) shall include the following:
22 (A) Information regarding the extent to
23 which hospitals, health systems, and other ma-
24 ternity care settings have elected to establish

1 respectful maternity care compliance programs,
2 including—
3 (i) which hospitals and other birth
4 settings elect to establish compliance pro-
5 grams and when such programs are estab-
6 lished;
7 (ii) to the extent practicable, impacts
8 of the establishment of such programs on
9 maternal health outcomes and patient and
10 family experiences in the hospitals and
11 other birth settings that have established
12 such programs, especially for patients from
13 racial and ethnic minority groups and their
14 families;
15 (iii) information on geographic areas,
16 and types of hospitals or other birth set-
17 tings, where respectful maternity care com-
18 pliance programs are not being established
19 and information on factors contributing to
20 decisions to not establish such programs;
21 and
22 (iv) recommendations for establishing
23 respectful maternity care compliance pro-
24 grams in geographic areas, and types of

1 hospitals or other birth settings, where
2 such programs are not being established.
3 (B) Whether the funding made available to
4 carry out this subsection has been sufficient
5 and, if applicable, recommendations for addi-
6 tional appropriations to carry out this sub-
7 section.
8 (C) Such other information as the Comp-
9 troller General determines appropriate.
10 (g) DEFINITIONS.—In this section:
11 (1) CULTURALLY CONGRUENT.—The term ''cul-
12 turally congruent'', with respect to care or maternity
13 care, means care that is in agreement with the pre-
14 ferred cultural values, beliefs, worldview, language,
15 and practices of the health care consumer and other
16 stakeholders.
17 (2) MATERNITY CARE PROVIDER.—The term
18 ''maternity care provider'' means a health care pro-
19 vider who—
20 (A) is a physician, physician assistant,
21 midwife who meets at a minimum the inter-
22 national definition of the midwife and global
23 standards for midwifery education as estab-
24 lished by the International Confederation of

1 Midwives, nurse practitioner, or clinical nurse
2 specialist; and
3 (B) has a focus on maternal or perinatal
4 health.
5 (3) MATERNAL MORTALITY.—The term ''mater-
6 nal mortality'' means a death occurring during or
7 within a one-year period after pregnancy, caused by
8 pregnancy-related or childbirth complications, in-
9 cluding a suicide, overdose, or other death resulting
10 from a mental health or substance use disorder at-
11 tributed to or aggravated by pregnancy-related or
12 childbirth complications.
13 (4) PERINATAL HEALTH WORKER.—The term
14 ''perinatal health worker'' means a doula, commu-
15 nity health worker, peer supporter, breastfeeding
16 and lactation educator or counselor, nutritionist or
17 dietitian, childbirth educator, social worker, home
18 visitor, language interpreter, or navigator.
19 (5) POSTPARTUM AND POSTPARTUM PERIOD.—
20 The terms ''postpartum'' and ''postpartum period''
21 refer to the 1-year period beginning on the last day
22 of the pregnancy of an individual.
23 (6) PREGNANCY-ASSOCIATED DEATH.—The
24 term ''pregnancy-associated death'' means a death of
25 a pregnant or postpartum individual, by any cause,

1 that occurs during, or within 1 year following, the
2 individual's pregnancy, regardless of the outcome,
3 duration, or site of the pregnancy.

4 (7) PREGNANCY-RELATED DEATH.—The term
5 ''pregnancy-related death'' means a death of a preg-
6 nant or postpartum individual that occurs during, or
7 within 1 year following, the individual's pregnancy,
8 from a pregnancy complication, a chain of events
9 initiated by pregnancy, or the aggravation of an un-
10 related condition by the physiologic effects of preg-
11 nancy.

12 (8) RACIAL AND ETHNIC MINORITY GROUP.—
13 The term ''racial and ethnic minority group'' has the
14 meaning given such term in section 1707(g)(1) of
15 the Public Health Service Act (42 U.S.C. 300u–
16 6(g)(1)).

17 (9) SEVERE MATERNAL MORBIDITY.—The term
18 ''severe maternal morbidity'' means a health condi-
19 tion, including mental health conditions and sub-
20 stance use disorders, attributed to or aggravated by
21 pregnancy or childbirth that results in significant
22 short-term or long-term consequences to the health
23 of the individual who was pregnant.

24 (10) SOCIAL DETERMINANTS OF MATERNAL
25 HEALTH DEFINED.—The term ''social determinants

1 of maternal health'' means non-clinical factors that
2 impact maternal health outcomes, including—
3 (A) economic factors, which may include
4 poverty, employment, food security, support for
5 and access to lactation and other infant feeding
6 options, housing stability, and related factors;
7 (B) neighborhood factors, which may in-
8 clude quality of housing, access to transpor-
9 tation, access to child care, availability of
10 healthy foods and nutrition counseling, avail-
11 ability of clean water, air and water quality,
12 ambient temperatures, neighborhood crime and
13 violence, access to broadband, and related fac-
14 tors;
15 (C) social and community factors, which
16 may include systemic racism, gender discrimi-
17 nation or discrimination based on other pro-
18 tected classes, workplace conditions, incarcer-
19 ation, and related factors;
20 (D) household factors, which may include
21 ability to conduct lead testing and abatement,
22 car seat installation, indoor air temperatures,
23 and related factors;

1 (E) education access and quality factors,
2 which may include educational attainment, lan-
3 guage and literacy, and related factors; and
4 (F) health care access factors, including
5 health insurance coverage, access to culturally
6 congruent health care services, providers, and
7 non-clinical support, access to home visiting
8 services, access to wellness and stress manage-
9 ment programs, health literacy, access to tele-
10 health and items required to receive telehealth
11 services, and related factors.

12 **SEC. 5205. PERINATAL WORKFORCE.**

13 (a) HHS AGENCY DIRECTIVES.—
14 (1) GUIDANCE TO STATES.—
15 (A) IN GENERAL.—Not later than 2 years
16 after the date of enactment of this Act, the Sec-
17 retary of Health and Human Services shall
18 issue and disseminate guidance to States to
19 educate providers, managed care entities, and
20 other insurers about the value and process of
21 delivering respectful maternal health care
22 through diverse and multidisciplinary care pro-
23 vider models.
24 (B) CONTENTS.—The guidance required
25 by subparagraph (A) shall address how States

1 can encourage and incentivize hospitals, health
2 systems, midwifery practices, freestanding birth
3 centers, other maternity care provider groups,
4 managed care entities, and other insurers—
5 (i) to recruit and retain maternity
6 care providers, mental and behavioral
7 health care providers acting in accordance
8 with State law, registered dietitians or nu-
9 trition professionals (as such term is de-
10 fined in section 1861(vv)(2) of the Social
11 Security Act (42 U.S.C. 1395x(vv)(2))),
12 and lactation consultants certified by the
13 International Board of Lactation Consult-
14 ants Examiners—
15 (I) from racially, ethnically, and
16 linguistically diverse backgrounds;
17 (II) with experience practicing in
18 racially and ethnically diverse commu-
19 nities; and
20 (III) who have undergone train-
21 ing on implicit bias and racism;
22 (ii) to incorporate into maternity care
23 teams—
24 (I) midwives who meet, at a min-
25 imum, the international definition of

1 the midwife and global standards for
2 midwifery education, as established by
3 the International Confederation of
4 Midwives; and
5 (II) perinatal health workers;
6 (iii) to provide collaborative, culturally
7 congruent care; and
8 (iv) to provide opportunities for indi-
9 viduals enrolled in accredited midwifery
10 education programs to participate in job
11 shadowing with maternity care teams in
12 hospitals, health systems, midwifery prac-
13 tices, and freestanding birth centers.
14 (2) STUDY ON RESPECTFUL AND CULTURALLY
15 CONGRUENT MATERNITY CARE.—
16 (A) STUDY.—The Secretary of Health and
17 Human Services, acting through the Director of
18 the National Institutes of Health (in this para-
19 graph referred to as the ''Secretary''), shall
20 conduct a study on best practices in respectful
21 and culturally congruent maternity care.
22 (B) REPORT.—Not later than 2 years after
23 the date of enactment of this Act, the Secretary
24 shall—

1 (i) complete the study required by
2 subparagraph (A);
3 (ii) submit to the Congress, and make
4 publicly available, a report on the results
5 of such study; and
6 (iii) include in such report—
7 (I) a compendium of examples of
8 hospitals, health systems, midwifery
9 practices, freestanding birth centers,
10 other maternity care provider groups,
11 managed care entities, and other in-
12 surers that are delivering respectful
13 and culturally congruent maternal
14 health care;
15 (II) a compendium of examples
16 of hospitals, health systems, midwifery
17 practices, freestanding birth centers,
18 other maternity care provider groups,
19 managed care entities, and other in-
20 surers that have made progress in re-
21 ducing inequities in maternal health
22 outcomes and improving birthing ex-
23 periences for pregnant and
24 postpartum individuals from racial
25 and ethnic minority groups; and

1 (III) recommendations to hos-
2 pitals, health systems, midwifery prac-
3 tices, freestanding birth centers, other
4 maternity care provider groups, man-
5 aged care entities, and other insurers,
6 for best practices in respectful and
7 culturally congruent maternity care.

8 (b) GRANTS TO GROW AND DIVERSIFY THE
9 PERINATAL WORKFORCE.—Title VII of the Public Health
10 Service Act is amended by inserting after section 757 (42
11 U.S.C. 294f) the following:

12 **"SEC. 758. PERINATAL WORKFORCE GRANTS.**

13 "(a) IN GENERAL.—The Secretary shall award
14 grants to entities to establish or expand programs de-
15 scribed in subsection (b) to grow and diversify the
16 perinatal workforce.

17 "(b) USE OF FUNDS.—Recipients of grants under
18 this section shall use the grants to grow and diversify the
19 perinatal workforce by—

20 "(1) establishing schools or programs that pro-
21 vide education and training to individuals seeking
22 appropriate licensing or certification as—

23 "(A) physician assistants who will complete
24 clinical training in the field of maternal and
25 perinatal health; or

1 "(B) perinatal health workers; and
2 "(2) expanding the capacity of existing schools
3 or programs described in paragraph (1), for the pur-
4 poses of increasing the number of students enrolled
5 in such schools or programs, including by awarding
6 scholarships for students.
7 "(c) PRIORITIZATION.—In awarding grants under
8 this section, the Secretary shall give priority to any entity
9 that—
10 "(1) has demonstrated a commitment to re-
11 cruiting and retaining students and faculty from ra-
12 cial and ethnic minority groups;
13 "(2) has developed a strategy to recruit and re-
14 tain a diverse pool of students into the perinatal
15 workforce program or school supported by funds re-
16 ceived through the grant, particularly from racial
17 and ethnic minority groups and other underserved
18 populations;
19 "(3) has developed a strategy to recruit and re-
20 tain students who plan to practice in a health pro-
21 fessional shortage area designated under section
22 332;
23 "(4) has developed a strategy to recruit and re-
24 tain students who plan to practice in an area with

1 significant racial and ethnic inequities in maternal
2 health outcomes, to the extent practicable; and
3 ''(5) includes in the standard curriculum for all
4 students within the perinatal workforce program or
5 school a bias, racism, or discrimination training pro-
6 gram that includes training on implicit bias and rac-
7 ism.
8 ''(d) REPORTING.—As a condition on receipt of a
9 grant under this section for a perinatal workforce program
10 or school, an entity shall agree to submit to the Secretary
11 an annual report on the activities conducted through the
12 grant, including—
13 ''(1) the number and demographics of students
14 participating in the program or school;
15 ''(2) the extent to which students in the pro-
16 gram or school are entering careers in—
17 ''(A) health professional shortage areas
18 designated under section 332; and
19 ''(B) areas with significant racial and eth-
20 nic inequities in maternal health outcomes, to
21 the extent such data are available; and
22 ''(3) whether the program or school has in-
23 cluded in the standard curriculum for all students a
24 bias, racism, or discrimination training program that

1 includes explicit and implicit bias, and if so the ef-
2 fectiveness of such training program.

3 "(e) PERIOD OF GRANTS.—The period of a grant
4 under this section shall not exceed 5 years.

5 "(f) APPLICATION.—To seek a grant under this sec-
6 tion, an entity shall submit to the Secretary an application
7 at such time, in such manner, and containing such infor-
8 mation as the Secretary may require, including any infor-
9 mation necessary for prioritization under subsection (c).

10 "(g) TECHNICAL ASSISTANCE.—The Secretary shall
11 provide, directly or by contract, technical assistance to en-
12 tities seeking or receiving a grant under this section on
13 the development, use, evaluation, and post-grant period
14 sustainability of the perinatal workforce programs or
15 schools proposed to be, or being, established or expanded
16 through the grant.

17 "(h) REPORT BY THE SECRETARY.—Not later than
18 4 years after the date of enactment of this section, the
19 Secretary shall prepare and submit to the Congress, and
20 post on the internet website of the Department of Health
21 and Human Services, a report on the effectiveness of the
22 grant program under this section at—

23 "(1) recruiting students from racial and ethnic
24 minority groups;

1 “(2) increasing the number of physician assist-
2 ants who will complete clinical training in the field
3 of maternal and perinatal health, and perinatal
4 health workers, from racial and ethnic minority
5 groups and other underserved populations;
6 “(3) increasing the number of physician assist-
7 ants who will complete clinical training in the field
8 of maternal and perinatal health, and perinatal
9 health workers, working in health professional short-
10 age areas designated under section 332; and
11 “(4) increasing the number of physician assist-
12 ants who will complete clinical training in the field
13 of maternal and perinatal health, and perinatal
14 health workers, working in areas with significant ra-
15 cial and ethnic inequities in maternal health out-
16 comes, to the extent such data are available.
17 “(i) DEFINITION.—In this section, the term ‘racial
18 and ethnic minority group’ has the meaning given such
19 term in section 1707(g).
20 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
21 carry out this section, there is authorized to be appro-
22 priated $15,000,000 for each of fiscal years 2025 through
23 2029.”.
24 (c) GRANTS TO GROW AND DIVERSIFY THE NURSING
25 WORKFORCE IN MATERNAL AND PERINATAL HEALTH.—

1 Title VIII of the Public Health Service Act is amended
2 by inserting after section 811 (42 U.S.C. 296j) the fol-
3 lowing:

4 **"SEC. 812. PERINATAL NURSING WORKFORCE GRANTS.**

5 "(a) IN GENERAL.—The Secretary shall award
6 grants to schools of nursing to grow and diversify the
7 perinatal nursing workforce.

8 "(b) USE OF FUNDS.—Recipients of grants under
9 this section shall use the grants to grow and diversify the
10 perinatal nursing workforce by providing scholarships to
11 students seeking to become—

12 "(1) nurse practitioners whose education in-
13 cludes a focus on maternal and perinatal health; or

14 "(2) clinical nurse specialists whose education
15 includes a focus on maternal and perinatal health.

16 "(c) PRIORITIZATION.—In awarding grants under
17 this section, the Secretary shall give priority to any school
18 of nursing that—

19 "(1) has developed a strategy to recruit and re-
20 tain a diverse pool of students seeking to enter ca-
21 reers focused on maternal and perinatal health, par-
22 ticularly students from racial and ethnic minority
23 groups and other underserved populations;

24 "(2) has developed a partnership with a prac-
25 tice setting in a health professional shortage area

1 designated under section 332 for the clinical place-
2 ments of the school's students;
3 ''(3) has developed a strategy to recruit and re-
4 tain students who plan to practice in an area with
5 significant racial and ethnic inequities in maternal
6 health outcomes, to the extent practicable; and
7 ''(4) includes in the standard curriculum for all
8 students seeking to enter careers focused on mater-
9 nal and perinatal health a bias, racism, or discrimi-
10 nation training program that includes education on
11 implicit bias and racism.
12 ''(d) REPORTING.—As a condition on receipt of a
13 grant under this section, a school of nursing shall agree
14 to submit to the Secretary an annual report on the activi-
15 ties conducted through the grant, including, to the extent
16 practicable—
17 ''(1) the number and demographics of students
18 in the school of nursing seeking to enter careers fo-
19 cused on maternal and perinatal health;
20 ''(2) the extent to which such students are pre-
21 paring to enter careers in—
22 ''(A) health professional shortage areas
23 designated under section 332; and

1 "(B) areas with significant racial and eth-
2 nic inequities in maternal health outcomes, to
3 the extent such data are available; and
4 "(3) whether the standard curriculum for all
5 students seeking to enter careers focused on mater-
6 nal and perinatal health includes a bias, racism, or
7 discrimination training program that includes edu-
8 cation on implicit bias and racism.
9 "(e) PERIOD OF GRANTS.—The period of a grant
10 under this section shall be up to 5 years.
11 "(f) APPLICATION.—To seek a grant under this sec-
12 tion, an entity shall submit to the Secretary an applica-
13 tion, at such time, in such manner, and containing such
14 information as the Secretary may require, including any
15 information necessary for prioritization under subsection
16 (c).
17 "(g) TECHNICAL ASSISTANCE.—The Secretary shall
18 provide, directly or by contract, technical assistance to
19 schools of nursing seeking or receiving a grant under this
20 section on the processes of awarding and evaluating schol-
21 arships through the grant.
22 "(h) REPORT BY THE SECRETARY.—Not later than
23 4 years after the date of enactment of this section, the
24 Secretary shall prepare and submit to the Congress, and
25 post on the internet website of the Department of Health

1 and Human Services, a report on the effectiveness of the
2 grant program under this section at—
3 ‘‘(1) recruiting students from racial and ethnic
4 minority groups and other underserved populations;
5 ‘‘(2) increasing the number of nurse practi-
6 tioners and clinical nurse specialists entering careers
7 focused on maternal and perinatal health from racial
8 and ethnic minority groups and other underserved
9 populations;
10 ‘‘(3) increasing the number of nurse practi-
11 tioners and clinical nurse specialists entering careers
12 focused on maternal and perinatal health working in
13 health professional shortage areas designated under
14 section 332; and
15 ‘‘(4) increasing the number of nurse practi-
16 tioners and clinical nurse specialists entering careers
17 focused on maternal and perinatal health working in
18 areas with significant racial and ethnic inequities in
19 maternal health outcomes, to the extent such data
20 are available.
21 ‘‘(i) AUTHORIZATION OF APPROPRIATIONS.—To
22 carry out this section, there is authorized to be appro-
23 priated $15,000,000 for each of fiscal years 2025 through
24 2029.’’.
25 (d) GAO REPORT.—

1 (1) IN GENERAL.—Not later than 2 years after
2 the date of enactment of this Act, and every 5 years
3 thereafter, the Comptroller General of the United
4 States shall submit to Congress a report on barriers
5 to maternal health education and access to care in
6 the United States. Such report shall include the in-
7 formation and recommendations described in para-
8 graph (2).

9 (2) CONTENT OF REPORT.—The report under
10 paragraph (1) shall include—

11 (A) an assessment of current barriers to
12 entering accredited midwifery education pro-
13 grams, and recommendations for addressing
14 such barriers, particularly for low-income people
15 and people from racial and ethnic minority
16 groups;

17 (B) an assessment of current barriers to
18 entering and successfully completing accredited
19 education programs for other health profes-
20 sional careers related to maternity care, includ-
21 ing maternity care providers, mental and behav-
22 ioral health care providers acting in accordance
23 with State law, registered dietitians or nutrition
24 professionals (as such term is defined in section
25 1861(vv)(2) of the Social Security Act (42

1 U.S.C. 1395x(vv)(2))), and lactation consult-
2 ants certified by the International Board of
3 Lactation Consultants Examiners, particularly
4 for low-income people and people from racial
5 and ethnic minority groups;
6 (C) an assessment of current barriers that
7 prevent midwives from meeting the inter-
8 national definition of the midwife and global
9 standards for midwifery education as estab-
10 lished by the International Confederation of
11 Midwives, and recommendations for addressing
12 such barriers, particularly for low-income people
13 and people from racial and ethnic minority
14 groups;
15 (D) an assessment of inequities in access
16 to maternity care providers, mental or behav-
17 ioral health care providers acting in accordance
18 with State law, registered dietitians or nutrition
19 professionals (as such term is defined in section
20 1861(vv)(2) of the Social Security Act (42
21 U.S.C. 1395x(vv)(2))), lactation consultants
22 certified by the International Board of Lacta-
23 tion Consultants Examiners, and perinatal
24 health workers, stratified by race, ethnicity,
25 gender identity, geographic location, and insur-

1 ance type and recommendations to promote
2 greater access equity; and
3 (E) recommendations to promote greater
4 equity in compensation for perinatal health
5 workers under public and private insurers, par-
6 ticularly for such individuals from racially and
7 ethnically diverse backgrounds.
8 (e) DEFINITIONS.—In this section:
9 (1) CULTURALLY CONGRUENT.—The term ''cul-
10 turally congruent'', with respect to care or maternity
11 care, means care that is in agreement with the pre-
12 ferred cultural values, beliefs, worldview, language,
13 and practices of the health care consumer and other
14 stakeholders.
15 (2) MATERNITY CARE PROVIDER.—The term
16 ''maternity care provider'' means a health care pro-
17 vider who—
18 (A) is a physician, physician assistant,
19 midwife who meets at a minimum the inter-
20 national definition of the midwife and global
21 standards for midwifery education as estab-
22 lished by the International Confederation of
23 Midwives, nurse practitioner, or clinical nurse
24 specialist; and

1 (B) has a focus on maternal or perinatal
2 health.
3 (3) PERINATAL HEALTH WORKER.—The term
4 ''perinatal health worker'' means a doula, commu-
5 nity health worker, peer supporter, breastfeeding
6 and lactation educator or counselor, nutritionist or
7 dietitian, childbirth educator, social worker, home
8 visitor, language interpreter, or navigator.
9 (4) POSTPARTUM.—The terms ''postpartum''
10 refers to the 1-year period beginning on the last day
11 of the pregnancy of an individual.
12 (5) RACIAL AND ETHNIC MINORITY GROUP.—
13 The term ''racial and ethnic minority group'' has the
14 meaning given such term in section 1707(g)(1) of
15 the Public Health Service Act (42 U.S.C. 300u–
16 6(g)(1)).
17 **SEC. 5206. DATA TO SAVE MOMS ACT.**
18 (a) SHORT TITLE.—This section may be cited as the
19 ''Data To Save Moms Act''.
20 (b) FUNDING FOR MATERNAL MORTALITY REVIEW
21 COMMITTEES TO PROMOTE REPRESENTATIVE COMMU-
22 NITY ENGAGEMENT.—
23 (1) IN GENERAL.—Section 317K(d) of the Pub-
24 lic Health Service Act (42 U.S.C. 247b–12(d)) is
25 amended by adding at the end the following:

1 "(9) GRANTS TO PROMOTE REPRESENTATIVE
2 COMMUNITY ENGAGEMENT IN MATERNAL MOR-
3 TALITY REVIEW COMMITTEES.—
4 "(A) IN GENERAL.—The Secretary may,
5 using funds made available pursuant to sub-
6 paragraph (C), provide assistance to an applica-
7 ble maternal mortality review committee of a
8 State, Indian tribe, tribal organization, or
9 Urban Indian organization (as such terms are
10 defined in section 4 of the Indian Health Care
11 Improvement Act)—
12 "(i) to select for inclusion in the mem-
13 bership of such a committee community
14 members from the State, Indian tribe, trib-
15 al organization, or Urban Indian organiza-
16 tion by—
17 "(I) prioritizing community mem-
18 bers who can increase the diversity of
19 the committee's membership with re-
20 spect to race and ethnicity, location,
21 and professional background, includ-
22 ing members with non-clinical experi-
23 ences; and
24 "(II) to the extent applicable,
25 using funds reserved under subsection

1 (f), to address barriers to maternal
2 mortality review committee participa-
3 tion for community members, includ-
4 ing through providing required train-
5 ing, reducing transportation barriers,
6 providing compensation, and providing
7 other supports as may be necessary;
8 "(ii) to establish initiatives to conduct
9 outreach and community engagement ef-
10 forts within communities throughout the
11 State or Indian tribe to seek input from
12 community members on the work of such
13 maternal mortality review committee, with
14 a particular focus on outreach to people
15 who are members of minority groups; and
16 "(iii) to release public reports assess-
17 ing—
18 "(I) the pregnancy-related death
19 and pregnancy-associated death review
20 processes of the maternal mortality
21 review committee, with a particular
22 focus on the maternal mortality re-
23 view committee's sensitivity to the
24 unique circumstances of pregnant and
25 postpartum individuals from racial

1 and ethnic minority groups (as such
2 term is defined in section 1707(g)(1))
3 who have suffered pregnancy-related
4 deaths; and

5 ‘‘(II) the impact of the use of
6 funds made available pursuant to
7 paragraph (C) on increasing the diver-
8 sity of the maternal mortality review
9 committee membership and promoting
10 community engagement efforts
11 throughout the State or Indian tribe.

12 ‘‘(B) TECHNICAL ASSISTANCE.—The Sec-
13 retary shall provide (either directly through the
14 Department of Health and Human Services or
15 by contract) technical assistance to any mater-
16 nal mortality review committee receiving a
17 grant under this paragraph on best practices
18 for increasing the diversity of the maternal
19 mortality review committee’s membership and
20 for conducting effective community engagement
21 throughout the State or Indian tribe.

22 ‘‘(C) AUTHORIZATION OF APPROPRIA-
23 TIONS.—In addition to any funds made avail-
24 able under subsection (f), there are authorized
25 to be appropriated to carry out this paragraph

1 $10,000,000 for each of fiscal years 2025
2 through 2029.''.
3 (2) RESERVATION OF FUNDS.—Section 317K(f)
4 of the Public Health Service Act (42 U.S.C. 247b–
5 12(f)) is amended by adding at the end the fol-
6 lowing: ''Of the amount made available under the
7 preceding sentence for a fiscal year, not less than
8 $1,500,000 shall be reserved for grants awarded
9 under subsection (d)(9) to Indian tribes, tribal orga-
10 nizations, or Urban Indian organizations (as such
11 terms are defined in section 4 of the Indian Health
12 Care Improvement Act).''.
13 (c) DATA COLLECTION AND REVIEW.—Section
14 317K(d)(3)(A)(i) of the Public Health Service Act (42
15 U.S.C. 247b–12(d)(3)(A)(i)) is amended—
16 (1) by redesignating subclauses (II) and (III)
17 as subclauses (V) and (VI), respectively; and
18 (2) by inserting after subclause (I) the fol-
19 lowing:
20 ''(II) to the extent practicable,
21 reviewing cases of severe maternal
22 morbidity, according to the most up-
23 to-date indicators;
24 ''(III) to the extent practicable,
25 reviewing deaths during pregnancy or

1 up to 1 year after the end of a preg-
2 nancy from suicide, overdose, or other
3 death from a mental health condition
4 or substance use disorder attributed
5 to, or aggravated by, pregnancy or
6 childbirth complications;

7 "(IV) to the extent practicable,
8 consulting with local community-based
9 organizations representing pregnant
10 and postpartum individuals from de-
11 mographic groups disproportionately
12 impacted by poor maternal health out-
13 comes to ensure that, in addition to
14 clinical factors, non-clinical factors
15 that might have contributed to a preg-
16 nancy-related death are appropriately
17 considered;".

18 (d) REVIEW OF MATERNAL HEALTH DATA COLLEC-
19 TION PROCESSES AND QUALITY MEASURES.—

20 (1) IN GENERAL.—The Secretary of Health and
21 Human Services, acting through the Administrator
22 for the Centers for Medicare & Medicaid Services
23 and the Director of the Agency for Healthcare Re-
24 search and Quality (referred to in this subsection as

1 the ‘‘Secretary’’), shall consult with relevant stake-
2 holders—
3 (A) to review existing maternal health data
4 collection processes and quality measures; and
5 (B) to make recommendations to improve
6 such processes and measures, including topics
7 described in paragraph (3).
8 (2) COLLABORATION.—In carrying out this sub-
9 section, the Secretary shall consult with a diverse
10 group of maternal health stakeholders, which may
11 include—
12 (A) pregnant and postpartum individuals
13 and their family members, and nonprofit orga-
14 nizations representing such individuals, with a
15 particular focus on patients from racial and
16 ethnic minority groups;
17 (B) community-based organizations that
18 provide support for pregnant and postpartum
19 individuals, with a particular focus on patients
20 from racial and ethnic minority groups;
21 (C) membership organizations for mater-
22 nity care providers;
23 (D) organizations representing perinatal
24 health workers;

1 (E) organizations that focus on maternal
2 mental or behavioral health;
3 (F) organizations that focus on intimate
4 partner violence;
5 (G) institutions of higher education, with a
6 particular focus on minority-serving institu-
7 tions;
8 (H) licensed and accredited hospitals, birth
9 centers, midwifery practices, or other medical
10 practices that provide maternal health care
11 services to pregnant and postpartum patients;
12 (I) relevant State and local public agencies,
13 including State maternal mortality review com-
14 mittees; and
15 (J) the National Quality Forum, or such
16 other standard-setting organizations specified
17 by the Secretary.
18 (3) TOPICS.—The review of maternal health
19 data collection processes and recommendations to
20 improve such processes and measures required under
21 paragraph (1) shall assess all available relevant in-
22 formation, including information from State-level
23 sources, and shall consider at least the following:
24 (A) Current State and Tribal practices for
25 maternal health, maternal mortality, and severe

1 maternal morbidity data collection and dissemi-
2 nation, including consideration of—
3 (i) the timeliness of processes for
4 amending a death certificate when new in-
5 formation pertaining to the death becomes
6 available to reflect whether the death was
7 a pregnancy-related death;
8 (ii) relevant data collected with elec-
9 tronic health records, including data on
10 race, ethnicity, socioeconomic status, insur-
11 ance type, and other relevant demographic
12 information;
13 (iii) maternal health data collected
14 and publicly reported by hospitals, health
15 systems, midwifery practices, and birth
16 centers;
17 (iv) the barriers preventing States
18 from correlating maternal outcome data
19 with race and ethnicity data;
20 (v) processes for determining the
21 cause of a pregnancy-associated death in
22 States that do not have a maternal mor-
23 tality review committee;
24 (vi) whether maternal mortality review
25 committees include multidisciplinary and

1 diverse membership (as described in section 317K(d)(1)(A) of the Public Health
3 Service Act (42 U.S.C. 247b–
4 12(d)(1)(A)));
5 (vii) whether members of maternal
6 mortality review committees participate in
7 trainings on bias, racism, or discrimina-
8 tion, and the quality of such trainings;
9 (viii) the extent to which States have
10 implemented systematic processes of listen-
11 ing to the stories of pregnant and
12 postpartum individuals and their family
13 members, with a particular focus on preg-
14 nant and postpartum individuals from ra-
15 cial and ethnic minority groups and their
16 family members, to fully understand the
17 causes of, and inform potential solutions
18 to, the maternal mortality and severe ma-
19 ternal morbidity crisis within their respec-
20 tive States;
21 (ix) the extent to which maternal mor-
22 tality review committees are considering
23 social determinants of maternal health
24 when examining the causes of pregnancy-
25 associated and pregnancy-related deaths;

1 (x) the extent to which maternal mor-
2 tality review committees are making ac-
3 tionable recommendations based on their
4 reviews of adverse maternal health out-
5 comes and the extent to which such rec-
6 ommendations are being implemented by
7 appropriate stakeholders;

8 (xi) the legal and administrative bar-
9 riers preventing the collection, collation,
10 and dissemination of State maternity care
11 data;

12 (xii) the effectiveness of data collec-
13 tion and reporting processes in separating
14 pregnancy-associated deaths from preg-
15 nancy-related deaths; and

16 (xiii) the current Federal, State, local,
17 and Tribal funding support for the activi-
18 ties referred to in clauses (i) through (xii).

19 (B) Whether the funding support referred
20 to in subparagraph (A)(xiii) is adequate for
21 States to carry out optimal data collection and
22 dissemination processes with respect to mater-
23 nal health, maternal mortality, and severe ma-
24 ternal morbidity.

1 (C) Current quality measures for mater-
2 nity care, including prenatal measures, labor
3 and delivery measures, and postpartum meas-
4 ures, including topics such as—
5 (i) effective quality measures for ma-
6 ternity care used by hospitals, health sys-
7 tems, midwifery practices, birth centers,
8 health plans, and other relevant entities;
9 (ii) the sufficiency of current outcome
10 measures used to evaluate maternity care
11 for driving improved care, experiences, and
12 outcomes in maternity care payment and
13 delivery system models;
14 (iii) maternal health quality measures
15 that other countries effectively use;
16 (iv) validated measures that have been
17 used for research purposes that could be
18 tested, refined, and submitted for national
19 endorsement;
20 (v) barriers preventing maternity care
21 providers and insurers from implementing
22 quality measures that are aligned with best
23 practices;

1 (vi) the frequency with which mater-
2 nity care quality measures are reviewed
3 and revised;
4 (vii) the strengths and weaknesses of
5 the Prenatal and Postpartum Care meas-
6 ures of the Health Plan Employer Data
7 and Information Set measures established
8 by the National Committee for Quality As-
9 surance;
10 (viii) the strengths and weaknesses of
11 maternity care quality measures under the
12 Medicaid program under title XIX of the
13 Social Security Act (42 U.S.C. 1396 et
14 seq.) and the Children's Health Insurance
15 Program under title XXI of such Act (42
16 U.S.C. 1397aa et seq.), including the ex-
17 tent to which States voluntarily report rel-
18 evant measures;
19 (ix) the extent to which maternity
20 care quality measures are informed by pa-
21 tient experiences that include measures of
22 patient-reported experience of care;
23 (x) the current processes for collecting
24 stratified data on the race and ethnicity of
25 pregnant and postpartum individuals in

1 hospitals, health systems, midwifery prac-
2 tices, and birth centers, and for incor-
3 porating such racially and ethnically strati-
4 fied data in maternity care quality meas-
5 ures;

6 (xi) the extent to which maternity
7 care quality measures account for the
8 unique experiences of pregnant and
9 postpartum individuals from racial and
10 ethnic minority groups; and

11 (xii) the extent to which hospitals,
12 health systems, midwifery practices, and
13 birth centers are implementing existing
14 maternity care quality measures.

15 (D) Recommendations on authorizing addi-
16 tional funds and providing additional technical
17 assistance to improve maternal mortality review
18 committees and State and Tribal maternal
19 health data collection and reporting processes.

20 (E) Recommendations for new authorities
21 that may be granted to maternal mortality re-
22 view committees to be able to—

23 (i) access records from other Federal
24 and State agencies and departments that
25 may be necessary to identify causes of

1 pregnancy-associated and pregnancy-re-
2 lated deaths that are unique to pregnant
3 and postpartum individuals from specific
4 populations, such as veterans and individ-
5 uals who are incarcerated; and

6 (ii) work with relevant experts who
7 are not members of the maternal mortality
8 review committee to assist in the review of
9 pregnancy-associated deaths of pregnant
10 and postpartum individuals from specific
11 populations, such as veterans and individ-
12 uals who are incarcerated.

13 (F) Recommendations to improve and
14 standardize current quality measures for mater-
15 nity care, with a particular focus on racial and
16 ethnic inequities in maternal health outcomes.

17 (G) Recommendations to improve the co-
18 ordination by the Department of Health and
19 Human Services of the efforts undertaken by
20 the agencies and organizations within the De-
21 partment related to maternal health data and
22 quality measures.

23 (4) REPORT.—Not later than 1 year after the
24 date of enactment of this Act, the Secretary shall
25 submit to Congress, and make publicly available, a

1 report on the results of the review of maternal
2 health data collection processes and quality meas-
3 ures and recommendations to improve such proc-
4 esses and measures required under paragraph (1).

5 (5) DEFINITION OF MATERNAL MORTALITY RE-
6 VIEW COMMITTEE.—In this subsection, the term
7 "maternal mortality review committee" means a ma-
8 ternal mortality review committee duly authorized by
9 a State and receiving funding under section
10 317K(a)(2)(D) of the Public Health Service Act (42
11 U.S.C. 247b–12(a)(2)(D)).

12 (6) AUTHORIZATION OF APPROPRIATIONS.—
13 There are authorized to be appropriated such sums
14 as may be necessary to carry out this subsection for
15 each of fiscal years 2025 through 2029.

16 (e) INDIAN HEALTH SERVICE STUDY ON MATERNAL
17 MORTALITY AND SEVERE MATERNAL MORBIDITY.—

18 (1) IN GENERAL.—The Director of the Indian
19 Health Service (referred to in this subsection as the
20 "Director") shall, in coordination with entities de-
21 scribed in paragraph (2)—

22 (A) not later than 90 days after the date
23 of enactment of this Act, enter into a contract
24 with an independent research organization or
25 Tribal Epidemiology Center to conduct a com-

1 prehensive study on maternal mortality and se-
2 vere maternal morbidity in the populations of
3 American Indian and Alaska Native individuals;
4 and

5 (B) not later than 3 years after the date
6 of enactment of this Act, submit to Congress a
7 report on that study that contains recommenda-
8 tions for policies and practices that can be
9 adopted to improve maternal health outcomes
10 for pregnant and postpartum American Indian
11 and Alaska Native individuals.

12 (2) PARTICIPATING ENTITIES.—

13 (A) IN GENERAL.—The entities referred to
14 in paragraph (1) shall consist of 12 members,
15 selected by the Director from among individuals
16 nominated by Indian Tribes and Tribal organi-
17 zations (as those terms are defined in section 4
18 of the Indian Self-Determination and Education
19 Assistance Act (25 U.S.C. 5304)) and Urban
20 Indian organizations (as defined in section 4 of
21 the Indian Health Care Improvement Act (25
22 U.S.C. 1603)).

23 (B) REQUIREMENT.—In selecting members
24 under subparagraph (A), the Director shall en-

1 sure that each of the 12 service areas of the In-
2 dian Health Service are represented.
3 (3) CONTENTS OF STUDY.—The study con-
4 ducted pursuant to paragraph (1)(A) shall—
5 (A) examine the causes of maternal mor-
6 tality and severe maternal morbidity that are
7 unique to American Indian and Alaska Native
8 individuals;
9 (B) include a systematic process of listen-
10 ing to the stories of American Indian and Alas-
11 ka Native pregnant and postpartum individuals
12 to fully understand the causes of, and inform
13 potential solutions to, the maternal mortality
14 and severe maternal morbidity crisis within the
15 communities of those individuals;
16 (C) distinguish between the causes of,
17 landscape of maternity care at, and rec-
18 ommendations to improve maternal health out-
19 comes within the different settings in which
20 American Indian and Alaska Native pregnant
21 and postpartum individuals receive maternity
22 care, including—
23 (i) facilities operated by the Indian
24 Health Service;

1 (ii) an Indian health program oper-
2 ated by an Indian Tribe or a Tribal orga-
3 nization (as those terms are defined in sec-
4 tion 4 of the Indian Self-Determination
5 and Education Assistance Act (25 U.S.C.
6 5304)) pursuant to a contract, grant, coop-
7 erative agreement, or compact with the In-
8 dian Health Service pursuant to the Indian
9 Self-Determination and Education Assist-
10 ance Act (25 U.S.C. 5301 et seq.); and
11 (iii) an Urban Indian health program
12 operated by an Urban Indian organization
13 (as defined in section 4 of the Indian
14 Health Care Improvement Act (25 U.S.C.
15 1603)) pursuant to a grant or contract
16 with the Indian Health Service pursuant to
17 title V of the Indian Health Care Improve-
18 ment Act (25 U.S.C. 1651 et seq.);
19 (D) review processes for coordinating pro-
20 grams of the Indian Health Service with social
21 services provided through other programs ad-
22 ministered by the Secretary of Health and
23 Human Services (other than the Medicare pro-
24 gram under title XVIII of the Social Security
25 Act (42 U.S.C. 1395 et seq.), the Medicaid pro-

1 gram under title XIX of that Act (42 U.S.C.
2 1396 et seq.), and the State Children's Health
3 Insurance Program under title XXI of that Act
4 (42 U.S.C. 1397aa et seq.));

5 (E) review current data collection and
6 quality measurement processes and practices;

7 (F) assess causes and frequency of mater-
8 nal mental health conditions and substance use
9 disorders;

10 (G) consider social determinants of health,
11 including poverty, lack of health insurance, un-
12 employment, sexual violence, and environmental
13 conditions in Tribal areas;

14 (H) consider the role that historical mis-
15 treatment of American Indian and Alaska Na-
16 tive people has played in causing currently high
17 rates of maternal mortality and severe maternal
18 morbidity;

19 (I) consider how current funding of the In-
20 dian Health Service affects the ability of the In-
21 dian Health Service to deliver quality maternity
22 care;

23 (J) consider the extent to which the deliv-
24 ery of maternity care services is culturally ap-

1 propriate for American Indian and Alaska Na-
2 tive pregnant and postpartum individuals;
3 (K) make recommendations to reduce
4 misclassification of American Indian and Alaska
5 Native pregnant and postpartum individuals,
6 including consideration of best practices in
7 training for maternal mortality review com-
8 mittee members to be able to correctly classify
9 American Indian and Alaska Native individuals;
10 and
11 (L) make recommendations informed by
12 the stories shared by American Indian and
13 Alaska Native pregnant and postpartum indi-
14 viduals pursuant to subparagraph (B) to im-
15 prove maternal health outcomes for those indi-
16 viduals.
17 (4) REPORT.—The agreement entered into
18 under paragraph (1)(A) with an independent re-
19 search organization or Tribal Epidemiology Center
20 shall require that the independent research organiza-
21 tion or Tribal Epidemiology Center, as applicable,
22 submit to Congress a report on the results of the
23 study conducted pursuant to that agreement not
24 later than 36 months after the date of enactment of
25 this Act.

1 (5) AUTHORIZATION OF APPROPRIATIONS.—
2 There is authorized to be appropriated to carry out
3 this subsection $2,000,000 for each of fiscal years
4 2025 through 2027.

5 (f) GRANTS TO MINORITY-SERVING INSTITUTIONS TO
6 STUDY MATERNAL MORTALITY, SEVERE MATERNAL
7 MORBIDITY, AND OTHER ADVERSE MATERNAL HEALTH
8 OUTCOMES.—

9 (1) IN GENERAL.—The Secretary of Health and
10 Human Services (referred to in this subsection as
11 the ''Secretary'') shall establish a program under
12 which the Secretary shall award grants to research
13 centers, health professions schools and programs,
14 and other entities at minority-serving institutions to
15 study specific aspects of the maternal health crisis
16 among pregnant and postpartum individuals from
17 racial and ethnic minority groups. Such research
18 may—

19 (A) include the development and imple-
20 mentation of systematic processes of listening
21 to the stories of pregnant and postpartum indi-
22 viduals from racial and ethnic minority groups,
23 and perinatal health workers supporting such
24 individuals, to fully understand the causes of,
25 and inform potential solutions to, the maternal

1 mortality and severe maternal morbidity crisis
2 within their respective communities;
3 (B) assess the potential causes of relatively
4 low rates of maternal mortality among Hispanic
5 individuals, including potential racial
6 misclassification and other data collection and
7 reporting issues that might be misrepresenting
8 maternal mortality rates among Hispanic indi-
9 viduals in the United States; and
10 (C) assess differences in rates of adverse
11 maternal health outcomes among subgroups
12 identifying as Hispanic.
13 (2) APPLICATION.—To be eligible to receive a
14 grant under paragraph (1), an entity described in
15 such paragraph shall submit to the Secretary an ap-
16 plication at such time, in such manner, and con-
17 taining such information as the Secretary may re-
18 quire.
19 (3) TECHNICAL ASSISTANCE.—The Secretary
20 may use not more than 10 percent of the funds
21 made available under paragraph (7)—
22 (A) to conduct outreach to minority-serv-
23 ing institutions to raise awareness of the avail-
24 ability of grants under paragraph (1);

1 (B) to provide technical assistance in the
2 application process for such a grant; and
3 (C) to promote capacity building, as need-
4 ed to enable entities described in such para-
5 graph to submit such an application.
6 (4) REPORTING REQUIREMENT.—Each entity
7 awarded a grant under this subsection shall periodi-
8 cally submit to the Secretary a report on the status
9 of activities conducted using the grant.
10 (5) EVALUATION.—Beginning one year after
11 the date on which the first grant is awarded under
12 this subsection, the Secretary shall submit to Con-
13 gress an annual report summarizing the findings of
14 research conducted using funds made available
15 under this subsection.
16 (6) MINORITY-SERVING INSTITUTIONS DE-
17 FINED.—In this subsection, the term ''minority-serv-
18 ing institution'' means an eligible institution de-
19 scribed in section 371(a) of the Higher Education
20 Act of 1965 (20 U.S.C. 1067q(a)).
21 (7) AUTHORIZATION OF APPROPRIATIONS.—
22 There are authorized to be appropriated to carry out
23 this subsection $10,000,000 for each of fiscal years
24 2025 through 2029.
25 (g) DEFINITIONS.—In this section:

1 (1) CULTURALLY CONGRUENT.—The term ‘‘cul-
2 turally congruent’’, with respect to care or maternity
3 care, means care that is in agreement with the pre-
4 ferred cultural values, beliefs, worldview, language,
5 and practices of the health care consumer and other
6 stakeholders.

7 (2) MATERNITY CARE PROVIDER.—The term
8 ‘‘maternity care provider’’ means a health care pro-
9 vider who—

10 (A) is a physician, physician assistant,
11 midwife who meets at a minimum the inter-
12 national definition of the midwife and global
13 standards for midwifery education as estab-
14 lished by the International Confederation of
15 Midwives, nurse practitioner, or clinical nurse
16 specialist; and

17 (B) has a focus on maternal or perinatal
18 health.

19 (3) MATERNAL MORTALITY.—The term ‘‘mater-
20 nal mortality’’ means a death occurring during or
21 within a one-year period after pregnancy, caused by
22 pregnancy-related or childbirth complications, in-
23 cluding a suicide, overdose, or other death resulting
24 from a mental health or substance use disorder at-

1 tributed to or aggravated by pregnancy-related or
2 childbirth complications.

3 (4) PERINATAL HEALTH WORKER.—The term
4 ''perinatal health worker'' means a doula, commu-
5 nity health worker, peer supporter, breastfeeding
6 and lactation educator or counselor, nutritionist or
7 dietitian, childbirth educator, social worker, home
8 visitor, language interpreter, or navigator.

9 (5) POSTPARTUM AND POSTPARTUM PERIOD.—
10 The terms ''postpartum'' and ''postpartum period''
11 refer to the 1-year period beginning on the last day
12 of the pregnancy of an individual.

13 (6) PREGNANCY-ASSOCIATED.—The term
14 ''pregnancy-associated'', with respect to a death,
15 means a death of a pregnant or postpartum indi-
16 vidual, by any cause, that occurs during, or within
17 1 year following, the individual's pregnancy, regard-
18 less of the outcome, duration, or site of the preg-
19 nancy.

20 (7) PREGNANCY-RELATED.—The term ''preg-
21 nancy-related'', with respect to a death, means a
22 death of a pregnant or postpartum individual that
23 occurs during, or within 1 year following, the indi-
24 vidual's pregnancy, from a pregnancy complication,
25 a chain of events initiated by pregnancy, or the ag-

1 gravation of an unrelated condition by the physio-
2 logic effects of pregnancy.

3 (8) RACIAL AND ETHNIC MINORITY GROUP.—
4 The term ''racial and ethnic minority group'' has the
5 meaning given such term in section 1707(g)(1) of
6 the Public Health Service Act (42 U.S.C. 300u–
7 6(g)(1)).

8 (9) SEVERE MATERNAL MORBIDITY.—The term
9 ''severe maternal morbidity'' means a health condi-
10 tion, including mental health conditions and sub-
11 stance use disorders, attributed to or aggravated by
12 pregnancy or childbirth that results in significant
13 short-term or long-term consequences to the health
14 of the individual who was pregnant.

15 (10) SOCIAL DETERMINANTS OF MATERNAL
16 HEALTH.—The term ''social determinants of mater-
17 nal health'' means non-clinical factors that impact
18 maternal health outcomes, including—

19 (A) economic factors, which may include
20 poverty, employment, food security, support for
21 and access to lactation and other infant feeding
22 options, housing stability, and related factors;

23 (B) neighborhood factors, which may in-
24 clude quality of housing, access to transpor-
25 tation, access to child care, availability of

1 healthy foods and nutrition counseling, avail-
2 ability of clean water, air and water quality,
3 ambient temperatures, neighborhood crime and
4 violence, access to broadband, and related fac-
5 tors;

6 (C) social and community factors, which
7 may include systemic racism, gender discrimi-
8 nation or discrimination based on other pro-
9 tected classes, workplace conditions, incarcer-
10 ation, and related factors;

11 (D) household factors, which may include
12 ability to conduct lead testing and abatement,
13 car seat installation, indoor air temperatures,
14 and related factors;

15 (E) education access and quality factors,
16 which may include educational attainment, lan-
17 guage and literacy, and related factors; and

18 (F) health care access factors, including
19 health insurance coverage, access to culturally
20 congruent health care services, providers, and
21 non-clinical support, access to home visiting
22 services, access to wellness and stress manage-
23 ment programs, health literacy, access to tele-
24 health and items required to receive telehealth
25 services, and related factors.

1 **SEC. 5207. MOMS MATTER.**

2 (a) MATERNAL MENTAL HEALTH EQUITY GRANT
3 PROGRAM.—

4 (1) IN GENERAL.—The Secretary shall establish
5 a program to award grants to eligible entities to ad-
6 dress maternal mental health conditions and sub-
7 stance use disorders with respect to pregnant and
8 postpartum individuals, with a focus on racial and
9 ethnic minority groups.

10 (2) APPLICATION.—To be eligible to receive a
11 grant under this subsection, an eligible entity shall
12 submit to the Secretary an application at such time,
13 in such manner, and containing such information as
14 the Secretary may provide, including how such entity
15 will use funds for activities described in paragraph
16 (4) that are culturally congruent.

17 (3) PRIORITY.—In awarding grants under this
18 subsection, the Secretary shall give priority to an eli-
19 gible entity that—

20 (A) is, or will partner with, a community-
21 based organization to address maternal mental
22 health conditions and substance use disorders
23 described in paragraph (1);

24 (B) is operating in an area with high rates
25 of—

1 (i) adverse maternal health outcomes;
2 or
3 (ii) significant racial or ethnic inequi-
4 ties in maternal health outcomes; and
5 (C) is operating in a health professional
6 shortage area designated under section 332 of
7 the Public Health Service Act (42 U.S.C.
8 254e).
9 (4) USE OF FUNDS.—An eligible entity that re-
10 ceives a grant under this subsection shall use funds
11 for the following:
12 (A) Establishing or expanding maternity
13 care programs to improve the integration of
14 maternal health and behavioral health care
15 services into primary care settings where preg-
16 nant individuals regularly receive health care
17 services.
18 (B) Establishing or expanding group pre-
19 natal care programs or postpartum care pro-
20 grams.
21 (C) Expanding existing programs that im-
22 prove maternal mental and behavioral health
23 during the prenatal and postpartum periods,
24 with a focus on individuals from racial and eth-
25 nic minority groups.

1 (D) Providing services and support for
2 pregnant and postpartum individuals with ma-
3 ternal mental health conditions and substance
4 use disorders, including referrals to addiction
5 treatment centers that offer evidence-based
6 treatment options.

7 (E) Addressing stigma associated with ma-
8 ternal mental health conditions and substance
9 use disorders, with a focus on racial and ethnic
10 minority groups.

11 (F) Raising awareness of warning signs of
12 maternal mental health conditions and sub-
13 stance use disorders, with a focus on pregnant
14 and postpartum individuals from racial and eth-
15 nic minority groups.

16 (G) Establishing or expanding programs to
17 prevent suicide or self-harm among pregnant
18 and postpartum individuals.

19 (H) Offering evidence-aligned programs at
20 freestanding birth centers that provide maternal
21 mental and behavioral health care education,
22 treatments, and services, and other services for
23 individuals throughout the prenatal and
24 postpartum period.

1 (I) Establishing or expanding programs to
2 provide education and training to maternity
3 care providers with respect to—
4 (i) identifying potential warning signs
5 for maternal mental health conditions or
6 substance use disorders in pregnant and
7 postpartum individuals, with a focus on in-
8 dividuals from racial and ethnic minority
9 groups; and
10 (ii) in the case where such providers
11 identify such warning signs, offering refer-
12 rals to mental and behavioral health care
13 professionals.
14 (J) Developing a website, or other source,
15 that includes information on health care pro-
16 viders who treat maternal mental health condi-
17 tions and substance use disorders.
18 (K) Establishing or expanding programs in
19 communities to improve coordination between
20 maternity care providers and mental and behav-
21 ioral health care providers who treat maternal
22 mental health conditions and substance use dis-
23 orders, including through the use of toll-free
24 hotlines.

1 (L) Carrying out other programs aligned
2 with evidence-based practices for addressing
3 maternal mental health conditions and sub-
4 stance use disorders for pregnant and
5 postpartum individuals from racial and ethnic
6 minority groups.
7 (5) REPORTING.—
8 (A) ELIGIBLE ENTITIES.—An eligible enti-
9 ty that receives a grant under paragraph (1)
10 shall submit annually to the Secretary, and
11 make publicly available, a report on the activi-
12 ties conducted using funds received through a
13 grant under this subsection. Such reports shall
14 include quantitative and qualitative evaluations
15 of such activities, including the experience of in-
16 dividuals who received health care through such
17 grant.
18 (B) SECRETARY.—Not later than the end
19 of fiscal year 2026, the Secretary shall submit
20 to Congress a report that includes—
21 (i) a summary of the reports received
22 under subparagraph (A);
23 (ii) an evaluation of the effectiveness
24 of grants awarded under this subsection;

1 (iii) recommendations with respect to
2 expanding coverage of evidence-based
3 screenings and treatments for maternal
4 mental health conditions and substance use
5 disorders; and

6 (iv) recommendations with respect to
7 ensuring activities described under para-
8 graph (4) continue after the end of a grant
9 period.

10 (6) DEFINITIONS.—In this subsection:

11 (A) CULTURALLY CONGRUENT.—The term
12 ''culturally congruent'', with respect to care or
13 maternity care, means care that is in agreement
14 with the preferred cultural values, beliefs,
15 worldview, language, and practices of the health
16 care consumer and other stakeholders.

17 (B) ELIGIBLE ENTITY.—The term ''eligible
18 entity'' means—

19 (i) a community-based organization
20 serving pregnant and postpartum individ-
21 uals, including such organizations serving
22 individuals from racial and ethnic minority
23 groups and other underserved populations;

1 (ii) a nonprofit or patient advocacy
2 organization with expertise in maternal
3 mental and behavioral health;
4 (iii) a maternity care provider;
5 (iv) a mental or behavioral health care
6 provider who treats maternal mental health
7 conditions or substance use disorders;
8 (v) a State or local governmental enti-
9 ty, including a State or local public health
10 department;
11 (vi) an Indian Tribe or Tribal organi-
12 zation (as such terms are defined in sec-
13 tion 4 of the Indian Self-Determination
14 and Education Assistance Act (25 U.S.C.
15 5304)); and
16 (vii) an Urban Indian organization (as
17 such term is defined in section 4 of the In-
18 dian Health Care Improvement Act (25
19 U.S.C. 1603)).
20 (C) FREESTANDING BIRTH CENTER.—The
21 term "freestanding birth center" has the mean-
22 ing given that term under section 1905(l) of the
23 Social Security Act (42 U.S.C. 1396d(1)).

1 (D) MATERNITY CARE PROVIDER.—The
2 term ''maternity care provider'' means a health
3 care provider who—
4 (i) is a physician, physician assistant,
5 midwife who meets at a minimum the
6 international definition of the midwife and
7 global standards for midwifery education
8 as established by the International Confed-
9 eration of Midwives, nurse practitioner, or
10 clinical nurse specialist; and
11 (ii) has a focus on maternal or
12 perinatal health.
13 (E) SECRETARY.—The term ''Secretary''
14 means the Secretary of Health and Human
15 Services, acting through the Assistant Secretary
16 for Mental Health and Substance Use.
17 (7) AUTHORIZATION OF APPROPRIATIONS.—To
18 carry out this subsection, there is authorized to be
19 appropriated $25,000,000 for each of fiscal years
20 2025 through 2028.
21 (b) GRANTS TO GROW AND DIVERSIFY THE MATER-
22 NAL MENTAL AND BEHAVIORAL HEALTH CARE WORK-
23 FORCE.—Title VII of the Public Health Service Act is
24 amended by inserting after section 758 (as added by sec-
25 tion 5205(b)) the following:

1 **"SEC. 758A. MATERNAL MENTAL AND BEHAVIORAL HEALTH**
2 **CARE WORKFORCE GRANTS.**

3 "(a) IN GENERAL.—The Secretary may award grants
4 to entities to establish or expand programs described in
5 subsection (b) to grow and diversify the maternal mental
6 and behavioral health care workforce.

7 "(b) USE OF FUNDS.—Recipients of grants under
8 this section shall use the grants to grow and diversify the
9 maternal mental and behavioral health care workforce
10 by—

11 "(1) establishing schools or programs that pro-
12 vide education and training to individuals seeking
13 appropriate licensing or certification as mental or
14 behavioral health care providers who will specialize
15 in maternal mental health conditions or substance
16 use disorders; or

17 "(2) expanding the capacity of existing schools
18 or programs described in paragraph (1), for the pur-
19 poses of increasing the number of students enrolled
20 in such schools or programs, including by awarding
21 scholarships for students.

22 "(c) PRIORITIZATION.—In awarding grants under
23 this section, the Secretary shall give priority to any entity
24 that—

1 "(1) has demonstrated a commitment to re-
2 cruiting and retaining students and faculty from ra-
3 cial and ethnic minority groups;
4 "(2) has developed a strategy to recruit and re-
5 tain a diverse pool of students into the maternal
6 mental or behavioral health care workforce program
7 or school supported by funds received through the
8 grant, particularly from racial and ethnic minority
9 groups and other underserved populations;
10 "(3) has developed a strategy to recruit and re-
11 tain students who plan to practice in a health pro-
12 fessional shortage area designated under section
13 332;
14 "(4) has developed a strategy to recruit and re-
15 tain students who plan to practice in an area with
16 significant racial and ethnic inequities in maternal
17 health outcomes, to the extent practicable; and
18 "(5) includes in the standard curriculum for all
19 students within the maternal mental or behavioral
20 health care workforce program or school a bias, rac-
21 ism, or discrimination training program that in-
22 cludes training on implicit bias and racism.
23 "(d) REPORTING.—As a condition on receipt of a
24 grant under this section for a maternal mental or behav-
25 ioral health care workforce program or school, an entity

1 shall agree to submit to the Secretary an annual report
2 on the activities conducted through the grant, including—
3 “(1) the number and demographics of students
4 participating in the program or school;
5 “(2) the extent to which students in the pro-
6 gram or school are entering careers in—
7 “(A) health professional shortage areas
8 designated under section 332; and
9 “(B) areas with significant racial and eth-
10 nic inequities in maternal health outcomes, to
11 the extent such data are available; and
12 “(3) whether the program or school has in-
13 cluded in the standard curriculum for all students a
14 bias, racism, or discrimination training program that
15 includes training on implicit bias and racism, and if
16 so the effectiveness of such training program.
17 “(e) PERIOD OF GRANTS.—The period of a grant
18 under this section shall be up to 5 years.
19 “(f) APPLICATION.—To seek a grant under this sec-
20 tion, an entity shall submit to the Secretary an application
21 at such time, in such manner, and containing such infor-
22 mation as the Secretary may require, including any infor-
23 mation necessary for prioritization under subsection (c).
24 “(g) TECHNICAL ASSISTANCE.—The Secretary shall
25 provide, directly or by contract, technical assistance to en-

1 tities seeking or receiving a grant under this section on
2 the development, use, evaluation, and post-grant period
3 sustainability of the maternal mental or behavioral health
4 care workforce programs or schools proposed to be, or
5 being, established or expanded through the grant.

6 ''(h) REPORT BY THE SECRETARY.—Not later than
7 4 years after the date of enactment of this section, the
8 Secretary shall prepare and submit to the Congress, and
9 post on the internet website of the Department of Health
10 and Human Services, a report on the effectiveness of the
11 grant program under this section at—

12 ''(1) recruiting students from racial and ethnic
13 minority groups and other underserved populations;

14 ''(2) increasing the number of mental or behav-
15 ioral health care providers specializing in maternal
16 mental health conditions or substance use disorders
17 from racial and ethnic minority groups and other
18 underserved populations;

19 ''(3) increasing the number of mental or behav-
20 ioral health care providers specializing in maternal
21 mental health conditions or substance use disorders
22 working in health professional shortage areas des-
23 ignated under section 332; and

24 ''(4) increasing the number of mental or behav-
25 ioral health care providers specializing in maternal

1 mental health conditions or substance use disorders
2 working in areas with significant racial and ethnic
3 inequities in maternal health outcomes, to the extent
4 such data are available.

5 "(i) DEFINITIONS.—In this section:

6 "(1) RACIAL AND ETHNIC MINORITY GROUP.—
7 The term 'racial and ethnic minority group' has the
8 meaning given such term in section 1707(g)(1).

9 "(2) MENTAL OR BEHAVIORAL HEALTH CARE
10 PROVIDER.—The term 'mental or behavioral health
11 care provider' refers to a health care provider in the
12 field of mental and behavioral health, including sub-
13 stance use disorders, acting in accordance with State
14 law.

15 "(j) AUTHORIZATION OF APPROPRIATIONS.—To
16 carry out this section, there is authorized to be appro-
17 priated $15,000,000 for each of fiscal years 2025 through
18 2029.".

19 **SEC. 5208. JUSTICE FOR INCARCERATED MOMS.**

20 (a) ENDING THE SHACKLING OF PREGNANT INDI-
21 VIDUALS.—

22 (1) IN GENERAL.—Beginning on the date that
23 is 6 months after the date of enactment of this Act,
24 and annually thereafter, in each State that receives
25 a grant under subpart 1 of part E of title I of the

1 Omnibus Crime Control and Safe Streets Act of
2 1968 (34 U.S.C. 10151 et seq.) (commonly referred
3 to as the "Edward Byrne Memorial Justice Assist-
4 ance Grant Program") and that does not have in ef-
5 fect throughout the State for such fiscal year laws
6 restricting the use of restraints on pregnant individ-
7 uals in prison that are substantially similar to the
8 rights, procedures, requirements, effects, and pen-
9 alties set forth in section 4322 of title 18, United
10 States Code, the amount of such grant that would
11 otherwise be allocated to such State under such sub-
12 part for the fiscal year shall be decreased by 25 per-
13 cent.

14 (2) REALLOCATION.—Amounts not allocated to
15 a State for failure to comply with paragraph (1)
16 shall be reallocated in accordance with subpart 1 of
17 part E of title I of the Omnibus Crime Control and
18 Safe Streets Act of 1968 (34 U.S.C. 10151 et seq.)
19 to States that have complied with such paragraph.

20 (b) CREATING MODEL PROGRAMS FOR THE CARE OF
21 INCARCERATED INDIVIDUALS IN THE PRENATAL AND
22 POSTPARTUM PERIODS.—

23 (1) IN GENERAL.—Not later than 1 year after
24 the date of enactment of this Act, the Attorney Gen-
25 eral, acting through the Director of the Bureau of

1 Prisons, shall establish, in not fewer than 6 Bureau
2 of Prisons facilities, programs to optimize maternal
3 health outcomes for pregnant and postpartum indi-
4 viduals incarcerated in such facilities. The Attorney
5 General shall establish such programs in consulta-
6 tion with stakeholders such as—

7 (A) relevant community-based organiza-
8 tions, particularly organizations that represent
9 incarcerated and formerly incarcerated individ-
10 uals and organizations that seek to improve ma-
11 ternal health outcomes for pregnant and
12 postpartum individuals from demographic
13 groups with elevated rates of maternal mor-
14 tality, severe maternal morbidity, maternal
15 health disparities, or other adverse perinatal or
16 childbirth outcomes;

17 (B) relevant organizations representing pa-
18 tients, with a particular focus on patients from
19 demographic groups with elevated rates of ma-
20 ternal mortality, severe maternal morbidity, ma-
21 ternal health disparities, or other adverse
22 perinatal or childbirth outcomes;

23 (C) organizations representing maternity
24 care providers and maternal health care edu-
25 cation programs;

1 (D) perinatal health workers; and
2 (E) researchers and policy experts in fields
3 related to maternal health care for incarcerated
4 individuals.
5 (2) START DATE.—Each selected facility shall
6 begin facility programs not later than 18 months
7 after the date of enactment of this Act.
8 (3) FACILITY PRIORITY.—In carrying out para-
9 graph (1), the Director shall give priority to a facil-
10 ity based on—
11 (A) the number of pregnant and
12 postpartum individuals incarcerated in such fa-
13 cility and, among such individuals, the number
14 of pregnant and postpartum individuals from
15 demographic groups with elevated rates of ma-
16 ternal mortality, severe maternal morbidity, ma-
17 ternal health disparities, or other adverse
18 perinatal or childbirth outcomes; and
19 (B) the extent to which the leaders of such
20 facility have demonstrated a commitment to de-
21 veloping exemplary programs for pregnant and
22 postpartum individuals incarcerated in such fa-
23 cility.

1 (4) PROGRAM DURATION.—The programs es-
2 tablished under this subsection shall be for a 5-year
3 period.
4 (5) PROGRAMS.—Bureau of Prisons facilities
5 selected by the Director shall establish programs for
6 pregnant and postpartum incarcerated individuals,
7 and such programs may—
8 (A) provide access to perinatal health
9 workers from pregnancy through the
10 postpartum period;
11 (B) provide access to healthy foods and
12 counseling on nutrition, recommended activity
13 levels, and safety measures throughout preg-
14 nancy;
15 (C) train correctional officers to ensure
16 that pregnant incarcerated individuals receive
17 safe and respectful treatment;
18 (D) train medical personnel to ensure that
19 pregnant incarcerated individuals receive trau-
20 ma-informed, culturally and linguistically con-
21 gruent care that promotes the health and safety
22 of the pregnant individuals;
23 (E) provide counseling and treatment for
24 individuals who have suffered from—

1 (i) diagnosed mental or behavioral
2 health conditions, including trauma and
3 substance use disorders;
4 (ii) trauma or violence, including do-
5 mestic violence;
6 (iii) human immunodeficiency virus;
7 (iv) sexual abuse;
8 (v) pregnancy or infant loss; or
9 (vi) chronic conditions;
10 (F) provide evidence-based pregnancy and
11 childbirth education, parenting support, and
12 other relevant forms of health literacy;
13 (G) provide clinical education opportunities
14 to maternity care providers in training to ex-
15 pand pathways into maternal health care ca-
16 reers serving incarcerated individuals;
17 (H) offer opportunities for postpartum in-
18 dividuals to maintain contact with the individ-
19 ual's newborn child to promote bonding, includ-
20 ing enhanced visitation policies, access to prison
21 nursery programs, or breastfeeding support;
22 (I) provide reentry assistance, particularly
23 to—
24 (i) ensure access to health insurance
25 coverage and transfer of health records to

1 community providers if an incarcerated in-
2 dividual exits the criminal justice system
3 during such individual's pregnancy or in
4 the postpartum period; and
5 (ii) connect individuals exiting the
6 criminal justice system during pregnancy
7 or in the postpartum period to community-
8 based resources, such as referrals to health
9 care providers, substance use disorder
10 treatments, and social services that ad-
11 dress social determinants of maternal
12 health; or
13 (J) establish partnerships with local public
14 entities, private community entities, community-
15 based organizations, Indian Tribes and Tribal
16 organizations (as such terms are defined in sec-
17 tion 4 of the Indian Self-Determination and
18 Education Assistance Act (25 U.S.C. 5304)),
19 and Urban Indian organizations (as such term
20 is defined in section 4 of the Indian Health
21 Care Improvement Act (25 U.S.C. 1603)) to es-
22 tablish or expand pretrial diversion programs as
23 an alternative to incarceration for pregnant and
24 postpartum individuals. Such programs may in-
25 clude—

1 (i) evidence-based childbirth education
2 or parenting classes;
3 (ii) prenatal health coordination;
4 (iii) family and individual counseling;
5 (iv) evidence-based screenings, edu-
6 cation, and, as needed, treatment for men-
7 tal and behavioral health conditions, in-
8 cluding drug and alcohol treatments;
9 (v) family case management services;
10 (vi) domestic violence education and
11 prevention;
12 (vii) physical and sexual abuse coun-
13 seling; and
14 (viii) programs to address social de-
15 terminants of health such as employment,
16 housing, education, transportation, and nu-
17 trition.
18 (6) IMPLEMENTATION AND REPORTING.—A se-
19 lected facility shall be responsible for—
20 (A) implementing programs, which may in-
21 clude the programs described in paragraph (5);
22 and
23 (B) not later than 3 years after the date
24 of enactment of this Act, and 6 years after the
25 date of enactment of this Act, reporting results

1 of the programs to the Director, including in-
2 formation describing—
3 (i) relevant quantitative indicators of
4 success in improving the standard of care
5 and health outcomes for pregnant and
6 postpartum incarcerated individuals in the
7 facility, including data stratified by race,
8 ethnicity, sex, gender, primary language,
9 age, geography, disability status, the cat-
10 egory of the criminal charge against such
11 individual, rates of pregnancy-related
12 deaths, pregnancy-associated deaths, cases
13 of infant mortality and morbidity, rates of
14 preterm births and low-birthweight births,
15 cases of severe maternal morbidity, cases
16 of violence against pregnant or postpartum
17 individuals, diagnoses of maternal mental
18 or behavioral health conditions, and other
19 such information as appropriate;
20 (ii) relevant qualitative and quan-
21 titative evaluations from pregnant and
22 postpartum incarcerated individuals who
23 participated in such programs, including
24 measures of patient-reported experience of
25 care; and

1 (iii) strategies to sustain such pro-
2 grams after fiscal year 2029 and expand
3 such programs to other facilities.

4 (7) REPORT.—Not later than 6 years after the
5 date of enactment of this Act, the Director shall
6 submit to the Attorney General and to Congress a
7 report describing the results of the programs funded
8 under this subsection.

9 (8) OVERSIGHT.—Not later than 1 year after
10 the date of enactment of this Act, the Attorney Gen-
11 eral shall award a contract to an independent orga-
12 nization or independent organizations to conduct
13 oversight of the programs described in paragraph
14 (5).

15 (9) AUTHORIZATION OF APPROPRIATIONS.—
16 There is authorized to be appropriated to carry out
17 this subsection $10,000,000 for each of fiscal years
18 2025 through 2029.

19 (c) GRANT PROGRAM TO IMPROVE MATERNAL
20 HEALTH OUTCOMES FOR INDIVIDUALS IN STATE AND
21 LOCAL PRISONS AND JAILS.—

22 (1) ESTABLISHMENT.—Not later than 1 year
23 after the date of enactment of this Act, the Attorney
24 General, acting through the Director of the Bureau
25 of Justice Assistance, shall award Justice for Incar-

1 cerated Moms grants to States to establish or ex-
2 pand programs in State and local prisons and jails
3 for pregnant and postpartum incarcerated individ-
4 uals. The Attorney General shall award such grants
5 in consultation with stakeholders such as—

6 (A) relevant community-based organiza-
7 tions, particularly organizations that represent
8 incarcerated and formerly incarcerated individ-
9 uals and organizations that seek to improve ma-
10 ternal health outcomes for pregnant and
11 postpartum individuals from demographic
12 groups with elevated rates of maternal mor-
13 tality, severe maternal morbidity, maternal
14 health disparities, or other adverse perinatal or
15 childbirth outcomes;

16 (B) relevant organizations representing pa-
17 tients, with a particular focus on patients from
18 demographic groups with elevated rates of ma-
19 ternal mortality, severe maternal morbidity, ma-
20 ternal health disparities, or other adverse
21 perinatal or childbirth outcomes;

22 (C) organizations representing maternity
23 care providers and maternal health care edu-
24 cation programs;

25 (D) perinatal health workers; and

1 (E) researchers and policy experts in fields
2 related to maternal health care for incarcerated
3 individuals.
4 (2) APPLICATIONS.—Each applicant for a grant
5 under this subsection shall submit to the Director of
6 the Bureau of Justice Assistance an application at
7 such time, in such manner, and containing such in-
8 formation as the Director may require.
9 (3) USE OF FUNDS.—A State that is awarded
10 a grant under this subsection shall use such grant
11 to establish or expand programs for pregnant and
12 postpartum incarcerated individuals, and such pro-
13 grams may—
14 (A) provide access to perinatal health
15 workers from pregnancy through the
16 postpartum period;
17 (B) provide access to healthy foods and
18 counseling on nutrition, recommended activity
19 levels, and safety measures throughout preg-
20 nancy;
21 (C) train correctional officers to ensure
22 that pregnant incarcerated individuals receive
23 safe and respectful treatment;
24 (D) train medical personnel to ensure that
25 pregnant incarcerated individuals receive trau-

1 ma-informed, culturally and linguistically con-
2 gruent care that promotes the health and safety
3 of the pregnant individuals;
4 (E) provide counseling and treatment for
5 individuals who have suffered from—
6 (i) diagnosed mental or behavioral
7 health conditions, including trauma and
8 substance use disorders;
9 (ii) trauma or violence, including do-
10 mestic violence;
11 (iii) human immunodeficiency virus;
12 (iv) sexual abuse;
13 (v) pregnancy or infant loss; or
14 (vi) chronic conditions;
15 (F) provide evidence-based pregnancy and
16 childbirth education, parenting support, and
17 other relevant forms of health literacy;
18 (G) provide clinical education opportunities
19 to maternity care providers in training to ex-
20 pand pathways into maternal health care ca-
21 reers serving incarcerated individuals;
22 (H) offer opportunities for postpartum in-
23 dividuals to maintain contact with the individ-
24 ual's newborn child to promote bonding, includ-

1 ing enhanced visitation policies, access to prison
2 nursery programs, or breastfeeding support;
3 (I) provide reentry assistance, particularly
4 to—
5 (i) ensure access to health insurance
6 coverage and transfer of health records to
7 community providers if an incarcerated in-
8 dividual exits the criminal justice system
9 during such individual's pregnancy or in
10 the postpartum period; and
11 (ii) connect individuals exiting the
12 criminal justice system during pregnancy
13 or in the postpartum period to community-
14 based resources, such as referrals to health
15 care providers, substance use disorder
16 treatments, and social services that ad-
17 dress social determinants of maternal
18 health; or
19 (J) establish partnerships with local public
20 entities, private community entities, community-
21 based organizations, Indian Tribes and Tribal
22 organizations (as such terms are defined in sec-
23 tion 4 of the Indian Self-Determination and
24 Education Assistance Act (25 U.S.C. 5304)),
25 and Urban Indian organizations (as such term

1 is defined in section 4 of the Indian Health
2 Care Improvement Act (25 U.S.C. 1603)) to es-
3 tablish or expand pretrial diversion programs as
4 an alternative to incarceration for pregnant and
5 postpartum individuals. Such programs may in-
6 clude—
7 (i) evidence-based childbirth education
8 or parenting classes;
9 (ii) prenatal health coordination;
10 (iii) family and individual counseling;
11 (iv) evidence-based screenings, edu-
12 cation, and, as needed, treatment for men-
13 tal and behavioral health conditions, in-
14 cluding drug and alcohol treatments;
15 (v) family case management services;
16 (vi) domestic violence education and
17 prevention;
18 (vii) physical and sexual abuse coun-
19 seling; and
20 (viii) programs to address social de-
21 terminants of health such as employment,
22 housing, education, transportation, and nu-
23 trition.
24 (4) PRIORITY.—In awarding grants under this
25 subsection, the Director of the Bureau of Justice

1 Assistance shall give priority to applicants based
2 on—
3 (A) the number of pregnant and
4 postpartum individuals incarcerated in the
5 State and, among such individuals, the number
6 of pregnant and postpartum individuals from
7 demographic groups with elevated rates of ma-
8 ternal mortality, severe maternal morbidity, ma-
9 ternal health disparities, or other adverse
10 perinatal or childbirth outcomes; and
11 (B) the extent to which the State has dem-
12 onstrated a commitment to developing exem-
13 plary programs for pregnant and postpartum
14 individuals incarcerated in the prisons and jails
15 in the State.
16 (5) GRANT DURATION.—A grant awarded under
17 this subsection shall be for a 5-year period.
18 (6) IMPLEMENTING AND REPORTING.—A State
19 that receives a grant under this subsection shall be
20 responsible for—
21 (A) implementing the program funded by
22 the grant; and
23 (B) not later than 3 years after the date
24 of enactment of this Act, and 6 years after the
25 date of enactment of this Act, reporting results

1 of such program to the Attorney General, in-
2 cluding information describing—
3 (i) relevant quantitative indicators of
4 the program's success in improving the
5 standard of care and health outcomes for
6 pregnant and postpartum incarcerated in-
7 dividuals in the facility, including data
8 stratified by race, ethnicity, sex, gender,
9 primary language, age, geography, dis-
10 ability status, category of the criminal
11 charge against such individual, incidence
12 rates of pregnancy-related deaths, preg-
13 nancy-associated deaths, cases of infant
14 mortality and morbidity, rates of preterm
15 births and low-birthweight births, cases of
16 severe maternal morbidity, cases of vio-
17 lence against pregnant or postpartum indi-
18 viduals, diagnoses of maternal mental or
19 behavioral health conditions, and other
20 such information as appropriate;
21 (ii) relevant qualitative and quan-
22 titative evaluations from pregnant and
23 postpartum incarcerated individuals who
24 participated in such programs, including

1 measures of patient-reported experience of
2 care; and
3 (iii) strategies to sustain such pro-
4 grams beyond the duration of the grant
5 and expand such programs to other facili-
6 ties.
7 (7) REPORT.—Not later than 6 years after the
8 date of enactment of this Act, the Attorney General
9 shall submit to Congress a report describing the re-
10 sults of such grant programs.
11 (8) OVERSIGHT.—Not later than 1 year after
12 the date of enactment of this Act, the Attorney Gen-
13 eral shall award a contract to an independent orga-
14 nization or independent organizations to conduct
15 oversight of the programs described in paragraph
16 (3).
17 (9) AUTHORIZATION OF APPROPRIATIONS.—
18 There is authorized to be appropriated to carry out
19 this subsection $10,000,000 for each of fiscal years
20 2025 through 2029.
21 (d) GAO REPORT.—
22 (1) IN GENERAL.—Not later than 2 years after
23 the date of enactment of this Act, the Comptroller
24 General of the United States shall submit to Con-
25 gress a report on adverse maternal and infant health

1 outcomes among incarcerated individuals and infants
2 born to such individuals, with a particular focus on
3 racial and ethnic disparities in maternal and infant
4 health outcomes for incarcerated individuals.

5 (2) CONTENTS OF REPORT.—The report de-
6 scribed in this subsection shall include—

7 (A) to the extent practicable—

8 (i) the number of pregnant individuals
9 who are incarcerated in Bureau of Prisons
10 facilities;

11 (ii) the number of incarcerated indi-
12 viduals, including those incarcerated in
13 Federal, State, and local correctional facili-
14 ties, who have experienced a pregnancy-re-
15 lated death, pregnancy-associated death, or
16 the death of an infant in the most recent
17 10 years of available data;

18 (iii) the number of cases of severe ma-
19 ternal morbidity among incarcerated indi-
20 viduals, including those incarcerated in
21 Federal, State, and local detention facili-
22 ties, in the most recent 10 years of avail-
23 able data;

24 (iv) the number of preterm and low-
25 birthweight births of infants born to incar-

1 cerated individuals, including those incar-
2 cerated in Federal, State, and local correc-
3 tional facilities, in the most recent 10
4 years of available data; and
5 (v) statistics on the racial and ethnic
6 disparities in maternal and infant health
7 outcomes and severe maternal morbidity
8 rates among incarcerated individuals, in-
9 cluding those incarcerated in Federal,
10 State, and local detention facilities;
11 (B) in the case that the Comptroller Gen-
12 eral of the United States is unable determine
13 the information required in clauses (i) through
14 (iii) of subparagraph (A), an assessment of the
15 barriers to determining such information and
16 recommendations for improvements in tracking
17 maternal health outcomes among incarcerated
18 individuals, including those incarcerated in Fed-
19 eral, State, and local detention facilities;
20 (C) the implications of pregnant and
21 postpartum incarcerated individuals being ineli-
22 gible for medical assistance under a State plan
23 under title XIX of the Social Security Act (42
24 U.S.C. 1396 et seq.) including information
25 about—

1 (i) the effects of such ineligibility on
2 maternal health outcomes for pregnant and
3 postpartum incarcerated individuals, with
4 emphasis given to such effects for preg-
5 nant and postpartum individuals from ra-
6 cial and ethnic minority groups; and
7 (ii) potential implications on maternal
8 health outcomes resulting from temporarily
9 suspending, rather than permanently ter-
10 minating, such eligibility when a pregnant
11 or postpartum individual is incarcerated;
12 (D) the extent to which Federal, State,
13 and local correctional facilities are holding preg-
14 nant and postpartum individuals who test posi-
15 tive for illicit drug use in detention with special
16 conditions, such as additional bond require-
17 ments, due to the individual's drug use, and the
18 effect of such detention policies on maternal
19 and infant health outcomes;
20 (E) causes of adverse maternal health out-
21 comes that are unique to incarcerated individ-
22 uals, including those incarcerated in Federal,
23 State, and local detention facilities;
24 (F) causes of adverse maternal health out-
25 comes and severe maternal morbidity that are

1 unique to incarcerated individuals from racial
2 and ethnic minority groups;
3 (G) recommendations to reduce maternal
4 mortality and severe maternal morbidity among
5 incarcerated individuals and to address racial
6 and ethnic disparities in maternal health out-
7 comes for incarcerated individuals in Bureau of
8 Prisons facilities and State and local prisons
9 and jails; and
10 (H) such other information as may be ap-
11 propriate to reduce the occurrence of adverse
12 maternal health outcomes among incarcerated
13 individuals and to address racial and ethnic dis-
14 parities in maternal health outcomes for such
15 individuals.
16 (e) DEFINITIONS.—In this section:
17 (1) CULTURALLY AND LINGUISTICALLY CON-
18 GRUENT.—The term ''culturally and linguistically
19 congruent'', with respect to care or maternity care,
20 means care that is in agreement with the preferred
21 cultural values, beliefs, worldview, language, and
22 practices of the health care consumer and other
23 stakeholders.
24 (2) MATERNAL MORTALITY.—The term ''mater-
25 nal mortality'' means a death occurring during or

1 within a 1-year period after pregnancy, caused by
2 pregnancy-related or childbirth complications, in-
3 cluding a suicide, overdose, or other death resulting
4 from a mental health or substance use disorder at-
5 tributed to or aggravated by pregnancy-related or
6 childbirth complications.

7 (3) MATERNITY CARE PROVIDER.—The term
8 ''maternity care provider'' means a health care pro-
9 vider who—

10 (A) is a physician, a physician assistant, a
11 midwife who meets, at a minimum, the inter-
12 national definition of a midwife and global
13 standards for midwifery education as estab-
14 lished by the International Confederation of
15 Midwives, an advanced practice registered
16 nurse, or a lactation consultant certified by the
17 International Board of Lactation Consultant
18 Examiners; and

19 (B) has a focus on maternal or perinatal
20 health.

21 (4) PERINATAL HEALTH WORKER.—The term
22 ''perinatal health worker'' means a nonclinical health
23 worker focused on maternal or perinatal health, such
24 as a doula, community health worker, peer sup-
25 porter, lactation educator or counselor, nutritionist

1 or dietitian, childbirth educator, social worker, home
2 visitor, patient navigator or coordinator, or language
3 interpreter.

4 (5) POSTPARTUM AND POSTPARTUM PERIOD.—
5 The terms ''postpartum'' and ''postpartum period''
6 refer to the 1-year period beginning on the last day
7 of the pregnancy of an individual.

8 (6) PREGNANCY-ASSOCIATED DEATH.—The
9 term ''pregnancy-associated death'' means a death of
10 a pregnant or postpartum individual, by any cause,
11 that occurs during, or within 1 year following, the
12 individual's pregnancy, regardless of the outcome,
13 duration, or site of the pregnancy.

14 (7) PREGNANCY-RELATED DEATH.—The term
15 ''pregnancy-related death'' means a death of a preg-
16 nant or postpartum individual that occurs during, or
17 within 1 year following, the individual's pregnancy,
18 from a pregnancy complication, a chain of events
19 initiated by pregnancy, or the aggravation of an un-
20 related condition by the physiologic effects of preg-
21 nancy.

22 (8) RACIAL AND ETHNIC MINORITY GROUP.—
23 The term ''racial and ethnic minority group'' has the
24 meaning given such term in section 1707(g)(1) of

1 the Public Health Service Act (42 U.S.C. 300u–
2 6(g)(1)).
3 (9) SEVERE MATERNAL MORBIDITY.—The term
4 "severe maternal morbidity" means a health condi-
5 tion, including mental health conditions and sub-
6 stance use disorders, attributed to or aggravated by
7 pregnancy or childbirth that results in significant
8 short-term or long-term consequences to the health
9 of the individual who was pregnant.
10 (10) SOCIAL DETERMINANTS OF MATERNAL
11 HEALTH.—The term "social determinants of mater-
12 nal health" means nonclinical factors that impact
13 maternal health outcomes.
14 **SEC. 5209. TECH TO SAVE MOMS.**
15 (a) DEFINITIONS.—In this section:
16 (1) POSTPARTUM AND POSTPARTUM PERIOD.—
17 The terms "postpartum" and "postpartum period"
18 refer to the 1-year period beginning on the last day
19 of the pregnancy of an individual.
20 (2) RACIAL AND ETHNIC MINORITY GROUP.—
21 The term "racial and ethnic minority group" has the
22 meaning given such term in section 1707(g)(1) of
23 the Public Health Service Act (42 U.S.C. 300u–
24 6(g)(1)).

1 (3) SEVERE MATERNAL MORBIDITY.—The term
2 ''severe maternal morbidity'' means a health condi-
3 tion, including mental health conditions and sub-
4 stance use disorders, attributed to or aggravated by
5 pregnancy or childbirth that results in significant
6 short-term or long-term consequences to the health
7 of the individual who was pregnant.
8 (4) SOCIAL DETERMINANTS OF MATERNAL
9 HEALTH.—The term ''social determinants of mater-
10 nal health'' means non-clinical factors that impact
11 maternal health outcomes, including—
12 (A) economic factors, which may include
13 poverty, employment, food security, support for
14 and access to lactation and other infant feeding
15 options, housing stability, and related factors;
16 (B) neighborhood factors, which may in-
17 clude quality of housing, access to transpor-
18 tation, access to child care, availability of
19 healthy foods and nutrition counseling, avail-
20 ability of clean water, air and water quality,
21 ambient temperatures, neighborhood crime and
22 violence, access to broadband, and related fac-
23 tors;
24 (C) social and community factors, which
25 may include systemic racism, gender discrimi-

1 nation or discrimination based on other pro-
2 tected classes, workplace conditions, incarcer-
3 ation, and related factors;
4 (D) household factors, which may include
5 ability to conduct lead testing and abatement,
6 car seat installation, indoor air temperatures,
7 and related factors;
8 (E) education access and quality factors,
9 which may include educational attainment, lan-
10 guage and literacy, and related factors; and
11 (F) health care access factors, including
12 health insurance coverage, access to culturally
13 congruent health care services, providers, and
14 non-clinical support, access to home visiting
15 services, access to wellness and stress manage-
16 ment programs, health literacy, access to tele-
17 health and items required to receive telehealth
18 services, and related factors.
19 (b) INTEGRATED TELEHEALTH MODELS IN MATER-
20 NITY CARE SERVICES.—
21 (1) IN GENERAL.—Section 1115A(b)(2)(B) of
22 the Social Security Act (42 U.S.C. 1315a(b)(2)(B))
23 is amended by adding at the end the following:
24 ''(xxviii) Focusing on title XIX, pro-
25 viding for the adoption of and use of tele-

1 health tools that allow for screening, moni-
2 toring, and management of common health
3 complications with respect to an individual
4 receiving medical assistance during such
5 individual's pregnancy and for not more
6 than a 1-year period beginning on the last
7 day of the pregnancy.''.

8 (2) EFFECTIVE DATE.—The amendment made
9 by paragraph (1) shall take effect 1 year after the
10 date of the enactment of this section.

11 (c) GRANTS TO EXPAND THE USE OF TECHNOLOGY-
12 ENABLED COLLABORATIVE LEARNING AND CAPACITY
13 MODELS FOR PREGNANT AND POSTPARTUM INDIVID-
14 UALS.—Title III of the Public Health Service Act is
15 amended by inserting after section 330N (42 U.S.C.
16 254c–20) the following:

17 **"SEC. 330N–1. EXPANDING CAPACITY FOR MATERNAL**
18 **HEALTH OUTCOMES.**

19 ''(a) ESTABLISHMENT.—Beginning not later than 1
20 year after the date of enactment of this section, the Sec-
21 retary shall award grants to eligible entities to evaluate,
22 develop, and expand the use of technology-enabled collabo-
23 rative learning and capacity building models and improve
24 maternal health outcomes—

25 ''(1) in health professional shortage areas;

1 "(2) in areas with high rates of maternal mor-
2 tality and severe maternal morbidity;
3 "(3) in areas with significant racial and ethnic
4 inequities in maternal health outcomes; and
5 "(4) for medically underserved populations and
6 American Indians and Alaska Natives, including In-
7 dian Tribes, Tribal organizations, and Urban Indian
8 organizations.
9 "(b) USE OF FUNDS.—
10 "(1) REQUIRED USES.—Recipients of grants
11 under this section shall use the grants to—
12 "(A) train maternal health care providers,
13 students, and other similar professionals
14 through models that include—
15 "(i) methods to increase safety and
16 health care quality;
17 "(ii) training to increase awareness of,
18 and eliminate implicit bias, racism, and
19 discrimination in, the provision of health
20 care;
21 "(iii) best practices in screening for
22 and, as needed, evaluating and treating
23 maternal mental health conditions and
24 substance use disorders;

1 "(iv) training on best practices in ma-
2 ternity care for pregnant and postpartum
3 individuals during the COVID–19 public
4 health emergency or future public health
5 emergencies;
6 "(v) methods to screen for social de-
7 terminants of maternal health risks in the
8 prenatal and postpartum periods; and
9 "(vi) the use of remote patient moni-
10 toring tools for pregnancy-related com-
11 plications described in section
12 1115A(b)(2)(B)(xxviii) of the Social Secu-
13 rity Act;
14 "(B) evaluate and collect information on
15 the effect of such models on—
16 "(i) access to, and quality of, care;
17 "(ii) outcomes with respect to the
18 health of an individual; and
19 "(iii) the experience of individuals who
20 receive pregnancy-related health care;
21 "(C) develop qualitative and quantitative
22 measures to identify best practices for the ex-
23 pansion and use of such models;

1 "(D) study the effect of such models on
2 patient outcomes and maternity care providers;
3 and
4 "(E) conduct any other activity, as deter-
5 mined by the Secretary.
6 "(2) PERMISSIBLE USES.—Recipients of grants
7 under this section may use grants to support—
8 "(A) the use and expansion of technology-
9 enabled collaborative learning and capacity
10 building models, including hardware and soft-
11 ware that—
12 "(i) enable distance learning and tech-
13 nical support; and
14 "(ii) support the secure exchange of
15 electronic health information; and
16 "(B) maternity care providers, students,
17 and other similar professionals in the provision
18 of maternity care through such models.
19 "(c) APPLICATION.—
20 "(1) IN GENERAL.—An eligible entity seeking a
21 grant under subsection (a) shall submit to the Sec-
22 retary an application, at such time, in such manner,
23 and containing such information as the Secretary
24 may require.

1 "(2) ASSURANCE.—An application under para-
2 graph (1) shall include an assurance that such entity
3 shall collect information on, and assess the effect of,
4 the use of technology-enabled collaborative learning
5 and capacity building models, including with respect
6 to—
7 "(A) maternal health outcomes;
8 "(B) access to maternal health care serv-
9 ices;
10 "(C) quality of maternal health care; and
11 "(D) retention of maternity care providers
12 serving areas and populations described in sub-
13 section (a).
14 "(d) LIMITATIONS.—
15 "(1) NUMBER.—The Secretary may not award
16 more than 1 grant under this section to an eligible
17 entity.
18 "(2) DURATION.—A grant awarded under this
19 section shall be for a 5-year period.
20 "(e) ACCESS TO BROADBAND.—In administering
21 grants under this section, the Secretary may coordinate
22 with other agencies to ensure that funding opportunities
23 are available to support access to reliable, high-speed
24 internet for grantees.

1 "(f) TECHNICAL ASSISTANCE.—The Secretary shall
2 provide (either directly or by contract) technical assistance
3 to eligible entities, including recipients of grants under
4 subsection (a), on the development, use, and sustainability
5 of technology-enabled collaborative learning and capacity
6 building models to expand access to maternal health care
7 services provided by such entities, including—

8 "(1) in health professional shortage areas;

9 "(2) in areas with high rates of maternal mor-
10 tality and severe maternal morbidity or significant
11 racial and ethnic inequities in maternal health out-
12 comes; and

13 "(3) for medically underserved populations or
14 American Indians and Alaska Natives.

15 "(g) RESEARCH AND EVALUATION.—The Secretary,
16 in consultation with experts, shall develop a strategic plan
17 to research and evaluate the evidence for such models.

18 "(h) REPORTING.—

19 "(1) ELIGIBLE ENTITIES.—An eligible entity
20 that receives a grant under subsection (a) shall sub-
21 mit to the Secretary a report, at such time, in such
22 manner, and containing such information as the Sec-
23 retary may require.

24 "(2) SECRETARY.—Not later than 4 years after
25 the date of enactment of this section, the Secretary

1 shall submit to the Congress, and make available on
2 the website of the Department of Health and
3 Human Services, a report that includes—
4 "(A) a description of grants awarded
5 under subsection (a) and the purpose and
6 amounts of such grants;
7 "(B) a summary of—
8 "(i) the evaluations conducted under
9 subsection (b)(1)(B);
10 "(ii) any technical assistance provided
11 under subsection (f); and
12 "(iii) the activities conducted under
13 subsection (a); and
14 "(C) a description of any significant find-
15 ings with respect to—
16 "(i) patient outcomes; and
17 "(ii) best practices for expanding,
18 using, or evaluating technology-enabled col-
19 laborative learning and capacity building
20 models.
21 "(i) AUTHORIZATION OF APPROPRIATIONS.—There is
22 authorized to be appropriated to carry out this section,
23 $6,000,000 for each of fiscal years 2025 through 2029.
24 "(j) DEFINITIONS.—In this section:
25 "(1) ELIGIBLE ENTITY.—

1 "(A) IN GENERAL.—The term 'eligible en-
2 tity' means an entity that provides, or supports
3 the provision of, maternal health care services
4 or other evidence-based services for pregnant
5 and postpartum individuals—
6 "(i) in health professional shortage
7 areas;
8 "(ii) in areas with high rates of ad-
9 verse maternal health outcomes or signifi-
10 cant racial and ethnic inequities in mater-
11 nal health outcomes; or
12 "(iii) who are—
13 "(I) members of medically under-
14 served populations; or
15 "(II) American Indians and Alas-
16 ka Natives, including Indian Tribes,
17 Tribal organizations, and Urban In-
18 dian organizations.
19 "(B) INCLUSIONS.—An eligible entity may
20 include entities that lead, or are capable of
21 leading, a technology-enabled collaborative
22 learning and capacity building model.
23 "(2) HEALTH PROFESSIONAL SHORTAGE
24 AREA.—The term 'health professional shortage area'

1 means a health professional shortage area des-
2 ignated under section 332.

3 “(3) INDIAN TRIBE.—The term ‘Indian Tribe’
4 has the meaning given such term in section 4 of the
5 Indian Self-Determination and Education Assistance
6 Act.

7 “(4) MATERNAL MORTALITY.—The term ‘ma-
8 ternal mortality’ means a death occurring during or
9 within the 1-year period after pregnancy caused by
10 pregnancy-related or childbirth complications, in-
11 cluding a suicide, overdose, or other death resulting
12 from a mental health or substance use disorder at-
13 tributed to or aggravated by pregnancy or childbirth
14 complications.

15 “(5) MEDICALLY UNDERSERVED POPU-
16 LATION.—The term ‘medically underserved popu-
17 lation’ has the meaning given such term in section
18 330(b)(3).

19 “(6) POSTPARTUM.—The term ‘postpartum’
20 means the 1-year period beginning on the last date
21 of an individual’s pregnancy.

22 “(7) SEVERE MATERNAL MORBIDITY.—The
23 term ‘severe maternal morbidity’ means a health
24 condition, including a mental health or substance
25 use disorder, attributed to or aggravated by preg-

1 nancy or childbirth that results in significant short-
2 term or long-term consequences to the health of the
3 individual who was pregnant.

4 "(8) TECHNOLOGY-ENABLED COLLABORATIVE
5 LEARNING AND CAPACITY BUILDING MODEL.—The
6 term 'technology-enabled collaborative learning and
7 capacity building model' means a distance health
8 education model that connects health care profes-
9 sionals, and other specialists, through simultaneous
10 interactive videoconferencing for the purpose of fa-
11 cilitating case-based learning, disseminating best
12 practices, and evaluating outcomes in the context of
13 maternal health care.

14 "(9) TRIBAL ORGANIZATION.—The term 'Tribal
15 organization' has the meaning given such term in
16 section 4 of the Indian Self-Determination and Edu-
17 cation Assistance Act.

18 "(10) URBAN INDIAN ORGANIZATION.—The
19 term 'Urban Indian organization' has the meaning
20 given such term in section 4 of the Indian Health
21 Care Improvement Act.".

22 (d) GRANTS TO PROMOTE EQUITY IN MATERNAL
23 HEALTH OUTCOMES THROUGH DIGITAL TOOLS.—

24 (1) IN GENERAL.—Beginning not later than 1
25 year after the date of enactment of this Act, the

1 Secretary of Health and Human Services (referred
2 to in this subsection as the ''Secretary'') shall make
3 grants to eligible entities to reduce racial and ethnic
4 inequities in maternal health outcomes by increasing
5 access to digital tools related to maternal health
6 care.

7 (2) APPLICATIONS.—To be eligible to receive a
8 grant under this subsection, an eligible entity shall
9 submit to the Secretary an application at such time,
10 in such manner, and containing such information as
11 the Secretary may require.

12 (3) PRIORITIZATION.—In awarding grants
13 under this subsection, the Secretary shall prioritize
14 an eligible entity—

15 (A) in an area with high rates of adverse
16 maternal health outcomes or significant racial
17 and ethnic inequities in maternal health out-
18 comes;

19 (B) in a health professional shortage area
20 designated under section 332 of the Public
21 Health Service Act (42 U.S.C. 254e); and

22 (C) that promotes technology that address-
23 es racial and ethnic inequities in maternal
24 health outcomes.

25 (4) LIMITATIONS.—

1 (A) NUMBER.—The Secretary may award
2 not more than 1 grant under this subsection to
3 an eligible entity.
4 (B) DURATION.—A grant awarded under
5 this subsection shall be for a 5-year period.
6 (5) TECHNICAL ASSISTANCE.—The Secretary
7 shall provide technical assistance to an eligible entity
8 on the development, use, evaluation, and post-grant
9 sustainability of digital tools for purposes of pro-
10 moting equity in maternal health outcomes.
11 (6) REPORTING.—
12 (A) ELIGIBLE ENTITIES.—An eligible enti-
13 ty that receives a grant under paragraph (1)
14 shall submit to the Secretary a report, at such
15 time, in such manner, and containing such in-
16 formation as the Secretary may require.
17 (B) SECRETARY.—Not later than 4 years
18 after the date of enactment of this Act, the Sec-
19 retary shall submit to Congress a report that
20 includes—
21 (i) an evaluation on the effectiveness
22 of grants awarded under this subsection to
23 improve health outcomes for pregnant and
24 postpartum individuals from racial and
25 ethnic minority groups;

1 (ii) recommendations on new grant
2 programs that promote the use of tech-
3 nology to improve such maternal health
4 outcomes; and
5 (iii) recommendations with respect
6 to—
7 (I) technology-based privacy and
8 security safeguards in maternal health
9 care;
10 (II) reimbursement rates for ma-
11 ternal telehealth services;
12 (III) the use of digital tools to
13 analyze large data sets to identify po-
14 tential pregnancy-related complica-
15 tions;
16 (IV) barriers that prevent mater-
17 nity care providers from providing
18 telehealth services across States;
19 (V) the use of consumer digital
20 tools such as mobile phone applica-
21 tions, patient portals, and wearable
22 technologies to improve maternal
23 health outcomes;
24 (VI) barriers that prevent access
25 to telehealth services, including a lack

1 of access to reliable, high-speed inter-
2 net or electronic devices;
3 (VII) barriers to data sharing be-
4 tween the Special Supplemental Nu-
5 trition Program for Women, Infants,
6 and Children program and maternity
7 care providers, and recommendations
8 for addressing such barriers; and
9 (VIII) lessons learned from ex-
10 panded access to telehealth related to
11 maternity care during the COVID–19
12 public health emergency.
13 (7) AUTHORIZATION OF APPROPRIATIONS.—
14 There is authorized to be appropriated to carry out
15 this subsection $6,000,000 for each of fiscal years
16 2025 through 2029.
17 (e) REPORT ON THE USE OF TECHNOLOGY IN MA-
18 TERNITY CARE.—
19 (1) IN GENERAL.—Not later than 60 days after
20 the date of enactment of this Act, the Secretary of
21 Health and Human Services shall enter into an
22 agreement with the National Academies of Sciences,
23 Engineering, and Medicine (referred to in this sec-
24 tion as the ''National Academies'') under which the
25 National Academies shall conduct a study on the use

1 of technology and patient monitoring devices in ma-
2 ternity care.

3 (2) CONTENT.—The agreement entered into
4 pursuant to paragraph (1) shall provide for the
5 study of the following:

6 (A) The use of innovative technology (in-
7 cluding artificial intelligence) in maternal
8 health care, including the extent to which such
9 technology has affected racial or ethnic biases
10 in maternal health care.

11 (B) The use of patient monitoring devices
12 (including pulse oximeter devices) in maternal
13 health care, including the extent to which such
14 devices have affected racial or ethnic biases in
15 maternal health care.

16 (C) Best practices for reducing and pre-
17 venting racial or ethnic biases in the use of in-
18 novative technology and patient monitoring de-
19 vices in maternity care.

20 (D) Best practices in the use of innovative
21 technology and patient monitoring devices for
22 pregnant and postpartum individuals from ra-
23 cial and ethnic minority groups.

24 (E) Best practices with respect to privacy
25 and security safeguards in such use.

1 (3) REPORT.—Not later than 2 years after the
2 date of enactment of this Act, the National Acad-
3 emies shall complete the study under this subsection,
4 and transmit a report of the results of such study
5 to Congress.

6 **SEC. 5210. IMPACT TO SAVE MOMS ACT.**

7 (a) PERINATAL CARE ALTERNATIVE PAYMENT
8 MODEL DEMONSTRATION PROJECT.—

9 (1) IN GENERAL.—For the period of fiscal
10 years 2025 through 2028, the Secretary of Health
11 and Human Services (referred to in this subsection
12 as the ''Secretary''), acting through the Adminis-
13 trator of the Centers for Medicare & Medicaid Serv-
14 ices, shall establish and implement, in accordance
15 with the requirements of this subsection, a dem-
16 onstration project, to be known as the Perinatal
17 Care Alternative Payment Model Demonstration
18 Project (referred to in this subsection as the ''Dem-
19 onstration Project''), for purposes of allowing States
20 to test payment models under their State plans
21 under title XIX of the Social Security Act (42
22 U.S.C. 1396 et seq.) and State child health plans
23 under title XXI of such Act (42 U.S.C. 1397aa et
24 seq.) with respect to maternity care provided to

1 pregnant and postpartum individuals enrolled in
2 such State plans and State child health plans.
3 (2) COORDINATION.—In establishing the Dem-
4 onstration Project, the Secretary shall coordinate
5 with stakeholders such as—
6 (A) State Medicaid programs;
7 (B) relevant organizations representing
8 maternal health care providers;
9 (C) relevant organizations representing pa-
10 tients, with a particular focus on individuals
11 from demographic groups with disproportionate
12 rates of adverse maternal health outcomes;
13 (D) relevant community-based organiza-
14 tions, particularly organizations that seek to
15 improve maternal health outcomes for individ-
16 uals from demographic groups with dispropor-
17 tionate rates of adverse maternal health out-
18 comes;
19 (E) non-clinical perinatal health workers
20 such as doulas, community health workers, peer
21 supporters, certified lactation consultants, nu-
22 tritionists and dieticians, social workers, home
23 visitors, and navigators;
24 (F) relevant health insurance issuers;

1 (G) hospitals, health systems, freestanding
2 birth centers (as such term is defined in para-
3 graph (3)(B) of section 1905(l) of the Social
4 Security Act (42 U.S.C. 1396d(l))), Federally-
5 qualified health centers (as such term is defined
6 in paragraph (2)(B) of such section), and rural
7 health clinics (as such term is defined in section
8 1861(aa) of such Act (42 U.S.C. 1395x(aa)));
9 (H) researchers and policy experts in fields
10 related to maternity care payment models; and
11 (I) any other stakeholders as the Secretary
12 determines appropriate, with a particular focus
13 on stakeholders from demographic groups with
14 disproportionate rates of adverse maternal
15 health outcomes.
16 (3) CONSIDERATIONS.—In establishing the
17 Demonstration Project, the Secretary shall consider
18 each of the following:
19 (A) Findings from any evaluations of the
20 Strong Start for Mothers and Newborns initia-
21 tive carried out by the Centers for Medicare &
22 Medicaid Services, the Health Resources and
23 Services Administration, and the Administra-
24 tion on Children and Families.
25 (B) Any alternative payment model that—

1 (i) is designed to improve maternal
2 health outcomes for racial and ethnic
3 groups with disproportionate rates of ad-
4 verse maternal health outcomes;
5 (ii) includes methods for stratifying
6 patients by pregnancy risk level and, as
7 appropriate, adjusting payments under
8 such model to take into account pregnancy
9 risk level;
10 (iii) establishes evidence-based quality
11 metrics for such payments;
12 (iv) includes consideration of non-hos-
13 pital birth settings such as freestanding
14 birth centers (as so defined);
15 (v) includes consideration of social de-
16 terminants of health that are relevant to
17 maternal health outcomes such as housing,
18 transportation, nutrition, and other non-
19 clinical factors that influence maternal
20 health outcomes; or
21 (vi) includes diverse maternity care
22 teams that include—
23 (I) maternity care providers, in-
24 cluding obstetrician-gynecologists,
25 family physicians, physician assist-

1 ants, midwives who meet, at a minimum, the international definition of the term ''midwife'' and global standards for midwifery education (as established by the International Confederation of Midwives), and nurse practitioners—

(aa) from racially, ethnically, and professionally diverse backgrounds;

(bb) with experience practicing in racially and ethnically diverse communities; or

(cc) who have undergone trainings on racism, implicit bias, and explicit bias; and

(II) non-clinical perinatal health workers such as doulas, community health workers, peer supporters, certified lactation consultants, nutritionists and dieticians, social workers, home visitors, and navigators.

(4) ELIGIBILITY.—To be eligible to participate in the Demonstration Project, a State shall submit an application to the Secretary at such time, in such

1 manner, and containing such information as the Sec-
2 retary may require.
3 (5) EVALUATION.—The Secretary shall conduct
4 an evaluation of the Demonstration Project to deter-
5 mine the impact of the Demonstration Project on—
6 (A) maternal health outcomes, with data
7 stratified by race, ethnicity, socioeconomic indi-
8 cators, and any other factors as the Secretary
9 determines appropriate;
10 (B) spending on maternity care by States
11 participating in the Demonstration Project;
12 (C) to the extent practicable, subjective
13 measures of patient experience; and
14 (D) any other areas of assessment that the
15 Secretary determines relevant.
16 (6) REPORT.—Not later than 1 year after the
17 completion or termination date of the Demonstration
18 Project, the Secretary shall submit to the Committee
19 on Energy and Commerce, the Committee on Ways
20 and Means, and the Committee on Education and
21 the Workforce of the House of Representatives and
22 the Committee on Finance and the Committee on
23 Health, Education, Labor, and Pensions of the Sen-
24 ate, and make publicly available, a report con-
25 taining—

1 (A) the results of any evaluation conducted
2 under paragraph (5); and
3 (B) a recommendation regarding whether
4 the Demonstration Project should be continued
5 after fiscal year 2028 and expanded on a na-
6 tional basis.
7 (7) AUTHORIZATION OF APPROPRIATIONS.—
8 There are authorized to be appropriated such sums
9 as are necessary to carry out this subsection.
10 (8) DEFINITIONS.—In this subsection:
11 (A) ALTERNATIVE PAYMENT MODEL.—The
12 term ''alternative payment model'' has the
13 meaning given such term in section
14 1833(z)(3)(C) of the Social Security Act (42
15 U.S.C. 1395l(z)(3)(C)).
16 (B) PERINATAL.—The term ''perinatal''
17 means the period beginning on the day a person
18 becomes pregnant and ending on the last day of
19 the 1-year period beginning on the last day of
20 such person's pregnancy.
21 (b) MACPAC REPORT.—
22 (1) IN GENERAL.—Not later than 2 years after
23 the date of the enactment of this section, the Med-
24 icaid and CHIP Payment and Access Commission
25 shall publish a report on issues relating to the con-

1 tinuity of coverage under State plans under title
2 XIX of the Social Security Act (42 U.S.C. 1396 et
3 seq.) and State child health plans under title XXI of
4 such Act (42 U.S.C. 1397aa et seq.) for pregnant
5 and postpartum individuals. Such report shall, at a
6 minimum, include the following:
7 (A) An assessment of any existing policies
8 under such State plans and such State child
9 health plans regarding presumptive eligibility
10 for pregnant individuals while their application
11 for enrollment in such a State plan or such a
12 State child health plan is being processed.
13 (B) An assessment of any existing policies
14 under such State plans and such State child
15 health plans regarding measures to ensure con-
16 tinuity of coverage under such a State plan or
17 such a State child health plan for pregnant and
18 postpartum individuals, including such individ-
19 uals who need to change their health insurance
20 coverage during their pregnancy or the
21 postpartum period following their pregnancy.
22 (C) An assessment of any existing policies
23 under such State plans and such State child
24 health plans regarding measures to automati-
25 cally reenroll individuals who are eligible to en-

1 roll under such a State plan or such a State
2 child health plan as a parent.
3 (D) If determined appropriate by the Com-
4 mission, any recommendations for the Depart-
5 ment of Health and Human Services, or such
6 State plans and such State child health plans,
7 to ensure continuity of coverage under such a
8 State plan or such a State child health plan for
9 pregnant and postpartum people.
10 (2) POSTPARTUM DEFINED.—In this sub-
11 section, the term ''postpartum'' means the 1-year
12 period beginning on the last day of a person's preg-
13 nancy.

14 **SEC. 5211. PROTECTING MOMS AND BABIES AGAINST CLI-**
15 **MATE CHANGE.**

16 (a) GRANT PROGRAM TO PROTECT VULNERABLE
17 MOTHERS AND BABIES FROM CLIMATE CHANGE
18 RISKS.—
19 (1) IN GENERAL.—Not later than 180 days
20 after the date of enactment of this section, the Sec-
21 retary of Health and Human Services (in this sec-
22 tion referred to as the ''Secretary'') shall establish
23 a grant program (in this subsection referred to as
24 the ''Program'') to protect vulnerable individuals
25 from risks associated with climate change.

1 (2) GRANT AUTHORITY.—In carrying out the
2 Program, the Secretary may award, on a competitive
3 basis, grants to 10 covered entities.
4 (3) APPLICATIONS.—To be eligible for a grant
5 under the Program, a covered entity shall submit to
6 the Secretary an application at such time, in such
7 form, and containing such information as the Sec-
8 retary may require, which shall include, at a min-
9 imum, a description of the following:
10 (A) Plans for the use of grant funds
11 awarded under the Program and how patients
12 and stakeholder organizations were involved in
13 the development of such plans.
14 (B) How such grant funds will be targeted
15 to geographic areas that have disproportionately
16 high levels of risks associated with climate
17 change for vulnerable individuals.
18 (C) How such grant funds will be used to
19 address racial and ethnic inequities in—
20 (i) adverse maternal and infant health
21 outcomes; and
22 (ii) exposure to risks associated with
23 climate change for vulnerable individuals.
24 (D) Strategies to prevent an initiative as-
25 sisted with such grant funds from causing—

1 (i) adverse environmental impacts;
2 (ii) displacement of residents and
3 businesses;
4 (iii) rent and housing price increases;
5 or
6 (iv) disproportionate adverse impacts
7 on racial and ethnic minority groups and
8 other underserved populations.
9 (4) SELECTION OF GRANT RECIPIENTS.—
10 (A) TIMING.—Not later than 270 days
11 after the date of enactment of this Act, the Sec-
12 retary shall select the recipients of grants under
13 the Program.
14 (B) CONSULTATION.—In selecting covered
15 entities for grants under the Program, the Sec-
16 retary shall consult with—
17 (i) representatives of stakeholder or-
18 ganizations;
19 (ii) the Administrator of the Environ-
20 mental Protection Agency;
21 (iii) the Administrator of the National
22 Oceanic and Atmospheric Administration;
23 and
24 (iv) from the Department of Health
25 and Human Services—

1 (I) the Deputy Assistant Sec-
2 retary for Minority Health;
3 (II) the Administrator of the
4 Centers for Medicare & Medicaid
5 Services;
6 (III) the Administrator of the
7 Health Resources and Services Ad-
8 ministration;
9 (IV) the Director of the National
10 Institutes of Health; and
11 (V) the Director of the Centers
12 for Disease Control and Prevention.
13 (C) PRIORITY.—In selecting a covered en-
14 tity to be awarded a grant under the Program,
15 the Secretary shall give priority to covered enti-
16 ties that serve a county—
17 (i) designated, or located in an area
18 designated, as a nonattainment area pur-
19 suant to section 107 of the Clean Air Act
20 (42 U.S.C. 7407) for any air pollutant for
21 which air quality criteria have been issued
22 under section 108(a) of such Act (42
23 U.S.C. 7408(a));
24 (ii) with a level of vulnerability of
25 moderate-to-high or higher, according to

1 the Social Vulnerability Index of the Cen-
2 ters for Disease Control and Prevention; or
3 (iii) with temperatures that pose a
4 risk to human health, as determined by the
5 Secretary, in consultation with the Admin-
6 istrator of the National Oceanic and At-
7 mospheric Administration and the Chair of
8 the United States Global Change Research
9 Program, based on the best available
10 science.
11 (D) LIMITATION.—A recipient of grant
12 funds under the Program may not use such
13 grant funds to serve a county that is served by
14 any other recipient of a grant under the Pro-
15 gram.
16 (5) USE OF FUNDS.—A covered entity awarded
17 grant funds under the Program may only use such
18 grant funds for the following:
19 (A) Initiatives to identify risks associated
20 with climate change for vulnerable individuals
21 and to provide services and support to such in-
22 dividuals that address such risks, which may in-
23 clude—
24 (i) training for health care providers,
25 doulas, and other employees in hospitals,

1 birth centers, midwifery practices, and
2 other health care practices that provide
3 prenatal or labor and delivery services to
4 vulnerable individuals on the identification
5 of, and patient counseling relating to, risks
6 associated with climate change for vulner-
7 able individuals;
8 (ii) hiring, training, or providing re-
9 sources to community health workers and
10 perinatal health workers who can help
11 identify risks associated with climate
12 change for vulnerable individuals, provide
13 patient counseling about such risks, and
14 carry out the distribution of relevant serv-
15 ices and support;
16 (iii) enhancing the monitoring of risks
17 associated with climate change for vulner-
18 able individuals, including by—
19 (I) collecting data on such risks
20 in specific census tracts, neighbor-
21 hoods, or other geographic areas; and
22 (II) sharing such data with local
23 health care providers, doulas, and
24 other employees in hospitals, birth
25 centers, midwifery practices, and

1 other health care practices that pro-
2 vide prenatal or labor and delivery
3 services to local vulnerable individuals;
4 and
5 (iv) providing vulnerable individuals—
6 (I) air conditioning units, resi-
7 dential weatherization support, filtra-
8 tion systems, household appliances, or
9 related items;
10 (II) direct financial assistance;
11 and
12 (III) services and support, in-
13 cluding housing and transportation
14 assistance, to prepare for or recover
15 from extreme weather events, which
16 may include floods, hurricanes,
17 wildfires, droughts, and related
18 events.
19 (B) Initiatives to mitigate levels of and ex-
20 posure to risks associated with climate change
21 for vulnerable individuals, which shall be based
22 on the best available science and which may in-
23 clude initiatives to—

1 (i) develop, maintain, or expand urban
2 or community forestry initiatives and tree
3 canopy coverage initiatives;
4 (ii) improve infrastructure, including
5 buildings and paved surfaces;
6 (iii) develop or improve community
7 outreach networks to provide culturally
8 and linguistically appropriate information
9 and notifications about risks associated
10 with climate change for vulnerable individ-
11 uals; and
12 (iv) provide enhanced services to ra-
13 cial and ethnic minority groups and other
14 underserved populations.
15 (6) LENGTH OF AWARD.—A grant under this
16 subsection shall be disbursed over 4 fiscal years.
17 (7) TECHNICAL ASSISTANCE.—The Secretary
18 shall provide technical assistance to a covered entity
19 awarded a grant under the Program to support the
20 development, implementation, and evaluation of ac-
21 tivities funded with such grant.
22 (8) REPORTS TO SECRETARY.—
23 (A) ANNUAL REPORT.—For each fiscal
24 year during which a covered entity is disbursed
25 grant funds under the Program, such covered

1 entity shall submit to the Secretary a report
2 that summarizes the activities carried out by
3 such covered entity with such grant funds dur-
4 ing such fiscal year, which shall include a de-
5 scription of the following:
6 (i) The involvement of stakeholder or-
7 ganizations in the implementation of initia-
8 tives assisted with such grant funds.
9 (ii) Relevant health and environmental
10 data, disaggregated, to the extent prac-
11 ticable, by race, ethnicity, gender, and
12 pregnancy status.
13 (iii) Qualitative feedback received
14 from vulnerable individuals with respect to
15 initiatives assisted with such grant funds.
16 (iv) Criteria used in selecting the geo-
17 graphic areas assisted with such grant
18 funds.
19 (v) Efforts to address racial and eth-
20 nic inequities in adverse maternal and in-
21 fant health outcomes and in exposure to
22 risks associated with climate change for
23 vulnerable individuals.

1 (vi) Any negative and unintended im-
2 pacts of initiatives assisted with such grant
3 funds, including—
4 (I) adverse environmental im-
5 pacts;
6 (II) displacement of residents
7 and businesses;
8 (III) rent and housing price in-
9 creases; and
10 (IV) disproportionate adverse im-
11 pacts on racial and ethnic minority
12 groups and other underserved popu-
13 lations.
14 (vii) How the covered entity will ad-
15 dress and prevent any impacts described in
16 clause (vi).
17 (B) PUBLICATION.—Not later than 30
18 days after the date on which a report is sub-
19 mitted under subparagraph (A), the Secretary
20 shall publish such report on a public website of
21 the Department of Health and Human Services.
22 (9) REPORT TO CONGRESS.—Not later than the
23 date that is 5 years after the date on which the Pro-
24 gram is established, the Secretary shall submit to
25 Congress and publish on a public website of the De-

1 partment of Health and Human Services a report on
2 the results of the Program, including the following:
3 (A) Summaries of the annual reports sub-
4 mitted under paragraph (8).
5 (B) Evaluations of the initiatives assisted
6 with grant funds under the Program.
7 (C) An assessment of the effectiveness of
8 the Program in—
9 (i) identifying risks associated with
10 climate change for vulnerable individuals;
11 (ii) providing services and support to
12 such individuals;
13 (iii) mitigating levels of and exposure
14 to such risks; and
15 (iv) addressing racial and ethnic in-
16 equities in adverse maternal and infant
17 health outcomes and in exposure to such
18 risks.
19 (D) A description of how the Program
20 could be expanded, including—
21 (i) monitoring efforts or data collec-
22 tion that would be required to identify
23 areas with high levels of risks associated
24 with climate change for vulnerable individ-
25 uals;

1 (ii) how such areas could be identified
2 using the strategy developed under sub-
3 section (d); and
4 (iii) recommendations for additional
5 funding.
6 (10) COVERED ENTITY DEFINED.—In this sub-
7 section, the term ''covered entity'' means a consor-
8 tium of organizations serving a county that—
9 (A) shall include a community-based orga-
10 nization; and
11 (B) may include—
12 (i) another stakeholder organization;
13 (ii) the government of such county;
14 (iii) the governments of one or more
15 municipalities within such county;
16 (iv) a State or local public health de-
17 partment or emergency management agen-
18 cy;
19 (v) a local health care practice, which
20 may include a licensed and accredited hos-
21 pital, birth center, midwifery practice, or
22 other health care practice that provides
23 prenatal or labor and delivery services to
24 vulnerable individuals;

1 (vi) an Indian tribe or tribal organiza-
2 tion (as such terms are defined in section
3 4 of the Indian Self-Determination and
4 Education Assistance Act (25 U.S.C.
5 5304));
6 (vii) an Urban Indian organization (as
7 defined in section 4 of the Indian Health
8 Care Improvement Act (25 U.S.C. 1603));
9 and
10 (viii) an institution of higher edu-
11 cation.
12 (11) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to carry out
14 this subsection $100,000,000 for fiscal years 2025
15 through 2028.
16 (b) GRANT PROGRAM FOR EDUCATION AND TRAIN-
17 ING AT HEALTH PROFESSION SCHOOLS.—
18 (1) IN GENERAL.—Not later than 1 year after
19 the date of enactment of this Act, the Secretary
20 shall establish a grant program (in this subsection
21 referred to as the ''Program'') to provide funds to
22 health profession schools to support the development
23 and integration of education and training programs
24 for identifying and addressing risks associated with
25 climate change for vulnerable individuals.

1 (2) GRANT AUTHORITY.—In carrying out the
2 Program, the Secretary may award, on a competitive
3 basis, grants to health profession schools.

4 (3) APPLICATION.—To be eligible for a grant
5 under the Program, a health profession school shall
6 submit to the Secretary an application at such time,
7 in such form, and containing such information as
8 the Secretary may require, which shall include, at a
9 minimum, a description of the following:

10 (A) How such health profession school will
11 engage with vulnerable individuals, and stake-
12 holder organizations representing such individ-
13 uals, in developing and implementing the edu-
14 cation and training programs supported by
15 grant funds awarded under the Program.

16 (B) How such health profession school will
17 ensure that such education and training pro-
18 grams will address racial and ethnic inequities
19 in exposure to, and the effects of, risks associ-
20 ated with climate change for vulnerable individ-
21 uals.

22 (4) USE OF FUNDS.—A health profession school
23 awarded a grant under the Program shall use the
24 grant funds to develop, and integrate into the cur-
25 riculum and continuing education of such health

1 profession school, education and training on each of
2 the following:
3 (A) Identifying risks associated with cli-
4 mate change for vulnerable individuals and indi-
5 viduals with the intent to become pregnant.
6 (B) How risks associated with climate
7 change affect vulnerable individuals and individ-
8 uals with the intent to become pregnant.
9 (C) Racial and ethnic inequities in expo-
10 sure to, and the effects of, risks associated with
11 climate change for vulnerable individuals and
12 individuals with the intent to become pregnant.
13 (D) Patient counseling and mitigation
14 strategies relating to risks associated with cli-
15 mate change for vulnerable individuals.
16 (E) Relevant services and support for vul-
17 nerable individuals relating to risks associated
18 with climate change and strategies for ensuring
19 vulnerable individuals have access to such serv-
20 ices and support.
21 (F) Implicit and explicit bias, racism, and
22 discrimination.
23 (G) Related topics identified by such
24 health profession school based on the engage-
25 ment of such health profession school with vul-

1 nerable individuals and stakeholder organiza-
2 tions representing such individuals.
3 (5) PARTNERSHIPS.—In carrying out activities
4 with grant funds, a health profession school awarded
5 a grant under the Program may partner with one or
6 more of the following:
7 (A) A State or local public health depart-
8 ment.
9 (B) A health care professional membership
10 organization.
11 (C) A stakeholder organization.
12 (D) A health profession school.
13 (E) An institution of higher education.
14 (6) REPORTS TO SECRETARY.—
15 (A) ANNUAL REPORT.—For each fiscal
16 year during which a health profession school is
17 disbursed grant funds under the Program, such
18 health profession school shall submit to the Sec-
19 retary a report that describes the activities car-
20 ried out with such grant funds during such fis-
21 cal year.
22 (B) FINAL REPORT.—Not later than the
23 date that is 1 year after the end of the last fis-
24 cal year during which a health profession school
25 is disbursed grant funds under the Program,

1 the health profession school shall submit to the
2 Secretary a final report that summarizes the
3 activities carried out with such grant funds.
4 (7) REPORT TO CONGRESS.—Not later than the
5 date that is 6 years after the date on which the Pro-
6 gram is established, the Secretary shall submit to
7 Congress and publish on a public website of the De-
8 partment of Health and Human Services a report
9 that includes the following:
10 (A) A summary of the reports submitted
11 under paragraph (6).
12 (B) Recommendations to improve edu-
13 cation and training programs at health profes-
14 sion schools with respect to identifying and ad-
15 dressing risks associated with climate change
16 for vulnerable individuals.
17 (8) HEALTH PROFESSION SCHOOL DEFINED.—
18 In this subsection, the term ''health profession
19 school'' means an accredited—
20 (A) medical school;
21 (B) school of nursing;
22 (C) midwifery program;
23 (D) physician assistant education program;
24 (E) teaching hospital;
25 (F) residency or fellowship program; or

1 (G) other school or program determined
2 appropriate by the Secretary.
3 (9) AUTHORIZATION OF APPROPRIATIONS.—
4 There is authorized to be appropriated to carry out
5 this subsection $5,000,000 for fiscal years 2025
6 through 2028.
7 (c) NIH CONSORTIUM ON BIRTH AND CLIMATE
8 CHANGE RESEARCH.—
9 (1) ESTABLISHMENT.—Not later than 1 year
10 after the date of enactment of this Act, the Director
11 of the National Institutes of Health (in this sub-
12 section referred to as the ''Director of NIH'') shall
13 establish the Consortium on Birth and Climate
14 Change Research (in this subsection referred to as
15 the ''Consortium'').
16 (2) DUTIES.—
17 (A) IN GENERAL.—The Consortium shall
18 coordinate, across the institutes, centers, and
19 offices of the National Institutes of Health, re-
20 search on the risks associated with climate
21 change for vulnerable individuals.
22 (B) REQUIRED ACTIVITIES.—In carrying
23 out subparagraph (A), the Consortium shall—
24 (i) establish research priorities, in-
25 cluding by prioritizing research that—

1 (I) identifies the risks associated
2 with climate change for vulnerable in-
3 dividuals with a particular focus on
4 inequities in such risks among racial
5 and ethnic minority groups and other
6 underserved populations; and
7 (II) identifies strategies to reduce
8 levels of, and exposure to, such risks,
9 with a particular focus on risks
10 among racial and ethnic minority
11 groups and other underserved popu-
12 lations;
13 (ii) identify gaps in available data re-
14 lated to such risks;
15 (iii) identify gaps in, and opportuni-
16 ties for, research collaborations;
17 (iv) identify funding opportunities for
18 community-based organizations and re-
19 searchers from racially, ethnically, and
20 geographically diverse backgrounds; and
21 (v) publish annual reports on the
22 work and findings of the Consortium on a
23 public website of the National Institutes of
24 Health.

1 (3) MEMBERSHIP.—The Director of NIH shall
2 appoint to the Consortium representatives of such
3 institutes, centers, and offices of the National Insti-
4 tutes of Health as the Director of NIH considers ap-
5 propriate, including, at a minimum, representatives
6 of—
7 (A) the National Institute of Environ-
8 mental Health Sciences;
9 (B) the National Institute on Minority
10 Health and Health Disparities;
11 (C) the Eunice Kennedy Shriver National
12 Institute of Child Health and Human Develop-
13 ment;
14 (D) the National Institute of Nursing Re-
15 search; and
16 (E) the Office of Research on Women's
17 Health.
18 (4) CHAIRPERSON.—The Chairperson of the
19 Consortium shall be designated by the Director of
20 NIH and selected from among the representatives
21 appointed under paragraph (3).
22 (5) CONSULTATION.—In carrying out the duties
23 described in paragraph (2), the Consortium shall
24 consult with—

1 (A) the heads of relevant Federal agencies,
2 including—
3 (i) the Environmental Protection
4 Agency;
5 (ii) the National Oceanic and Atmos-
6 pheric Administration;
7 (iii) the Occupational Safety and
8 Health Administration; and
9 (iv) from the Department of Health
10 and Human Services—
11 (I) the Office of Minority Health
12 in the Office of the Secretary;
13 (II) the Centers for Medicare &
14 Medicaid Services;
15 (III) the Health Resources and
16 Services Administration;
17 (IV) the Centers for Disease
18 Control and Prevention;
19 (V) the Indian Health Service;
20 and
21 (VI) the Administration for Chil-
22 dren and Families; and
23 (B) representatives of—
24 (i) stakeholder organizations;

1 (ii) health care providers and profes-
2 sional membership organizations with ex-
3 pertise in maternal health or environ-
4 mental justice;
5 (iii) State and local public health de-
6 partments;
7 (iv) licensed and accredited hospitals,
8 birth centers, midwifery practices, or other
9 health care practices that provide prenatal
10 or labor and delivery services to vulnerable
11 individuals; and
12 (v) institutions of higher education,
13 including such institutions that are minor-
14 ity-serving institutions or have expertise in
15 maternal health or environmental justice.
16 (d) STRATEGY FOR IDENTIFYING CLIMATE CHANGE
17 RISK ZONES FOR VULNERABLE MOTHERS AND BABIES.—
18 (1) IN GENERAL.—The Secretary, acting
19 through the Director of the Centers for Disease
20 Control and Prevention, shall develop a strategy (in
21 this subsection referred to as the ''Strategy'') for
22 designating areas that the Secretary determines to
23 have a high risk of adverse maternal and infant
24 health outcomes among vulnerable individuals as a
25 result of risks associated with climate change.

1 (2) STRATEGY REQUIREMENTS.—
2 (A) IN GENERAL.—In developing the
3 Strategy, the Secretary shall establish a process
4 to identify areas where vulnerable individuals
5 are exposed to a high risk of adverse maternal
6 and infant health outcomes as a result of risks
7 associated with climate change in conjunction
8 with other factors that can impact such health
9 outcomes, including—
10 (i) the incidence of diseases associated
11 with air pollution, extreme heat, and other
12 environmental factors;
13 (ii) the availability and accessibility of
14 maternal and infant health care providers;
15 (iii) English-language proficiency
16 among people of reproductive age;
17 (iv) the health insurance status of
18 people of reproductive age;
19 (v) the number of people of reproduc-
20 tive age who are members of racial or eth-
21 nic groups with disproportionately high
22 rates of adverse maternal and infant
23 health outcomes;

1 (vi) the socioeconomic status of people
2 of reproductive age, including with respect
3 to—
4 (I) poverty;
5 (II) unemployment;
6 (III) household income; and
7 (IV) educational attainment; and
8 (vii) access to quality housing, trans-
9 portation, and nutrition.
10 (B) RESOURCES.—In developing the Strat-
11 egy, the Secretary shall identify, and incor-
12 porate a description of, the following:
13 (i) Existing mapping tools or Federal
14 programs that identify—
15 (I) risks associated with climate
16 change for vulnerable individuals; and
17 (II) other factors that can influ-
18 ence maternal and infant health out-
19 comes, including the factors described
20 in subparagraph (A).
21 (ii) Environmental, health, socio-
22 economic, and demographic data relevant
23 to identifying risks associated with climate
24 change for vulnerable individuals.

(iii) Existing monitoring networks that collect data described in clause (ii), and any gaps in such networks.

(iv) Federal, State, and local stakeholders involved in maintaining monitoring networks identified under clause (iii), and how such stakeholders are coordinating their monitoring efforts.

(v) Additional monitoring networks, and enhancements to existing monitoring networks, that would be required to address gaps identified under clause (iii), including at the subcounty and census tract level.

(vi) Funding amounts required to establish the monitoring networks identified under clause (v) and recommendations for Federal, State, and local coordination with respect to such networks.

(vii) Potential uses for data collected and generated as a result of the Strategy, including how such data may be used in determining recipients of grants under the program established by subsection (a) or other similar programs.

1 (viii) Other information the Secretary
2 considers relevant for the development of
3 the Strategy.
4 (3) COORDINATION AND CONSULTATION.—In
5 developing the Strategy, the Secretary shall—
6 (A) coordinate with the Administrator of
7 the Environmental Protection Agency and the
8 Administrator of the National Oceanic and At-
9 mospheric Administration; and
10 (B) consult with—
11 (i) stakeholder organizations;
12 (ii) health care providers and profes-
13 sional membership organizations with ex-
14 pertise in maternal health or environ-
15 mental justice;
16 (iii) State and local public health de-
17 partments;
18 (iv) licensed and accredited hospitals,
19 birth centers, midwifery practices, or other
20 health care providers that provide prenatal
21 or labor and delivery services to vulnerable
22 individuals; and
23 (v) institutions of higher education,
24 including such institutions that are minor-

1 ity-serving institutions or have expertise in
2 maternal health or environmental justice.
3 (4) NOTICE AND COMMENT.—At least 240 days
4 before the date on which the Strategy is published
5 in accordance with paragraph (5), the Secretary
6 shall provide—
7 (A) notice of the Strategy on a public
8 website of the Department of Health and
9 Human Services; and
10 (B) an opportunity for public comment of
11 at least 90 days.
12 (5) PUBLICATION.—Not later than 18 months
13 after the date of enactment of this Act, the Sec-
14 retary shall publish on a public website of the De-
15 partment of Health and Human Services—
16 (A) the Strategy;
17 (B) the public comments received under
18 paragraph (4); and
19 (C) the responses of the Secretary to such
20 public comments.
21 (e) DEFINITIONS.—In this section, the following defi-
22 nitions apply:
23 (1) ADVERSE MATERNAL AND INFANT HEALTH
24 OUTCOMES.—The term ''adverse maternal and in-
25 fant health outcomes'' includes the outcomes of pre-

1 term birth, low birth weight, stillbirth, infant or ma-
2 ternal mortality, and severe maternal morbidity.

3 (2) INSTITUTION OF HIGHER EDUCATION.—The
4 term "institution of higher education" has the
5 meaning given such term in section 101 of the High-
6 er Education Act of 1965 (20 U.S.C. 1001).

7 (3) MINORITY-SERVING INSTITUTION.—The
8 term "minority-serving institution" means an entity
9 specified in any of paragraphs (1) through (7) of
10 section 371(a) of the Higher Education Act of 1965
11 (20 U.S.C. 1067q(a)).

12 (4) RACIAL AND ETHNIC MINORITY GROUP.—
13 The term "racial and ethnic minority group" has the
14 meaning given such term in section 1707(g) of the
15 Public Health Service Act (42 U.S.C. 300u–6(g)).

16 (5) RISKS ASSOCIATED WITH CLIMATE
17 CHANGE.—The term "risks associated with climate
18 change" includes risks associated with extreme heat,
19 air pollution, extreme weather events, and other en-
20 vironmental issues associated with climate change
21 that can result in adverse maternal and infant
22 health outcomes.

23 (6) STAKEHOLDER ORGANIZATION.—The term
24 "stakeholder organization" means—

1 (A) a community-based organization with
2 expertise in providing assistance to vulnerable
3 individuals;
4 (B) a nonprofit organization with expertise
5 in maternal or infant health or environmental
6 justice; and
7 (C) a patient advocacy organization rep-
8 resenting vulnerable individuals.
9 (7) VULNERABLE INDIVIDUAL.—The term ''vul-
10 nerable individual'' means—
11 (A) an individual who is pregnant;
12 (B) an individual who was pregnant during
13 any portion of the preceding 1-year period; and
14 (C) an individual under 3 years of age.
15 **SEC. 5212. PROTECT MOMS FROM DOMESTIC VIOLENCE.**
16 (a) STUDY BY DEPARTMENT OF HEALTH AND
17 HUMAN SERVICES.—
18 (1) STUDY.—The Secretary, in collaboration
19 with the Health Resources and Services Administra-
20 tion, the Substance Abuse and Mental Health Serv-
21 ices Administration, and the Administration for
22 Children and Families, and in consultation with the
23 Attorney General of the United States, the Director
24 of the Indian Health Service, and stakeholders (in-
25 cluding community-based organizations, culturally

1 specific organizations, and Tribal public health au-
2 thorities), shall conduct a study on the extent to
3 which individuals are more at risk of maternal mor-
4 tality or severe maternal morbidity as a result of
5 being a victim of domestic violence, dating violence,
6 sexual assault, stalking, human trafficking, sex traf-
7 ficking, child sexual abuse, or forced marriage.

8 (2) REPORTS.—Not later than 2 years after the
9 date of enactment of this Act, the Secretary shall
10 complete the study under paragraph (1) and submit
11 a report to the Congress on the results of such
12 study. Such report shall include—

13 (A) an analysis of the extent to which do-
14 mestic violence, dating violence, sexual assault,
15 stalking, human trafficking, sex trafficking,
16 child sexual abuse, and forced marriage con-
17 tribute to, or result in, maternal mortality;

18 (B) an analysis of the impact of domestic
19 violence, dating violence, sexual assault, stalk-
20 ing, human trafficking, sex trafficking, child
21 sexual abuse, and forced marriage on access to
22 health care (including mental health care) and
23 substance use disorder treatment and recovery
24 support;

1 (C) a breakdown (including by race and
2 ethnicity) of categories of individuals who are
3 disproportionately victims of domestic violence,
4 dating violence, sexual assault, stalking, human
5 trafficking, sex trafficking, child sexual abuse,
6 or forced marriage that contributes to, or re-
7 sults in, pregnancy-related death;

8 (D) an analysis of the impact on health,
9 mental health, and substance use resulting from
10 domestic violence, dating violence, sexual as-
11 sault, stalking, human trafficking, sex traf-
12 ficking, child sexual abuse, and forced marriage
13 among Alaskan Natives, Native Hawaiians, and
14 American Indians during the prenatal and
15 postpartum period;

16 (E) an assessment of the factors that in-
17 crease or decrease risks for maternal mortality
18 or severe maternal morbidity among victims of
19 domestic violence, dating violence, sexual as-
20 sault, stalking, human trafficking, sex traf-
21 ficking, child sexual abuse, or forced marriage;

22 (F) an assessment of increased risk of ma-
23 ternal mortality or severe maternal morbidity
24 stemming from suicide, substance use disorders,
25 or drug overdose due to domestic violence, dat-

1 ing violence, sexual assault, stalking, human
2 trafficking, sex trafficking, child sexual abuse,
3 or forced marriage;
4 (G) recommendations for legislative or pol-
5 icy changes—
6 (i) to reduce maternal mortality rates;
7 and
8 (ii) to address health inequities that
9 contribute to inequities in such rates and
10 deaths;
11 (H) best practices to reduce maternal mor-
12 tality and severe maternal morbidity among vic-
13 tims of domestic violence, dating violence, sex-
14 ual assault, stalking, human trafficking, sex
15 trafficking, child sexual abuse, and forced mar-
16 riage, including—
17 (i) reducing reproductive coercion,
18 mental health conditions, and substance
19 use coercion; and
20 (ii) routinely assessing pregnant peo-
21 ple for domestic violence and other forms
22 of reproductive violence; and
23 (I) any other information on maternal
24 mortality or severe maternal morbidity the Sec-

1 retary determines appropriate to include in the
2 report.
3 (b) STUDY BY NATIONAL ACADEMY OF MEDICINE.—
4 (1) IN GENERAL.—The Secretary shall seek to
5 enter into an arrangement with the National Acad-
6 emy of Medicine (or, if the Academy declines to
7 enter into such arrangement, another appropriate
8 entity) to study—
9 (A) the impact of domestic violence, dating
10 violence, sexual assault, stalking, human traf-
11 ficking, sex trafficking, child sexual abuse, and
12 forced marriage on an individual's health; rel-
13 ative to
14 (B) maternal mortality and severe mater-
15 nal morbidity.
16 (2) TOPICS.—The study under paragraph (1)
17 shall—
18 (A) examine—
19 (i) whether domestic violence, dating
20 violence, sexual assault, stalking, human
21 trafficking, sex trafficking, child sexual
22 abuse, or forced marriage, or generational
23 intimate partner violence, trauma, and psy-
24 chiatric disorders, increase the risk of sui-
25 cide, substance use, and drug overdose

1 among pregnant and postpartum persons;
2 and
3 (ii) the intersection of domestic vio-
4 lence, dating violence, sexual assault, stalk-
5 ing, human trafficking, sex trafficking,
6 child sexual abuse, and forced marriage as
7 a social determinant of health; and
8 (B) give particular focus to impacts among
9 African American, American Indian, Native Ha-
10 waiian, Alaskan Native, and LGBTQ birthing
11 persons.
12 (c) GRANTS FOR INNOVATIVE APPROACHES.—
13 (1) IN GENERAL.—The Secretary, acting
14 through the Administrator of the Health Resources
15 and Services Administration, and in collaboration
16 with the Administration for Children and Families,
17 the Indian Health Service, and the Substance Abuse
18 and Mental Health Services Administration, shall
19 award grants to eligible entities for developing and
20 implementing innovative approaches to improve ma-
21 ternal and child health outcomes of victims of do-
22 mestic violence, dating violence, sexual assault,
23 stalking, human trafficking, sex trafficking, child
24 sexual abuse, or forced marriage.

1 (2) ELIGIBLE ENTITY.—To seek a grant under
2 this subsection, an entity shall be—
3 (A) a State, local, or federally recognized
4 Tribal government;
5 (B) a nonprofit organization or commu-
6 nity-based organization that provides prevention
7 or intervention services related to domestic vio-
8 lence, dating violence, sexual assault, stalking,
9 human trafficking, sex trafficking, child sexual
10 abuse, or forced marriage;
11 (C) a tribal organization or Urban Indian
12 organization (as such terms are defined in sec-
13 tion 4 of the Indian Health Care Improvement
14 Act (25 U.S.C. 1603));
15 (D) an entity, the principal purpose of
16 which is to provide health care, such as a hos-
17 pital, clinic, health department, freestanding
18 birthing center, perinatal health worker, or ma-
19 ternity care provider;
20 (E) an institution of higher education; or
21 (F) a comprehensive substance use dis-
22 order parenting program.
23 (3) PRIORITY.—In awarding grants under this
24 subsection, the Secretary shall give priority to appli-
25 cants proposing to address—

1 (A) mental health and substance use dis-
2 orders among pregnant persons; or
3 (B) pregnant and postpartum persons ex-
4 periencing intimate partner violence.
5 (4) FREESTANDING BIRTH CENTER DEFINED.—
6 In this subsection, the term ''freestanding birth cen-
7 ter'' has the meaning given that term in section
8 1905(l) of the Social Security Act (42 U.S.C.
9 1396d(l)).
10 (5) AUTHORIZATION OF APPROPRIATIONS.—To
11 carry out this subsection, there is authorized to be
12 appropriated $25,000,000 for the period of fiscal
13 years 2025 through 2027.
14 (d) GUIDANCE.—Not later than 2 years after the
15 date of enactment of this Act, the Secretary shall issue
16 and disseminate guidance to States, Tribes, territories,
17 maternity care providers, and managed care entities on—
18 (1) providing universal education on healthy re-
19 lationships and intimate partner violence;
20 (2) developing protocols on—
21 (A) routine assessment of intimate partner
22 violence; and
23 (B) health promotion and strategies for
24 trauma-informed care plans; and

1 (3) creating sustainable partnerships with com-
2 munity-based organizations that address domestic vi-
3 olence, dating violence, sexual assault, stalking,
4 human trafficking, sex trafficking, child sexual
5 abuse, or forced marriage.

6 (e) DEFINITIONS.—In this section:

7 (1) The term ''maternal mortality''—

8 (A) means death that—

9 (i) occurs during, or within the 1-year
10 period after, pregnancy; and

11 (ii) is attributed to or aggravated by
12 pregnancy-related or childbirth complica-
13 tions; and

14 (B) includes a suicide, drug overdose
15 death, homicide (including a domestic violence-
16 related homicide), or other death resulting from
17 a mental health or substance use disorder at-
18 tributed to or aggravated by pregnancy-related
19 or childbirth complications.

20 (2) The term ''maternity care provider'' means
21 a health care provider who—

22 (A) is a physician, physician assistant,
23 nurse, midwife who meets at a minimum the
24 international definition of the midwife and glob-
25 al standards for midwifery education as estab-

1 lished by the International Confederation of
2 Midwives, nurse practitioner, or clinical nurse
3 specialist; and

4 (B) has a focus on maternal or perinatal
5 health.

6 (3) The term ''perinatal health worker'' means
7 a worker who—

8 (A) is a doula, community health worker,
9 peer supporter, breastfeeding and lactation edu-
10 cator or counselor, nutritionist or dietitian,
11 childbirth educator, social worker, home visitor,
12 language interpreter, or navigator; and

13 (B) provides assistance with perinatal
14 health.

15 (4) The term ''postpartum'' refers to the 12-
16 month period following childbirth.

17 (5) The term ''Secretary'' means the Secretary
18 of Health and Human Services.

19 (6) The term ''severe maternal morbidity''
20 means a health condition, including a mental health
21 condition or substance use disorder, that—

22 (A) is attributed to or aggravated by preg-
23 nancy or childbirth; and

1 (B) results in significant short-term or
2 long-term consequences to the health of the in-
3 dividual who was pregnant.

4 **SEC. 5213. MIDWIVES SCHOOLS AND PROGRAMS EXPAN-**
5 **SION.**

6 (a) MIDWIFERY SCHOOLS AND PROGRAMS.—
7 (1) IN GENERAL.—Title VII of the Public
8 Health Service Act is amended by inserting after
9 section 760 (42 U.S.C. 294k) the following:

10 **"SEC. 760A. MIDWIFERY SCHOOLS AND PROGRAMS.**

11 "(a) IN GENERAL.—The Secretary may award grants
12 to institutions of higher education (as defined in sub-
13 sections (a) and (b) of section 101 of the Higher Edu-
14 cation Act of 1965) for the following:
15 "(1) Direct support of students in an accredited
16 midwifery school or program.
17 "(2) Establishment or expansion of an accred-
18 ited midwifery school or program.
19 "(3) Securing, preparing, or providing support
20 for increasing the number of, qualified preceptors
21 for training the students of an accredited midwifery
22 school or program.
23 "(b) SPECIAL CONSIDERATIONS.—In awarding
24 grants under subsection (a), the Secretary shall give spe-

1 cial consideration to any institution of higher education
2 that—
3 “(1) agrees to prioritize students who plan to
4 practice in a health professional shortage area des-
5 ignated under section 332; and
6 “(2) demonstrates a focus on increasing racial
7 and ethnic minority representation in midwifery edu-
8 cation.
9 “(c) RESTRICTION.—The Secretary shall not provide
10 any assistance under this section to be used with respect
11 to a midwifery school or program within a school of nurs-
12 ing (as defined in section 801).
13 “(d) AUTHORIZATION OF APPROPRIATIONS.—
14 “(1) IN GENERAL.—There is authorized to be
15 appropriated to carry out this section $15,000,000
16 for the period of fiscal years 2025 through 2029.
17 “(2) ALLOCATION.—Of the amounts made
18 available to carry out this section for any fiscal year,
19 the Secretary shall use—
20 “(A) 50 percent to award grants for pur-
21 poses specified in subsection (a)(1);
22 “(B) 25 percent to award grants for pur-
23 poses specified in subsection (a)(2); and
24 “(C) 25 percent to award grants for pur-
25 poses specified in subsection (a)(3).”.

1 (2) DEFINITIONS.—

2 (A) MIDWIFERY SCHOOL OR PROGRAM.—
3 Section 799B(1)(A) of the Public Health Serv-
4 ice Act (42 U.S.C. 295p(1)(A)) is amended—

5 (i) by inserting "'midwifery school or
6 program'," before "and 'school of chiro-
7 practic'";

8 (ii) by inserting "a degree or certifi-
9 cate in midwifery or an equivalent degree
10 or certificate," before "and a degree of
11 doctor of chiropractic or an equivalent de-
12 gree"; and

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

15 (B) ACCREDITED.—Section 799B(1)(E) of
16 the Public Health Service Act (42 U.S.C.
17 295p(1)(E)) is amended by inserting "a mid-
18 wifery school or program," before "or a grad-
19 uate program in health administration".

20 (b) NURSE-MIDWIVES.—Title VIII of the Public
21 Health Service Act is amended by inserting after section
22 812 (as added by section 5205(c)), the following:

23 **"SEC. 812A. MIDWIFERY EXPANSION PROGRAM.**

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

1 "(1) Direct support of students in an accredited
2 nurse-midwifery school or program.
3 "(2) Establishment or expansion of an accred-
4 ited nurse-midwifery school or program.
5 "(3) Securing, preparing, or providing support
6 for increasing the numbers of, preceptors at clinical
7 training sites to precept students training to become
8 certified nurse-midwives.
9 "(b) SPECIAL CONSIDERATIONS.—In awarding
10 grants under subsection (a), the Secretary shall give spe-
11 cial consideration to any school of nursing that—
12 "(1) agrees to prioritize students who choose to
13 pursue an advanced education degree in nurse-mid-
14 wifery to practice in a health professional shortage
15 area designated under section 332; and
16 "(2) demonstrates a focus on increasing racial
17 and ethnic minority representation in nurse-mid-
18 wifery education.
19 "(c) AUTHORIZATION OF APPROPRIATIONS.—
20 "(1) IN GENERAL.—To carry out this section,
21 there is authorized to be appropriated $20,000,000
22 for the period of fiscal years 2025 through 2029.
23 "(2) ALLOCATION.—Of the amounts made
24 available to carry out this section for any fiscal year,
25 the Secretary shall use—

1 ''(A) 50 percent to award grants for pur-
2 poses specified in subsection (a)(1);
3 ''(B) 25 percent to award grants for pur-
4 poses specified in subsection (a)(2); and
5 ''(C) 25 percent to award grants for pur-
6 poses specified in subsection (a)(3).''.

7 **SEC. 5214. GESTATIONAL DIABETES.**

8 Part B of title III of the Public Health Service Act
9 (42 U.S.C. 243 et seq.) is amended by adding after section
10 317H (42 U.S.C. 247b–9) the following:

11 **''SEC. 317H–1. GESTATIONAL DIABETES.**

12 ''(a) UNDERSTANDING AND MONITORING GESTA-
13 TIONAL DIABETES.—
14 ''(1) IN GENERAL.—The Secretary, acting
15 through the Director of the Centers for Disease
16 Control and Prevention, in consultation with the Di-
17 abetes Mellitus Interagency Coordinating Committee
18 established under section 429 and representatives of
19 appropriate national health organizations, shall de-
20 velop a multisite gestational diabetes research
21 project within the diabetes program of the Centers
22 for Disease Control and Prevention to expand and
23 enhance surveillance data and public health research
24 on gestational diabetes.

1 "(2) AREAS TO BE ADDRESSED.—The research
2 project developed under paragraph (1) shall ad-
3 dress—
4 "(A) procedures to establish accurate and
5 efficient systems for the collection of gestational
6 diabetes data within each State and common-
7 wealth, territory, or possession of the United
8 States;
9 "(B) the progress of collaborative activities
10 with the National Vital Statistics System, the
11 National Center for Health Statistics, and
12 State health departments with respect to the
13 standard birth certificate, in order to improve
14 surveillance of gestational diabetes;
15 "(C) postpartum methods of tracking indi-
16 viduals with gestational diabetes after delivery
17 as well as targeted interventions proven to
18 lower the incidence of type 2 diabetes in that
19 population;
20 "(D) variations in the distribution of diag-
21 nosed and undiagnosed gestational diabetes,
22 and of impaired fasting glucose tolerance and
23 impaired fasting glucose, within and among
24 groups of pregnant individuals; and

1 ''(E) factors and culturally sensitive inter-
2 ventions that influence risks and reduce the in-
3 cidence of gestational diabetes and related com-
4 plications during childbirth, including cultural,
5 behavioral, racial, ethnic, geographic, demo-
6 graphic, socioeconomic, and genetic factors.

7 ''(3) REPORT.—Not later than 2 years after the
8 date of enactment of this section, and annually
9 thereafter, the Secretary shall generate a report on
10 the findings and recommendations of the research
11 project including prevalence of gestational diabetes
12 in the multisite area and disseminate the report to
13 the appropriate Federal and non-Federal agencies.

14 ''(b) EXPANSION OF GESTATIONAL DIABETES RE-
15 SEARCH.—

16 ''(1) IN GENERAL.—The Secretary shall expand
17 and intensify public health research regarding gesta-
18 tional diabetes. Such research may include—

19 ''(A) developing and testing novel ap-
20 proaches for improving postpartum diabetes
21 testing or screening and for preventing type 2
22 diabetes in individuals who can become preg-
23 nant with a history of gestational diabetes; and

24 ''(B) conducting public health research to
25 further understanding of the epidemiologic,

1 socioenvironmental, behavioral, translation, and
2 biomedical factors and health systems that in-
3 fluence the risk of gestational diabetes and the
4 development of type 2 diabetes in individuals
5 who can become pregnant with a history of ges-
6 tational diabetes.

7 ‘‘(2) AUTHORIZATION OF APPROPRIATIONS.—
8 There is authorized to be appropriated to carry out
9 this subsection $5,000,000 for each of fiscal years
10 2025 through 2029.

11 ‘‘(c) DEMONSTRATION GRANTS TO LOWER THE
12 RATE OF GESTATIONAL DIABETES.—

13 ‘‘(1) IN GENERAL.—The Secretary, acting
14 through the Director of the Centers for Disease
15 Control and Prevention, shall award grants, on a
16 competitive basis, to eligible entities for demonstra-
17 tion projects that implement evidence-based inter-
18 ventions to reduce the incidence of gestational diabe-
19 tes, the recurrence of gestational diabetes in subse-
20 quent pregnancies, and the development of type 2 di-
21 abetes in individuals who can become pregnant with
22 a history of gestational diabetes.

23 ‘‘(2) PRIORITY.—In making grants under this
24 subsection, the Secretary shall give priority to
25 projects focusing on—

1 ''(A) helping individuals who can become
2 pregnant who have 1 or more risk factors for
3 developing gestational diabetes;
4 ''(B) working with individuals who can be-
5 come pregnant with a history of gestational dia-
6 betes during a previous pregnancy;
7 ''(C) providing postpartum care for indi-
8 viduals who can become pregnant with gesta-
9 tional diabetes;
10 ''(D) tracking cases where individuals who
11 can become pregnant with a history of gesta-
12 tional diabetes developed type 2 diabetes;
13 ''(E) educating mothers with a history of
14 gestational diabetes about the increased risk of
15 their child developing diabetes;
16 ''(F) working to prevent gestational diabe-
17 tes and prevent or delay the development of
18 type 2 diabetes in individuals who can become
19 pregnant with a history of gestational diabetes;
20 and
21 ''(G) achieving outcomes designed to assess
22 the efficacy and cost-effectiveness of interven-
23 tions that can inform decisions on long-term
24 sustainability, including third-party reimburse-
25 ment.

1 "(3) APPLICATION.—An eligible entity desiring
2 to receive a grant under this subsection shall submit
3 to the Secretary—
4 "(A) an application at such time, in such
5 manner, and containing such information as the
6 Secretary may require; and
7 "(B) a plan to—
8 "(i) lower the rate of gestational dia-
9 betes during pregnancy; or
10 "(ii) develop methods of tracking indi-
11 viduals who can become pregnant with a
12 history of gestational diabetes and develop
13 effective interventions to lower the inci-
14 dence of the recurrence of gestational dia-
15 betes in subsequent pregnancies and the
16 development of type 2 diabetes.
17 "(4) USES OF FUNDS.—An eligible entity re-
18 ceiving a grant under this subsection shall use the
19 grant funds to carry out demonstration projects de-
20 scribed in paragraph (1), including—
21 "(A) expanding community-based health
22 promotion education, activities, and incentives
23 focused on the prevention of gestational diabe-
24 tes and development of type 2 diabetes in indi-

1 viduals who can become pregnant with a history
2 of gestational diabetes;
3 ‘‘(B) aiding State- and Tribal-based diabe-
4 tes prevention and control programs to collect,
5 analyze, disseminate, and report surveillance
6 data on individuals who can become pregnant
7 with, and at risk for, gestational diabetes, the
8 recurrence of gestational diabetes in subsequent
9 pregnancies, and, for individuals who can be-
10 come pregnant with a history of gestational dia-
11 betes, the development of type 2 diabetes; and
12 ‘‘(C) training and encouraging health care
13 providers—
14 ‘‘(i) to promote risk assessment, high-
15 quality care, and self-management for ges-
16 tational diabetes and the recurrence of ges-
17 tational diabetes in subsequent preg-
18 nancies; and
19 ‘‘(ii) to prevent the development of
20 type 2 diabetes in individuals who can be-
21 come pregnant with a history of gesta-
22 tional diabetes, and its complications in the
23 practice settings of the health care pro-
24 viders.

1 "(5) REPORT.—Not later than 4 years after the
2 date of enactment of this section, the Secretary shall
3 prepare and submit to the Congress a report con-
4 cerning the results of the demonstration projects
5 conducted through the grants awarded under this
6 subsection.

7 "(6) DEFINITION OF ELIGIBLE ENTITY.—In
8 this subsection, the term 'eligible entity' means a
9 nonprofit organization (such as a nonprofit academic
10 center or community health center) or a State, Trib-
11 al, or local health agency.

12 "(7) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to carry out
14 this subsection $5,000,000 for each of fiscal years
15 2025 through 2029.

16 "(d) POSTPARTUM FOLLOWUP REGARDING GESTA-
17 TIONAL DIABETES.—The Secretary, acting through the
18 Director of the Centers for Disease Control and Preven-
19 tion, shall work with the State- and Tribal-based diabetes
20 prevention and control programs assisted by the Centers
21 to encourage postpartum followup after gestational diabe-
22 tes, as medically appropriate, for the purpose of reducing
23 the incidence of gestational diabetes, the recurrence of
24 gestational diabetes in subsequent pregnancies, the devel-

opment of type 2 diabetes in individuals with a history of gestational diabetes, and related complications.''.

**SEC. 5215. CONSUMER EDUCATION CAMPAIGN.**

Section 229(b) of the Public Health Service Act (42 U.S.C. 237a(b)) is amended—

(1) in paragraph (6), by striking ''and'' at the end;

(2) in paragraph (7), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following:

''(8) not later than 1 year after the date of enactment of this paragraph, develop and implement a 4-year culturally and linguistically appropriate multimedia consumer education campaign that is designed to promote understanding and acceptance of evidence-based maternity practices and models of care for optimal maternity outcomes among individuals of childbearing ages and families of such individuals and that—

''(A) highlights the importance of protecting, promoting, and supporting the innate capacities of childbearing individuals and their newborns for childbirth, breastfeeding, and attachment;

1 “(B) promotes understanding of the impor-
2 tance of using obstetric interventions when
3 medically necessary and when supported by
4 strong, high-quality evidence;
5 “(C) highlights the widespread overuse of
6 maternity practices that have been shown to
7 have benefit when used appropriately in situa-
8 tions of medical necessity, but which can expose
9 pregnant individuals, infants, or both to risk of
10 harm if used routinely and indiscriminately;
11 “(D) emphasizes the noninvasive maternity
12 practices that have proven correlation or may
13 be associated with improvement in outcomes
14 with no detrimental side effects, and are signifi-
15 cantly underused in the United States, includ-
16 ing smoking cessation programs in pregnancy,
17 group model prenatal care, continuous labor
18 support, nonsupine positions for birth, and ex-
19 ternal version to turn breech babies at term;
20 “(E) educates consumers about—
21 “(i) the qualifications of licensed pro-
22 viders of maternity care, including obstetri-
23 cian-gynecologists, family physicians, cer-
24 tified nurse-midwives, certified midwives,
25 and certified professional midwives; and

1 "(ii) the best evidence about the safe-
2 ty, satisfaction, outcomes, and costs of
3 such providers;
4 "(F) informs consumers about the best
5 available research comparing birth center
6 births, planned home births, and hospital
7 births, including information about each set-
8 ting's safety, satisfaction, outcomes, and costs;
9 "(G) fosters participation in high-quality,
10 evidence-based childbirth education that pro-
11 motes a healthy and safe approach to preg-
12 nancy, childbirth, and early parenting; is taught
13 by certified educators, peer counselors, and
14 health professionals; and promotes informed de-
15 cision making by childbearing individuals;
16 "(H) informs consumers about—
17 "(i) the effects of systemic, institu-
18 tional, and interpersonal racism on the
19 health, well-being, and outcomes of birth-
20 ing people;
21 "(ii) the importance of respectful, cul-
22 turally and linguistically appropriate, and
23 culturally congruent care; and

1 "(iii) the value of community-based
2 and community-led maternal care and sup-
3 port; and
4 "(I) is pilot tested for consumer com-
5 prehension, cultural sensitivity, and acceptance
6 of the messages across geographically, racially,
7 ethnically, and linguistically diverse popu-
8 lations;".

9 **SEC. 5216. BIBLIOGRAPHIC DATABASE OF SYSTEMATIC RE-**
10 **VIEWS FOR CARE OF CHILDBEARING INDI-**
11 **VIDUALS AND NEWBORNS.**

12 (a) IN GENERAL.—Not later than 1 year after the
13 date of enactment of this Act, the Secretary of Health and
14 Human Services, acting through the Director of the Agen-
15 cy for Healthcare Research and Quality, shall—
16 (1) make publicly available an online biblio-
17 graphic database identifying systematic reviews, in-
18 cluding an explanation of the level and quality of
19 evidence, for care of childbearing individuals and
20 newborns; and
21 (2) initiate regular updates that incorporate
22 newly issued and updated systematic reviews.
23 (b) SOURCES.—To aim for a comprehensive inventory
24 of systematic reviews relevant to maternal and newborn

1 care, the database shall identify reviews from diverse
2 sources, including—
3 (1) scientific peer-reviewed journals;
4 (2) databases, including the Cochrane Database
5 of Systematic Reviews; and
6 (3) internet websites of agencies and organiza-
7 tions throughout the world that produce such sys-
8 tematic reviews.
9 (c) FEATURES.—The database shall—
10 (1) provide bibliographic citations for each
11 record within the database, and for each such cita-
12 tion include an explanation of the level and quality
13 of evidence;
14 (2) include abstracts, as available;
15 (3) provide reference to companion documents
16 as may exist for each review, such as evidence tables
17 and guidelines or consumer educational materials de-
18 veloped from the review;
19 (4) provide links to the source of the full review
20 and to any companion documents;
21 (5) provide links to the source of a previous
22 version or update of the review;
23 (6) be searchable by intervention or other topic
24 of the review, reported outcomes, author, title, and
25 source; and

1 (7) offer to users periodic electronic notification
2 of database updates relating to users' topics of inter-
3 est.
4 (d) OUTREACH.—Not later than the first date the
5 database is made publicly available and periodically there-
6 after, the Secretary of Health and Human Services shall
7 publicize the availability, features, and uses of the data-
8 base under this section to the stakeholders described in
9 subsection (e).
10 (e) CONSULTATION.—For purposes of developing the
11 database under this section and maintaining and updating
12 such database, the Secretary of Health and Human Serv-
13 ices shall convene and consult with an advisory committee
14 composed of relevant stakeholders, including—
15 (1) Federal Medicaid administrators and State
16 agencies administrating State plans under title XIX
17 of the Social Security Act pursuant to section
18 1902(a)(5) of such Act (42 U.S.C. 1396a(a)(5));
19 (2) providers of maternity and newborn care
20 from both academic and community-based settings,
21 including obstetrician-gynecologists, family physi-
22 cians, certified nurse midwives, certified midwives,
23 certified professional midwives, physician assistants,
24 perinatal nurses, pediatricians, and nurse practi-
25 tioners;

1 (3) maternal-fetal medicine specialists;
2 (4) neonatologists;
3 (5) childbearing individuals and advocates for
4 such individuals, including childbirth educators cer-
5 tified by a nationally accredited program, rep-
6 resenting communities that are diverse in terms of
7 race, ethnicity, indigenous status, and geographic
8 area;
9 (6) employers and purchasers;
10 (7) health facility and system leaders, including
11 both hospital and birth center facilities;
12 (8) journalists; and
13 (9) bibliographic informatics specialists.
14 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
15 authorized to be appropriated $2,500,000 for each of fis-
16 cal years 2025 through 2027 for the purpose of developing
17 the database and such sums as may be necessary for each
18 subsequent fiscal year for updating the database and pro-
19 viding outreach and notification to users, as described in
20 this section.

21 **SEC. 5217. DEVELOPMENT OF INTERPROFESSIONAL MA-**
22 **TERNITY CARE EDUCATIONAL MODELS AND**
23 **TOOLS.**

24 (a) IN GENERAL.—Not later than 180 days after the
25 date of enactment of this Act, the Secretary of Health and

1 Human Services, acting in conjunction with the Adminis-
2 trator of Health Resources and Services Administration,
3 shall convene, for a 1-year period, an Interprofessional
4 Maternity Provider Education Commission (referred to in
5 this section as the ''Commission'') to discuss and make
6 recommendations for—

7 (1) a consensus standard physiologic maternity
8 care curriculum that takes into account the core
9 competencies for basic midwifery practice such as
10 those developed by the American College of Nurse-
11 Midwives and the North American Registry of Mid-
12 wives, and the educational objectives for physicians
13 practicing in obstetrics and gynecology as deter-
14 mined by the Council on Resident Education in Ob-
15 stetrics and Gynecology;

16 (2) suggestions for multidisciplinary use of the
17 consensus physiologic curriculum;

18 (3) strategies to integrate and coordinate edu-
19 cation across maternity care disciplines, including
20 recommendations to increase medical and midwifery
21 student exposure to out-of-hospital birth;

22 (4) curriculum and strategies for continuing
23 education of practicing perinatal professionals who
24 have completed their undergraduate and graduate
25 education; and

1 (5) pilot demonstrations of interprofessional
2 educational models.
3 (b) PARTICIPANTS.—
4 (1) PROFESSIONS.—The Commission shall in-
5 clude maternity care educators, curriculum devel-
6 opers, service leaders, certification leaders, and ac-
7 creditation leaders from the various professions that
8 provide or support maternity care in the United
9 States. Such professions shall include obstetrician
10 gynecologists, certified nurse midwives or certified
11 midwives, family practice physicians, nurse practi-
12 tioners, physician assistants, certified professional
13 midwives, perinatal nurses, doulas, lactation per-
14 sonnel, and community health workers.
15 (2) CONSUMER ADVOCATES.—The Commission
16 shall also include representation from maternity care
17 consumer advocates.
18 (c) CURRICULUM.—The consensus standard physio-
19 logic maternity care curriculum described in subsection
20 (a)(1) shall—
21 (1) have a public health focus with a foundation
22 in health promotion and disease prevention;
23 (2) foster physiologic childbearing and person
24 and family centered care;

1 (3) reflect the extensive, growing research evi-
2 dence about—
3 (A) the innate abilities and processes of
4 the birthing person and the fetus or newborn
5 for labor, birth, postpartum transition,
6 breastfeeding, and attachment, when promoted,
7 supported, and protected; and
8 (B) the effects of factors that disturb and
9 disrupt these processes;
10 (4) integrate strategies to reduce maternal and
11 infant morbidity and mortality;
12 (5) incorporate recommendations to ensure re-
13 spectful, safe, and seamless consultation, referral,
14 transport, and transfer of care when necessary;
15 (6) include cultural sensitivity and strategies to
16 decrease inequities in maternity outcomes; and
17 (7) include implicit bias training.
18 (d) REPORT.—Not later than 180 days after the final
19 meeting of the Commission, the Secretary of Health and
20 Human Services shall—
21 (1) submit to Congress a report containing the
22 recommendations made by the Commission under
23 this section; and
24 (2) make such report publicly available.

1 (e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this sec-
3 tion—
4 (1) $1,000,000 for each of fiscal years 2025
5 and 2026; and
6 (2) such sums as are necessary for each of fis-
7 cal years 2027 through 2029.

8 **SEC. 5218. DISSEMINATION OF THE QUALITY FAMILY PLAN-**
9 **NING GUIDELINES.**

10 (a) IN GENERAL.—Not later than 180 days after the
11 date of enactment of this Act, the Secretary of Health and
12 Human Services and the Director of the Centers for Dis-
13 ease Control and Prevention shall—
14 (1) develop a plan for outreach to publicly fund-
15 ed health care providers, including federally qualified
16 health centers (as defined in section 1861(aa)(4) of
17 the Social Security Act (42 U.S.C. 1395x(aa)(4)))
18 and branches of the Indian Health Service, about
19 the quality family planning guidelines referred to in
20 section 5304; and
21 (2) award grants to eligible entities to imple-
22 ment such guidelines for all patients seeking family
23 planning services.

(b) DEFINITION.—In this section, the term ''eligible entity'' means a publicly funded health care provider that serves persons of reproductive age.

## Subtitle D—Federal Agency Coordination on Maternal Health

### SEC. 5301. INTERAGENCY COORDINATING COMMITTEE ON THE PROMOTION OF OPTIMAL MATERNITY OUTCOMES.

(a) IN GENERAL.—Part A of title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by adding at the end the following:

**''SEC. 229A. INTERAGENCY COORDINATING COMMITTEE ON THE PROMOTION OF OPTIMAL MATERNITY OUTCOMES.**

''(a) IN GENERAL.—The Secretary, acting through the Deputy Assistant Secretary for Women's Health under section 229 and in collaboration with the Federal officials specified in subsection (b), shall establish the Interagency Coordinating Committee on the Promotion of Optimal Maternity Outcomes (referred to in this section as the 'ICCPOM').

''(b) OTHER AGENCIES.—The officials specified in this subsection are the Secretary of Labor, the Secretary of Defense, the Secretary of Veterans Affairs, the Surgeon General, the Director of the Centers for Disease Control

1 and Prevention, the Administrator of the Health Re-
2 sources and Services Administration, the Administrator of
3 the Centers for Medicare & Medicaid Services, the Direc-
4 tor of the Indian Health Service, the Administrator of the
5 Substance Abuse and Mental Health Services Administra-
6 tion, the Director of the National Institute of Child Health
7 and Human Development, the Director of the Agency for
8 Healthcare Research and Quality, the Assistant Secretary
9 for Children and Families, the Deputy Assistant Secretary
10 for Minority Health, the Director of the Office of Per-
11 sonnel Management, and such other Federal officials as
12 the Secretary of Health and Human Services determines
13 to be appropriate.

14 ''(c) CHAIR.—The Deputy Assistant Secretary for
15 Women's Health shall serve as the chair of the ICCPOM.

16 ''(d) DUTIES.—The ICCPOM shall guide policy and
17 program development across the Federal Government with
18 respect to promotion of optimal maternity care, provided,
19 however, that nothing in this section shall be construed
20 as transferring regulatory or program authority from an
21 agency to the ICCPOM.

22 ''(e) CONSULTATIONS.—The ICCPOM shall actively
23 seek the input of, and shall consult with, all appropriate
24 and interested stakeholders, including State health depart-
25 ments, public health research and interest groups, founda-

1 tions, childbearing individuals and their advocates, and
2 maternity care professional associations and organiza-
3 tions, reflecting racially, ethnically, demographically, and
4 geographically diverse communities.

5 ''(f) ANNUAL REPORT.—

6 ''(1) IN GENERAL.—The Secretary, on behalf of
7 the ICCPOM, shall annually submit to Congress a
8 report that summarizes—

9 ''(A) all programs and policies of Federal
10 agencies (including the Medicare Program
11 under title XVIII of the Social Security Act and
12 the Medicaid program under title XIX of such
13 Act) designed to promote optimal maternity
14 care, focusing particularly on programs and
15 policies that support the adoption of evidence-
16 based maternity care, as defined by timely, sci-
17 entifically sound systematic reviews;

18 ''(B) all programs and policies of Federal
19 agencies (including the Medicare Program
20 under title XVIII of the Social Security Act and
21 the Medicaid program under title XIX of such
22 Act) designed to address the problems of mater-
23 nal mortality and morbidity, infant mortality,
24 prematurity, and low birth weight, including
25 such programs and policies designed to address

1 racial and ethnic inequities with respect to each
2 of such problems;

3 "(C) the extent of progress in reducing
4 maternal mortality and infant mortality, low
5 birth weight, and prematurity at State and na-
6 tional levels; and

7 "(D) such other information regarding op-
8 timal maternity care (such as quality and per-
9 formance measures) as the Secretary deter-
10 mines to be appropriate.

11 "(2) REDUCING INEQUITIES WITH RESPECT TO
12 INDIGENOUS STATUS.—The information specified in
13 paragraph (1)(C) shall be included in each such re-
14 port in a manner that disaggregates such informa-
15 tion by race, ethnicity, and indigenous status in
16 order to determine the extent of progress in reduc-
17 ing racial and ethnic inequities and inequities related
18 to indigenous status.

19 "(3) CERTAIN INFORMATION.—Each report
20 under paragraph (1) shall include information
21 (disaggregated by race, ethnicity, and indigenous
22 status, as applicable) on the following rates, trends,
23 and costs by State:

24 "(A) The rate and trend of primary cesar-
25 ean deliveries and repeat cesarean deliveries.

1 "(B) The rate and trend of vaginal births
2 after cesarean.
3 "(C) The rate and trend of vaginal breech
4 births.
5 "(D) The rate and trend of induction of
6 labor.
7 "(E) The rate and trend of freestanding
8 birth center births.
9 "(F) The rate and trend of planned and
10 unplanned home birth.
11 "(G) The rate and trends of attended
12 births by different types of maternity care pro-
13 viders, including by an obstetrician-gyne-
14 cologist, family practice physician, obstetrician-
15 gynecologist, physician assistant, certified
16 nurse-midwife, certified midwife, and certified
17 professional midwife.
18 "(H) The rate and trend of severe mater-
19 nal morbidity.
20 "(I) The rates and trends of prenatal and
21 postpartum anxiety and depression.
22 "(J) The rate and trend of preterm birth.
23 "(K) The rate and trend of low birth
24 weight.

1 "(L) The cost of maternity care
2 disaggregated by place of birth and provider of
3 care, including—
4 "(i) uncomplicated vaginal birth;
5 "(ii) complicated vaginal birth;
6 "(iii) uncomplicated cesarean birth;
7 and
8 "(iv) complicated cesarean birth.
9 "(g) AUTHORIZATION OF APPROPRIATIONS.—There
10 is authorized to be appropriated, in addition to amounts
11 authorized to be appropriated under section 229(e), to
12 carry out this section $1,000,000 for each of the fiscal
13 years 2025 through 2029.".
14 (b) CONFORMING AMENDMENTS.—
15 (1) INCLUSION AS DUTY OF HHS OFFICE ON
16 WOMEN'S HEALTH.—Section 229(b) of the Public
17 Health Service Act (42 U.S.C. 237a(b)) (as amend-
18 ed by section 5215) is amended by adding at the end
19 the following:
20 "(9) establish the Interagency Coordinating
21 Committee on the Promotion of Optimal Maternity
22 Outcomes in accordance with section 229A; and".
23 (2) TREATMENT OF BIENNIAL REPORTS.—Sec-
24 tion 229(d) of such Act (42 U.S.C. 237a(d)) is

1 amended by inserting ''(other than under subsection
2 (b)(9))'' after ''under this section''.

3 **SEC. 5302. EXPANSION OF CDC PREVENTION RESEARCH**
4 **CENTERS PROGRAM TO INCLUDE CENTERS**
5 **ON OPTIMAL MATERNITY OUTCOMES.**

6 (a) IN GENERAL.—Not later than 1 year after the
7 date of enactment of this Act, the Secretary of Health and
8 Human Services shall support the establishment of addi-
9 tional Prevention Research Centers under the Prevention
10 Research Center Program administered by the Centers for
11 Disease Control and Prevention. Such additional centers
12 shall each be known as a Center for Excellence on Optimal
13 Maternity Outcomes.

14 (b) RESEARCH.—Each Center for Excellence on Opti-
15 mal Maternity Outcomes shall—

16 (1) conduct at least one focused program of re-
17 search to improve maternity outcomes, including the
18 reduction of cesarean birth rates, early elective in-
19 ductions, prematurity rates, and low birth weight
20 rates within an underserved population that has a
21 disproportionately large burden of suboptimal mater-
22 nity outcomes, including maternal mortality and
23 morbidity, infant mortality, prematurity, or low
24 birth weight, which such program shall include de-

1 veloping performance and quality measures for ac-
2 countability;
3 (2) work with partners on special interest
4 projects, as specified by the Centers for Disease
5 Control and Prevention and other relevant agencies
6 within the Department of Health and Human Serv-
7 ices, and on projects funded by other sources; and
8 (3) involve a minimum of two distinct birth set-
9 ting models, such as—
10 (A) a hospital labor and delivery model
11 and freestanding birth center model; or
12 (B) a hospital labor and delivery model
13 and planned home birth model.
14 (c) INTERDISCIPLINARY PROVIDERS.—Each Center
15 for Excellence on Optimal Maternity Outcomes shall in-
16 clude the following interdisciplinary providers of maternity
17 care:
18 (1) Obstetrician-gynecologists.
19 (2) At least two of the following providers:
20 (A) Family practice physicians.
21 (B) Nurse practitioners.
22 (C) Physician assistants.
23 (D) Certified professional midwives, cer-
24 tified nurse-midwives, or certified midwives.

1 (d) SERVICES.—Research conducted by each Center
2 for Excellence on Optimal Maternity Outcomes shall in-
3 clude at least 2 (and preferably more) of the following sup-
4 portive provider services:
5 (1) Mental health.
6 (2) Doula labor support.
7 (3) Nutrition education.
8 (4) Childbirth education.
9 (5) Social work.
10 (6) Physical therapy or occupation therapy.
11 (7) Substance use disorder services.
12 (8) Home visiting.
13 (e) COORDINATION.—The programs of research at
14 each of the Centers of Excellence on Optimal Maternity
15 Outcomes shall complement and not replicate the work of
16 the other.
17 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
18 authorized to be appropriated to carry out this section
19 $2,000,000 for each of fiscal years 2025 through 2029.

**SEC. 5303. EXPANDING MODELS TO BE TESTED BY CENTER FOR MEDICARE AND MEDICAID INNOVATION TO EXPLICITLY INCLUDE MATERNITY CARE AND CHILDREN'S HEALTH MODELS.**

Section 1115A(b)(2) of the Social Security Act (42 U.S.C. 1315a(b)(2)), as amended by section 5209(b), is amended—

(1) in subparagraph (B), by adding at the end the following:

"(xxix) Promoting evidence-based models of care that have been associated with reductions in pregnancy-related and infant health inequities, including incorporating the use of and payment for doulas, particularly community-based doulas, and promoting support for people during pregnancy and for the one-year period after the last day of such person's pregnancy, through evidence-based models of antepartum, birth, postpartum care, and two-generation birthing person and newborn care models, and supporting the risk-appropriate use of out-of-hospital birth models, including births at home and in freestanding birth centers. Such models shall be selected and evaluated based on

1 their impact on quality, equity, and devel-
2 opmental outcomes, notwithstanding any
3 other provision of this section.'';
4 (2) in subparagraph (C), by adding at the end
5 the following:
6 ''(ix) Whether the model includes a
7 regular process for ensuring the provision
8 of culturally and linguistically appropriate
9 services.
10 ''(x) Whether health care services and
11 supportive services included in the model
12 are tailored to community health and
13 health-related social needs and provided by
14 community-based and community-led pro-
15 viders.
16 ''(xi) Whether the model is designed
17 to mitigate harmful effects of discrimina-
18 tion on the basis of race, sex, disability,
19 ethnicity, language, and age.''; and
20 (3) by adding at the end the following:
21 ''(D) MANDATORY HEALTH EQUITY MOD-
22 ELS TO BE TESTED.—The Secretary shall se-
23 lect—
24 ''(i) Medicaid payment models for cul-
25 turally and linguistically appropriate

1 antepartum, labor and delivery, and
2 postpartum doula services, including com-
3 munity-based doula services, that are—
4 “(I) structured to provide pay-
5 ment to doulas as individuals, health
6 care entity staff, or members of a
7 doula group or collective, or through a
8 third-party administrator;
9 “(II) designed to reduce racial
10 and intersecting health inequities;
11 “(III) designed to provide doulas
12 providing support with an equitable
13 and sustainable reimbursement rate;
14 “(IV) designed to reduce barriers
15 to workforce entry for culturally and
16 linguistically competent and racially
17 congruent doulas to provide services
18 to Medicaid enrollees; and
19 “(V) designed with input from
20 community-based doulas, maternal
21 health advocates, reproductive justice
22 advocates, and Medicaid beneficiaries;
23 “(ii) a Medicaid episode-based pay-
24 ment model for pregnancy-related services,
25 including health care services and sup-

portive services to address health-related social needs, during the prenatal, intrapartum, and postpartum periods, to improve health outcomes and reduce racial health inequities, and to be designed with input from maternity care providers, maternal health advocates, reproductive justice advocates, and Medicaid beneficiaries;

"(iii) a Medicaid alternative payment model for a pregnancy-related health home service to improve health outcomes during and for one year after pregnancy and during the newborn period, and to reduce racial health inequities, designed with input from maternity care providers, maternal health advocates, reproductive justice advocates, and Medicaid beneficiaries;

"(iv) a Medicaid perinatal health worker service delivery model for culturally and linguistically appropriate and respectful health care and supportive services that are tailored to community health and health-related social needs, designed to improve health outcomes and mitigate harmful effects of racism and other forms of

1 discrimination, and provided by commu-
2 nity-based and community-led providers;
3 and
4 “(v) one or more models exclusively
5 focused on early intervention and preven-
6 tion for children enrolled in a State plan
7 (or waiver of such plan) under title XIX or
8 a State child health plan under title XXI
9 using evidence-based interventions includ-
10 ing parenting support programs, home-vis-
11 iting services, and dyadic therapy treat-
12 ment for children and adolescents at risk.
13 Such models shall be selected and evaluated
14 based on their impact on quality, equity, and
15 developmental outcomes, notwithstanding any
16 other provision of this section.”.

17 **SEC. 5304. INTERAGENCY UPDATE TO THE QUALITY FAMILY**
18 **PLANNING GUIDELINES.**

19 (a) IN GENERAL.—Not later than 180 days after the
20 date of enactment of this Act, the Director of the Centers
21 for Disease Control and Prevention and the Office of Pop-
22 ulation Affairs shall review and expand the 2014 Quality
23 Family Planning Guidelines to address—
24 (1) health inequities; and

1 (2) the importance of patient-directed contra-
2 ceptive decision making.

3 (b) CONSULTATION.—In carrying out subsection (a),
4 the Director of the Centers for Disease Control and Pre-
5 vention and the Office of Population Affairs shall convene
6 a meeting, and solicit the views of, stakeholders including
7 experts on health inequities, experts on reproductive coer-
8 cion, representatives of provider organizations, patient ad-
9 vocates, reproductive justice organizations, organizations
10 that represent racial and ethnic minority communities, or-
11 ganizations that represent people with disabilities, organi-
12 zations that represent LGBTQ persons, and organizations
13 that represent people with limited English proficiency.

## 14 Subtitle E—Reproductive and
## 15 Sexual Health

### 16 SEC. 5401. SENSE OF CONGRESS ON URGENT ISSUES CON-
### 17 CERNING BARRIERS TO ABORTION ACCESS
### 18 AND VITAL SOLUTIONS.

19 It is the sense of Congress that eliminating the Hyde
20 amendment, enacting the Equal Access to Abortion Cov-
21 erage in Health Insurance Act of 2021, and enacting the
22 Women's Health Protection Act of 2021, are critical to—
23 (1) promoting equitable abortion access, includ-
24 ing coverage, for all who seek care;

1 (2) creating enforceable rights to receive, and
2 receive coverage for, such care;
3 (3) advancing equitable access to comprehensive
4 health coverage, which cannot be achieved without
5 abortion coverage; and
6 (4) alleviating urgent racial, gender, and other
7 inequities in health and health care and cor-
8 responding reproductive injustices.

9 **SEC. 5402. EMERGENCY CONTRACEPTION EDUCATION AND**
10 **INFORMATION PROGRAMS.**

11 (a) EMERGENCY CONTRACEPTION PUBLIC EDU-
12 CATION PROGRAM.—
13 (1) IN GENERAL.—The Secretary, acting
14 through the Director of the Centers for Disease
15 Control and Prevention, shall develop and dissemi-
16 nate to the public medically accurate and complete
17 information on emergency contraceptives.
18 (2) DISSEMINATION.—The Secretary may dis-
19 seminate medically accurate and complete informa-
20 tion under paragraph (1) directly or through ar-
21 rangements with nonprofit organizations, community
22 health workers, including patient advocates, con-
23 sumer groups, institutions of higher education, clin-
24 ics, the media, and Federal, State, and local agen-
25 cies.

1 (3) INFORMATION.—The information dissemi-
2 nated under paragraph (1) shall—
3 (A) include, at a minimum, a description
4 of emergency contraceptives and an explanation
5 of the use, safety, efficacy, affordability, and
6 availability, including over-the-counter access,
7 of such contraceptives and options for access to
8 such contraceptives without cost-sharing
9 through insurance and other programs; and
10 (B) be pilot tested for consumer com-
11 prehension, cultural and linguistic appropriate-
12 ness, and acceptance of the messages across
13 geographically, racially, ethnically, and linguis-
14 tically di-verse populations.
15 (b) EMERGENCY CONTRACEPTION INFORMATION
16 PROGRAM FOR HEALTH CARE PROVIDERS.—
17 (1) IN GENERAL.—The Secretary, acting
18 through the Administrator of the Health Resources
19 and Services Administration and in consultation
20 with major medical and public health organizations,
21 shall develop and disseminate to health care pro-
22 viders, including pharmacists, information on emer-
23 gency contraceptives.

1 (2) INFORMATION.—The information dissemi-
2 nated under paragraph (1) shall include, at a min-
3 imum—
4 (A) information describing the use, safety,
5 efficacy, and availability of emergency contra-
6 ceptives, and options for access without cost-
7 sharing through insurance and other programs;
8 (B) a recommendation regarding the use of
9 such contraceptives; and
10 (C) information explaining how to obtain
11 copies of the information developed under sub-
12 section (a) for distribution to the patients of
13 the providers.
14 (c) DEFINITIONS.—In this section:
15 (1) HEALTH CARE PROVIDER.—The term
16 ''health care provider'' means an individual who is li-
17 censed or certified under State law to provide health
18 care services and who is operating within the scope
19 of such license. Such term shall include a phar-
20 macist.
21 (2) INSTITUTION OF HIGHER EDUCATION.—The
22 term ''institution of higher education'' has the same
23 meaning given such term in section 101(a) of the
24 Higher Education Act of 1965 (20 U.S.C. 1001(a)).

1 (3) SECRETARY.—The term ''Secretary'' means
2 the Secretary of Health and Human Services.
3 (d) AUTHORIZATION OF APPROPRIATIONS.—There
4 are authorized to be appropriated to carry out this section
5 such sums as may be necessary for each of the fiscal years
6 2025 through 2029.

7 **SEC. 5403. DUTIES OF PHARMACIES TO ENSURE PROVISION**
8 **OF FDA-APPROVED CONTRACEPTION.**

9 Part B of title II of the Public Health Service Act
10 (42 U.S.C. 238 et seq.) is amended by adding at the end
11 the following:

12 **''SEC. 249. DUTIES OF PHARMACIES TO ENSURE PROVISION**
13 **OF FDA-APPROVED CONTRACEPTION.**

14 ''(a) IN GENERAL.—Subject to subsection (c), a
15 pharmacy that receives Food and Drug Administration-
16 approved drugs or devices in interstate commerce shall
17 maintain compliance with each of the following:
18 ''(1) If a customer requests a contraceptive or
19 a medication related to a contraceptive, including
20 emergency contraception, that is in stock, the phar-
21 macy shall ensure that the requested contraceptive
22 or medication is provided to the customer without
23 delay.
24 ''(2) If a customer requests a contraceptive or
25 a medication related to a contraceptive that is not

1 in stock and the pharmacy in the normal course of
2 business stocks contraception, the pharmacy shall
3 immediately inform the customer that the requested
4 contraceptive or medication is not in stock and with-
5 out delay offer the customer the following options:
6 ''(A) If the customer prefers to obtain the
7 requested contraceptive or medication through a
8 referral or transfer, the pharmacy shall—
9 ''(i) locate a pharmacy of the cus-
10 tomer's choice or the closest pharmacy
11 confirmed to have the requested contracep-
12 tive or medication in stock; and
13 ''(ii) refer the customer or transfer
14 the prescription to that pharmacy.
15 ''(B) If the customer prefers for the phar-
16 macy to order the requested contraceptive or
17 medication, the pharmacy shall obtain the con-
18 traceptive or medication under the pharmacy's
19 standard procedure for expedited ordering of
20 medication and notify the customer when the
21 contraceptive or medication arrives.
22 ''(3) The pharmacy shall ensure that—
23 ''(A) the pharmacy does not operate an en-
24 vironment in which customers are intimidated,
25 threatened, or harassed in the delivery of serv-

1 ices relating to a request for contraception or a
2 medication related to a contraceptive;
3 ‘‘(B) the pharmacy’s employees do not
4 interfere with or obstruct the delivery of serv-
5 ices relating to a request for contraception or a
6 medication related to a contraceptive;
7 ‘‘(C) the pharmacy’s employees do not in-
8 tentionally misrepresent or deceive customers
9 about the availability of a contraceptive or a
10 medication related to a contraceptive, or the
11 mechanism of action of such contraceptive or
12 medication;
13 ‘‘(D) the pharmacy’s employees do not
14 breach medical confidentiality with respect to a
15 request for a contraceptive or a medication re-
16 lated to a contraceptive or threaten to breach
17 such confidentiality; or
18 ‘‘(E) the pharmacy’s employees do not
19 refuse to return a valid, lawful prescription for
20 a contraceptive or a medication related to a
21 contraceptive upon customer request.
22 ‘‘(b) CONTRACEPTIVES NOT ORDINARILY
23 STOCKED.—Nothing in subsection (a)(2) shall be con-
24 strued to require any pharmacy to comply with such sub-
25 section if the pharmacy does not ordinarily stock contra-

1 ceptives or medications related to contraceptives, as the
2 case may be, in the normal course of business.

3 "(c) REFUSALS PURSUANT TO STANDARD PHAR-
4 MACY PRACTICE.—This section does not prohibit a phar-
5 macy from refusing to provide a contraceptive or a medi-
6 cation related to a contraceptive to a customer in accord-
7 ance with any of the following:

8 "(1) If it is unlawful to dispense the requested
9 contraceptive or medication to the customer without
10 a valid, lawful prescription and no such prescription
11 is presented.

12 "(2) If the customer is unable to pay for the re-
13 quested contraceptive or medication.

14 "(3) If the employee of the pharmacy refuses to
15 provide the requested contraceptive or medication on
16 the basis of a professional clinical judgment.

17 "(d) RELATION TO OTHER LAW.—

18 "(1) RULE OF CONSTRUCTION.—Nothing in
19 this section shall be construed to invalidate or limit
20 rights, remedies, procedures, or legal standards
21 under title VII of the Civil Rights Act of 1964.

22 "(2) CERTAIN CLAIMS.—The Religious Free-
23 dom Restoration Act of 1993 shall not provide a
24 basis for a claim concerning, or a defense to a claim

1 under, this section, or provide a basis for challenging
2 the application or enforcement of this section.
3 "(e) PREEMPTION.—This section does not preempt
4 any provision of State law or affect any professional obli-
5 gation made applicable by a State board or other entity
6 responsible for licensing or discipline of pharmacies or
7 pharmacists, to the extent that such State law or profes-
8 sional obligation provides protections for customers that
9 are greater than the protections provided by this section.
10 "(f) ENFORCEMENT.—
11 "(1) CIVIL PENALTY.—A pharmacy that vio-
12 lates a requirement of subsection (a) is liable to the
13 United States for a civil penalty in an amount not
14 exceeding $1,000 per day of violation, not to exceed
15 $100,000 for all violations adjudicated in a single
16 proceeding.
17 "(2) PRIVATE CAUSE OF ACTION.—Any person
18 aggrieved as a result of a violation of a requirement
19 of subsection (a) may, in any court of competent ju-
20 risdiction, commence a civil action against the phar-
21 macy involved to obtain appropriate relief, including
22 actual and punitive damages, injunctive relief, and a
23 reasonable attorney's fee and costs.
24 "(3) LIMITATIONS.—A civil action under para-
25 graph (1) or (2) may not be commenced against a

1 pharmacy after the expiration of the 5-year period
2 beginning on the date on which the pharmacy alleg-
3 edly engaged in the violation involved.

4 ''(g) DEFINITIONS.—In this section:

5 ''(1) CONTRACEPTION.—The term 'contracep-
6 tion' or 'contraceptive' means any drug or device ap-
7 proved by the Food and Drug Administration to pre-
8 vent pregnancy.

9 ''(2) EMPLOYEE.—The term 'employee' means
10 a person hired, by contract or any other form of an
11 agreement, by a pharmacy.

12 ''(3) MEDICATION RELATED TO A CONTRACEP-
13 TIVE.—The term 'medication related to a contracep-
14 tive' means any drug or device approved by the Food
15 and Drug Administration that a medical professional
16 determines necessary to use before or in conjunction
17 with use of a contraceptive.

18 ''(4) PHARMACY.—The term 'pharmacy' means
19 an entity that—

20 ''(A) is authorized by a State to engage in
21 the business of selling prescription drugs at re-
22 tail; and

23 ''(B) employs one or more employees.

1 "(5) PRODUCT.—The term 'product' means a
2 Food and Drug Administration-approved drug or de-
3 vice.
4 "(6) PROFESSIONAL CLINICAL JUDGMENT.—
5 The term 'professional clinical judgment' means a
6 clinical judgment, formed with the use of profes-
7 sional knowledge and skills, in accordance with pre-
8 vailing medical standards.
9 "(7) WITHOUT DELAY.—The term 'without
10 delay', with respect to a pharmacy providing, pro-
11 viding a referral for, or ordering contraception, or
12 transferring the prescription for contraception,
13 means within the usual and customary timeframe at
14 the pharmacy for providing, providing a referral for,
15 or ordering other products, or transferring the pre-
16 scription for other products, respectively.
17 "(h) EFFECTIVE DATE.—This section shall take ef-
18 fect on the 31st day after the date of the enactment of
19 this section, without regard to whether the Secretary has
20 issued any guidance or final rule regarding this section.".
21 **SEC. 5404. REAL EDUCATION AND ACCESS FOR HEALTHY**
22 **YOUTH ACT.**
23 (a) SHORT TITLE.—This section may be cited as the
24 "Real Education and Access for Healthy Youth Act of
25 2024".

1 (b) DEFINITIONS.—In this section:
2 (1) AGE AND DEVELOPMENTALLY APPRO-
3 PRIATE.—The term ''age and developmentally appro-
4 priate'' means topics, messages, and teaching meth-
5 ods suitable to particular ages, age groups, or devel-
6 opmental levels, based on cognitive, emotional, so-
7 cial, and behavioral capacity of most young people at
8 that age level.
9 (2) CONSENT.—The term ''consent'' means af-
10 firmative, conscious, and voluntary agreement to en-
11 gage in interpersonal, physical, or sexual activity.
12 (3) CULTURALLY RESPONSIVE.—The term ''cul-
13 turally responsive'' means education and services
14 that—
15 (A) embrace and actively engage and ad-
16 just to young people and their various cultural
17 identities;
18 (B) recognize the ways in which many
19 marginalized young people face unique barriers
20 in society that result in increased adverse
21 health outcomes and associated stereotypes; and
22 (C) may address the ways in which racism
23 has shaped national health care policy, the last-
24 ing historical trauma associated with reproduc-
25 tive health experiments and forced sterilizations

1 of Black, Latine, and Indigenous communities,
2 or sexual stereotypes assigned to young People
3 of Color or LGBTQ+ people.

4 (4) EVIDENCE-INFORMED.—The term ''evi-
5 dence-informed'' means incorporates characteristics,
6 content, or skills that have been proven to be effec-
7 tive through evaluation in changing sexual behavior.

8 (5) GENDER EXPRESSION.—The term ''gender
9 expression'' means the expression of one's gender,
10 such as through behavior, clothing, haircut, or voice,
11 and which may or may not conform to socially de-
12 fined behaviors and characteristics typically associ-
13 ated with being either masculine or feminine.

14 (6) GENDER IDENTITY.—The term ''gender
15 identity'' means the gender-related identity, appear-
16 ance, mannerisms, or other gender-related character-
17 istics of an individual, regardless of the individual's
18 designated sex at birth.

19 (7) INCLUSIVE.—The term ''inclusive'' means
20 content and skills that ensure marginalized young
21 people are valued, respected, centered, and sup-
22 ported in sex education instruction and materials.

23 (8) INSTITUTION OF HIGHER EDUCATION.—The
24 term ''institution of higher education'' has the

1 meaning given the term in section 101 of the Higher
2 Education Act of 1965 (20 U.S.C. 1001).
3 (9) INTERPERSONAL VIOLENCE.—The term
4 ''interpersonal violence'' means abuse, assault, bul-
5 lying, dating violence, domestic violence, harassment,
6 intimate partner violence, or stalking.
7 (10) LOCAL EDUCATIONAL AGENCY.—The term
8 ''local educational agency'' has the meaning given
9 the term in section 8101 of the Elementary and Sec-
10 ondary Education Act of 1965 (20 U.S.C. 7801).
11 (11) MARGINALIZED YOUNG PEOPLE.—The
12 term ''marginalized young people'' means young peo-
13 ple who are disadvantaged by underlying structural
14 barriers and social inequities, including young people
15 who are—
16 (A) Black, Indigenous, Latine, Asian
17 American, Native Hawaiian, Pacific Islander,
18 and other People of Color;
19 (B) immigrants;
20 (C) in contact with the foster care system;
21 (D) in contact with the juvenile justice sys-
22 tem;
23 (E) experiencing homelessness;
24 (F) pregnant or parenting;

1 (G) lesbian, gay, bisexual, transgender, or
2 queer;
3 (H) living with HIV;
4 (I) living with disabilities;
5 (J) from families with low-incomes; or
6 (K) living in rural areas.
7 (12) MEDICALLY ACCURATE AND COMPLETE.—
8 The term ''medically accurate and complete'' means
9 that—
10 (A) the information provided through the
11 education is verified or supported by the weight
12 of research conducted in compliance with ac-
13 cepted scientific methods and is published in
14 peer-reviewed journals, where applicable; or
15 (B) the education contains information
16 that leading professional organizations and
17 agencies with relevant expertise in the field rec-
18 ognize as accurate, objective, and complete.
19 (13) RESILIENCE.—The term ''resilience''
20 means the ability to adapt to trauma and tragedy.
21 (14) SECRETARY.—The term ''Secretary''
22 means the Secretary of Health and Human Services.
23 (15) SEX EDUCATION.—The term ''sex edu-
24 cation'' means high quality teaching and learning
25 that—

1 (A) is delivered, to the maximum extent
2 practicable, following the National Sexuality
3 Education Standards of the Future of Sex Ed
4 Initiative;
5 (B) is about a broad variety of topics re-
6 lated to sex and sexuality, including—
7 (i) puberty and adolescent develop-
8 ment;
9 (ii) sexual and reproductive anatomy
10 and physiology;
11 (iii) sexual orientation, gender iden-
12 tity, and gender expression;
13 (iv) contraception, pregnancy, preg-
14 nancy options, and reproduction;
15 (v) HIV and other STIs;
16 (vi) consent and healthy relationships;
17 and
18 (vii) interpersonal violence;
19 (C) explores values and beliefs about such
20 topics; and
21 (D) helps young people in gaining the
22 skills that are needed to navigate relationships
23 and manage one's own sexual health.
24 (16) SEXUAL HEALTH SERVICES.—The term
25 ''sexual health services'' includes—

1 (A) sexual health information, education,
2 and counseling;
3 (B) all methods of contraception approved
4 by the Food and Drug Administration;
5 (C) routine gynecological care, including
6 human papillomavirus (HPV) vaccines and can-
7 cer screenings;
8 (D) pre-exposure prophylaxis or post-expo-
9 sure prophylaxis;
10 (E) substance use and mental health serv-
11 ices;
12 (F) interpersonal violence survivor services;
13 and
14 (G) other pregnancy and STI prevention,
15 care, or treatment services.
16 (17) SEXUAL ORIENTATION.—The term ''sexual
17 orientation'' means an individual's romantic, emo-
18 tional, or sexual attraction to other people.
19 (18) STATE EDUCATIONAL AGENCY.—The term
20 ''State educational agency'' has the meaning given
21 the term in section 8101 of the Elementary and Sec-
22 ondary Education Act of 1965 (20 U.S.C. 7801).
23 (19) TRAUMA.—The term ''trauma'' means a
24 response to an event, series of events, or set of cir-
25 cumstances that is experienced or witnessed by an

1 individual or group of people as physically or emo-
2 tionally harmful or life-threatening with lasting ad-
3 verse effects on their functioning and mental, phys-
4 ical, social, emotional, or spiritual well-being.

5 (20) TRAUMA-INFORMED AND RESILIENCE-ORI-
6 ENTED.—The term ''trauma-informed and resil-
7 ience-oriented'' means an approach that realizes the
8 prevalence of trauma, recognizes the various ways
9 individuals, organizations, and communities may re-
10 spond to trauma differently, recognizes that resil-
11 ience can be built, and responds by putting this
12 knowledge into practice.

13 (21) YOUNG PEOPLE.—The term ''young peo-
14 ple'' means individuals who are ages 10 through 29
15 at the time of commencement of participation in a
16 project supported under this section.

17 (22) YOUTH-FRIENDLY SEXUAL HEALTH SERV-
18 ICES.—The term ''youth-friendly sexual health serv-
19 ices'' means sexual health services that are provided
20 in a confidential, equitable, and accessible manner
21 that makes it easy and comfortable for young people
22 to seek out and receive services.

23 (c) GRANTS FOR SEX EDUCATION AT ELEMENTARY
24 AND SECONDARY SCHOOLS AND YOUTH-SERVING ORGA-
25 NIZATIONS.—

1 (1) PROGRAM AUTHORIZED.—The Secretary, in
2 coordination with the Secretary of Education, shall
3 award grants, on a competitive basis, to eligible enti-
4 ties to enable such eligible entities to carry out
5 projects that provide young people with sex edu-
6 cation.

7 (2) DURATION.—Grants awarded under this
8 section shall be for a period of 5 years.

9 (3) ELIGIBLE ENTITY.—In this section, the
10 term ''eligible entity'' means a public or private enti-
11 ty that delivers evidence-based sex education to
12 young people.

13 (4) APPLICATIONS.—An eligible entity desiring
14 a grant under this section shall submit an applica-
15 tion to the Secretary at such time, in such manner,
16 and containing such information as the Secretary
17 may require.

18 (5) PRIORITY.—In awarding grants under this
19 section, the Secretary shall give priority to eligible
20 entities that are—

21 (A) State educational agencies or local
22 educational agencies; or

23 (B) Indian Tribes or Tribal organizations,
24 as defined in section 4 of the Indian Self-Deter-

1 mination and Education Assistance Act (25
2 U.S.C. 5304).
3 (6) USE OF FUNDS.—Each eligible entity that
4 receives a grant under this section shall use the
5 grant funds to carry out a project that provides
6 young people with sex education.
7 (d) GRANTS FOR SEX EDUCATION AT INSTITUTIONS
8 OF HIGHER EDUCATION.—
9 (1) PROGRAM AUTHORIZED.—The Secretary, in
10 coordination with the Secretary of Education, shall
11 award grants, on a competitive basis, to institutions
12 of higher education or consortia of such institutions
13 to enable such institutions to provide students with
14 age and developmentally appropriate sex education.
15 (2) DURATION.—Grants awarded under this
16 section shall be for a period of 5 years.
17 (3) APPLICATIONS.—An institution of higher
18 education or consortium of such institutions desiring
19 a grant under this section shall submit an applica-
20 tion to the Secretary at such time, in such manner,
21 and containing such information as the Secretary
22 may require.
23 (4) PRIORITY.—In awarding grants under this
24 section, the Secretary shall give priority to an insti-
25 tution of higher education that—

1 (A) has an enrollment of needy students,
2 as defined in section 318(b) of the Higher Edu-
3 cation Act of 1965 (20 U.S.C. 1059e(b));
4 (B) is a Hispanic-serving institution, as
5 defined in section 502(a) of such Act (20
6 U.S.C. 1101a(a));
7 (C) is a Tribal College or University, as
8 defined in section 316(b) of such Act (20
9 U.S.C. 1059c(b));
10 (D) is an Alaska Native-serving institution,
11 as defined in section 317(b) of such Act (20
12 U.S.C. 1059d(b));
13 (E) is a Native Hawaiian-serving institu-
14 tion, as defined in section 317(b) of such Act
15 (20 U.S.C. 1059d(b));
16 (F) is a Predominantly Black Institution,
17 as defined in section 318(b) of such Act (20
18 U.S.C. 1059e(b));
19 (G) is a Native American-serving, non-
20 tribal institution, as defined in section 319(b)
21 of such Act (20 U.S.C. 1059f(b));
22 (H) is an Asian American and Native
23 American Pacific Islander-serving institution, as
24 defined in section 320(b) of such Act (20
25 U.S.C. 1059g(b)); or

1 (I) is a minority institution, as defined in
2 section 365 of such Act (20 U.S.C. 1067k),
3 with an enrollment of needy students, as de-
4 fined in section 312 of such Act (20 U.S.C.
5 1058).
6 (5) USES OF FUNDS.—An institution of higher
7 education or consortium of such institutions receiv-
8 ing a grant under this section shall use grant funds
9 to develop and implement a project to integrate sex
10 education into the institution of higher education in
11 order to reach a large number of students, by car-
12 rying out 1 or more of the following activities:
13 (A) Adopting and incorporating age and
14 developmentally appropriate sex education into
15 student orientation, general education, or
16 courses.
17 (B) Developing or adopting and imple-
18 menting educational programming outside of
19 class that delivers age and developmentally ap-
20 propriate sex education to students.
21 (C) Developing or adopting and imple-
22 menting innovative technology-based approaches
23 to deliver age and developmentally appropriate
24 sex education to students.

1 (D) Developing or adopting and imple-
2 menting peer-led activities to generate discus-
3 sion, educate, and raise awareness among stu-
4 dents about age and developmentally appro-
5 priate sex education.

6 (E) Developing or adopting and imple-
7 menting policies and practices to link students
8 to sexual health services.

9 (e) GRANTS FOR EDUCATOR TRAINING.—

10 (1) PROGRAM AUTHORIZED.—The Secretary, in
11 coordination with the Secretary of Education, shall
12 award grants, on a competitive basis, to eligible enti-
13 ties to enable such eligible entities to carry out the
14 activities described in paragraph (5).

15 (2) DURATION.—Grants awarded under this
16 section shall be for a period of 5 years.

17 (3) ELIGIBLE ENTITY.—In this section, the
18 term ''eligible entity'' means—

19 (A) a State educational agency or local
20 educational agency;

21 (B) an Indian Tribe or Tribal organiza-
22 tion, as defined in section 4 of the Indian Self-
23 Determination and Education Assistance Act
24 (25 U.S.C. 5304);

25 (C) a State or local department of health;

1 (D) an educational service agency, as de-
2 fined in section 8101 of the Elementary and
3 Secondary Education Act of 1965 (20 U.S.C.
4 7801);
5 (E) a nonprofit institution of higher edu-
6 cation or a consortium of such institutions; or
7 (F) a national or statewide nonprofit orga-
8 nization or consortium of nonprofit organiza-
9 tions that has as its primary purpose the im-
10 provement of provision of sex education through
11 training and effective teaching of sex education.
12 (4) APPLICATION.—An eligible entity desiring a
13 grant under this section shall submit an application
14 to the Secretary at such time, in such manner, and
15 containing such information as the Secretary may
16 require.
17 (5) AUTHORIZED ACTIVITIES.—
18 (A) REQUIRED ACTIVITY.—Each eligible
19 entity receiving a grant under this section shall
20 use grant funds for professional development
21 and training of relevant teachers, health edu-
22 cators, faculty, administrators, and staff, in
23 order to increase effective teaching of sex edu-
24 cation to young people.

1 (B) PERMISSIBLE ACTIVITIES.—Each eligi-
2 ble entity receiving a grant under this section
3 may use grant funds to—
4 (i) provide training and support for
5 educators about the content, skills, and
6 professional disposition needed to imple-
7 ment sex education effectively;
8 (ii) develop and provide training and
9 support to educators on incorporating anti-
10 racist and gender inclusive policies and
11 practices in sex education;
12 (iii) support the dissemination of in-
13 formation on effective practices and re-
14 search findings concerning the teaching of
15 sex education;
16 (iv) support research on—
17 (I) effective sex education teach-
18 ing practices; and
19 (II) the development of assess-
20 ment instruments and strategies to
21 document—
22 (aa) young people's under-
23 standing of sex education; and
24 (bb) the effects of sex edu-
25 cation;

1 (v) convene conferences on sex edu-
2 cation, in order to effectively train edu-
3 cators in the provision of sex education;
4 and
5 (vi) develop and disseminate appro-
6 priate research-based materials to foster
7 sex education.
8 (C) SUBGRANTS.—Each eligible entity re-
9 ceiving a grant under this section may award
10 subgrants to nonprofit organizations that pos-
11 sess a demonstrated record of providing train-
12 ing to teachers, health educators, faculty, ad-
13 ministrators, and staff on sex education to—
14 (i) train educators in sex education;
15 (ii) support internet or distance learn-
16 ing related to sex education;
17 (iii) promote rigorous academic stand-
18 ards and assessment techniques to guide
19 and measure student performance in sex
20 education;
21 (iv) encourage replication of best
22 practices and model programs to promote
23 sex education;

1 (v) develop and disseminate effective,
2 research-based sex education learning ma-
3 terials; or
4 (vi) develop academic courses on the
5 pedagogy of sex education at institutions
6 of higher education.
7 (f) AUTHORIZATION OF GRANTS TO SUPPORT THE
8 DELIVERY OF SEXUAL HEALTH SERVICES TO
9 MARGINALIZED YOUNG PEOPLE.—
10 (1) PROGRAM AUTHORIZED.—The Secretary
11 shall award grants, on a competitive basis, to eligible
12 entities to enable such entities to provide youth-
13 friendly sexual health services to marginalized young
14 people.
15 (2) DURATION.—Grants awarded under this
16 section shall be for a period of 5 years.
17 (3) ELIGIBLE ENTITY.—In this section, the
18 term ''eligible entity'' means—
19 (A) a public or private youth-serving orga-
20 nization; or
21 (B) a covered entity, as defined in section
22 340B of the Public Health Service Act (42
23 U.S.C. 256b).
24 (4) APPLICATIONS.—An eligible entity desiring
25 a grant under this section shall submit an applica-

1 tion to the Secretary at such time, in such manner,
2 and containing such information as the Secretary
3 may require.

4 (5) USES OF FUNDS.—Each eligible entity that
5 receives a grant under this section may use the
6 grant funds to—

7 (A) develop and implement an evidence-in-
8 formed project to deliver sexual health services
9 to marginalized young people;

10 (B) establish, alter, or modify staff posi-
11 tions, service delivery policies and practices,
12 service delivery locations, service delivery envi-
13 ronments, service delivery schedules, or other
14 services components in order to increase youth-
15 friendly sexual health services to marginalized
16 young people;

17 (C) conduct outreach to marginalized
18 young people to invite them to participate in
19 the eligible entity's sexual health services and to
20 provide feedback to inform improvements in the
21 delivery of such services;

22 (D) establish and refine systems of referral
23 to connect marginalized young people to other
24 sexual health services and supportive services;

1 (E) establish partnerships and collabora-
2 tions with entities providing services to
3 marginalized young people to link such young
4 people to sexual health services, such as by de-
5 livering health services at locations where they
6 congregate, providing transportation to loca-
7 tions where sexual health services are provided,
8 or other linkages to services approaches;
9 (F) provide evidence-informed, comprehen-
10 sive in scope, confidential, equitable, accessible,
11 medically accurate and complete, age and devel-
12 opmentally appropriate, culturally responsive,
13 and trauma-informed and resilience-oriented
14 sexual health information to marginalized
15 young people in the languages and cultural con-
16 texts that are most appropriate for the
17 marginalized young people to be served by the
18 eligible entity;
19 (G) promote effective communication re-
20 garding sexual health among marginalized
21 young people; and
22 (H) provide training and support for eligi-
23 ble entity personnel and community members
24 who work with marginalized young people about
25 the content, skills, and professional disposition

1 needed to provide youth-friendly sex education
2 and youth-friendly sexual health services.
3 (g) REPORTING AND IMPACT EVALUATION.—
4 (1) GRANTEE REPORT TO SECRETARY.—For
5 each year a grantee receives grant funds under sub-
6 section (c), (d), (e), or (f) the grantee shall submit
7 to the Secretary a report that includes—
8 (A) a description of the use of grant funds
9 by the grantee;
10 (B) a description of how the use of grant
11 funds has increased the access of young people
12 to sex education or sexual health services; and
13 (C) such other information as the Sec-
14 retary may require.
15 (2) SECRETARY'S REPORT TO CONGRESS.—Not
16 later than 1 year after the date of the enactment of
17 this section, and annually thereafter for a period of
18 5 years, the Secretary shall prepare and submit to
19 Congress a report on the activities funded under this
20 section. The Secretary's report to Congress shall in-
21 clude—
22 (A) a statement of how grants awarded by
23 the Secretary meet the purposes of the grants;
24 and
25 (B) information about—

1 (i) the number of grantees that are
2 receiving grant funds under subsections
3 (c), (d), (e), and (f);
4 (ii) the specific activities supported by
5 grant funds awarded under subsections (c),
6 (d), (e), and (f);
7 (iii) the number of young people
8 served by projects funded under sub-
9 sections (c),(d), and (f), in the aggregate
10 and disaggregated and cross-tabulated by
11 grant program, race and ethnicity, sex,
12 sexual orientation, gender identity, and
13 other characteristics determined by the
14 Secretary (except that such disaggregation
15 or cross-tabulation shall not be required in
16 a case in which the results would reveal
17 personally identifiable information about
18 an individual young person);
19 (iv) the number of teachers, health
20 educators, faculty, school administrators,
21 and staff trained under subsection (e); and
22 (v) the status of the evaluation re-
23 quired under paragraph (3).
24 (3) MULTI-YEAR EVALUATION.—

1 (A) IN GENERAL.—Not later than 6
2 months after the date of the enactment of this
3 section, the Secretary shall enter into a contract
4 with a nonprofit organization with experience in
5 conducting impact evaluations to conduct a
6 multi-year evaluation on the impact of the
7 projects funded under subsections (c), (d), (e),
8 and (f) and to report to Congress and the Sec-
9 retary on the findings of such evaluation.
10 (B) EVALUATION.—The evaluation con-
11 ducted under this subsection shall—
12 (i) be conducted in a manner con-
13 sistent with relevant, nationally recognized
14 professional and technical evaluation
15 standards;
16 (ii) use sound statistical methods and
17 techniques relating to the behavioral
18 sciences, including quasi-experimental de-
19 signs, inferential statistics, and other
20 methodologies and techniques that allow
21 for conclusions to be reached;
22 (iii) be carried out by an independent
23 organization that has not received a grant
24 under subsection (c), (d), (e), or (f); and

1 (iv) be designed to provide informa-
2 tion on output measures and outcome
3 measures to be determined by the Sec-
4 retary.

5 (C) REPORT.—Not later than 6 years after
6 the date of enactment of this section, the orga-
7 nization conducting the evaluation under this
8 paragraph shall prepare and submit to the ap-
9 propriate committees of Congress and the Sec-
10 retary an evaluation report. Such report shall
11 be made publicly available, including on the
12 website of the Department of Health and
13 Human Services.

14 (h) NONDISCRIMINATION.—Activities funded under
15 this section shall not discriminate on the basis of actual
16 or perceived sex (including sexual orientation and gender
17 identity), age, parental status, race, color, ethnicity, na-
18 tional origin, disability, or religion. Nothing in this section
19 shall be construed to invalidate or limit rights, remedies,
20 procedures, or legal standards available under any other
21 Federal law or any law of a State or a political subdivision
22 of a State, including the Civil Rights Act of 1964 (42
23 U.S.C. 2000a et seq.), title IX of the Education Amend-
24 ments of 1972 (20 U.S.C. 1681 et seq.), section 504 of
25 the Rehabilitation Act of 1973 (29 U.S.C. 794), the Amer-

1 icans with Disabilities Act of 1990 (42 U.S.C. 12101 et
2 seq.), and section 1557 of the Patient Protection and Af-
3 fordable Care Act (42 U.S.C. 18116).

4 (i) LIMITATION.—No Federal funds provided under
5 this section may be used for sex education or sexual health
6 services that—

7 (1) withhold health-promoting or life-saving in-
8 formation about sexuality-related topics, including
9 HIV;

10 (2) are medically inaccurate or incomplete;

11 (3) promote gender or racial stereotypes or are
12 unresponsive to gender or racial inequities;

13 (4) fail to address the needs of sexually active
14 young people;

15 (5) fail to address the needs of pregnant or par-
16 enting young people;

17 (6) fail to address the needs of survivors of
18 interpersonal violence;

19 (7) fail to address the needs of young people of
20 all physical, developmental, or mental abilities;

21 (8) fail to be inclusive of individuals with vary-
22 ing gender identities, gender expressions, and sexual
23 orientations; or

24 (9) are inconsistent with the ethical imperatives
25 of medicine and public health.

1 (j) AMENDMENTS TO OTHER LAWS.—
2 (1) AMENDMENT TO THE PUBLIC HEALTH
3 SERVICE ACT.—Section 2500 of the Public Health
4 Service Act (42 U.S.C. 300ee) is amended by strik-
5 ing subsections (b) through (d) and inserting the fol-
6 lowing:
7 ''(b) CONTENTS OF PROGRAMS.—All programs of
8 education and information receiving funds under this sub-
9 chapter shall include information about the potential ef-
10 fects of intravenous substance use.''.
11 (2) AMENDMENTS TO THE ELEMENTARY AND
12 SECONDARY EDUCATION ACT OF 1965.—Section 8526
13 of the Elementary and Secondary Education Act of
14 1965 (20 U.S.C. 7906) is amended—
15 (A) by striking paragraphs (3), (5), and
16 (6);
17 (B) by redesignating paragraph (4) as
18 paragraph (3);
19 (C) in paragraph (3), as redesignated by
20 paragraph (2), by inserting ''or'' after the semi-
21 colon; and
22 (D) by redesignating paragraph (7) as
23 paragraph (4).
24 (k) FUNDING.—

1 (1) AUTHORIZATION.—For the purpose of car-
2 rying out this section, there is authorized to be ap-
3 propriated $100,000,000 for each of fiscal years
4 2025 through 2030. Amounts appropriated under
5 this subsection shall remain available until expended.
6 (2) RESERVATIONS OF FUNDS.—
7 (A) IN GENERAL.—The Secretary—
8 (i) shall reserve not more than 30 per-
9 cent of the amount authorized under para-
10 graph (1) for the purposes of awarding
11 grants for sex education at elementary and
12 secondary schools and youth-serving orga-
13 nizations under subsection (c);
14 (ii) shall reserve not more than 10
15 percent of the amount authorized under
16 paragraph (1) for the purpose of awarding
17 grants for sex education at institutions of
18 higher education under subsection (d);
19 (iii) shall reserve not more than 15
20 percent of the amount authorized under
21 paragraph (1) for the purpose of awarding
22 grants for educator training under sub-
23 section (e);
24 (iv) shall reserve not more than 30
25 percent of the amount authorized under

paragraph (1) for the purpose of awarding grants for sexual health services for marginalized youth under subsection (f); and

(v) shall reserve not less than 5 percent of the amount authorized under paragraph (1) for the purpose of carrying out the reporting and impact evaluation required under subsection (g).

(B) RESEARCH, TRAINING, AND TECHNICAL ASSISTANCE.—The Secretary shall reserve not less than 10 percent of the amount authorized under paragraph (1) for expenditures by the Secretary to provide, directly or through a competitive grant process, research, training, and technical assistance, including dissemination of research and information regarding effective and promising practices, providing consultation and resources, and developing resources and materials to support the activities of recipients of grants. In carrying out such functions, the Secretary shall collaborate with a variety of entities that have expertise in sex education and sexual health services standards

1 setting, design, development, delivery, research,
2 monitoring, and evaluation.

3 (3) REPROGRAMMING OF ABSTINENCE ONLY
4 UNTIL MARRIAGE PROGRAM FUNDING.—The unobli-
5 gated balance of funds made available to carry out
6 section 510 of the Social Security Act (42 U.S.C.
7 710) (as in effect on the day before the date of en-
8 actment of this section) are transferred and shall be
9 used by the Secretary to carry out this section. The
10 amounts transferred and made available to carry out
11 this section shall remain available until expended.

12 (4) REPEAL OF ABSTINENCE ONLY UNTIL MAR-
13 RIAGE PROGRAM.—Section 510 of the Social Secu-
14 rity Act (42 U.S.C. 710 et seq.) is repealed.

15 **SEC. 5405. COMPASSIONATE ASSISTANCE FOR RAPE EMER-**
16 **GENCIES.**

17 (a) MEDICARE.—

18 (1) LIMITATION ON PAYMENT.—Section
19 1866(a)(1) of the Social Security Act (42 U.S.C.
20 1395cc(a)(1)), as amended by section 5201(f), is
21 further amended—

22 (A) in subparagraph (W), by moving the
23 indentation 2 ems to the left;

24 (B) in subparagraph (X), by moving the
25 indentation 2 ems to the left;

1 (C) in subparagraph (Y)(ii)(V), by striking
2 ''and'' at the end;
3 (D) in subparagraph (Z)(iii), by striking
4 the period and inserting '', and''; and
5 (E) by inserting after subparagraph (Z)
6 the following new subparagraph:
7 ''(AA) in the case of a hospital or critical access
8 hospital, to adopt and enforce a policy to ensure
9 compliance with the requirements of subsection (l)
10 and to meet the requirements of such subsection.''.
11 (2) ASSISTANCE TO VICTIMS.—Section 1866 of
12 the Social Security Act (42 U.S.C. 1395cc) is
13 amended by adding at the end the following new
14 subsection:
15 ''(l) COMPASSIONATE ASSISTANCE FOR RAPE EMER-
16 GENCIES.—
17 ''(1) IN GENERAL.—For purposes of subsection
18 (a)(1)(AA), a hospital meets the requirements of
19 this subsection if the hospital provides each of the
20 services described in paragraph (2) to each indi-
21 vidual, whether or not eligible for benefits under this
22 title or under any other form of health insurance,
23 who comes to the hospital on or after January 1,
24 2025, and—

1 ‘‘(A) who states to hospital personnel that
2 they are victims of sexual assault;
3 ‘‘(B) who is accompanied by an individual
4 who states to hospital personnel that the indi-
5 vidual is a victim of sexual assault; or
6 ‘‘(C) whom hospital personnel, during the
7 course of treatment and care for the individual,
8 have reason to believe is a victim of sexual as-
9 sault.
10 ‘‘(2) REQUIRED SERVICES DESCRIBED.—For
11 purposes of paragraph (1), the services described in
12 this subparagraph are the following:
13 ‘‘(A) Provision of medically and factually
14 accurate and unbiased written and oral infor-
15 mation about emergency contraception that—
16 ‘‘(i) is written in clear and concise
17 language;
18 ‘‘(ii) is readily comprehensible;
19 ‘‘(iii) includes an explanation that
20 emergency contraceptives—
21 ‘‘(I) have been approved by the
22 Food and Drug Administration for in-
23 dividuals and are a safe and effective
24 way to prevent pregnancy after unpro-

tected intercourse or contraceptive failure if taken in a timely manner;

"(II) are more effective the sooner it is taken; and

"(III) do not cause an abortion and cannot interrupt an established pregnancy;

"(iv) meet such conditions regarding the provision of such information in languages other than English as the Secretary may establish; and

"(v) are provided without regard to the ability of the individual or their family to pay costs associated with the provision of such information to the individual.

"(B) Immediate offer to provide emergency contraception to the individual at the hospital and, in the case that such individual accepts such offer, immediate provision to such individual of such contraception on the same day it is requested without regard to the inability of the individual or their family to pay costs associated with the offer and provision of such contraception.

1 "(C) Development and implementation of a
2 written policy to ensure that an individual is
3 present at the hospital, or on-call, who—

4 "(i) has authority to dispense or pre-
5 scribe emergency contraception, independ-
6 ently, or under a protocol prepared by a
7 physician for the administration of emer-
8 gency contraception at the hospital to a
9 victim of sexual assault; and

10 "(ii) is trained to comply with the re-
11 quirements of this section.

12 "(D) Provision of medically and factually
13 accurate and unbiased written and oral infor-
14 mation and counseling about post-exposure pro-
15 phylaxis (referred to in this paragraph as
16 'PEP') protocol for the prevention of HIV.

17 "(E) Immediate offer to begin PEP to the
18 individual at the hospital except in cases where
19 the medical professional's best judgement is
20 that further evaluation is required or that such
21 a regimen will be substantially detrimental to
22 the health of such individual. Such provision
23 shall be offered regardless of the individual's
24 ability to pay. Hospitals shall be responsible for

1 ensuring adequate supply of PEP medications
2 to provide to patients.
3 "(3) HOSPITAL DEFINED.—For purposes of
4 this paragraph, the term 'hospital' includes a critical
5 access hospital, as defined in section
6 1861(mm)(1).".
7 (b) LIMITATION ON PAYMENT UNDER MEDICAID.—
8 Section 1903(i) of the Social Security Act (42 U.S.C.
9 1396b(i)), as amended by section 4106(b)(2), is further
10 amended—
11 (1) in paragraph (27), by striking "or" after
12 the semicolon;
13 (2) in paragraph (28), by striking the period
14 and inserting "; or"; and
15 (3) by inserting after paragraph (28) the fol-
16 lowing new paragraph:
17 "(29) with respect to any amount expended for
18 care or services furnished under the plan by a hos-
19 pital on or after January 1, 2025, unless such hos-
20 pital meets the requirements specified in section
21 1866(l) for purposes of title XVIII.".
22 **SEC. 5406. MENSTRUAL EQUITY FOR ALL ACT OF 2024.**
23 (a) SHORT TITLE.—This section may be cited as the
24 "Menstrual Equity For All Act of 2024".

1 (b) MENSTRUAL PRODUCTS FOR STUDENTS AT ELE-
2 MENTARY AND SECONDARY SCHOOLS.—
3 (1) IN GENERAL.—Section 4108(5)(C) of the
4 Elementary and Secondary Education Act of 1965
5 (20 U.S.C. 7118(5)(C)) is amended—
6 (A) in clause (vi), by striking ''or'' after
7 the semicolon;
8 (B) in clause (vii), by inserting ''or'' after
9 the semicolon; and
10 (C) by adding at the end the following:
11 ''(viii) provide free menstrual products
12 to students who use menstrual products;''.
13 (2) DEFINITIONS.—Section 4102 of the Ele-
14 mentary and Secondary Education Act of 1965 (20
15 U.S.C. 7112) is amended—
16 (A) by redesignating paragraphs (6)
17 through (8) as paragraphs (7) through (9), re-
18 spectively; and
19 (B) by inserting after paragraph (5) the
20 following:
21 ''(6) MENSTRUAL PRODUCTS.—The term 'men-
22 strual products' means sanitary napkins and tam-
23 pons that conform to applicable industry stand-
24 ards.''.

1 (3) RULEMAKING.—Not later than 1 year after
2 the date of enactment of this section, the Secretary
3 of Education, in consultation with the Secretary of
4 Health and Human Services, shall promulgate rules
5 with respect to the definition of "menstrual prod-
6 ucts" in paragraph (6) of section 4102 of the Ele-
7 mentary and Secondary Education Act of 1965 (20
8 U.S.C. 7112), as amended by paragraph (2).
9 (c) MENSTRUAL PRODUCTS FOR STUDENTS AT IN-
10 STITUTIONS OF HIGHER EDUCATION.—
11 (1) PURPOSE.—The purpose of this subsection
12 is to alleviate—
13 (A) the barriers to academic success faced
14 by many college and graduate students due to
15 the inability of such students to afford to pur-
16 chase menstrual products; and
17 (B) the unique set of burdens that college
18 and graduate students experiencing period pov-
19 erty face that can be compounded by lack of ac-
20 cess to basic needs such as housing, food, trans-
21 portation, and access to physical and mental
22 health services.
23 (2) IN GENERAL.—The Secretary of Education
24 shall establish a program to award grants, on a com-

1 petitive basis, to not less than 4 institutions of high-
2 er education to—
3 (A) support programs that provide free
4 menstrual products to students; and
5 (B) report on best practices of such pro-
6 grams.
7 (3) APPLICATION.—To apply for a grant under
8 this subsection, an institution of higher education
9 shall submit to the Secretary an application in such
10 form, at such time, and containing such information
11 as the Secretary determines appropriate, including
12 an assurance that such grant will be used to carry
13 out the activities described in paragraph (5).
14 (4) COMMUNITY COLLEGES.—Not less than 50
15 percent of the grants awarded under this subsection
16 shall be awarded to community colleges.
17 (5) GRANT USES.—A grant awarded under this
18 subsection may only be used to—
19 (A) carry out or expand activities that
20 fund programs that support direct provision of
21 free menstrual products to students in appro-
22 priate campus locations, including—
23 (i) campus restroom facilities;
24 (ii) wellness centers; and
25 (iii) on-campus residential buildings;

1 (B) report on best practices of such pro-
2 grams;
3 (C) conduct outreach to students to en-
4 courage participation in menstrual equity pro-
5 grams and services;
6 (D) help eligible students apply for and en-
7 roll in local, State, and Federal public assist-
8 ance programs; and
9 (E) coordinate and collaborate with gov-
10 ernment or community-based organizations to
11 carry out the activities described in subpara-
12 graphs (A) through (D).
13 (6) PRIORITY.—In awarding grants under this
14 subsection, the Secretary shall prioritize—
15 (A) institutions with respect to which not
16 less than 25 percent of the enrolled students re-
17 ceive a Federal Pell Grant; and
18 (B) historically Black colleges and univer-
19 sities, Hispanic-serving institutions, Asian
20 American and Native American Pacific Is-
21 lander-serving institutions, and other minority
22 serving institutions.
23 (7) DEFINITIONS.—In this subsection:
24 (A) INSTITUTION OF HIGHER EDU-
25 CATION.—The term "institution of higher edu-

1 cation'' has the meaning given that term in sec-
2 tion 101 of the Higher Education Act of 1965
3 (20 U.S.C. 1001)).

4 (B) MENSTRUAL PRODUCT DEFINED.—
5 The term ''menstrual product'' means a sani-
6 tary napkin or tampon that conforms to indus-
7 try standards.

8 (8) AUTHORIZATION OF APPROPRIATIONS.—
9 There are authorized to be appropriated $5,000,000
10 out of funds appropriated for a fiscal year to the
11 Fund for the Improvement of Postsecondary Edu-
12 cation under section 741 of the Higher Education
13 Act of 1965 (20 U.S.C. 1138) to carry out the grant
14 program under this subsection.

15 (d) MENSTRUAL PRODUCTS FOR INCARCERATED IN-
16 DIVIDUALS AND DETAINEES.—

17 (1) MENSTRUAL PRODUCTS DEFINED.—In this
18 subsection, the term ''menstrual products'' means
19 sanitary napkins and tampons that conform to appli-
20 cable industry standards.

21 (2) REQUIREMENT FOR STATES.—Beginning on
22 the date that is 180 days after the date of the enact-
23 ment of this Act, and annually thereafter, the chief
24 executive officer of each State that receives a grant
25 under subpart 1 of part E of title I of the Omnibus

1 Crime Control and Safe Streets Act of 1968 (34
2 U.S.C. 10151 et seq.) shall submit to the Attorney
3 General a certification, in such form and containing
4 such information as the Attorney General may re-
5 quire, that—

6 (A) all incarcerated individuals and detain-
7 ees in the State have access to menstrual prod-
8 ucts—

9 (i) on demand; and

10 (ii) at no cost to the incarcerated indi-
11 viduals and detainees; and

12 (B) no visitor of an incarcerated individual
13 or detainee of the State is prohibited from vis-
14 iting an incarcerated individual or detainee due
15 to the visitor's use of menstrual products.

16 (3) REDUCTION IN GRANT FUNDING.—In the
17 case of a State of which the chief executive officer
18 fails to submit a certification required under para-
19 graph (2) in a fiscal year, the Attorney General shall
20 reduce the amount that the State would otherwise
21 receive under section 505 of title I of the Omnibus
22 Crime Control and Safe Streets Act of 1968 (34
23 U.S.C. 10156) by 20 percent for the following fiscal
24 year.

1 (4) REALLOCATION.—Amounts not allocated to
2 a State under section 505 of title I of the Omnibus
3 Crime Control and Safe Streets Act of 1968 (34
4 U.S.C. 10156) for a fiscal year pursuant to para-
5 graph (3) shall be reallocated under such section to
6 States that submit certifications under paragraph
7 (2).

8 (5) AVAILABILITY FOR FEDERAL PRISONERS.—
9 The Attorney General shall make rules requiring,
10 and the Director of the Bureau of Prisons shall take
11 such actions as may be necessary to ensure, the dis-
12 tribution and accessibility without charge of men-
13 strual products to prisoners in the custody of the
14 Bureau of Prisons, including any prisoner in a Fed-
15 eral penal or correctional institution, any Federal
16 prisoner in a State penal or correctional institution,
17 and any Federal prisoner in a facility administered
18 by a private detention entity, to ensure that each
19 prisoner who requires menstrual products may re-
20 ceive them in sufficient quantity.

21 (6) AVAILABILITY FOR DETAINEES.—The Sec-
22 retary of Homeland Security shall take such actions
23 as may be necessary to ensure that menstrual prod-
24 ucts are distributed and made accessible to each
25 alien detained by the Secretary of Homeland Secu-

rity, including any alien in a facility administered by a private detention entity, at no expense to the alien.

(e) MENSTRUAL PRODUCTS AVAILABILITY FOR HOMELESS INDIVIDUALS UNDER EMERGENCY FOOD AND SHELTER GRANT PROGRAM.—Subsection (a) of section 316 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11346(a)) is amended—

(1) in paragraph (5), by striking ''and'' at the end;

(2) in paragraph (6), by striking the period at the end and inserting ''; and''; and

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

''(7) guidelines that ensure that amounts provided under the program to private nonprofit organizations and local governments may be used to provide sanitary napkins and tampons that conform to applicable industry standards.''.

(f) MENSTRUAL PRODUCTS COVERED BY MEDICAID.—

(1) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by section 5201, is further amended—

(A) in subsection (a)—

1 (i) in paragraph (32), by striking ‘‘;
2 and’’ and inserting a semicolon;
3 (ii) by redesignating paragraph (33)
4 as paragraph (34); and
5 (iii) by inserting after paragraph (32)
6 the following new paragraph:
7 ‘‘(33) menstrual products (as defined in sub-
8 section (qq)); and’’; and
9 (B) by adding at the end the following new
10 subsection:
11 ‘‘(qq) MENSTRUAL PRODUCTS.—For purposes of
12 subsection (a)(33), the term ‘menstrual products’ means
13 menstrual cups, menstrual discs, menstrual underwear,
14 and sanitary napkins and tampons, that conform to appli-
15 cable industry standards.’’.
16 (2) EFFECTIVE DATE.—
17 (A) IN GENERAL.—Subject to subpara-
18 graph (B), the amendments made by this sub-
19 section shall apply with respect to medical as-
20 sistance furnished during or after the first cal-
21 endar quarter beginning on or after the date
22 that is 1 year after the date of the enactment
23 of this Act.
24 (B) EXCEPTION FOR STATE LEGISLA-
25 TION.—In the case of a State plan under title

1 XIX of the Social Security Act (42 U.S.C. 1396
2 et seq.) that the Secretary of Health and
3 Human Services determines requires State leg-
4 islation in order for the respective plan to meet
5 any requirement imposed by amendments made
6 by this subsection, the respective plan shall not
7 be regarded as failing to comply with the re-
8 quirements of such title solely on the basis of
9 its failure to meet such an additional require-
10 ment before the first day of the first calendar
11 quarter beginning after the close of the first
12 regular session of the State legislature that be-
13 gins after the date of the enactment of this Act.
14 For purposes of the previous sentence, in the
15 case of a State that has a 2-year legislative ses-
16 sion, each year of the session shall be consid-
17 ered to be a separate regular session of the
18 State legislature.

19 (g) MENSTRUAL PRODUCTS FOR EMPLOYEES.—Sec-
20 tion 6 of the Occupational Safety and Health Act of 1970
21 (29 U.S.C. 655) is amended by adding at the end the fol-
22 lowing:

23 "(h) The Secretary shall by rule promulgate a re-
24 quirement that each employer with not less than 100 em-
25 ployees provide menstrual products free of charge for em-

1 ployees of the employer. For purposes of the preceding
2 sentence, 'menstrual products' means sanitary napkins
3 and tampons that conform to applicable industry stand-
4 ards.''.

5 (h) MENSTRUAL PRODUCTS IN FEDERAL BUILD-
6 INGS.—

7 (1) DEFINITIONS.—In this subsection:

8 (A) APPROPRIATE AUTHORITY.—The term
9 ''appropriate authority'' means the head of a
10 Federal agency, the Architect of the Capitol, or
11 any other official authority responsible for the
12 operation of a covered public building.

13 (B) COVERED PUBLIC BUILDING.—

14 (i) IN GENERAL.—The term ''covered
15 public building'' means a public building
16 (as defined in section 3301(a) of title 40,
17 United States Code) that is open to the
18 public and contains a public restroom.

19 (ii) INCLUSIONS.—The term ''covered
20 public building'' includes specified build-
21 ings and grounds (as defined in section
22 6301 of title 40, United States Code) and
23 the Capitol Buildings (as defined in section
24 5101 of that title).

1 (C) COVERED RESTROOM.—The term ''cov-
2 ered restroom'' means a restroom in a covered
3 public building.
4 (D) MENSTRUAL PRODUCTS.—The term
5 ''menstrual products'' means sanitary napkins
6 and tampons that conform to applicable indus-
7 try standards.
8 (2) REQUIREMENT.—Each appropriate author-
9 ity shall ensure that menstrual products are stocked
10 in, and available free of charge in, each covered rest-
11 room in each covered public building under the juris-
12 diction of that authority.
13 (i) MENSTRUAL PRODUCTS IN THE SOCIAL SERVICES
14 BLOCK GRANT PROGRAM.—
15 (1) INCREASE IN FUNDING FOR SOCIAL SERV-
16 ICES BLOCK GRANT PROGRAM.—
17 (A) IN GENERAL.—The amount specified
18 in subsection (c) of section 2003 of the Social
19 Security Act (42 U.S.C. 1397b) for purposes of
20 subsections (a) and (b) of such section is
21 deemed to be $1,900,000,000 for each of fiscal
22 years 2025 through 2028, of which, the amount
23 equal to $200,000,000, reduced by the amounts
24 reserved under subparagraph (B)(ii) for each

1 such fiscal year, shall be obligated by States in
2 accordance with paragraph (2).
3 (B) APPROPRIATION.—
4 (i) IN GENERAL.—Out of any money
5 in the Treasury of the United States not
6 otherwise appropriated, there is appro-
7 priated $200,000,000 for each of fiscal
8 years 2025 through 2028, to carry out this
9 subsection.
10 (ii) RESERVATIONS.—
11 (I) PURPOSES.—The Secretary
12 shall reserve, from the amount appro-
13 priated under clause (i) to carry out
14 this subsection—
15 (aa) for each of fiscal years
16 2025 through 2028, not more
17 than 2 percent of the amount ap-
18 propriated for the fiscal year for
19 purposes of entering into an
20 agreement with an eligible entity
21 described in clause (iii) to assist
22 in providing technical assistance
23 and training, to support effective
24 policy, practice, research, and
25 cross-system collaboration among

1 grantees and subgrantees, and to
2 assist in the administration of
3 the program described in this
4 subsection; and
5 (bb) for fiscal year 2025, an
6 amount, not to exceed
7 $2,000,000, for purposes of con-
8 ducting an evaluation under
9 paragraph (4).
10 (II) NO STATE ENTITLEMENT TO
11 RESERVED FUNDS.—The State enti-
12 tlement under section 2002(a) of the
13 Social Security Act (42 U.S.C.
14 1397a(a)) shall not apply to the
15 amounts reserved under subclause (I).
16 (iii) ELIGIBLE ENTITY DESCRIBED.—
17 An eligible entity described in this clause is
18 a nonprofit organization described in sec-
19 tion 501(c)(3) of the Internal Revenue
20 Code of 1986 and exempt from taxation
21 under section 501(a) of such Code, that—
22 (I) has experience in more than 1
23 State in the area of community dis-
24 tributions of basic need services, in-
25 cluding experience collecting,

1 warehousing, and distributing basic
2 necessities such as menstrual prod-
3 ucts;
4 (II) demonstrates competency to
5 implement a project, provide fiscal ac-
6 countability, collect data, and prepare
7 reports and other necessary docu-
8 mentation; and
9 (III) demonstrates a willingness
10 to share information with researchers,
11 practitioners, and other interested
12 parties.
13 (2) RULES GOVERNING USE OF ADDITIONAL
14 FUNDS.—
15 (A) IN GENERAL.—Funds are used in ac-
16 cordance with this paragraph if—
17 (i) the State, in consultation with rel-
18 evant stakeholders, including agencies, pro-
19 fessional associations, and nonprofit orga-
20 nizations, distributes the funds to eligible
21 entities to—
22 (I) decrease the unmet need for
23 menstrual products by low-income
24 menstruating individuals through—

1 (aa) the distribution of free
2 menstrual products;
3 (bb) community outreach to
4 assist in participation in existing
5 menstrual product distribution
6 programs; or
7 (cc) improving access to
8 menstrual products among low-
9 income individuals; and
10 (II) increase the ability of com-
11 munities and low-income families in
12 such communities to provide for the
13 need for menstrual products of low-in-
14 come adults; and
15 (ii) the funds are used subject to the
16 limitations in section 2005 of the Social
17 Security Act (42 U.S.C. 1397d).
18 (B) ALLOWABLE USES BY ELIGIBLE ENTI-
19 TIES.—
20 (i) IN GENERAL.—An eligible entity
21 receiving funds made available under para-
22 graph (1) shall use the funds for any of
23 the following:

1 (I) To pay for the purchase and
2 distribution of menstrual products
3 among low-income individuals.
4 (II) To integrate activities car-
5 ried out under subclause (I) with
6 other basic needs assistance programs
7 serving low-income families, including
8 the following:
9 (aa) Programs funded by
10 the temporary assistance for
11 needy families program under
12 part A of title IV of the Social
13 Security Act (42 U.S.C. 601 et
14 seq.), including the State mainte-
15 nance of effort provisions of such
16 program.
17 (bb) Programs designed to
18 support the health of eligible chil-
19 dren, such as the Children's
20 Health Insurance Program under
21 title XXI of the Social Security
22 Act, the Medicaid program under
23 title XIX of such Act, or State
24 funded health care programs.

1 (cc) Programs funded
2 through the special supplemental
3 nutrition program for women, in-
4 fants, and children under section
5 17 of the Child Nutrition Act of
6 1966.
7 (dd) Programs that offer
8 early home visiting services, in-
9 cluding the maternal, infant, and
10 early childhood home visiting
11 program (including the Tribal
12 home visiting program) under
13 section 511 of the Social Security
14 Act (42 U.S.C. 711).
15 (III) To provide training or tech-
16 nical assistance in carrying out activi-
17 ties under this subsection.
18 (IV) To cover administrative
19 costs.
20 (ii) LIMITATION ON USE OF FUNDS
21 FOR ADMINISTRATIVE COSTS.—An eligible
22 entity receiving funds made available under
23 this subsection shall not use more than 9
24 percent of the funds for administrative
25 costs incurred pursuant to this subsection.

1 (C) AVAILABILITY OF FUNDS.—

2 (i) FUNDS DISTRIBUTED TO ELIGIBLE
3 ENTITIES.—Funds made available under
4 paragraph (1) that are distributed to an el-
5 igible entity by a State for a fiscal year
6 may be expended by the eligible entity only
7 in such fiscal year or the succeeding fiscal
8 year.

9 (ii) EVALUATION.—Funds reserved
10 under paragraph (1)(B)(ii)(I)(aa) to carry
11 out the evaluation under paragraph (4)
12 shall be available for expenditure through
13 September 30, 2029.

14 (D) NO EFFECT ON OTHER PROGRAMS.—
15 Any assistance or benefits received by a family
16 through funds made available under paragraph
17 (1) shall be disregarded for purposes of deter-
18 mining the family's eligibility for, or amount of,
19 benefits under any other Federal needs-based
20 programs.

21 (3) ANNUAL REPORTS.—Section 2004 of the
22 Social Security Act shall apply with respect to pay-
23 ments made to a State under this section in the
24 same way it applies with respect to payments made
25 to a State under section 2002 of such Act.

1 (4) EVALUATION.—The Secretary, in consulta-
2 tion with States, the eligible entities described in
3 paragraph (1)(B)(iii) receiving funds made available
4 under this subsection, shall—
5 (A) not later than December 30, 2031,
6 complete an evaluation of the effectiveness of
7 the assistance program carried out pursuant to
8 this subsection, such as the effect of activities
9 carried out under this Act on mitigating the
10 health risks of unmet menstrual products need
11 among individuals in low-income families;
12 (B) not later than March 31, 2032, submit
13 to the Committees on Energy and Commerce
14 and on Ways and Means of the House of Rep-
15 resentatives and the Committee on Finance of
16 the Senate a report on the results of the evalua-
17 tion; and
18 (C) not later than April 30, 2032, publish
19 the results of the evaluation on the internet
20 website of the Department of Health and
21 Human Services.
22 (5) GUIDANCE.—Not later than 180 days after
23 the date of the enactment of this Act, the Secretary
24 shall issue guidance regarding how the provisions of
25 this subsection should be carried out, including in-

1 formation regarding eligible entities, allowable use of
2 funds, and reporting requirements.
3 (6) BEST PRACTICES.—The Secretary of Health
4 and Human Services, in cooperation with the Sec-
5 retary of Education, shall develop best practices for
6 school officials to use in discussing menstruation
7 with students, and shall publish this information on
8 the internet website of the Department of Health
9 and Human Services.
10 (7) DEFINITIONS.—In this subsection:
11 (A) MENSTRUAL PRODUCTS.—The term
12 ''menstrual products'' means menstrual cups,
13 menstrual discs, menstrual underwear, and san-
14 itary napkins and tampons, that conform to ap-
15 plicable industry standards.
16 (B) ELIGIBLE ENTITIES.—The term ''eligi-
17 ble entity'' means a State or local governmental
18 entity, an Indian tribe or tribal organization (as
19 defined in section 4 of the Indian Self-Deter-
20 mination and Education Assistance Act), or a
21 nonprofit organization described in section
22 501(c)(3) of the Internal Revenue Code of 1986
23 and exempt from taxation under section 501(a)
24 of such Code that—

1 (i) has experience in the area of com-
2 munity distributions of basic need services,
3 including experience collecting,
4 warehousing, and distributing basic neces-
5 sities such as diapers, food, or menstrual
6 products;
7 (ii) demonstrates competency to im-
8 plement a project, provide fiscal account-
9 ability, collect data, and prepare reports
10 and other necessary documentation; and
11 (iii) demonstrates a willingness to
12 share information with researchers, practi-
13 tioners, and other interested parties.
14 (C) STATE.—The term ''State'' has the
15 meaning given in section 1101(a)(1) of the So-
16 cial Security Act for purposes of title XX of
17 such Act.
18 (8) LIMITATION ON AUTHORIZATION OF APPRO-
19 PRIATIONS.—For the administration of this sub-
20 section, there are authorized to be appropriated to
21 the Secretary of Health and Human Services not
22 more than $6,000,000 for fiscal years 2025 through
23 2028.
24 (9) EXEMPTION FROM SEQUESTRATION.—
25 Funds made available to carry out this subsection

1 shall be exempt from reduction under any order
2 issued under the Balanced Budget and Emergency
3 Deficit Control Act of 1985.
4 (j) MENSTRUAL PRODUCTS AND TAXATION.—
5 (1) IN GENERAL.—It shall be unlawful for a
6 State, or unit of local government of a State, to im-
7 pose a tax on the retail sale of a menstrual product.
8 (2) DEFINITIONS.—For purposes of this sub-
9 section:
10 (A) MENSTRUAL PRODUCT.—The term
11 "menstrual products" means menstrual cups,
12 menstrual discs, menstrual underwear, and san-
13 itary napkins and tampons, that conform to ap-
14 plicable industry standards.
15 (B) STATE.—The term "State" means any
16 of the several States or the District of Colum-
17 bia.
18 (3) EFFECTIVE DATE.—This subsection shall
19 take effect 120 days after the date of the enactment
20 of this subsection.
21 (k) MENSTRUAL PRODUCTS IN TANF.—
22 (1) IN GENERAL.—Section 403(a) of the Social
23 Security Act (42 U.S.C. 603(a)) is amended by add-
24 ing at the end the following:
25 "(6) GRANTS FOR MENSTRUAL PRODUCTS.—

1 "(A) IN GENERAL.—The Secretary may
2 make grants, on a competitive basis, for each
3 fiscal year to eligible applicants for the grants,
4 in such amounts as the Secretary deems appro-
5 priate to enable the eligible applicants to pro-
6 vide, to covered families that include an indi-
7 vidual who is capable of menstruating, such
8 benefits as are needed to ensure that the indi-
9 vidual can purchase menstrual products for per-
10 sonal use.

11 "(B) DEFINITIONS.—In subparagraph (A):

12 "(i) COVERED FAMILIES.—The term
13 'covered families' means families eligible
14 for assistance under a State program fund-
15 ed under this part.

16 "(ii) ELIGIBLE APPLICANT.—The
17 term 'eligible applicant' means—

18 "(I) a State to which a grant is
19 made under paragraph (1) for a fiscal
20 year; and

21 "(II) a political subdivision of a
22 State that administers the State pro-
23 gram funded under this part in the
24 political subdivision.

1 "(iii) MENSTRUAL PRODUCTS.—The
2 term 'menstrual products' means men-
3 strual cups, menstrual discs, menstrual un-
4 derwear, and sanitary napkins and tam-
5 pons, that conform to applicable industry
6 standards.

7 "(C) CONSIDERATION OF APPLICATIONS.—
8 The Secretary shall award grants under this
9 paragraph on the basis of how effectively the
10 programs proposed by the eligible applicants
11 will help low-income individuals suffering from
12 material deprivation meet their need for men-
13 strual products.

14 "(D) ADMINISTRATION.—A State or polit-
15 ical subdivision to which a grant is made under
16 this paragraph may use the grant to provide
17 benefits under this paragraph in such form and
18 in such manner as the State or political subdivi-
19 sion deems appropriate.

20 "(E) TREATMENT OF ASSISTANCE.—Bene-
21 fits provided using funds made available under
22 this paragraph shall not be considered assist-
23 ance under any State program funded under
24 this part.

1 "(F) APPROPRIATION.—Out of any money
2 in the Treasury of the United States not other-
3 wise appropriated, there are appropriated for
4 fiscal year 2025 and each succeeding fiscal year
5 $10,000,000 for grants under this paragraph.".
6 (2) EVALUATIONS.—Section 413 of such Act
7 (42 U.S.C. 613) is amended by redesignating sub-
8 section (h) as subsection (i) and inserting after sub-
9 section (g) the following:
10 "(h) EVALUATIONS OF GRANTS FOR MENSTRUAL
11 PRODUCTS.—
12 "(1) IN GENERAL.—The Secretary shall submit
13 to the Congress reports, in writing, that evaluate the
14 effectiveness of the benefit program provided for in
15 section 403(a)(6). Each such report shall, for the
16 period covered by the report—
17 "(A) describe—
18 "(i) the extent of material deprivation
19 in the population, including lacking suffi-
20 cient funds to regularly purchase neces-
21 sities such as menstrual products; and
22 "(ii) the extent to which the program
23 alleviated such material deprivation;
24 "(B) specify the number and identity of
25 the entities to which a grant has been made

1 under such section, and the amount of the
2 grant made to each such entity;
3 "(C) describe how the grantees used the
4 grants to provide benefits under the program;
5 "(D) specify the number of individuals who
6 received the benefits;
7 "(E) describe how efficacious the program
8 has been in helping low-income individuals meet
9 their need for menstrual products;
10 "(F) describe the extent to which the pro-
11 gram has improved the economic security of the
12 benefit recipients; and
13 "(G) include such other relevant informa-
14 tion as the Secretary deems appropriate.
15 "(2) TIMING.—The Secretary shall submit a re-
16 port that meets the requirements of paragraph (1)
17 within 2 years after the date of the enactment of
18 this paragraph and every 2 years thereafter.".

19 **SEC. 5407. ADDITIONAL FOCUS AREA FOR THE OFFICE ON**
20 **WOMEN'S HEALTH.**

21 Section 229(b) of the Public Health Service Act (42
22 U.S.C. 237a(b)), as amended by sections 5215 and 5301,
23 is further amended by adding at the end the following:
24 "(10) facilitate the understanding of policy-
25 makers, health system leaders and providers, con-

1 sumers, and other stakeholders concerning optimal
2 maternity care and support for the provision of such
3 care, including the priorities of—

4 ‘‘(A) protecting, promoting, and supporting
5 the innate capacities of childbearing individuals
6 and their newborns for childbirth,
7 breastfeeding, and attachment;

8 ‘‘(B) using obstetric interventions only
9 when such interventions are supported by
10 strong, high-quality evidence, and minimizing
11 overuse of maternity practices that have been
12 shown to have benefit in limited situations and
13 that can expose people, infants, or both to risk
14 of harm if used routinely and indiscriminately,
15 including overuse of continuous electronic fetal
16 monitoring, labor induction, epidural analgesia,
17 primary cesarean section, and routine repeat ce-
18 sarean birth;

19 ‘‘(C) reliably incorporating noninvasive,
20 evidence-based practices that have a docu-
21 mented correlation with considerable improve-
22 ment in outcomes with no detrimental side ef-
23 fects, such as incorporation of smoking ces-
24 sation programs in pregnancy, maternal immu-
25 nizations, and proven models (including group

1 prenatal care, midwifery care, and doula sup-
2 port) that integrate health assessment, edu-
3 cation, and support into a unified program, and
4 supporting evidence-based breastfeeding pro-
5 motion efforts with respect for a breastfeeding
6 individual's personal decisionmaking;

7 ''(D) a shared understanding of the quali-
8 fications of licensed providers of maternity care
9 and the best evidence about the safety, satisfac-
10 tion, outcomes, and costs of maternity care, and
11 appropriate deployment of such caregivers with-
12 in the maternity care workforce to address the
13 needs of childbearing individuals and newborns
14 and the growing shortage of maternity care-
15 givers;

16 ''(E) a shared understanding of the results
17 of the best available research comparing hos-
18 pital, birth center, and planned home births, in-
19 cluding information about each setting's safety,
20 satisfaction, outcomes, and costs;

21 ''(F) a shared understanding of the impor-
22 tance for the safety and choices of birthing
23 families of an integrated maternity care system
24 with seamless processes for consultation, shared
25 care, transfer and transport across maternity

1 care settings, and use of providers when birth-
2 ing people and their newborns require a higher
3 level of care;
4 ''(G) advancing high-quality, evidence-
5 based childbirth education that—
6 ''(i) promotes a healthy and safe ap-
7 proach to pregnancy, childbirth, and early
8 parenting;
9 ''(ii) is taught by certified educators,
10 peer counselors, and health professionals;
11 and
12 ''(iii) promotes informed decision-
13 making by childbearing individuals; and
14 ''(H) developing measures that enable a
15 more robust, balanced set of standardized ma-
16 ternity care measures, including performance
17 and quality measures.''.

18 **SEC. 5408. INCLUDING SERVICES FURNISHED BY CERTAIN**
19 **STUDENTS, INTERNS, AND RESIDENTS SU-**
20 **PERVISED BY CERTIFIED NURSE MIDWIVES**
21 **OR CERTIFIED MIDWIVES WITHIN INPATIENT**
22 **HOSPITAL SERVICES UNDER MEDICARE.**

23 (a) IN GENERAL.—Section 1861(b) of the Social Se-
24 curity Act (42 U.S.C. 1395x(b)) is amended—

1 (1) in paragraph (6), by striking ''; or'' at the
2 end and inserting '', or in the case of services in a
3 hospital or osteopathic hospital by a student midwife
4 or an intern or resident-in-training under a teaching
5 program previously described in this paragraph who
6 is in the field of obstetrics and gynecology, if such
7 student midwife, intern, or resident-in-training is su-
8 pervised by a certified nurse-midwife or certified
9 midwife to the extent permitted under applicable
10 State law and as may be authorized by the hos-
11 pital;'';
12 (2) in paragraph (7), by striking the period at
13 the end and inserting ''; or''; and
14 (3) by adding at the end the following new
15 paragraph:
16 ''(8) a certified nurse-midwife or certified mid-
17 wife where the hospital has a teaching program ap-
18 proved as specified in paragraph (6), if—
19 ''(A) the hospital elects to receive any pay-
20 ment due under this title for reasonable costs of
21 such services; and
22 ''(B) all certified nurse-midwives or cer-
23 tified midwives in such hospital agree not to bill
24 charges for professional services rendered in

1 such hospital to individuals covered under the
2 insurance program established by this title.''.
3 (b) EFFECTIVE DATE.—The amendments made by
4 subsection (a) shall apply to services furnished on or after
5 the date of the enactment of this Act.

6 **SEC. 5409. GRANTS TO PROFESSIONAL ORGANIZATIONS**
7 **AND MINORITY-SERVING INSTITUTIONS TO**
8 **INCREASE DIVERSITY IN MATERNAL, REPRO-**
9 **DUCTIVE, AND SEXUAL HEALTH PROFES-**
10 **SIONALS.**

11 (a) GRANTS TO HEALTH PROFESSIONAL ORGANIZA-
12 TIONS.—
13 (1) IN GENERAL.—The Secretary of Health and
14 Human Services, acting through the Administrator
15 of the Health Resources and Services Administration
16 (referred to in this section as the ''Secretary''), shall
17 carry out a grant program under which the Sec-
18 retary may make to eligible organizations—
19 (A) for fiscal year 2025, planning grants
20 described in paragraph (2); and
21 (B) for the subsequent 4-year period, im-
22 plementation grants described in paragraph (3).
23 (2) PLANNING GRANTS.—

1 (A) IN GENERAL.—Planning grants de-
2 scribed in this paragraph are grants for each of
3 the following purposes:
4 (i) To collect data and identify any
5 workforce inequalities, with respect to a
6 health profession, at each of the following
7 stages along the health professional con-
8 tinuum:
9 (I) Pipeline availability, with re-
10 spect to students at the high school
11 and college or university levels consid-
12 ering, and working toward, entrance
13 in the profession, including inequal-
14 ities due to barriers triggered by
15 criminal records.
16 (II) Entrance into the training
17 program for the profession.
18 (III) Graduation from such train-
19 ing program.
20 (IV) Entrance into practice, in-
21 cluding inequalities due to barriers
22 triggered by criminal records.
23 (V) Retention in practice for
24 more than a 5-year period.

1 (ii) To develop one or more strategies
2 to address the workforce inequalities with-
3 in the health profession, as identified
4 under (and in response to the findings pur-
5 suant to) clause (i).
6 (B) APPLICATION.—To be eligible to re-
7 ceive a grant under this paragraph, an eligible
8 health professional organization shall submit to
9 the Secretary an application in such form and
10 manner and containing such information as
11 specified by the Secretary.
12 (C) AMOUNT.—Each grant awarded under
13 this paragraph shall be for an amount not to
14 exceed $300,000.
15 (D) REPORT.—Each recipient of a grant
16 under this paragraph shall submit to the Sec-
17 retary a report containing—
18 (i) information on the extent and dis-
19 tribution of workforce inequalities identi-
20 fied through the grant; and
21 (ii) reasonable objectives and strate-
22 gies developed to address such inequalities
23 within a 5-, 10-, and 25-year period.
24 (3) IMPLEMENTATION GRANTS.—

1 (A) In general.—Implementation grants
2 described in this paragraph are grants to imple-
3 ment one or more of the strategies developed
4 pursuant to a planning grant awarded under
5 paragraph (2).

6 (B) Application.—To be eligible to re-
7 ceive a grant under this paragraph, an eligible
8 health professional organization shall submit to
9 the Secretary an application in such form and
10 manner as specified by the Secretary. Each
11 such application shall contain information on—

12 (i) the capability of the organization
13 to carry out a strategy described in sub-
14 paragraph (A);

15 (ii) the involvement of partners or
16 coalitions;

17 (iii) the organization's plans for devel-
18 oping sustainability of the implementation
19 efforts after the culmination of the grant
20 cycle; and

21 (iv) any other matter specified by the
22 Secretary.

23 (C) Amount; duration.—Each grant
24 awarded under this paragraph shall be for an
25 amount not to exceed $500,000 for each year of

1 the grant. The term of a grant under this para-
2 graph shall not exceed 4 years.
3 (D) REPORTS.—For each of the first 3
4 years for which an eligible health professional
5 organization is awarded a grant under this
6 paragraph, the organization shall submit to the
7 Secretary a report on the activities carried out
8 by such organization through the grant during
9 such year and objectives for the subsequent
10 year. For the fourth year for which an eligible
11 health professional organization is awarded a
12 grant under this paragraph, the organization
13 shall submit to the Secretary a report that in-
14 cludes an analysis of all the activities carried
15 out by the organization through the grant and
16 a detailed plan for the continuation of the orga-
17 nization's implementation efforts.
18 (4) ELIGIBLE HEALTH PROFESSIONAL ORGANI-
19 ZATION DEFINED.—For purposes of this subsection,
20 the term "eligible health professional organization"
21 means a professional organization representing ob-
22 stetrician-gynecologists, certified nurse midwives,
23 certified midwives, family practice physicians, nurse
24 practitioners whose scope of practice includes preg-
25 nancy-related or sexual and reproductive health care,

1 physician assistants whose scope of practice includes
2 obstetrical or sexual and reproductive health care,
3 certified professional midwives, adolescent medicine
4 specialists who provide sexual and reproductive
5 health care, or pediatricians who provide sexual and
6 reproductive health care.

7 (b) GRANTS TO MINORITY-SERVING INSTITU-
8 TIONS.—

9 (1) IN GENERAL.—The Secretary shall carry
10 out a grant program under which the Secretary may
11 make to eligible minority-serving institutions—

12 (A) for fiscal years 2025 and 2026, plan-
13 ning grants described in paragraph (2); and

14 (B) for the subsequent 10-year period, im-
15 plementation grants described in paragraph (3).

16 (2) PLANNING GRANTS.—

17 (A) IN GENERAL.—Planning grants de-
18 scribed in this paragraph are grants for plans
19 relating to 1 or more of the following purposes:

20 (i) To develop or expand academic
21 programs to educate maternity care clini-
22 cians and maternity care support per-
23 sonnel, including—

1 (I) nurses who have the intention
2 of providing maternity, newborn, or
3 sexual and reproductive health care;
4 (II) nurse practitioners whose
5 scope of practice includes maternity,
6 newborn, or sexual and reproductive
7 health care; and
8 (III) maternity care support per-
9 sonnel, such as doulas and lactation
10 counselors.
11 (ii) To develop or expand academic
12 programs to educate obstetrician-gyne-
13 cologists.
14 (B) APPLICATION.—To be eligible to re-
15 ceive a grant under this paragraph, an eligible
16 minority-serving institution shall submit to the
17 Secretary an application in such form and man-
18 ner and containing such information as speci-
19 fied by the Secretary.
20 (C) AMOUNT.—Each grant awarded under
21 this paragraph shall be for an amount not to
22 exceed $400,000 for each of 2 years.
23 (D) REPORT.—Each recipient of a grant
24 under this paragraph shall submit to the Sec-
25 retary an annual report describing the planned

1 development or expansion of academic pro-
2 grams, including—
3 (i) the types of clinical or support per-
4 sonnel to be served and the degrees or cer-
5 tificates to be conferred;
6 (ii) the associated curricula;
7 (iii) the faculty and their capabilities
8 and commitments, including any plans for
9 recruitment;
10 (iv) the anticipated number of stu-
11 dents to be enrolled and plans for their re-
12 cruitment and social, emotional, and finan-
13 cial support; and
14 (v) the objectives and strategies for
15 addressing inequalities and preparing stu-
16 dents to provide high-quality culturally
17 congruent care.
18 (3) IMPLEMENTATION GRANTS.—
19 (A) IN GENERAL.—Implementation grants
20 described in this paragraph are grants to imple-
21 ment the plans developed under paragraph (2).
22 (B) APPLICATION.—To be eligible to re-
23 ceive a grant under this paragraph, an eligible
24 minority-serving institution shall submit to the
25 Secretary an application in such form and man-

1 ner as specified by the Secretary. Each such ap-
2 plication shall contain information on the capa-
3 bility of the institution to carry out a plan de-
4 scribed in paragraph (2), plans for sustain-
5 ability of the academic program involved after
6 the culmination of the grant cycle, and any
7 other matter specified by the Secretary.

8 (C) AMOUNT.—Each grant under this
9 paragraph shall be for an amount not to exceed
10 $1,000,000 for each year during the 10-year
11 period of the grant.

12 (D) REPORTS.—

13 (i) INITIAL PERIOD.—For each of the
14 first 9 years for which an eligible minority-
15 serving institution is awarded a grant
16 under this paragraph, the institution shall
17 submit a report to the Secretary on the ac-
18 tivities carried out by such institution
19 through the grant during such year and
20 objectives for the subsequent year.

21 (ii) FINAL YEAR.—For the tenth year
22 for which an eligible minority-serving insti-
23 tution is awarded a grant under this para-
24 graph, the organization shall submit to the
25 Secretary a report that includes an anal-

1 ysis of all the activities carried out by the
2 institution through the grant and a de-
3 tailed plan for continuation of the aca-
4 demic program.
5 (4) MINORITY-SERVING INSTITUTION.—For the
6 purposes of this subsection, the term ''minority-serv-
7 ing institution'' means any of the following:
8 (A) A Hispanic-serving institution, as that
9 term is defined in section 502(a) of the Higher
10 Education Act of 1965 (20 U.S.C. 1101a(a)).
11 (B) A Tribal College or University, as that
12 term is defined in section 316(b) of the Higher
13 Education Act of 1965 (20 U.S.C. 1059c(b)).
14 (C) An Alaska Native-serving institution,
15 as that term is defined in section 317(b) of the
16 Higher Education Act of 1965 (20 U.S.C.
17 1059d(b)).
18 (D) A Native Hawaiian-serving institution,
19 as that term is defined in section 317(b) of the
20 Higher Education Act of 1965 (20 U.S.C.
21 1059d(b)).
22 (E) A Predominantly Black Institution, as
23 that term is defined in section 318(b) of the
24 Higher Education Act of 1965 (20 U.S.C.
25 1059e(b)).

(F) A Native American-serving, nontribal institution, as that term is defined in section 319(b) of the Higher Education Act of 1965 (20 U.S.C. 1059f(b)).

(G) An Asian American and Native American Pacific Islander-serving institution, as that term is defined in section 320(b) of the Higher Education Act of 1965 (20 U.S.C. 1059g(b)).

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out—

(1) subsection (a), $2,000,000 for fiscal year 2025 and $3,000,000 for each of the fiscal years 2026 through 2029; and

(2) subsection (b), $4,000,000 for each of fiscal years 2025 and 2026 and $10,000,000 for each of fiscal years 2027 through 2036.

## Subtitle F—Children's Health

### SEC. 5501. CARING FOR KIDS ACT.

(a) PERMANENT EXTENSION OF CHILDREN'S HEALTH INSURANCE PROGRAM.—

(1) IN GENERAL.—Section 2104(a)(28) of the Social Security Act (42 U.S.C. 1397dd(a)(28)) is amended to read as follows:

1 “(28) for fiscal year 2029 and each subsequent
2 year, such sums as are necessary to fund allotments
3 to States under subsections (c) and (m).”.
4 (2) ALLOTMENTS.—
5 (A) IN GENERAL.—Section 2104(m) of the
6 Social Security Act (42 U.S.C. 1397dd(m)) is
7 amended—
8 (i) in paragraph (2)(B)—
9 (I) in the matter preceding clause
10 (i), by striking “through (27)” and in-
11 serting “through (28)”; and
12 (II) in clause (i), by striking
13 “2023, and 2029” and inserting “and
14 2023”;
15 (ii) in paragraph (7)—
16 (I) in subparagraph (A), by strik-
17 ing “and ending with fiscal year
18 2029,”; and
19 (II) in the flush left matter at
20 the end, by striking “fiscal year 2026,
21 or fiscal year 2028” and inserting
22 “fiscal year 2026, or a subsequent
23 even-numbered fiscal year”;
24 (iii) in paragraph (9)—

1 (I) by striking ''(10), or (11)''
2 and inserting ''or (10)''; and
3 (II) by striking ''2023, or 2029,''
4 and inserting ''or 2023''; and
5 (iv) by striking paragraph (11).
6 (B) CONFORMING AMENDMENT.—Section
7 50101(b)(2) of the Bipartisan Budget Act of
8 2018 (Public Law 115–123) is repealed.
9 (b) PERMANENT EXTENSIONS OF OTHER PROGRAMS
10 AND DEMONSTRATION PROJECTS.—
11 (1) PEDIATRIC QUALITY MEASURES PRO-
12 GRAM.—Section 1139A(i)(1) of the Social Security
13 Act (42 U.S.C. 1320b–9a(i)(1)) is amended—
14 (A) in subparagraph (D), by striking '';
15 and'' and inserting a semicolon;
16 (B) in subparagraph (E), by striking the
17 period at the end and inserting ''; and''; and
18 (C) by adding at the end the following new
19 subparagraph:
20 ''(F) for a subsequent fiscal year, the
21 amount appropriated under this paragraph for
22 the previous fiscal year, increased by the per-
23 centage increase in the consumer price index for
24 all urban consumers (all items; United States
25 city average) over such previous fiscal year, for

1 the purpose of carrying out this section (other
2 than subsections (e), (f), and (g)).''.
3 (2) EXPRESS LANE ELIGIBILITY OPTION.—Sec-
4 tion 1902(e)(13) of the Social Security Act (42
5 U.S.C. 1396a(e)(13)) is amended by striking sub-
6 paragraph (I).
7 (3) ASSURANCE OF AFFORDABILITY STANDARD
8 FOR CHILDREN AND FAMILIES.—
9 (A) IN GENERAL.—Section 2105(d)(3) of
10 the Social Security Act (42 U.S.C.
11 1397ee(d)(3)) is amended—
12 (i) in the paragraph heading, by strik-
13 ing ''THROUGH SEPTEMBER 30, 2029''; and
14 (ii) in subparagraph (A), in the mat-
15 ter preceding clause (i)—
16 (I) by striking ''During the pe-
17 riod that begins on the date of enact-
18 ment of the Patient Protection and
19 Affordable Care Act and ends on Sep-
20 tember 30, 2029'' and inserting ''Be-
21 ginning on the date of the enactment
22 of the Patient Protection and Afford-
23 able Care Act'';
24 (II) by striking ''During the pe-
25 riod that begins on October 1, 2019,

1 and ends on September 30, 2029''
2 and inserting ''Beginning on October
3 1, 2019''; and
4 (III) by striking ''The preceding
5 sentences shall not be construed as
6 preventing a State during any such
7 periods from'' and inserting ''The pre-
8 ceding sentences shall not be con-
9 strued as preventing a State from''.
10 (B) CONFORMING AMENDMENTS.—Section
11 1902(gg)(2) of the Social Security Act (42
12 U.S.C. 1396a(gg)(2)) is amended—
13 (i) in the paragraph heading, by strik-
14 ing ''THROUGH SEPTEMBER 30, 2029''; and
15 (ii) by striking ''through September
16 30'' and all that follows through ''ends on
17 September 30, 2029'' and inserting ''(but
18 beginning on October 1, 2019''.
19 (4) QUALIFYING STATES OPTION.—Section
20 2105(g)(4) of the Social Security Act (42 U.S.C.
21 1397ee(g)(4)) is amended—
22 (A) in the paragraph heading, by striking
23 ''FOR FISCAL YEARS 2009 THROUGH 2029'' and
24 inserting ''AFTER FISCAL YEAR 2008''; and

1 (B) in subparagraph (A), by striking ''for
2 any of fiscal years 2009 through 2029'' and in-
3 serting ''for any fiscal year after fiscal year
4 2008''.
5 (5) OUTREACH AND ENROLLMENT PROGRAM.—
6 Section 2113 of the Social Security Act (42 U.S.C.
7 1397mm) is amended—
8 (A) in subsection (a)—
9 (i) in paragraph (1), by striking ''dur-
10 ing the period of fiscal years 2009 through
11 2029'' and inserting '', beginning with fis-
12 cal year 2009,'';
13 (ii) in paragraph (2)—
14 (I) by striking ''10 percent of
15 such amounts'' and inserting ''10 per-
16 cent of such amounts for the period or
17 the fiscal year for which such amounts
18 are appropriated''; and
19 (II) by striking ''during such pe-
20 riod'' and inserting '', during such pe-
21 riod or such fiscal year,''; and
22 (iii) in paragraph (3), by striking
23 ''For the period of fiscal years 2024
24 through 2029, an amount equal to 10 per-
25 cent of such amounts'' and inserting ''Be-

1 ginning with fiscal year 2024, an amount
2 equal to 10 percent of such amounts for
3 the period or the fiscal year for which such
4 amounts are appropriated''; and
5 (B) in subsection (g)—
6 (i) by striking ''and $40,000,000'' and
7 inserting ''$40,000,000''; and
8 (ii) by inserting after ''fiscal years
9 2028 and 2029,'' the following:
10 ''$12,000,000 for fiscal year 2030, and,
11 for each fiscal year after fiscal year 2030,
12 the amount appropriated under this sub-
13 section for the previous fiscal year, in-
14 creased by the percentage increase in the
15 consumer price index for all urban con-
16 sumers (all items; United States city aver-
17 age) over such previous fiscal year,''.
18 (6) CHILD ENROLLMENT CONTINGENCY
19 FUND.—Section 2104(n) of the Social Security Act
20 (42 U.S.C. 1397dd(n)) is amended—
21 (A) in paragraph (2)—
22 (i) in subparagraph (A)(ii)—
23 (I) by striking ''and 2024
24 through 2028'' and inserting ''and for

1 each fiscal year after fiscal year
2 2023''; and
3 (II) by striking ''2023, and
4 2029'' and inserting ''and 2023''; and
5 (ii) in subparagraph (B)—
6 (I) by striking ''2024 through
7 2028'' and inserting ''and for each
8 fiscal year after fiscal year 2023'';
9 and
10 (II) by striking ''2023, and
11 2029'' and inserting ''and 2023''; and
12 (B) in paragraph (3)(A)—
13 (i) by striking ''fiscal years 2024
14 through 2028'' and inserting ''a fiscal year
15 after fiscal year 2023''; and
16 (ii) by striking ''2023, or 2029'' and
17 inserting ''or 2023''.
18 **SEC. 5502. END DIAPER NEED ACT OF 2024.**
19 (a) TARGETED FUNDING FOR DIAPER ASSISTANCE
20 (INCLUDING DIAPERING SUPPLIES AND ADULT INCONTI-
21 NENCE MATERIALS AND SUPPLIES) THROUGH THE SO-
22 CIAL SERVICES BLOCK GRANT PROGRAM.—
23 (1) INCREASE IN FUNDING FOR SOCIAL SERV-
24 ICES BLOCK GRANT PROGRAM.—

1 (A) IN GENERAL.—The amount specified
2 in subsection (c) of section 2003 of the Social
3 Security Act (42 U.S.C. 1397b) for purposes of
4 subsections (a) and (b) of such section is
5 deemed to be $1,900,000,000 for each of fiscal
6 years 2025 through 2028, of which, the amount
7 equal to $200,000,000, reduced by the amounts
8 reserved under subparagraph (B)(ii) for each
9 such fiscal year, shall be obligated by States in
10 accordance with paragraph (2).
11 (B) APPROPRIATION.—
12 (i) IN GENERAL.—Out of any money
13 in the Treasury of the United States not
14 otherwise appropriated, there is appro-
15 priated $200,000,000 for each of fiscal
16 years 2025 through 2028, to carry out this
17 subsection.
18 (ii) RESERVATIONS.—
19 (I) PURPOSES.—The Secretary
20 shall reserve, from the amount appro-
21 priated under clause (i) to carry out
22 this subsection—
23 (aa) for each of fiscal years
24 2025 through 2028, not more
25 than 2 percent of the amount ap-

1 propriated for the fiscal year for
2 purposes of entering into an
3 agreement with a national entity
4 described in clause (iii) to assist
5 in providing technical assistance
6 and training, to support effective
7 policy, practice, research, and
8 cross-system collaboration among
9 grantees and subgrantees, and to
10 assist in the administration of
11 the program described in this
12 subsection; and
13 (bb) for fiscal year 2025, an
14 amount, not to exceed
15 $2,000,000, for purposes of con-
16 ducting an evaluation under
17 paragraph (4).
18 (II) NO STATE ENTITLEMENT TO
19 RESERVED FUNDS.—The State enti-
20 tlement under section 2002(a) of the
21 Social Security Act (42 U.S.C.
22 1397a(a)) shall not apply to the
23 amounts reserved under subclause (I).
24 (iii) NATIONAL ENTITY DESCRIBED.—
25 A national entity described in this clause is

1 a nonprofit organization described in sec-
2 tion 501(c)(3) of the Internal Revenue
3 Code of 1986 and exempt from taxation
4 under section 501(a) of such Code, that—
5 (I) has experience in more than 1
6 State in the area of—
7 (aa) community distribu-
8 tions of basic need services, in-
9 cluding experience collecting,
10 warehousing, and distributing
11 basic necessities such as diapers,
12 food, or menstrual products;
13 (bb) child care;
14 (cc) child development ac-
15 tivities in low-income commu-
16 nities; or
17 (dd) motherhood, father-
18 hood, or parent education efforts
19 serving low-income parents of
20 young children;
21 (II) demonstrates competency to
22 implement a project, provide fiscal ac-
23 countability, collect data, and prepare
24 reports and other necessary docu-
25 mentation; and

1 (III) demonstrates a willingness
2 to share information with researchers,
3 practitioners, and other interested
4 parties.
5 (2) RULES GOVERNING USE OF ADDITIONAL
6 FUNDS.—
7 (A) IN GENERAL.—Funds are used in ac-
8 cordance with this paragraph if—
9 (i) the State, in consultation with rel-
10 evant stakeholders, including agencies, pro-
11 fessional associations, and nonprofit orga-
12 nizations, distributes the funds to eligible
13 entities to—
14 (I) decrease the need for diapers
15 and diapering supplies and adult in-
16 continence materials and supplies in
17 low-income families and meet such
18 unmet needs of infants and toddlers,
19 medically complex children, and low-
20 income adults and adults with disabil-
21 ities in such families through—
22 (aa) the distribution of free
23 diapers and diapering supplies,
24 medically necessary diapers, and

1 adult incontinence materials and
2 supplies;
3 (bb) community outreach to
4 assist in participation in existing
5 diaper distribution programs or
6 programs that distribute medi-
7 cally necessary diapers or adult
8 incontinence materials and sup-
9 plies; or
10 (cc) improving access to dia-
11 pers and diapering supplies,
12 medically necessary diapers, and
13 adult incontinence materials and
14 supplies; and
15 (II) increase the ability of com-
16 munities and low-income families in
17 such communities to provide for the
18 need for diapers and diapering sup-
19 plies, medically necessary diapers, and
20 adult incontinence materials and sup-
21 plies, of infants and toddlers, medi-
22 cally complex children, and low-income
23 adults and adults with disabilities;

1 (ii) the funds are used subject to the
2 limitations in section 2005 of the Social
3 Security Act (42 U.S.C. 1397d);
4 (iii) the funds are used to supplement,
5 not supplant, State general revenue funds
6 provided for the purposes described in
7 clause (i); and
8 (iv) the funds are not used for costs
9 that are reimbursable by the Federal
10 Emergency Management Agency, under a
11 contract for insurance, or by self-insur-
12 ance.
13 (B) ALLOWABLE USES BY ELIGIBLE ENTI-
14 TIES.—An eligible entity receiving funds made
15 available under paragraph (1) shall use the
16 funds for any of the following:
17 (i) To pay for the purchase and dis-
18 tribution of diapers and diapering supplies,
19 medically necessary diapers, and funding
20 diaper (including medically necessary dia-
21 pers) distribution that serves low-income
22 families with—
23 (I) 1 or more children 3 years of
24 age or younger; or

1 (II) 1 or more medically complex
2 children.
3 (ii) To pay for the purchase and dis-
4 tribution of adult incontinence materials
5 and supplies and funding distribution of
6 such materials and supplies that serves
7 low-income families with 1 or more low-in-
8 come adults or adults with disabilities who
9 rely on adult incontinence materials and
10 supplies.
11 (iii) To integrate activities carried out
12 under clause (i) with other basic needs as-
13 sistance programs serving eligible children
14 and their families, including the following:
15 (I) Programs funded by the tem-
16 porary assistance for needy families
17 program under part A of title IV of
18 the Social Security Act (42 U.S.C.
19 601 et seq.), including the State
20 maintenance of effort provisions of
21 such program.
22 (II) Programs designed to sup-
23 port the health of eligible children,
24 such as the Children's Health Insur-
25 ance Program under title XXI of the

1 Social Security Act, the Medicaid pro-
2 gram under title XIX of such Act, or
3 State-funded health care programs.

4 (III) Programs funded through
5 the special supplemental nutrition
6 program for women, infants, and chil-
7 dren under section 17 of the Child
8 Nutrition Act of 1966.

9 (IV) Programs that offer early
10 home visiting services, including the
11 maternal, infant, and early childhood
12 home visiting program (including the
13 Tribal home visiting program) under
14 section 511 of the Social Security Act
15 (42 U.S.C. 711).

16 (V) Programs to provide im-
17 proved and affordable access to child
18 care, including programs funded
19 through the Child Care and Develop-
20 ment Fund, the temporary assistance
21 for needy families program under part
22 A of title IV of the Social Security
23 Act (42 U.S.C. 601 et seq.), or a
24 State-funded program.

25 (C) AVAILABILITY OF FUNDS.—

1 (i) FUNDS DISTRIBUTED TO ELIGIBLE
2 ENTITIES.—Funds made available under
3 paragraph (1) that are distributed to an el-
4 igible entity by a State for a fiscal year
5 may be expended by the eligible entity only
6 in such fiscal year or the succeeding fiscal
7 year.
8 (ii) EVALUATION.—Funds reserved
9 under paragraph (1)(B)(ii)(I)(aa) to carry
10 out the evaluation under paragraph (4)
11 shall be available for expenditure during
12 the 3-year period that begins on the date
13 of enactment of this Act.
14 (D) NO EFFECT ON OTHER PROGRAMS.—
15 Any assistance or benefits received by a family
16 through funds made available under paragraph
17 (1) shall be disregarded for purposes of deter-
18 mining the family's eligibility for, or amount of,
19 benefits under any other Federal needs-based
20 programs.
21 (3) ANNUAL REPORTS.—A State shall include
22 in the annual report required under section 2006 of
23 the Social Security Act (42 U.S.C. 1397e) covering
24 each of fiscal years 2024 through 2027, information
25 detailing how eligible entities, including subgrantees,

1 used funds made available under paragraph (1) to
2 distribute diapers and diapering supplies and adult
3 incontinence materials and supplies to families in
4 need. Each such report shall include the following:
5 (A) The number and age of infants, tod-
6 dlers, medically complex children, and low-in-
7 come adults and adults with disabilities who re-
8 ceived assistance or benefits through such
9 funds.
10 (B) The number of families that have re-
11 ceived assistance or benefits through such
12 funds.
13 (C) The number of diapers, medically nec-
14 essary diapers, or adult incontinence materials
15 and supplies (such as adult diapers, briefs, pro-
16 tective underwear, pull-ons, pull-ups, liners,
17 shields, guards, pads, undergarments), and the
18 number of each type of diapering or adult in-
19 continence supply, distributed through the use
20 of such funds.
21 (D) The ZIP Code or ZIP Codes where the
22 eligible entity (or subgrantee) distributed dia-
23 pers and diapering supplies and adult inconti-
24 nence materials and supplies.

1 (E) The method or methods the eligible en-
2 tity (or subgrantee) uses to distribute diapers
3 and diapering supplies and, adult incontinence
4 materials and supplies.
5 (F) Such other information as the Sec-
6 retary may specify.
7 (4) EVALUATION.—The Secretary, in consulta-
8 tion with States, the national entity described in
9 paragraph (1)(B)(iii), and eligible entities receiving
10 funds made available under this subsection, shall—
11 (A) not later than 2 years after the date
12 of enactment of this Act—
13 (i) complete an evaluation of the effec-
14 tiveness of the assistance program carried
15 out pursuant to this subsection, such as
16 the effect of activities carried out under
17 this section on mitigating the health and
18 developmental risks of unmet diaper need
19 among infants, toddlers, medically complex
20 children, and other family members in low-
21 income families, including the risks of dia-
22 per dermatitis, urinary tract infections,
23 and parental and child depression and anx-
24 iety;

1 (ii) submit to the relevant congres-
2 sional committees a report on the results
3 of such evaluation; and
4 (iii) publish the results of the evalua-
5 tion on the internet website of the Depart-
6 ment of Health and Human Services;
7 (B) not later than 3 years after the date
8 of enactment of this Act, update the evaluation
9 required by subparagraph (A)(i); and
10 (C) not later than 90 days after completion
11 of the updated evaluation under subparagraph
12 (B)—
13 (i) submit to the relevant congres-
14 sional committees a report describing the
15 results of such updated evaluation; and
16 (ii) publish the results of such evalua-
17 tion on the internet website of the Depart-
18 ment of Health and Human Services.
19 (5) GUIDANCE.—Not later than 180 days after
20 enactment of this Act, the Secretary shall issue
21 guidance regarding how the provisions of this sub-
22 section should be carried out, including information
23 regarding eligible entities, allowable use of funds,
24 and reporting requirements.
25 (6) DEFINITIONS.—In this subsection:

1 (A) ADULT INCONTINENCE MATERIALS
2 AND SUPPLIES.—The term ''adult incontinence
3 materials and supplies'' means those supplies
4 that are used to assist low-income adults or
5 adults with disabilities and includes adult dia-
6 pers, briefs, protective underwear, pull-ons,
7 pull-ups, liners, shields, guards, pads, undergar-
8 ments, disposable wipes, over-the-counter adult
9 diaper rash cream products, intermittent cath-
10 eterization, indwelling catheters, condom cath-
11 eters, urinary drainage bags, external collection
12 devices, wearable urinals, and penile clamps.
13 (B) ADULTS WITH DISABILITIES.—The
14 term ''adults with disabilities'' means individ-
15 uals who—
16 (i) have attained age 18; and
17 (ii) have a disability (as such term is
18 defined, with respect to an individual, in
19 section 3 of the Americans with Disabil-
20 ities Act of 1990 (42 U.S.C. 12102)).
21 (C) DIAPER.—The term ''diaper'' means
22 an absorbent garment that—
23 (i) is washable or disposable that may
24 be worn by an infant or toddler who is not
25 toilet-trained; and

1 (ii) if disposable—
2 (I) does not use any latex or
3 common allergens; and
4 (II) meets or exceeds the quality
5 standards for diapers commercially
6 available through retail sale in the fol-
7 lowing categories:
8 (aa) Absorbency (with ac-
9 ceptable rates for first and sec-
10 ond wetting).
11 (bb) Waterproof outer cover.
12 (cc) Flexible leg openings.
13 (dd) Refastening closures.
14 (D) DIAPERING SUPPLIES.—The term
15 ''diapering supplies'' means items, including di-
16 aper wipes and diaper cream, necessary to en-
17 sure that—
18 (i) an eligible child using a diaper is
19 properly cleaned and protected from diaper
20 rash; or
21 (ii) a medically complex child who
22 uses a medically necessary diaper is prop-
23 erly cleaned and protected from diaper
24 rash.

1 (E) ELIGIBLE CHILD.—The term ''eligible
2 child'' means a child who—
3 (i) has not attained 4 years of age;
4 and
5 (ii) is a member of a low-income fam-
6 ily.
7 (F) ELIGIBLE ENTITIES.—The term ''eligi-
8 ble entity'' means a State or local governmental
9 entity, an Indian tribe or tribal organization (as
10 defined in section 4 of the Indian Self-Deter-
11 mination and Education Assistance Act), or a
12 nonprofit organization described in section
13 501(c)(3) of the Internal Revenue Code of 1986
14 and exempt from taxation under section 501(a)
15 of such Code that—
16 (i) has experience in the area of—
17 (I) community distributions of
18 basic need services, including experi-
19 ence collecting, warehousing, and dis-
20 tributing basic necessities such as dia-
21 pers, food, or menstrual products;
22 (II) child care;
23 (III) child development activities
24 in low-income communities; or

1 (IV) motherhood, fatherhood, or
2 parent education efforts serving low-
3 income parents of young children;
4 (ii) demonstrates competency to im-
5 plement a project, provide fiscal account-
6 ability, collect data, and prepare reports
7 and other necessary documentation; and
8 (iii) demonstrates a willingness to
9 share information with researchers, practi-
10 tioners, and other interested parties.
11 (G) FEDERAL POVERTY LINE.—The term
12 ''Federal poverty line'' means the Federal pov-
13 erty line as defined by the Office of Manage-
14 ment and Budget and revised annually in ac-
15 cordance with section 673(2) of the Omnibus
16 Budget Reconciliation Act of 1981 applicable to
17 a family of the size involved.
18 (H) LOW-INCOME.—The term ''low-in-
19 come'', with respect to a family, means a family
20 whose self-certified income is not more than
21 200 percent of the Federal poverty line.
22 (I) MEDICALLY COMPLEX CHILD.—The
23 term ''medically complex child'' means an indi-
24 vidual who has attained age 3 and for whom a
25 licensed health care provider has provided a di-

1 agnosis of bowel or bladder incontinence, a
2 bowel or bladder condition that causes excess
3 urine or stool (such as short gut syndrome or
4 diabetes insipidus), or a severe skin condition
5 that causes skin erosions (such as epidermolysis
6 bullosa).

7 (J) MEDICALLY NECESSARY DIAPER.—The
8 term "medically necessary diaper" means an
9 absorbent garment that is—

10 (i) washable or disposable;

11 (ii) worn by a medically complex child
12 who has been diagnosed with bowel or
13 bladder incontinence, a bowel or bladder
14 condition that causes excess urine or stool
15 (such as short gut syndrome or diabetes
16 insipidus), or a severe skin condition that
17 causes skin erosions (such as epidermolysis
18 bullosa) and needs such garment to correct
19 or ameliorate such condition; and

20 (iii) if disposable—

21 (I) does not use any latex or
22 common allergens; and

23 (II) meets or exceeds the quality
24 standards for diapers commercially

1 available through retail sale in the fol-
2 lowing categories:
3 (aa) Absorbency (with ac-
4 ceptable rates for first and sec-
5 ond wetting).
6 (bb) Waterproof outer cover.
7 (cc) Flexible leg openings.
8 (dd) Refastening closures.
9 (7) EXEMPTION OF PROGRAM FROM SEQUES-
10 TRATION.—
11 (A) IN GENERAL.—Section 255(h) of the
12 Balanced Budget and Emergency Deficit Con-
13 trol Act of 1985 (2 U.S.C. 905(h)) is amended
14 by inserting after "Supplemental Security In-
15 come Program (28–0406–0–1–609)." the fol-
16 lowing:
17 "Targeted funding for States for diaper assist-
18 ance (including diapering supplies and adult inconti-
19 nence materials and supplies) through the Social
20 Services Block Grant Program.".
21 (B) APPLICABILITY.—The amendment
22 made by this paragraph shall apply to any se-
23 questration order issued under the Balanced
24 Budget and Emergency Deficit Control Act of

1 1985 (2 U.S.C. 900 et seq.) on or after the
2 date of enactment of this Act.
3 (b) IMPROVING ACCESS TO DIAPERS FOR MEDICALLY
4 COMPLEX CHILDREN.—Section 1915(c) of the Social Se-
5 curity Act (42 U.S.C. 1396n(c)) is amended by adding at
6 the end the following new paragraph:
7 ''(11)(A) In the case of any waiver under this sub-
8 section that provides medical assistance to a medically
9 complex child who has been diagnosed with bowel or blad-
10 der incontinence, a bowel or bladder condition that causes
11 excess urine or stool (such as short gut syndrome or diabe-
12 tes insipidus), or a severe skin condition that causes skin
13 erosions (such as epidermolysis bullosa), such medical as-
14 sistance shall include, for the duration of the waiver, the
15 provision of 200 medically necessary diapers per month
16 and diapering supplies. Such medical assistance may in-
17 clude the provision of medically necessary diapers in
18 amounts greater than 200 if a licensed health care pro-
19 vider (such as a physician, nurse practitioner, or physician
20 assistant) specifies that such greater amounts are nec-
21 essary for such medically complex child.
22 ''(B) For purposes of this paragraph:
23 ''(i) The term 'medically complex child' means
24 an individual who has attained age 3 and for whom

1 a licensed health care provider has provided a diag-
2 nosis of 1 or more significant chronic conditions.
3 "(ii) The term 'medically necessary diaper'
4 means an absorbent garment that is—
5 "(I) washable or disposable;
6 "(II) worn by a medically complex child
7 who has been diagnosed with a condition de-
8 scribed in subparagraph (A) and needs such
9 garment to correct or ameliorate such condition;
10 and
11 "(III) if disposable—
12 "(aa) does not use any latex or com-
13 mon allergens; and
14 "(bb) meets or exceeds the quality
15 standards for diapers commercially avail-
16 able through retail sale in the following
17 categories:
18 "(AA) Absorbency (with accept-
19 able rates for first and second wet-
20 ting).
21 "(BB) Waterproof outer cover.
22 "(CC) Flexible leg openings.
23 "(DD) Refastening closures.
24 "(iii) The term 'diapering supplies' means
25 items, including diaper wipes and diaper creams,

1 necessary to ensure that a medically complex child
2 who has been diagnosed with a condition described
3 in subparagraph (A) and uses a medically necessary
4 diaper is properly cleaned and protected from diaper
5 rash.''.

6 (c) INCLUSION OF DIAPERS AND DIAPERING SUP-
7 PLIES AS QUALIFIED MEDICAL EXPENSES.—

8 (1) HEALTH SAVINGS ACCOUNTS.—Section
9 223(d)(2) of the Internal Revenue Code of 1986 is
10 amended—

11 (A) by inserting '', medically necessary dia-
12 pers, and diapering supplies'' after ''menstrual
13 care products'' in the last sentence of subpara-
14 graph (A); and

15 (B) by adding at the end the following new
16 subparagraph:

17 ''(E) MEDICALLY NECESSARY DIAPERS
18 AND DIAPERING SUPPLIES.—For purposes of
19 this paragraph—

20 ''(i) MEDICALLY NECESSARY DIA-
21 PERS.—The term 'medically necessary dia-
22 per' means an absorbent garment which is
23 washable or disposable and which is worn
24 by an individual who has attained 3 years
25 of age because of medical necessity, such

1 as someone who has been diagnosed with
2 bowel or bladder incontinence, a bowel or
3 bladder condition that causes excess urine
4 or stool (such as short gut syndrome or di-
5 abetes insipidus), or a severe skin condi-
6 tion that causes skin erosions (such as
7 epidermolysis bullosa) and needs such gar-
8 ment to correct or ameliorate such condi-
9 tion, to serve a preventative medical pur-
10 pose, or to correct or ameliorate defects or
11 physical or mental illnesses or conditions
12 diagnosed by a licensed health care pro-
13 vider, and, if disposable—
14 ''(I) does not use any latex or
15 common allergens; and
16 ''(II) meets or exceeds the quality
17 standards for diapers commercially
18 available through retail sale in the fol-
19 lowing categories:
20 ''(aa) Absorbency (with ac-
21 ceptable rates for first and sec-
22 ond wetting).
23 ''(bb) Waterproof outer
24 cover.
25 ''(cc) Flexible leg openings.

1 "(dd) Refastening closures.
2 "(ii) DIAPERING SUPPLIES.—The
3 term 'diapering supplies' means items, in-
4 cluding diaper wipes and diaper creams,
5 necessary to ensure that an individual
6 wearing medically necessary diapers is
7 properly cleaned and protected from diaper
8 rash.".
9 (2) ARCHER MSAS.—The last sentence of sec-
10 tion 220(d)(2)(A) of such Code is amended by in-
11 serting ", medically necessary diapers (as defined in
12 section 223(d)(2)(E)), and diapering supplies (as de-
13 fined in section 223(d)(2)(E))" after "menstrual
14 care products (as defined in section 223(d)(2)(D))".
15 (3) HEALTH FLEXIBLE SPENDING ARRANGE-
16 MENTS AND HEALTH REIMBURSEMENT ARRANGE-
17 MENTS.—Section 106(f) of such Code is amended—
18 (A) by inserting ", medically necessary dia-
19 pers (as defined in section 223(d)(2)(E)), and
20 diapering supplies (as defined in section
21 223(d)(2)(E))" after "menstrual care products
22 (as defined in section 223(d)(2)(D))"; and
23 (B) in the heading, by inserting ", MEDI-
24 CALLY NECESSARY DIAPERS, AND DIAPERING

1 SUPPLIES'' after ''MENSTRUAL CARE PROD-
2 UCTS''.
3 (4) EFFECTIVE DATES.—
4 (A) DISTRIBUTIONS FROM CERTAIN AC-
5 COUNTS.—The amendments made by para-
6 graphs (1) and (2) shall apply to amounts paid
7 after December 31, 2024.
8 (B) REIMBURSEMENTS.—The amendment
9 made by paragraph (3) shall apply to expenses
10 incurred after December 31, 2024.

11 **SEC. 5503. DECREASING THE RISK FACTORS FOR SUDDEN**
12 **UNEXPECTED INFANT DEATH AND SUDDEN**
13 **UNEXPLAINED DEATH IN CHILDHOOD.**

14 (a) ESTABLISHMENT.—The Secretary of Health and
15 Human Services, acting through the Administrator of the
16 Health Resources and Services Administration and in con-
17 sultation with the Director of the Centers for Disease Con-
18 trol and Prevention and the Director of the National Insti-
19 tutes of Health (in this section referred to as the ''Sec-
20 retary''), shall establish and implement a culturally and
21 linguistically competent public health awareness and edu-
22 cation campaign to provide information that is focused on
23 decreasing the risk factors for sudden unexpected infant
24 death and sudden unexplained death in childhood, includ-
25 ing educating individuals about safe sleep environments,

1 sleep positions, and reducing exposure to smoking during
2 pregnancy and after birth.

3 (b) TARGETED POPULATIONS.—The campaign under
4 subsection (a) shall be designed to reduce health inequal-
5 ities through the targeting of populations with high rates
6 of sudden unexpected infant death or of sudden unex-
7 plained death in childhood.

8 (c) CONSULTATION.—In establishing and imple-
9 menting the campaign under subsection (a), the Secretary
10 shall consult with national organizations representing (col-
11 lectively) health care providers, including nurses and phy-
12 sicians, parents, child care providers, children's advocacy
13 and safety organizations, maternal and child health pro-
14 grams, nutrition professionals focusing on (collectively)
15 people, infants, and children, and other individuals and
16 groups determined necessary by the Secretary for such es-
17 tablishment and implementation.

18 (d) GRANTS.—

19 (1) IN GENERAL.—In carrying out the cam-
20 paign under subsection (a), the Secretary shall
21 award grants to national organizations, State and
22 local health departments, and community-based or-
23 ganizations for the conduct of education and out-
24 reach programs for nurses, parents, child care pro-

1 viders, community health workers, public health
2 agencies, and community organizations.

3 (2) APPLICATION.—To be eligible to receive a
4 grant under paragraph (1), an entity shall submit to
5 the Secretary an application at such time, in such
6 manner, and containing such information as the Sec-
7 retary may require.

8 (e) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this section
10 such sums as may be necessary for each of fiscal years
11 2025 through 2029.

## 12 Subtitle G—Elder Care

**13 SEC. 5601. EXPENSES FOR HOUSEHOLD AND ELDER CARE**
**14 SERVICES NECESSARY FOR GAINFUL EM-**
**15 PLOYMENT.**

16 (a) IN GENERAL.—Subpart A of part IV of sub-
17 chapter A of chapter 1 of the Internal Revenue Code of
18 1986 is amended by inserting after section 25E the fol-
19 lowing new section:

**20 "SEC. 25F. EXPENSES FOR HOUSEHOLD AND ELDER CARE**
**21 SERVICES NECESSARY FOR GAINFUL EM-**
**22 PLOYMENT.**

23 "(a) ALLOWANCE OF CREDIT.—

24 "(1) IN GENERAL.—In the case of an individual
25 for which there are one or more qualifying individ-

1 uals (as defined in subsection (b)(1)) with respect to
2 such individual, there shall be allowed as a credit
3 against the tax imposed by this chapter for the tax-
4 able year an amount equal to the applicable percent-
5 age of the employment-related expenses (as defined
6 in subsection (b)(3)) paid by such individual during
7 the taxable year.

8 ‘‘(2) APPLICABLE PERCENTAGE DEFINED.—For
9 purposes of paragraph (1), the term ‘applicable per-
10 centage’ means 35 percent reduced (but not below
11 20 percent) by 1 percentage point for each $2,000
12 (or fraction thereof) by which the taxpayer’s ad-
13 justed gross income for the taxable year exceeds
14 $15,000.

15 ‘‘(b) DEFINITIONS OF QUALIFYING INDIVIDUAL AND
16 EMPLOYMENT-RELATED EXPENSES.—For purposes of
17 this section—

18 ‘‘(1) QUALIFYING INDIVIDUAL.—The term
19 ‘qualifying individual’ means an individual who—

20 ‘‘(A) has attained age 50, and

21 ‘‘(B) satisfies the requirements of any of
22 the following clauses:

23 ‘‘(i) An individual who bears a rela-
24 tionship to the taxpayer described in sub-
25 paragraph (C) or (D) of section 152(d)(2)

1 (relating to fathers, mothers, and ances-
2 tors).
3 "(ii) An individual who would be a de-
4 pendent of the taxpayer (as defined in sec-
5 tion 152, determined without regard to
6 subsections (b)(1) and (b)(2)) as a quali-
7 fying relative described in section
8 152(d)(1) if—
9 "(I) in lieu of the requirements
10 under subparagraphs (B) and (C) of
11 such section, with respect to such in-
12 dividual—
13 "(aa) the taxpayer has pro-
14 vided over one-half of the individ-
15 ual's support for the calendar
16 year in which such taxable year
17 begins and each of the preceding
18 4 taxable years, and
19 "(bb) the individual's modi-
20 fied adjusted gross income for
21 the calendar year in which such
22 taxable year begins is less than
23 the exemption amount (as de-
24 fined in section 151(d)),

1 "(II) the individual is physically
2 or mentally incapable of caring for
3 himself or herself, and
4 "(III) the individual has the
5 same principal place of abode as the
6 taxpayer for more than one-half of
7 such taxable year.
8 "(iii) The spouse of the taxpayer, if
9 such spouse is physically or mentally in-
10 capable of caring for himself or herself.
11 "(2) MODIFIED ADJUSTED GROSS INCOME.—
12 The term 'modified adjusted gross income' means
13 adjusted gross income determined without regard to
14 section 86.
15 "(3) EMPLOYMENT-RELATED EXPENSES.—
16 "(A) IN GENERAL.—The term 'employ-
17 ment-related expenses' means amounts paid for
18 the following expenses, but only if such ex-
19 penses are incurred to enable the taxpayer to be
20 gainfully employed for any period for which
21 there are one or more qualifying individuals
22 with respect to the taxpayer:
23 "(i) Expenses for household services
24 with respect to the qualifying individual.

1 “(ii) Expenses for the care of a quali-
2 fying individual, including expenses for res-
3 pite care and hospice care.
4 “(B) EXCEPTION.—The term ‘employ-
5 ment-related expenses’ shall not include services
6 provided outside the taxpayer’s household un-
7 less such expenses are incurred for the care
8 of—
9 “(i) a qualifying individual described
10 in paragraph (1)(A), or
11 “(ii) a qualifying individual (not de-
12 scribed in paragraph (1)(A)) who regularly
13 spends at least 8 hours each day in the
14 taxpayer’s household.
15 “(C) DEPENDENT CARE CENTERS.—The
16 term ‘employment-related expenses’ shall not
17 include services provided outside the taxpayer’s
18 household by a dependent care center (as de-
19 fined in subparagraph (D)) unless—
20 “(i) such center complies with all ap-
21 plicable laws and regulations of the State
22 and local government in which such center
23 is located, and
24 “(ii) the requirements of subpara-
25 graph (B) are met.

1 "(D) DEPENDENT CARE CENTER DE-
2 FINED.—For purposes of this paragraph, the
3 term 'dependent care center' means any facility
4 which—
5 "(i) provides care for more than 6 in-
6 dividuals (other than individuals who re-
7 side at the facility), and
8 "(ii) receives a fee, payment, or grant
9 for providing services for any of the indi-
10 viduals (regardless of whether such facility
11 is operated for profit).
12 "(c) DOLLAR LIMIT ON AMOUNT CREDITABLE.—The
13 amount of the employment-related expenses incurred dur-
14 ing any taxable year which may be taken into account
15 under subsection (a) shall not exceed—
16 "(1) if there is 1 qualifying individual with re-
17 spect to the taxpayer for such taxable year, $3,000,
18 or
19 "(2) if there are 2 or more qualifying individ-
20 uals with respect to the taxpayer for such taxable
21 year, $6,000.
22 The amount determined under this subsection shall be re-
23 duced by the aggregate amount excludable from gross in-
24 come under section 129 for the taxable year.

1 "(d) EARNED INCOME LIMITATION.—The amount of
2 the employment-related expenses incurred during any tax-
3 able year which may be taken into account under sub-
4 section (a) shall not exceed—

5 "(1) in the case of an individual who is not
6 married at the close of such year, such individual's
7 earned income for such year, or

8 "(2) in the case of an individual who is married
9 at the close of such year, the lesser of such individ-
10 ual's earned income or the earned income of his
11 spouse for such year.

12 "(e) SPECIAL RULES.—For purposes of this sec-
13 tion—

14 "(1) PLACE OF ABODE.—An individual shall
15 not be treated as having the same principal place of
16 abode of the taxpayer if at any time during the tax-
17 able year of the taxpayer the relationship between
18 the individual and the taxpayer is in violation of
19 local law.

20 "(2) MARRIED COUPLES MUST FILE JOINT RE-
21 TURN.—In the case of an individual who is married
22 as of the close of the taxable year, the credit shall
23 be allowed under subsection (a) only if a joint return
24 is filed for the taxable year under section 6013.

1 "(3) MARITAL STATUS.—An individual legally
2 separated from his or her spouse under a decree of
3 divorce or of separate maintenance shall not be con-
4 sidered as married.
5 "(4) CERTAIN MARRIED INDIVIDUALS LIVING
6 APART.—In the case of an individual who is married
7 and does not file a joint return for the taxable year,
8 if—
9 "(A) such individual—
10 "(i) maintains as his or her home a
11 household which constitutes for more than
12 one-half of the taxable year the principal
13 place of abode of a qualifying individual,
14 and
15 "(ii) furnishes over half of the cost of
16 maintaining such household during the
17 taxable year, and
18 "(B) during the last 6 months of such tax-
19 able year, such individual's spouse is not a
20 member of such household,
21 such individual shall not be considered as married.
22 "(5) PAYMENTS TO RELATED INDIVIDUALS.—
23 No credit shall be allowed under subsection (a) for
24 any amount paid by the taxpayer to an individual—

1 "(A) with respect to whom, for the taxable
2 year, a deduction under section 151(c) (relating
3 to deduction for personal exemptions for de-
4 pendents) is allowable either to the taxpayer or
5 the taxpayer's spouse, or
6 "(B) who—
7 "(i) is a child of the taxpayer (within
8 the meaning of section 152(f)(1)), and
9 "(ii) has not attained the age of 19 at
10 the close of the taxable year.
11 For purposes of this paragraph, the term 'taxable
12 year' means the taxable year of the taxpayer in
13 which the service (as described in clause (i) of sub-
14 section (b)(3)(A)) is performed or the care (as de-
15 scribed in clause (ii) of such subsection) is provided.
16 "(6) IDENTIFYING INFORMATION REQUIRED
17 WITH RESPECT TO SERVICE PROVIDER.—No credit
18 shall be allowed under subsection (a) for any amount
19 paid to any person unless—
20 "(A) the name, address, and taxpayer
21 identification number of such person are in-
22 cluded on the return of tax for the taxable year
23 in which the credit under this section is being
24 claimed, or

1 "(B) if such person is an organization de-
2 scribed in section 501(c)(3) and exempt from
3 tax under section 501(a), the name and address
4 of such person are included on the return of tax
5 for the taxable year in which the credit under
6 this section is being claimed.

7 In the case of a failure to provide the information
8 required under the preceding sentence, the preceding
9 sentence shall not apply if it is shown that the tax-
10 payer exercised due diligence in attempting to pro-
11 vide the information so required.

12 "(7) IDENTIFYING INFORMATION REQUIRED
13 WITH RESPECT TO QUALIFYING INDIVIDUALS.—No
14 credit shall be allowed under this section with re-
15 spect to any qualifying individual unless the TIN of
16 such individual is included on the return of tax for
17 the taxable year in which the credit under this sec-
18 tion is being claimed.

19 "(f) REGULATIONS.—The Secretary shall prescribe
20 such regulations as may be necessary to carry out the pur-
21 poses of this section.".

22 (b) CLERICAL AMENDMENT.—The table of sections
23 for subpart A of part IV of subchapter A of chapter 1
24 of the Internal Revenue Code of 1986 is amended by in-

1 serting after the item relating to section 25E the following
2 new item:

"Sec. 25F. Expenses for household and elder care services necessary for gainful employment.".

3 (c) EFFECTIVE DATE.—The amendments made by
4 this section shall apply to taxable years beginning after
5 the date of the enactment of this Act.

# 6 Subtitle H—Miscellaneous 7 Provisions

8 **SEC. 5701. CLARIFICATION SUPPORTING PERMISSIBLE USE**
9 **OF FUNDS FOR STILLBIRTH PREVENTION AC-**
10 **TIVITIES.**

11 Section 501(a) of the Social Security Act (42 U.S.C.
12 701(a)) is amended—

13 (1) in paragraph (1)(B), by inserting "to re-
14 duce the incidence of stillbirth," after "among chil-
15 dren,"; and

16 (2) in paragraph (2), by inserting after "follow-
17 up services" the following: ", and for evidence-based
18 programs and activities and outcome research to re-
19 duce the incidence of stillbirth (including tracking
20 and awareness of fetal movements, improvement of
21 birth timing for pregnancies with risk factors, initia-
22 tives that encourage safe sleeping positions during
23 pregnancy, screening and surveillance for fetal
24 growth restriction, efforts to achieve smoking ces-

sation during pregnancy, community-based programs that provide home visits or other types of support, and any other research or evidence-based programming to prevent stillbirths)''.

# TITLE VI—MENTAL HEALTH AND SUBSTANCE USE DISORDERS

### SEC. 6001. SENSE OF CONGRESS.

It is the sense of the Congress that it is imperative that a comprehensive public health approach to addressing trauma and mental health care be focused on care delivery that is culturally and linguistically appropriate.

## Subtitle A—Access to Care and Funding Streams

### SEC. 6101. COVERAGE OF SUBSTANCE USE DISORDER COUNSELOR SERVICES AND PEER SUPPORT SPECIALIST SERVICES UNDER PART B OF THE MEDICARE PROGRAM.

(a) COVERAGE OF SERVICES.—

(1) IN GENERAL.—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)), as amended by section 4251(c)(1), is amended—

(A) in subparagraph (JJ), by striking ''and'' at the end;

(B) by inserting ''and'' at the end of subparagraph (KK); and

1 (C) by adding at the end the following new
2 subparagraph:
3 "(LL) substance use disorder counselor services
4 (as defined in subsection (qqq)(1)), and peer support
5 specialist services (as defined in subsection
6 (qqq)(3));".
7 (2) DEFINITIONS.—Section 1861 of the Social
8 Security Act (42 U.S.C. 1395x), as amended by sec-
9 tions 2007(b), 4221(a), and 4251(c)(2), is amended
10 by adding at the end the following new subsection:
11 "Substance Use Disorder Counselor Services; Substance
12 Use Disorder Counselor; Peer Support Specialist
13 Services; Peer Support Specialist
14 "(qqq)(1) The term 'substance use disorder counselor
15 services' means services performed by a substance use dis-
16 order counselor (as defined in paragraph (2)) for the diag-
17 nosis and treatment of substance use disorder and addic-
18 tion that the substance use disorder counselor is legally
19 authorized to perform under State law (or the State regu-
20 latory mechanism provided by the State law) of the State
21 in which such services are performed, as would otherwise
22 be covered if furnished by a physician or as incident to
23 a physician's professional service, but only if no facility
24 or other provider charges or is paid any amounts with re-
25 spect to the furnishing of such services.

1 “(2) The term ‘substance use disorder counselor’
2 means an individual who—
3 “(A) has performed at least 2 years of super-
4 vised substance use disorder counselor practice;
5 “(B) in the case of an individual performing
6 services in a State that provides for licensure or cer-
7 tification of substance use disorder counselors or
8 professional counselors, is licensed or certified as a
9 substance use disorder counselor or professional
10 counselor in such State; or
11 “(C) is a drug and alcohol counselor as defined
12 in section 40.281 of title 49, Code of Federal Regu-
13 lations.
14 “(3) The term ‘peer support specialist services’
15 means services performed by a peer support specialist (as
16 defined in paragraph (4)) for the well-being of individuals
17 needing mental health support that the peer support spe-
18 cialist is legally authorized to perform under State law (or
19 the State regulatory mechanism provided by the State
20 law) of the State in which such services are performed,
21 as would otherwise be covered if furnished by a physician
22 or as incident to a physician’s professional service, but
23 only if no facility or other provider charges or is paid any
24 amounts with respect to the furnishing of such services.

1 "(4) The term 'peer support specialist' means an in-
2 dividual who—
3 "(A) is an individual living in recovery with
4 mental illness, addiction, or justice system involve-
5 ment;
6 "(B) has skills learned in formal training;
7 "(C) uses assets-based framing in speaking
8 about mental health, recovery, and well-being; and
9 "(D) delivers services in behavioral health set-
10 tings to promote mind-body recovery and resil-
11 iency.".
12 (3) PROVISION FOR PAYMENT UNDER PART
13 B.—Section 1832(a)(2)(B) of the Social Security
14 Act (42 U.S.C. 1395k(a)(2)(B)) is amended by add-
15 ing at the end the following new clause:
16 "(v) substance use disorder counselor
17 services and peer support specialist serv-
18 ices;".
19 (4) AMOUNT OF PAYMENT.—Section 1833(a)(1)
20 of the Social Security Act (42 U.S.C. 1395l(a)(1)),
21 as amended by section 4251(c)(3), is amended—
22 (A) by striking "and" before "(II)"; and
23 (B) by inserting before the semicolon at
24 the end the following: ", and (JJ) with respect
25 to substance use disorder counselor services and

1 peer support specialist services under section
2 1861(s)(2)(LL), the amounts paid shall be 80
3 percent of the lesser of the actual charge for
4 the services or 75 percent of the amount deter-
5 mined for payment of a psychologist under sub-
6 paragraph (L)''.

7 (5) EXCLUSION OF PEER SUPPORT SPECIALIST
8 SERVICES FROM SKILLED NURSING FACILITY PRO-
9 SPECTIVE PAYMENT SYSTEM.—Section
10 1888(e)(2)(A)(ii) of the Social Security Act (42
11 U.S.C. 1395yy(e)(2)(A)(ii)) is amended by inserting
12 ''peer support specialist services (as defined in sec-
13 tion 1861(qqq)(3)),'' after ''mental health counselor
14 services (as defined in section 1861(lll)(3))''.

15 (6) INCLUSION OF SUBSTANCE USE DISORDER
16 COUNSELORS AS PRACTITIONERS FOR ASSIGNMENT
17 OF CLAIMS.—Section 1842(b)(18)(C) of the Social
18 Security Act (42 U.S.C. 1395u(b)(18)(C)) is amend-
19 ed by adding at the end the following new clauses:

20 ''(ix) A substance use disorder counselor (as de-
21 fined in section 1861(qqq)(2)).

22 ''(x) A peer support specialist (as defined in
23 section 1861(qqq)(4)).''.

24 (b) COVERAGE OF CERTAIN MENTAL HEALTH SERV-
25 ICES PROVIDED IN RURAL HEALTH CLINICS AND FEDER-

1 ALLY QUALIFIED HEALTH CENTERS.—Section
2 1861(aa)(1)(B) of the Social Security Act (42 U.S.C.
3 1395x(aa)(1)(B)) is amended by striking "or by a mental
4 health counselor (as defined in subsection (lll)(4))" and
5 inserting "by a mental health counselor (as defined in sub-
6 section (lll)(4)), by a substance use disorder counselor (as
7 defined in subsection (qqq)(2)), or by a peer support spe-
8 cialist (as defined in subsection (qqq)(4))".

9 (c) EFFECTIVE DATE.—The amendments made by
10 this section shall apply with respect to services furnished
11 on or after January 1, 2025.

12 **SEC. 6102. REAUTHORIZATION OF MINORITY FELLOWSHIP**
13 **PROGRAM.**

14 Section 597(c) of the Public Health Service Act (42
15 U.S.C. 290ll(c)) is amended by striking "$25,000,000 for
16 each of fiscal years 2023 through 2027" and inserting
17 "$36,700,000 for each of fiscal years 2025 through
18 2029".

19 **SEC. 6103. ADDITIONAL FUNDS FOR NATIONAL INSTITUTES**
20 **OF HEALTH.**

21 (a) IN GENERAL.—In addition to amounts otherwise
22 authorized to be appropriated to the National Institutes
23 of Health, there is authorized to be appropriated to such
24 Institutes $150,000,000 for each of fiscal years 2025
25 through 2030—

1 (1) to build relations with communities and
2 conduct or support clinical research, including clin-
3 ical research on racial or ethnic disparities in phys-
4 ical and mental health; and

5 (2) to carry out the Strategic Framework For
6 Addressing Youth Mental Health Disparities devel-
7 oped by the National Institute of Mental Health.

8 (b) DEFINITION.—In this section, the term ''clinical
9 research'' has the meaning given to such term in section
10 409 of the Public Health Service Act (42 U.S.C. 284d).

11 **SEC. 6104. ADDITIONAL FUNDS FOR NATIONAL INSTITUTE**
12 **ON MINORITY HEALTH AND HEALTH DISPARI-**
13 **TIES.**

14 In addition to amounts otherwise authorized to be ap-
15 propriated to the National Institute on Minority Health
16 and Health Disparities, there is authorized to be appro-
17 priated to such Institute $750,000,000 for each of fiscal
18 years 2025 through 2030.

19 **SEC. 6105. GRANTS FOR INCREASING RACIAL AND ETHNIC**
20 **MINORITY ACCESS TO HIGH-QUALITY TRAU-**
21 **MA SUPPORT SERVICES AND MENTAL**
22 **HEALTH CARE.**

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services (in this section referred to as the ''Sec-
25 retary''), acting through the Assistant Secretary for Men-

1 tal Health and Substance Use, shall award grants to eligi-
2 ble entities to establish or expand programs for the pur-
3 pose of increasing racial and ethnic minority access to
4 high-quality trauma support services and mental health
5 care.

6 (b) ELIGIBLE ENTITIES.—To seek a grant under this
7 section, an entity shall be a community-based program or
8 organization that—

9 (1) provides culturally and linguistically appro-
10 priate programs and resources that are aligned with
11 evidence-based practices for trauma-informed care;
12 and

13 (2) has demonstrated expertise in serving com-
14 munities of color or can partner with a program that
15 has such demonstrated expertise.

16 (c) USE OF FUNDS.—As a condition on receipt of a
17 grant under this section, a grantee shall agree to use the
18 grant to increase racial and ethnic minority access to high-
19 quality trauma support services and mental health care,
20 such as by—

21 (1) establishing and maintaining community-
22 based programs providing evidence-based services in
23 trauma-informed care and culturally specific services
24 and other resources;

1 (2) developing innovative, culturally specific
2 strategies and projects to enhance access to trauma-
3 informed care and resources for racial and ethnic
4 minorities who face obstacles to using more tradi-
5 tional services and resources (such as obstacles in
6 geographic access to providers, insurance coverage,
7 and access to audio and video technologies);
8 (3) working with State and local governments
9 and social service agencies to develop and enhance
10 effective strategies to provide culturally specific serv-
11 ices to racial and ethnic minorities;
12 (4) increasing communities' capacity to provide
13 culturally specific resources and support for commu-
14 nities of color;
15 (5) working in cooperation with the community
16 to develop education and prevention strategies high-
17 lighting culturally specific issues and resources re-
18 garding racial and ethnic minorities;
19 (6) providing culturally specific programs for
20 racial and ethnic minorities exposed to law enforce-
21 ment violence; and
22 (7) examining the dynamics of culture and its
23 impact on victimization and healing.
24 (d) PRIORITY.—In awarding grants under this sec-
25 tion, the Secretary shall give priority to eligible entities

1 proposing to serve communities that have faced high rates
2 of community trauma, including from exposure to law en-
3 forcement violence, intergenerational poverty, civil unrest,
4 discrimination, or oppression.

5 (e) GRANT PERIOD.—The period of a grant under
6 this section shall be 4 years.

7 (f) EVALUATION.—Not later than 6 months after the
8 end of the period of all grants under this section, the Sec-
9 retary shall—

10 (1) conduct an evaluation of the programs
11 funded by a grant under this section;

12 (2) include in such evaluation an assessment of
13 the outcomes of each such program; and

14 (3) submit a report on the results of such eval-
15 uation to the Congress.

16 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
17 out this section, there is authorized to be appropriated
18 $20,000,000 for each of fiscal years 2025 through 2029.

## 19 Subtitle B—Interprofessional Care

### 20 SEC. 6201. HEALTH PROFESSIONS COMPETENCIES TO AD-
21 DRESS RACIAL AND ETHNIC MENTAL HEALTH
22 INEQUITIES.

23 (a) IN GENERAL.—The Secretary of Health and
24 Human Services, acting through the Assistant Secretary

1 for Mental Health and Substance Use, shall award grants
2 to qualified national organizations for the purposes of—
3 (1) developing, and disseminating to health pro-
4 fessional educational programs, culturally and lin-
5 guistically appropriate curricula or core com-
6 petencies addressing mental health inequities among
7 racial and ethnic minority groups for use in the
8 training of students in the professions of social
9 work, psychology, psychiatry, marriage and family
10 therapy, mental health counseling, peer support, and
11 substance use disorder counseling; and
12 (2) certifying community health workers and
13 peer wellness specialists with respect to such cur-
14 ricula and core competencies and integrating and ex-
15 panding the use of such workers and specialists into
16 health care and community-based settings to address
17 mental health inequities among racial and ethnic mi-
18 nority groups.
19 (b) CURRICULA; CORE COMPETENCIES.—Organiza-
20 tions receiving funds under subsection (a) may use the
21 funds to engage in the following activities related to the
22 development and dissemination of curricula or core com-
23 petencies described in subsection (a)(1):
24 (1) Formation of committees or working groups
25 composed of experts from accredited health profes-

1 sions schools to identify core competencies relating
2 to mental health inequities among racial and ethnic
3 minority groups.

4 (2) Planning of workshops in collaboration with
5 community-based organizations and communities of
6 color in national fora to directly facilitate public
7 input, including input from communities of color
8 with lived experience, into the educational needs as-
9 sociated with mental health inequities among racial
10 and ethnic minority groups.

11 (3) Dissemination and promotion of the use of
12 curricula or core competencies in undergraduate and
13 graduate health professions training programs na-
14 tionwide.

15 (4) Establishing external stakeholder advisory
16 boards to provide meaningful input into policy and
17 program development and best practices to reduce
18 mental health inequities among racial and ethnic
19 groups, including participation and leadership from
20 communities of color with lived experience of the im-
21 pacts of mental health inequities.

22 (c) DEFINITIONS.—In this section:

23 (1) QUALIFIED NATIONAL ORGANIZATION.—The
24 term "qualified national organization" means a na-
25 tional organization that focuses on the education of

1 students in programs of social work, occupational
2 therapy, psychology, psychiatry, substance use coun-
3 seling, and marriage and family therapy.

4 (2) RACIAL AND ETHNIC MINORITY GROUP.—
5 The term ''racial and ethnic minority group'' has the
6 meaning given to such term in section 1707(g) of
7 the Public Health Service Act (42 U.S.C. 300u–
8 6(g)).

9 (d) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated to carry out this section
11 such sums as may be necessary for each of fiscal years
12 2025 through 2029.

13 **SEC. 6202. INTERPROFESSIONAL HEALTH CARE TEAMS FOR**
14 **BEHAVIORAL HEALTH CARE.**

15 Part D of title V of the Public Health Service Act
16 (42 U.S.C. 290dd et seq.) is amended by adding at the
17 end the following:

18 **''SEC. 553. INTERPROFESSIONAL HEALTH CARE TEAMS FOR**
19 **PROVISION OF BEHAVIORAL HEALTH CARE**
20 **IN PRIMARY CARE SETTINGS.**

21 ''(a) GRANTS.—The Secretary, acting through the
22 Assistant Secretary, shall award grants to eligible entities
23 for the purpose of establishing interprofessional health
24 care teams that provide behavioral health care.

1 "(b) ELIGIBLE ENTITIES.—To be eligible to receive
2 a grant under this section, an entity shall be a Federally
3 qualified health center (as defined in section 1861(aa) of
4 the Social Security Act), rural health clinic, women's
5 health clinic, or behavioral health program (including any
6 such program operated by a community-based organiza-
7 tion) serving a high proportion of individuals from racial
8 and ethnic minority groups (as defined in section
9 1707(g)).

10 "(c) LOAN FORGIVENESS.—To encourage qualified
11 and diverse allied health professionals to enter the mental
12 health field, an eligible entity receiving a grant under this
13 section shall agree to use not less than $10,000 of the
14 grant funds on a loan forgiveness program for practi-
15 tioners who commit to working in the mental health field
16 for a period of 2 years.

17 "(d) SCIENTIFICALLY AND CULTURALLY BASED.—
18 Integrated health care funded through this section shall
19 be scientifically and culturally based, taking into consider-
20 ation the results of the most recent peer-reviewed research
21 available, including information on language accessibility,
22 cultural humility, diversity of practitioners, and consider-
23 ation of social determinants of health.

24 "(e) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out this section, there is authorized to be appro-

1 priated $20,000,000 for each of fiscal years 2025 through
2 2029.''.

3 **SEC. 6203. INTEGRATED HEALTH CARE DEMONSTRATION**
4 **PROGRAM.**

5 Part D of title V of the Public Health Service Act
6 (42 U.S.C. 290dd et seq.), as amended by section 6202,
7 is amended by adding at the end the following:

8 **''SEC. 554. INTERPROFESSIONAL HEALTH CARE TEAMS FOR**
9 **PROVISION OF BEHAVIORAL HEALTH CARE**
10 **IN PRIMARY CARE SETTINGS.**

11 ''(a) GRANTS.—The Secretary shall award grants to
12 eligible entities for the purpose of establishing interprofes-
13 sional health care teams that provide behavioral health
14 care.

15 ''(b) ELIGIBLE ENTITIES.—To be eligible to receive
16 a grant under this section, an entity shall be a Federally
17 qualified health center (as defined in section 1861(aa) of
18 the Social Security Act), rural health clinic, or behavioral
19 health program, serving a high proportion of individuals
20 from racial and ethnic minority groups (as defined in sec-
21 tion 1707(g)).

22 ''(c) SCIENTIFICALLY BASED.—Integrated health
23 care funded through this section shall be scientifically
24 based, taking into consideration the results of the most
25 recent peer-reviewed research available.

"(d) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $20,000,000 for each of the first 5 fiscal years following the date of enactment of the Health Equity and Accountability Act 2024.".

## Subtitle C—Workforce Development

### SEC. 6301. BUILDING AN EFFECTIVE WORKFORCE IN MENTAL HEALTH.

(a) IN GENERAL.—The Secretary of Health and Human Services, in coordination with the Assistant Secretary for Mental Health and Substance Use, the Administrator of the Health Resources and Services Administration, the Secretary of Labor, and advocacy and behavioral and mental health organizations serving vulnerable populations, including youth and young adults, people with low incomes, and people of color, shall—

(1) develop, strengthen, and implement strategies to bolster career pathways for diverse mental health professionals;

(2) identify the breadth of settings where mental health care and behavioral health care can take place; and

1 (3) identify current mental health professional
2 workforce shortages, inclusive of shortages of diverse
3 mental health professionals.

4 (b) CONTENTS.—Strategies under subsection (a)
5 shall include—

6 (1) the variety of settings where mental health
7 professionals are needed, including community-based
8 organizations, women's centers, shelters, organiza-
9 tions focused on youth development, workforce agen-
10 cies, job placement and development centers, emer-
11 gency rooms, the special supplemental nutrition pro-
12 gram for women, infants, and children under section
13 17 of the Child Nutrition Act of 1966 (42 U.S.C.
14 1786), food banks, legal aid, and benefit issuers (as
15 defined in section 3 of the Food and Nutrition Act
16 of 2008 (7 U.S.C. 2012));

17 (2) defining career pathways in mental and be-
18 havioral health, to help diverse communities under-
19 stand the variety of careers in mental and behavioral
20 health that are available;

21 (3) building career pathways in mental and be-
22 havioral health as part of the curriculum at the
23 postsecondary education level;

24 (4) providing accessible training and certifi-
25 cation pathways for diverse lay health workers such

1 as community health workers and other peer support
2 specialists to ensure that careers pay a living wage;
3 (5) creating incentives for students in the fields
4 of occupational therapy, social work, psychology,
5 medicine, and nursing to learn more about mental
6 health, and to include a mental health rotation, with
7 a particular focus in racially and ethnically diverse
8 communities, as a part of the health professional
9 curricula;
10 (6) including training and education for teach-
11 ers about the basics of section 504 of the Rehabilita-
12 tion Act of 1973 (29 U.S.C. 794) and individualized
13 education programs (as defined in section 614(d) of
14 the Individuals with Disabilities Education Act (20
15 U.S.C. 1414(d)));
16 (7) researching, developing, and implementing
17 programs for mental and behavioral health profes-
18 sionals to prevent burnout; and
19 (8) finding better and increased avenues to en-
20 sure equity by providing better loan forgiveness pro-
21 grams, including a focus area within the National
22 Health Service Corps focused on community trauma.
23 (c) USE OF FUNDS.—Programs and activities funded
24 under this section shall be consistent with subsection
25 (a)(1) and shall include the following:

(1) Subgrants to entities serving youth and young adults which demonstrate a need for an increased mental health workforce, using strategies described in subsection (a)(1).

(2) Funding towards the Health Resources and Services Administration's Behavioral Health Workforce Education and Training Program.

(3) Funding towards the development and implementation of a National Health Service Corps program focused on community trauma.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section $50,000,000 for each of fiscal years 2025 through 2035.

**SEC. 6302. DEMONSTRATION PROGRAM TO INCREASE LANGUAGE ACCESS AT ELIGIBLE HEALTH CENTERS.**

(a) GRANTS.—The Secretary shall carry out a demonstration program consisting of awarding grants to eligible health centers to recruit, hire, employ, and supervise qualified behavioral health professionals who—

(1) are proficient in speaking and understanding both spoken English and at least one other spoken language, including any necessary specialized vocabulary, terminology, and phraseology;

1 (2) are able to effectively, accurately, and im-
2 partially communicate directly with limited English
3 proficient individuals in their primary language; and
4 (3) are, or will be, employed—
5 (A) directly by the eligible health center; or
6 (B) through a contract between the eligible
7 health center and the qualified behavioral
8 health professional under which such profes-
9 sional provides services as part of the eligible
10 health center's workforce or under supervision
11 by the health center, in order to provide behav-
12 ioral health services in another language.
13 (b) PREFERENCE.—In selecting grant recipients
14 under subsection (a), the Secretary shall give preference
15 to eligible health centers at which at least 10 percent of
16 the patients are best served in a language other than
17 English, as indicated by data in the Uniform Data System
18 of the Health Resources and Services Administration (or
19 any successor database).
20 (c) OUTREACH.—An eligible health center receiving
21 a grant under this section shall use a portion of the grant
22 funds to disseminate information about the behavioral
23 health services supported through the grant.
24 (d) REPORTS.—

1 (1) INITIAL REPORT.—Not later than 6 months
2 after the first grants are awarded under subsection
3 (a), the Secretary shall submit to the Committee on
4 Appropriations and the Committee on Energy and
5 Commerce of the House of Representatives, the
6 Committee on Appropriations and the Committee on
7 Health, Education, Labor, and Pensions of the Sen-
8 ate, and other appropriate congressional committees,
9 a report on the implementation of the program
10 under this section. Such report shall include—
11 (A) the languages spoken by the qualified
12 behavioral health professionals recruited pursu-
13 ant to a grant under subsection (a);
14 (B) the eligible health center at which each
15 such professional was placed;
16 (C) how many eligible health centers re-
17 ceived grants under subsection (a);
18 (D) an analysis, conducted in consultation
19 with the eligible health centers receiving grants
20 under subsection (a), of the effectiveness of
21 such grants at increasing language access to be-
22 havioral health services; and
23 (E) best practices, developed in consulta-
24 tion with eligible health centers receiving grants
25 under subsection (a), for the recruitment and

1 retention of qualified behavioral health profes-
2 sionals at such health centers.

3 (2) FINAL REPORT.—Not later than the end of
4 fiscal year 2026, the Secretary shall submit to the
5 Committee on Appropriations and the Committee on
6 Energy and Commerce of the House of Representa-
7 tives, the Committee on Appropriations and the
8 Committee on Health, Education, Labor, and Pen-
9 sions of the Senate, and other appropriate congres-
10 sional committees, a final report on the implementa-
11 tion of the program under this section, including the
12 information, analysis, and best practices described in
13 subparagraphs (A) through (E) of paragraph (1).

14 (e) DEFINITIONS.—In this section:

15 (1) The term ''eligible health center'' means a
16 health center (as defined in section 330 of the Pub-
17 lic Health Service Act (42 U.S.C. 254b)) that is al-
18 ready receiving assistance pursuant to one or more
19 grants under such section 330 at the time of the
20 award to such health center of a supplemental grant
21 under subsection (a).

22 (2) The term ''qualified behavioral health pro-
23 fessional'' means—

24 (A) a behavioral and mental health profes-
25 sional (as defined in section 331(a)(3)(E)(i) of

1 the Public Health Service Act (42 U.S.C.
2 254d(a)(3)(E)(i)));
3 (B) a substance use disorder counselor;
4 (C) an occupational therapist; or
5 (D) an individual who—
6 (i) has not yet been licensed or cer-
7 tified to serve as a professional listed in
8 any of subparagraphs (A) through (C);
9 and
10 (ii) will serve at the eligible health
11 center under the supervision of a licensed
12 individual or certified professional so list-
13 ed.
14 (3) The term ''Secretary'' means the Secretary
15 of Health and Human Services.
16 (f) FUNDING.—Subject to the availability of appro-
17 priations, out of amounts otherwise appropriated under
18 section 760(g) of the Public Health Service Act (42 U.S.C.
19 294k(g)), the Secretary is authorized to use up to
20 $10,000,000 for each of fiscal years 2025 through 2030
21 to carry out this section.

1 **SEC. 6303. HEALTH PROFESSIONS COMPETENCIES TO AD-**
2 **DRESS RACIAL AND ETHNIC MINORITY MEN-**
3 **TAL HEALTH DISPARITIES.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services may award grants to qualified national
6 organizations for the purposes of—
7 (1) developing, and disseminating to health pro-
8 fessional educational programs, best practices or
9 core competencies addressing mental health dispari-
10 ties among racial and ethnic minority groups for use
11 in the training of students in the professions of so-
12 cial work, psychology, psychiatry, marriage and fam-
13 ily therapy, mental health counseling, and substance
14 use disorder counseling; and
15 (2) certifying community health workers and
16 peer wellness specialists with respect to such best
17 practices and core competencies and integrating and
18 expanding the use of such workers and specialists
19 into health care to address mental health disparities
20 among racial and ethnic minority groups.
21 (b) BEST PRACTICES; CORE COMPETENCIES.—Orga-
22 nizations receiving funds under subsection (a) may use the
23 funds to engage in the following activities related to the
24 development and dissemination of best practices or core
25 competencies described in subsection (a)(1):

1 (1) Formation of committees or working groups
2 composed of experts from accredited health profes-
3 sions schools to identify best practices and core com-
4 petencies relating to mental health disparities among
5 racial and ethnic minority groups.

6 (2) Planning of workshops at the national level
7 to allow for public input into the educational needs
8 associated with mental health disparities among ra-
9 cial and ethnic minority groups.

10 (3) Dissemination and promotion of the use of
11 best practices or core competencies for culturally
12 and linguistically appropriate mental health services
13 in undergraduate and graduate health professions
14 training programs nationwide.

15 (4) Establishing external stakeholder advisory
16 boards to provide meaningful input into policy and
17 program development and best practices to reduce
18 mental health disparities among racial and ethnic
19 minority groups.

20 (c) DEFINITIONS.—In this section:

21 (1) QUALIFIED NATIONAL ORGANIZATION.—The
22 term ''qualified national organization'' means a na-
23 tional organization that focuses on the education of
24 students in one or more of the professions of social
25 work, psychology, psychiatry, marriage and family

1 therapy, mental health counseling, and substance
2 misuse counseling.
3 (2) RACIAL AND ETHNIC MINORITY GROUP.—
4 The term "racial and ethnic minority group" has the
5 meaning given to such term in section 1707(g) of
6 the Public Health Service Act (42 U.S.C. 300u–
7 6(g)).

## 8 Subtitle D—Children's Mental
## 9 Health

10 **SEC. 6401. GRANT PROGRAMS TO SUPPORT PEDIATRIC BE-**
11 **HAVIORAL HEALTH CARE.**

12 Part D of title III of the Public Health Service Act
13 (42 U.S.C. 254b et seq.) is amended by inserting after
14 subpart V the following new subpart:

15 **"Subpart VI—Pediatric Behavioral Health Programs**

16 **"SEC. 340A–1. PROGRAM TO IMPROVE ACCESS TO COMMU-**
17 **NITY-BASED PEDIATRIC BEHAVIORAL**
18 **HEALTH CARE.**

19 "(a) IN GENERAL.—The Secretary, acting through
20 the Administrator of the Health Resources and Services
21 Administration, shall award grants, contracts, or coopera-
22 tive agreements to eligible entities for the purpose of sup-
23 porting pediatric behavioral health care integration and
24 coordination within communities to meet local community
25 needs.

1 "(b) ELIGIBLE ENTITIES.—Entities eligible for
2 grants under subsection (a) include—
3 "(1) health care providers, including family
4 physicians, pediatric medical sub-specialists, and
5 surgical specialists;
6 "(2) children's hospitals;
7 "(3) facilities that are eligible to receive funds
8 under section 340E or 340H;
9 "(4) nonprofit medical facilities that predomi-
10 nantly treat individuals under the age of 21;
11 "(5) rural health clinics and Federally qualified
12 health centers (as such terms are defined in section
13 1861(aa) of the Social Security Act);
14 "(6) pediatric mental health and substance use
15 disorder providers, such as child and adolescent psy-
16 chiatrists, psychologists, developmental and behav-
17 ioral pediatricians, general pediatricians, advanced
18 practice nurses, social workers, licensed professional
19 counselors, and other licensed professionals that pro-
20 vide mental health and substance use disorder serv-
21 ices to patients under 21 years of age;
22 "(7) children's advocacy centers described in
23 section 214(c)(2)(B) of the Victims of Child Abuse
24 Act of 1990;
25 "(8) school-based health centers; and

1 "(9) other entities as determined appropriate by
2 the Secretary.

3 "(c) PRIORITIZATION.—In making awards under sub-
4 section (a), the Secretary shall prioritize—

5 "(1) applicants that provide children and ado-
6 lescents from high-need, rural, or under-resourced
7 communities with services across the continuum of
8 children's mental health and substance use disorder
9 care; and

10 "(2) applicants that predominantly provide care
11 to children and adolescents that demonstrate plans
12 to utilize funds to expand provision of care to chil-
13 dren, adolescents, and youth under age 21.

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

16 "(1) increasing the capacity of pediatric prac-
17 tices, family medicine practices, and school-based
18 health centers to integrate pediatric mental, emo-
19 tional, and behavioral health services into their prac-
20 tices including through co-location of mental, emo-
21 tional, and behavioral health providers;

22 "(2) training for non-clinical pediatric health
23 care workers, including care coordinators and navi-
24 gators, on child and adolescent mental health and

1 substance use disorder, trauma-informed care, and
2 local resources to support children and caregivers;
3 ‘‘(3) expanding evidence-based, integrated mod-
4 els of care for pediatric mental health and substance
5 use disorder services;
6 ‘‘(4) pediatric practice integration for the provi-
7 sion of pediatric mental health and substance use
8 disorder services;
9 ‘‘(5) addressing surge capacity for pediatric
10 mental health and substance use disorder needs;
11 ‘‘(6) providing pediatric mental, emotional, and
12 behavioral health services to children as delivered by
13 mental health and substance use disorder profes-
14 sionals utilizing telehealth services;
15 ‘‘(7) establishing or maintaining initiatives to
16 allow more children to access care outside of emer-
17 gency departments, including partial hospitalization,
18 step down residency programs, and intensive out-
19 patient programs;
20 ‘‘(8) supporting, enhancing, or expanding pedi-
21 atric mental health and substance use disorder pre-
22 ventive and crisis intervention services;
23 ‘‘(9) establishing or maintaining pediatric men-
24 tal health and substance use disorder urgent care or
25 walk-in clinics;

1 “(10) establishing or maintaining community-
2 based pediatric mental health and substance use dis-
3 order initiatives, such as partnerships with schools
4 and early childhood education programs;

5 “(11) addressing other access and coordination
6 gaps to pediatric mental health and substance use
7 disorder services in the community for children; and

8 “(12) supporting the collection of data on chil-
9 dren and adolescents' mental health needs, service
10 utilization and availability, and demographic data, to
11 capture community needs and identify gaps and bar-
12 riers in children's access to care, in a manner that
13 protects personal privacy, consistent with applicable
14 Federal and State privacy laws.

15 “(e) AUTHORIZATION OF APPROPRIATIONS.—To
16 carry out this section, there is authorized to be appro-
17 priated such sums as may be necessary for each of fiscal
18 years 2025 through 2029.

19 **“SEC. 340A–2. PEDIATRIC BEHAVIORAL HEALTH WORK-**
20 **FORCE TRAINING PROGRAM.**

21 “(a) IN GENERAL.—The Secretary, acting through
22 the Administrator of the Health Resources and Services
23 Administration, shall award grants, contracts, or coopera-
24 tive agreements to eligible entities for the purpose of sup-

1 porting evidence-based pediatric mental health and sub-
2 stance use disorder workforce training.

3 "(b) ELIGIBLE ENTITIES.—Entities eligible for
4 grants under subsection (a) include—

5 "(1) children's hospitals;

6 "(2) facilities that are eligible to receive funds
7 under section 340E or 340H;

8 "(3) nonprofit medical facilities that predomi-
9 nantly treat individuals under the age of 21;

10 "(4) rural health clinics and Federally qualified
11 health centers (as such terms are defined in section
12 1861(aa) of the Social Security Act);

13 "(5) entities that employ mental health and
14 substance use disorder professionals, such as child
15 and adolescent psychiatrists, psychologists, develop-
16 mental and behavioral pediatricians, general pedia-
17 tricians, advanced practice nurses, social workers, li-
18 censed professional counselors, or other licensed pro-
19 fessionals that provide mental health or substance
20 use disorder services to patients under 21 years of
21 age; and

22 "(6) other pediatric health care providers as de-
23 termined appropriate by the Secretary.

1 ''(c) USE OF FUNDS.—Activities that may be sup-
2 ported through an award under subsection (a) include the
3 following:

4 ''(1) Training to enhance the capabilities of the
5 existing pediatric workforce, including pediatricians,
6 primary care physicians, advanced practice reg-
7 istered nurses, and other pediatric health care pro-
8 viders, including expanded training in pediatric men-
9 tal health and substance use disorders, and cul-
10 turally and developmentally appropriate care for
11 children with mental health conditions.

12 ''(2) Training to support multi-disciplinary
13 teams to provide pediatric mental health and sub-
14 stance use disorder treatment, including through in-
15 tegrated care models.

16 ''(3) Initiatives to accelerate the time to licen-
17 sure within the pediatric mental health or substance
18 use disorder workforce.

19 ''(4) Activities to expand recruitment and reten-
20 tion, increase workforce diversity, or enhance work-
21 force training for critical pediatric mental health
22 professions, including—

23 ''(A) child and adolescent psychiatrists;

24 ''(B) psychiatric nurses;

25 ''(C) psychologists;

1 ''(D) family therapists;
2 ''(E) social workers;
3 ''(F) mental health counselors;
4 ''(G) developmental and behavioral pedia-
5 tricians;
6 ''(H) pediatric substance use disorder spe-
7 cialists; and
8 ''(I) other mental health care providers as
9 determined appropriate by the Secretary.
10 ''(d) AUTHORIZATION OF APPROPRIATIONS.—To
11 carry out this section, there is authorized to be appro-
12 priated such sums as may be necessary for each of fiscal
13 years 2025 through 2029.''.

14 **SEC. 6402. INCREASING FEDERAL INVESTMENT IN PEDI-**
15 **ATRIC BEHAVIORAL HEALTH SERVICES.**

16 The Public Health Service Act (42 U.S.C. 201 et
17 seq.) (as amended by section 2004) is amended by adding
18 at the end the following:

# "TITLE XXXV—ASSISTANCE FOR CONSTRUCTION AND MODERNIZATION OF CHILDREN'S MENTAL HEALTH AND SUBSTANCE USE DISORDER INFRASTRUCTURE

### "SEC. 3501. INCREASING FEDERAL INVESTMENT IN PEDIATRIC BEHAVIORAL HEALTH SERVICES.

"(a) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall award grants, contracts, or cooperative agreements to eligible entities for the purpose of improving their ability to provide pediatric behavioral health services, including by—

"(1) constructing or modernizing sites of care for pediatric behavioral health services;

"(2) expanding capacity to provide pediatric behavioral health services, including enhancements to digital infrastructure, telehealth capabilities, or other improvements to patient care infrastructure;

"(3) supporting the reallocation of existing resources to accommodate pediatric behavioral health patients, including by converting or adding a sufficient number of beds to establish or increase the hospital's inventory of licensed and operational,

1 short-term psychiatric and substance use inpatient
2 beds; and
3 "(4) addressing gaps in the continuum of care
4 for children, by expanding capacity to provide inter-
5 mediate levels of care, such as intensive outpatient
6 services, partial hospitalization programs, and day
7 programs that can prevent hospitalizations and sup-
8 port children as they transition back to their homes
9 and communities.
10 "(b) ELIGIBILITY.—To be eligible to seek an award
11 under this section, an entity shall be a hospital or rural
12 health clinic that predominantly treats individuals under
13 the age of 21, including any hospital that receives funds
14 under section 340E.
15 "(c) AUTHORIZATION OF APPROPRIATIONS.—To
16 carry out this section, there is authorized to be appro-
17 priated such sums as may be necessary for each of fiscal
18 years 2025 through 2029.
19 "(d) SUPPLEMENT, NOT SUPPLANT.—Funds pro-
20 vided under this section shall be used to supplement, not
21 supplant Federal and non-Federal funds available for car-
22 rying out the activities described in this section.
23 "(e) REPORTING.—
24 "(1) REPORTS FROM AWARD RECIPIENTS.—Not
25 later than 180 days after the completion of activities

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

6 ''(2) REPORTS TO CONGRESS.—Not later than
7 one year after the completion of activities funded by
8 an award under this section, the Secretary shall sub-
9 mit to the Committee on Energy and Commerce of
10 the House of Representatives and the Committee on
11 Health, Education, Labor, and Pensions of the Sen-
12 ate a report on the projects and activities conducted
13 with funds awarded under this section, and the out-
14 come of such projects and activities. Such report
15 shall include—

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

18 ''(B) an overview of the impact, if any, of
19 such projects on pediatric health care infra-
20 structure, including any impact on access to pe-
21 diatric mental health and substance use dis-
22 order services;

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

1 "(D) any other considerations as the Sec-
2 retary determines appropriate.".

3 **SEC. 6403. MENTAL HEALTH IN SCHOOLS.**

4 (a) TECHNICAL AMENDMENTS.—The second part G
5 (relating to services provided through religious organiza-
6 tions) of title V of the Public Health Service Act (42
7 U.S.C. 290kk et seq.) is amended—

8 (1) by redesignating such part as part J; and
9 (2) by redesignating sections 581 through 584
10 as sections 596 through 596C, respectively.

11 (b) SCHOOL-BASED MENTAL HEALTH AND CHIL-
12 DREN.—Section 581 of the Public Health Service Act (42
13 U.S.C. 290hh) (relating to children and violence) is
14 amended to read as follows:

15 **"SEC. 581. SCHOOL-BASED MENTAL HEALTH; CHILDREN**
16 **AND ADOLESCENTS.**

17 "(a) IN GENERAL.—The Secretary, in consultation
18 with the Secretary of Education, shall, through grants,
19 contracts, or cooperative agreements awarded to eligible
20 entities described in subsection (c), provide comprehensive
21 school-based mental health services and supports to assist
22 children in local communities and schools (including
23 schools funded by the Bureau of Indian Education) deal-
24 ing with traumatic experiences, grief, bereavement, risk of

1 suicide, and violence. Such services and supports shall
2 be—
3 "(1) developmentally, linguistically, and cul-
4 turally appropriate;
5 "(2) trauma-informed; and
6 "(3) incorporate positive behavioral interven-
7 tions and supports.
8 "(b) ACTIVITIES.—Grants, contracts, or cooperative
9 agreements awarded under subsection (a), shall, as appro-
10 priate, be used for—
11 "(1) implementation of school- and community-
12 based mental health programs that—
13 "(A) build awareness of individual trauma
14 and the intergenerational, continuum of impacts
15 of trauma on populations;
16 "(B) train appropriate staff to identify,
17 and screen for, signs of trauma exposure, men-
18 tal health disorders, or risk of suicide; and
19 "(C) incorporate positive behavioral inter-
20 ventions, family engagement, student treatment,
21 and multigenerational supports to foster the
22 health and development of children, prevent
23 mental health disorders, and ameliorate the im-
24 pact of trauma;

1 "(2) technical assistance to local communities
2 with respect to the development of programs de-
3 scribed in paragraph (1);
4 "(3) facilitating community partnerships among
5 families, students, law enforcement agencies, edu-
6 cation agencies, mental health and substance use
7 disorder service systems, family-based mental health
8 service systems, child welfare agencies, health care
9 providers (including primary care physicians, mental
10 health professionals, and other professionals who
11 specialize in children's mental health such as child
12 and adolescent psychiatrists), institutions of higher
13 education, faith-based programs, trauma networks,
14 and other community-based systems to address child
15 and adolescent trauma, mental health issues, and vi-
16 olence; and
17 "(4) establishing mechanisms for children and
18 adolescents to report incidents of violence or plans
19 by other children, adolescents, or adults to commit
20 violence.
21 "(c) REQUIREMENTS.—
22 "(1) IN GENERAL.—To be eligible for a grant,
23 contract, or cooperative agreement under subsection
24 (a), an entity shall be a partnership that includes—

1 "(A) a State educational agency, as de-
2 fined in section 8101 of the Elementary and
3 Secondary Education Act of 1965, in coordina-
4 tion with one or more local educational agen-
5 cies, as defined in section 8101 of the Elemen-
6 tary and Secondary Education Act of 1965, or
7 a consortium of any entities described in sub-
8 paragraph (B), (C), (D), or (E) of section
9 8101(30) of such Act; and
10 "(B) at least 1 community-based mental
11 health provider, including a public or private
12 mental health entity, health care entity, family-
13 based mental health entity, trauma network, or
14 other community-based entity, as determined by
15 the Secretary (and which may include addi-
16 tional entities such as a human services agency,
17 law enforcement or juvenile justice entity, child
18 welfare agency, agency, an institution of higher
19 education, or another entity, as determined by
20 the Secretary).
21 "(2) COMPLIANCE WITH HIPAA.—Any patient
22 records developed by covered entities through activi-
23 ties under the grant shall meet the regulations pro-
24 mulgated under section 264(c) of the Health Insur-
25 ance Portability and Accountability Act of 1996.

1 "(3) COMPLIANCE WITH FERPA.—Section 444
2 of the General Education Provisions Act (commonly
3 known as the 'Family Educational Rights and Pri-
4 vacy Act of 1974') shall apply to any entity that is
5 a member of the partnership in the same manner
6 that such section applies to an educational agency or
7 institution (as that term is defined in such section).
8 "(d) GEOGRAPHICAL DISTRIBUTION.—The Secretary
9 shall ensure that grants, contracts, or cooperative agree-
10 ments under subsection (a) will be distributed equitably
11 among the regions of the country and among urban and
12 rural areas.
13 "(e) DURATION OF AWARDS.—With respect to a
14 grant, contract, or cooperative agreement under sub-
15 section (a), the period during which payments under such
16 an award will be made to the recipient shall be 5 years,
17 with options for renewal.
18 "(f) EVALUATION AND MEASURES OF OUTCOMES.—
19 "(1) DEVELOPMENT OF PROCESS.—The Assist-
20 ant Secretary shall develop a fiscally appropriate
21 process for evaluating activities carried out under
22 this section. Such process shall include—
23 "(A) the development of guidelines for the
24 submission of program data by grant, contract,
25 or cooperative agreement recipients;

1 “(B) the development of measures of outcomes (in accordance with paragraph (2)) to be applied by such recipients in evaluating programs carried out under this section; and

5 “(C) the submission of annual reports by such recipients concerning the effectiveness of programs carried out under this section.

8 “(2) MEASURES OF OUTCOMES.—The Assistant Secretary shall develop measures of outcomes to be applied by recipients of assistance under this section to evaluate the effectiveness of programs carried out under this section, including outcomes related to the student, family, and local educational systems supported by this Act.

15 “(3) SUBMISSION OF ANNUAL DATA.—An eligible entity described in subsection (c) that receives a grant, contract, or cooperative agreement under this section shall annually submit to the Assistant Secretary a report that includes data to evaluate the success of the program carried out by the entity based on whether such program is achieving the purposes of the program. Such reports shall utilize the measures of outcomes under paragraph (2) in a reasonable manner to demonstrate the progress of the program in achieving such purposes.

1 "(4) EVALUATION BY ASSISTANT SECRETARY.—
2 Based on the data submitted under paragraph (3),
3 the Assistant Secretary shall annually submit to
4 Congress a report concerning the results and effec-
5 tiveness of the programs carried out with assistance
6 received under this section.

7 "(5) LIMITATION.—An eligible entity shall use
8 not more than 20 percent of amounts received under
9 a grant under this section to carry out evaluation
10 activities under this subsection.

11 "(g) INFORMATION AND EDUCATION.—The Sec-
12 retary shall disseminate best practices based on the find-
13 ings of the knowledge development and application under
14 this section.

15 "(h) AMOUNT OF GRANTS AND AUTHORIZATION OF
16 APPROPRIATIONS.—

17 "(1) AMOUNT OF GRANTS.—A grant under this
18 section shall be in an amount that is not more than
19 $2,000,000 for each of the first 5 fiscal years fol-
20 lowing the date of enactment of the Health Equity
21 and Accountability Act 2024. The Secretary shall
22 determine the amount of each such grant based on
23 the population of children up to age 21 of the area
24 to be served under the grant.

1 "(2) AUTHORIZATION OF APPROPRIATIONS.—
2 There is authorized to be appropriated to carry out
3 this section, $300,000,000 for each of fiscal years
4 2025 through 2028.".

5 (c) CONFORMING AMENDMENT.—Part G of title V of
6 the Public Health Service Act (42 U.S.C. 290hh et seq.),
7 as amended by subsection (b), is amended by striking the
8 part designation and heading and inserting the following:

9 **"PART G—SCHOOL-BASED MENTAL HEALTH".**

10 **SEC. 6404. ADDITIONAL SUPPORT FOR YOUTH AND YOUNG**
11 **ADULT MENTAL HEALTH SERVICE PROVI-**
12 **SION.**

13 Section 1903 of the Social Security Act (42 U.S.C.
14 1396b) is amended by adding at the end the following new
15 subsection:

16 "(cc) YOUTH AND YOUNG ADULT INTERVENTION
17 SERVICES.—

18 "(1) IN GENERAL.—Notwithstanding section
19 1902(a)(1) (relating to Statewideness), section
20 1902(a)(10)(B) (relating to comparability), section
21 1902(a)(23)(A) (relating to freedom of choice of
22 providers), or section 1902(a)(27) (relating to pro-
23 vider agreements), a State may, during the 5-year
24 period beginning on the first day of the fiscal year
25 quarter that begins on or after January 1, 2024,

1 provide medical assistance for qualifying youth and
2 young adult mental health and substance use inter-
3 vention services (as defined in paragraph (2)(C))
4 under a State plan amendment or waiver approved
5 under section 1115 or 1915(c).

6 ''(2) DEFINITIONS.—For the purposes of this
7 subsection:

8 ''(A) PRIORITY SERVICE.—The term 'pri-
9 ority service' means any of the following if vol-
10 untarily received and provided in a manner that
11 maintains the privacy and confidentiality of pa-
12 tient information consistent with Federal and
13 State requirements:

14 ''(i) Community-based mobile crisis
15 intervention services, as defined in section
16 1947.

17 ''(ii) Telehealth.

18 ''(iii) Youth peer support.

19 ''(iv) Screening for adverse childhood
20 experiences.

21 ''(v) Trauma responsive care.

22 ''(vi) Other priority services for youth,
23 as defined by the Secretary.

24 ''(B) QUALIFIED MENTAL HEALTH PRO-
25 VIDERS.—The term 'qualified mental health

1 providers' means a behavioral health care pro-
2 fessional who is capable of conducting an as-
3 sessment of the individual, in accordance with
4 the professional's permitted scope of practice
5 under State law, and other professionals or
6 paraprofessionals with appropriate expertise in
7 youth and young adult behavioral health or
8 mental health, including social workers, peer
9 support specialists, recovery coaches, commu-
10 nity health workers, mental health clinicians,
11 and others, as designated by the State and ap-
12 proved by the Secretary.

13 "(C) QUALIFYING YOUTH AND YOUNG
14 ADULT MENTAL HEALTH AND SUBSTANCE USE
15 INTERVENTION SERVICES DEFINED.—The term
16 'qualifying youth and young adult mental health
17 and substance use intervention services' means,
18 with respect to a State, items and services for
19 which medical assistance is available under the
20 State plan under this title or a waiver of such
21 plan, that are—

22 "(i) furnished to an individual 16 to
23 25 years of age who is—

24 "(I) experiencing a mental health
25 or substance use disorder crisis;

1 "(II) subject to the juvenile or
2 adult justice system as defined in sec-
3 tion 3102 of title 29, United States
4 Code;
5 "(III)(aa) experiencing homeless-
6 ness (as defined in section 41403(6)
7 of the Violence Against Women Act of
8 1994 (42 U.S.C. 14043e–2(6)));
9 "(bb) a homeless child or youth
10 (as defined in section 725(2) of the
11 McKinney-Vento Homeless Assistance
12 Act (42 U.S.C. 11434a(2)));
13 "(cc) a runaway, in foster care,
14 or has aged out of the foster care sys-
15 tem;
16 "(dd) a child eligible for assist-
17 ance under section 477 of the Social
18 Security Act (42 U.S.C. 677); or
19 "(ee) in an out-of-home place-
20 ment;
21 "(IV) pregnant or parenting as
22 defined in section 3102 of title 29,
23 United States Code;

1 "(V) a youth who is an individual
2 with a disability as defined in section
3 3102 of title 29, United States Code;
4 "(VI) a low-income youth requir-
5 ing additional assistance to enter or
6 complete an educational program or
7 to secure or hold employment as de-
8 fined in section 3102 of title 29,
9 United States Code; or
10 "(VII) living in a community that
11 has faced acute or long-term exposure
12 to substantial discrimination, histor-
13 ical oppression, intergenerational pov-
14 erty, civil unrest, or a high rate of vio-
15 lence or drug overdose deaths;
16 "(ii) furnished by qualified mental
17 health providers; and
18 "(iii) a priority service.
19 "(D) TELEHEALTH.—The term 'telehealth'
20 means use of electronic information and tele-
21 communications technologies, including voice
22 only audio, text, remote patient monitoring, and
23 mHealth via applications, to support clinical
24 mental health care, patient and professional

1 health-related education, public health, and
2 health administration.
3 "(3) PAYMENTS.—Notwithstanding section
4 1905(b), beginning January 1, 2024, during each of
5 the first 20 fiscal quarters that a State meets the
6 requirements described in paragraph (4), the Fed-
7 eral medical assistance percentage applicable to
8 amounts expended by the State for medical assist-
9 ance for qualifying youth and young adult mental
10 health and substance use intervention services fur-
11 nished during such quarter shall be equal to 100
12 percent.
13 "(4) REQUIREMENTS.—The requirements de-
14 scribed in this paragraph are the following:
15 "(A) The State demonstrates, to the satis-
16 faction of the Secretary—
17 "(i) that it will be able to support the
18 provision of qualifying youth and young
19 adult mental health and substance use
20 intervention services that meet the condi-
21 tions specified in paragraphs (1) and (2);
22 and
23 "(ii) how it will support coordination
24 between qualified mental health providers
25 and substance use teams and community

1 partners, including health care providers,
2 to enable the provision of services, needed
3 referrals, and other activities identified by
4 the Secretary.

5 “(B) The State provides assurances satis-
6 factory to the Secretary that—

7 “(i) any additional Federal funds re-
8 ceived by the State for qualifying youth
9 and young adult mental health and sub-
10 stance use intervention services provided
11 under this subsection that are attributable
12 to the increased Federal medical assistance
13 percentage under paragraph (3)(A) will be
14 used to supplement, and not supplant, the
15 level of State funds expended for such
16 services for fiscal year 2024;

17 “(ii) if the State made qualifying
18 youth and young adult mental health and
19 substance use intervention services avail-
20 able in a region of the State in fiscal year
21 2023 the State will continue to make such
22 services available in such region under this
23 subsection at the same level that the State
24 made such services available in such fiscal
25 year; and

1 "(iii) the State will conduct the evaluation and assessment, and submit the report required under paragraph (5).

4 "(5) STATE EVALUATION AND REPORT.—

5 "(A) STATE EVALUATION.—Not later than 4 fiscal quarters after a State begins providing qualifying youth and young adult mental health and substance use intervention services in accordance with this subsection, the State shall enter into a contract with an independent entity or organization to conduct an evaluation for the purposes of—

13 "(i) determining the effect of the provision of such services on—

15 "(I) emergency room visits;

16 "(II) use of ambulatory services;

17 "(III) hospitalizations;

18 "(IV) the involvement of law enforcement in mental health or substance use disorder crisis events; and

21 "(V) the diversion of individuals from jails or similar settings; and

23 "(ii) assessing—

24 "(I) the types of services provided to individuals;

1 "(II) the types of events re-
2 sponded to;
3 "(III) cost savings or cost-effec-
4 tiveness attributable to such services;
5 "(IV) the experiences of individ-
6 uals who receive qualifying youth and
7 young adult mental health and sub-
8 stance use intervention services;
9 "(V) the successful connection of
10 individuals with follow-up services;
11 and
12 "(VI) other relevant outcomes
13 identified by the Secretary.
14 "(B) COMPARISON TO HISTORICAL MEAS-
15 URES.—The contract described in subparagraph
16 (A) shall specify that the evaluation is based on
17 a comparison of the historical measures of
18 State performance with respect to the outcomes
19 specified under such subparagraph to the
20 State's performance with respect to such out-
21 comes during the period beginning with the
22 first quarter in which the State begins pro-
23 viding qualifying youth and young adult mental
24 health and substance use intervention services
25 in accordance with this subsection.

1 "(C) REPORT.—Not later than 2 years
2 after a State begins to provide qualifying youth
3 and young adult mental health and substance
4 use intervention services in accordance with this
5 subsection, the State shall submit a report to
6 the Secretary on the following:
7 "(i) The results of the evaluation car-
8 ried out under subparagraph (A).
9 "(ii) The number of individuals who
10 received qualifying youth and young adult
11 mental health and substance use interven-
12 tion services.
13 "(iii) Demographic information re-
14 garding such individuals when available,
15 including the race and ethnicity, age, sex,
16 sexual orientation, gender identity, and ge-
17 ographic location of such individuals.
18 "(iv) The processes and models devel-
19 oped by the State to provide qualifying
20 youth and young adult mental health and
21 substance use intervention services under
22 such the State plan or waiver, including
23 the processes developed to provide referrals
24 for, or coordination with, follow-up care
25 and services.

1 "(v) Lessons learned regarding the
2 provision of such services.
3 "(D) PUBLIC AVAILABILITY.—The State
4 shall make the report required under subpara-
5 graph (C) publicly available, including on the
6 website of the appropriate State agency, upon
7 submission of such report to the Secretary.
8 "(6) BEST PRACTICES REPORT.—
9 "(A) IN GENERAL.—Not later than 3 years
10 after the first State begins to provide qualifying
11 youth and young adult mental health and sub-
12 stance use intervention services in accordance
13 with this subsection, the Secretary shall submit
14 a report to Congress that—
15 "(i) identifies the States that elected
16 to provide services in accordance with this
17 subsection;
18 "(ii) summarizes the information re-
19 ported by such States under paragraph
20 (5)(C); and
21 "(iii) identifies best practices for the
22 effective delivery of youth and young adult
23 mental health and substance use interven-
24 tion services.

1 "(B) PUBLIC AVAILABILITY.—The report
2 required under subparagraph (A) shall be made
3 publicly available, including on the website of
4 the Department of Health and Human Services,
5 upon submission to Congress.

6 "(7) NONDISCRIMINATION.—

7 "(A) FEDERALLY FUNDED ACTIVITIES.—
8 (i) For the purpose of applying the prohibitions
9 against discrimination on the basis of age under
10 the Age Discrimination Act of 1975 (42 U.S.C.
11 6101 et seq.), on the basis of handicap under
12 section 504 of the Rehabilitation Act of 1973
13 (29 U.S.C. 794), on the basis of sex under title
14 IX of the Education Amendments of 1972 (20
15 U.S.C. 1681 et seq.), or on the basis of race,
16 color, or national origin under title VI of the
17 Civil Rights Act of 1964 (42 U.S.C. 2000d et
18 seq.), programs and activities funded in whole
19 or in part with funds made available under this
20 subchapter are considered to be programs and
21 activities receiving Federal financial assistance.

22 "(ii) No person shall on the ground of sex
23 or religion be excluded from participation in, be
24 denied the benefits of, or be subjected to dis-
25 crimination under, any program or activity

1 funded in whole or in part with funds made
2 available under this title.

3 "(B) COMPLIANCE.—Whenever the Sec-
4 retary finds that a State, or an entity that has
5 received a payment from an allotment to a
6 State under section 702(c) of this title, has
7 failed to comply with a provision of law referred
8 to in subsection (a)(1), with subsection (a)(2),
9 or with an applicable regulation (including one
10 prescribed to carry out subsection (a)(2)), he
11 shall notify the chief executive officer of the
12 State and shall request him to secure compli-
13 ance. If within a reasonable period of time, not
14 to exceed 60 days, the chief executive officer
15 fails or refuses to secure compliance, the Sec-
16 retary may—

17 "(i) refer the matter to the Attorney
18 General with a recommendation that an
19 appropriate civil action be instituted;

20 "(ii) exercise the powers and functions
21 provided by title VI of the Civil Rights Act
22 of 1964 (42 U.S.C. 2000d et seq.), the
23 Age Discrimination Act of 1975 (42
24 U.S.C. 6101 et seq.), or section 504 of the

1 Rehabilitation Act of 1973 (29 U.S.C.
2 794), as may be applicable; or
3 ''(iii) take such other action as may
4 be provided by law.
5 ''(C) AUTHORITY OF ATTORNEY GENERAL;
6 CIVIL ACTIONS.—When a matter is referred to
7 the Attorney General pursuant to subsection
8 (b)(1), or whenever he has reason to believe
9 that the entity is engaged in a pattern or prac-
10 tice in violation of a provision of law referred
11 to in subsection (a)(1) or in violation of sub-
12 section (a)(2), the Attorney General may bring
13 a civil action in any appropriate district court
14 of the United States for such relief as may be
15 appropriate, including injunctive relief.''.

16 **SEC. 6405. EARLY INTERVENTION AND PREVENTION PRO-**
17 **GRAMS FOR TRANSITION-AGE YOUTH.**

18 (a) IN GENERAL.—Section 1912(b)(1) of the Public
19 Health Service Act (42 U.S.C. 300x–1(b)(1)) is amend-
20 ed—
21 (1) by redesignating subparagraph (E) as sub-
22 paragraph (F); and
23 (2) by inserting after subparagraph (D) the fol-
24 lowing:

1 "(E) EARLY INTERVENTION AND PREVEN-
2 TION PROGRAMS FOR TRANSITION-AGE
3 YOUTH.—The plan shall describe the State's
4 plans to carry out demonstration grants or con-
5 tracts for early intervention and prevention pro-
6 grams for transition-age youth of 16 to 25
7 years of age who meet one or more of the cri-
8 teria specified in section 129(a)(1)(B) of the
9 Workforce Innovation and Opportunity Act to
10 be considered out-of-school youth.".

11 (b) SET-ASIDE.—Section 1920 of the Public Health
12 Service Act (42 U.S.C. 300x–9) is amended by adding at
13 the end the following:

14 "(e) EARLY INTERVENTION AND PREVENTION PRO-
15 GRAMS FOR TRANSITION-AGE YOUTH.—

16 "(1) IN GENERAL.—Except as provided in para-
17 graph (2), a State shall expend at least 15 percent
18 of the amount of the allotment of the State pursuant
19 to a funding agreement under section 1911 for each
20 fiscal year to support programs described in section
21 1912(b)(1)(E).

22 "(2) STATE FLEXIBILITY.—In lieu of expending
23 15 percent of the amount of the allotment for a fis-
24 cal year as required by paragraph (1), a State may
25 elect to expend not less than 30 percent of such

1 amount to support such programs by the end of two
2 consecutive fiscal years.''.

3 **SEC. 6406. STRATEGIES TO INCREASE ACCESS TO TELE-**
4 **HEALTH UNDER MEDICAID AND CHILDREN'S**
5 **HEALTH INSURANCE PROGRAM.**

6 (a) GUIDANCE.—Not later than 1 year after the date
7 of the enactment of this Act, the Secretary of Health and
8 Human Services shall issue and disseminate guidance to
9 States to clarify strategies to overcome existing barriers
10 and increase access to telehealth under the Medicaid pro-
11 gram under title XIX of the Social Security Act (42
12 U.S.C. 1396 et seq.) and the Children's Health Insurance
13 Program under title XXI of such Act (42 U.S.C. 1397aa
14 et seq.). Such guidance shall include technical assistance
15 and best practices regarding—

16 (1) telehealth delivery of covered services;

17 (2) recommended voluntary billing codes, modi-
18 fiers, and place-of-service designations for telehealth
19 and other virtual health care services;

20 (3) the simplification or alignment (including
21 through reciprocity) of provider licensing,
22 credentialing, and enrollment protocols with respect
23 to telehealth across States, State Medicaid plans
24 under such title XIX, and Medicaid managed care

1 organizations, including during national public
2 health emergencies;

3 (4) existing strategies States can use to inte-
4 grate telehealth and other virtual health care serv-
5 ices into value-based health care models; and

6 (5) examples of States that have used waivers
7 under the Medicaid program to test expanded access
8 to telehealth, including during the emergency period
9 described in section 1135(g)(1)(B) of the Social Se-
10 curity Act (42 U.S.C. 1320b–5(g)(1)(B)).

11 (b) STUDIES.—

12 (1) TELEHEALTH IMPACT ON HEALTH CARE
13 ACCESS.—Not later than 1 year after the date of the
14 enactment of this Act, the Medicaid and CHIP Pay-
15 ment and Access Commission shall conduct a study,
16 with respect to a minimum of 10 States across geo-
17 graphic regions of the United States, and submit to
18 Congress a report, on the impact of telehealth on
19 health care access, utilization, cost, and outcomes,
20 broken down by race, ethnicity, sex, age, disability
21 status, and ZIP Code. Such report shall—

22 (A) evaluate cost, access, utilization, out-
23 comes, and patient experience data from across
24 the health care field, including States, Medicaid
25 managed care organizations, provider organiza-

1 tions, and other organizations that provide or
2 pay for telehealth under the Medicaid program
3 and Children's Health Insurance Program;
4 (B) identify barriers and potential solu-
5 tions to provider entry and participation in tele-
6 health that States are experiencing, as well as
7 barriers to providing telehealth across State
8 lines, including during times of public health
9 crisis or public health emergency;
10 (C) determine the frequency at which out-
11 of-State telehealth is provided to patients en-
12 rolled in the Medicaid program and the poten-
13 tial impact on access to telehealth if State Med-
14 icaid policies were more aligned; and
15 (D) identify and evaluate opportunities for
16 more alignment among such policies to promote
17 access to telehealth across all States, State
18 Medicaid plans under title XIX of the Social
19 Security Act (42 U.S.C. 1396 et seq.), State
20 child health plans under title XXI of such Act
21 (42 U.S.C. 1397aa et seq.), and Medicaid man-
22 aged care organizations, including the potential
23 for regional compacts or reciprocity agreements.
24 (2) FEDERAL AGENCY TELEHEALTH COLLABO-
25 RATION.—Not later than 1 year after the date of the

1 enactment of this Act, the Comptroller General of
2 the United States shall conduct a study and submit
3 to Congress a report evaluating collaboration be-
4 tween Federal agencies with respect to telehealth
5 services furnished under the Medicaid or CHIP pro-
6 gram to individuals under the age of 18, including
7 such services furnished to such individuals in early
8 care and education settings. Such report shall in-
9 clude recommendations on—

10 (A) opportunities for Federal agencies to
11 improve collaboration with respect to such tele-
12 health services; and

13 (B) opportunities for collaboration between
14 Federal agencies to expand telehealth access to
15 such individuals enrolled under the Medicaid or
16 CHIP program, including in early care and
17 education settings.

18 **SEC. 6407. YOUTH AND YOUNG ADULT MENTAL HEALTH**
19 **PROMOTION, PREVENTION, INTERVENTION,**
20 **AND TREATMENT.**

21 Part Q of title III of the Public Health Service Act
22 (as amended by section 5001) is amended by adding at
23 the end the following:

1 **"SEC. 399Z–4. YOUTH AND YOUNG ADULT MENTAL HEALTH
2 PROMOTION, PREVENTION, INTERVENTION,
3 AND TREATMENT.**

4 ''(a) GRANTS.—The Secretary shall—
5 ''(1) award grants to eligible entities to develop,
6 maintain, or enhance youth and young adult mental
7 health promotion, prevention, intervention, and
8 treatment programs, including—
9 ''(A) programs for youth and young adults
10 who may be likely to develop, are showing early
11 signs of, or have been diagnosed with a mental
12 health condition, including a serious emotional
13 disturbance; and
14 ''(B) infrastructure and organization
15 change at a State, tribal, or territorial level to
16 improve cross-system collaboration, service ca-
17 pacity, and expertise related to youth and
18 young adults; and
19 ''(2) ensure that programs funded through
20 grants under this section use community-driven, evi-
21 dence-informed, or evidence-based models, practices,
22 and methods that are, as appropriate, culturally and
23 linguistically appropriate, and can be replicated in
24 other appropriate settings.
25 ''(b) ELIGIBLE TRANSITION AGE YOUTH AND ENTI-
26 TIES.—In this section:

1 "(1) ELIGIBLE ENTITY.—The term 'eligible en-
2 tity' means—
3 "(A) a local educational agency;
4 "(B) a State educational agency;
5 "(C) an institution of higher education (or
6 consortium of such institutions), which may in-
7 clude a recovery program at an institution of
8 higher education;
9 "(D) a local board, or a one-stop operator,
10 as defined in section 3 of the Workforce Inno-
11 vation and Opportunity Act;
12 "(E) a nonprofit organization with appro-
13 priate expertise in providing services or pro-
14 grams for children, adolescents, or young
15 adults, excluding a school;
16 "(F) a State, political subdivision of a
17 State, Indian tribe, or tribal organization; or
18 "(G) a high school or dormitory serving
19 high school students that receives funding from
20 the Bureau of Indian Education.
21 "(2) ELIGIBLE TRANSITION AGE YOUTH.—The
22 term 'eligible transition age youth' means a youth or
23 young adult from age 16 to not more than 25 years
24 of age who is—

1 "(A) an out-of-school youth as defined in
2 section 129(a)(1)(B) of the Workforce Innova-
3 tion and Opportunity Act;

4 "(B) a homeless individual (as defined in
5 section 41403(6) of the Violence Against
6 Women Act of 1994), a homeless child or youth
7 (as defined in section 725(2) of the McKinney-
8 Vento Homeless Assistance Act) a runaway, in
9 foster care or has aged out of the foster care
10 system, a child eligible for assistance under sec-
11 tion 477 of the Social Security Act, or in an
12 out-of-home placement;

13 "(C) an individual who is pregnant or par-
14 enting, as referred to in section 129(a)(1)(B) of
15 the Workforce Innovation and Opportunity Act;

16 "(D) a youth who is an individual with a
17 disability, as referred to in section 129(a)(1)(B)
18 of the Workforce Innovation and Opportunity
19 Act;

20 "(E) a low-income individual who requires
21 additional assistance to enter or complete an
22 educational program or to secure or hold em-
23 ployment, as referred to in section 129(a)(1)(B)
24 of the Workforce Innovation and Opportunity
25 Act; or

1 "(F) living in a community that has faced
2 acute or long-term exposure to substantial dis-
3 crimination, historical oppression, intergenera-
4 tional poverty, civil unrest, a high rate of vio-
5 lence, or drug overdose deaths.

6 "(c) APPLICATION.—An eligible entity seeking a
7 grant under subsection (a) shall submit to the Secretary
8 an application at such time, in such manner, and con-
9 taining such information as the Secretary may require.

10 "(d) USE OF FUNDS FOR MENTAL HEALTH PRO-
11 MOTION, PREVENTION, INTERVENTION AND TREATMENT
12 PROGRAMS.—An eligible entity may use amounts awarded
13 under a grant under subsection (a)(1) to carry out the
14 following:

15 "(1) Creation, implementation, and expansion
16 of services and supports that are culturally and lin-
17 guistically appropriate and youth guided, involve and
18 include family and community members (including
19 business leaders and faith-based organizations), and
20 provide for continuity of care between child- and
21 adult-serving systems to ensure seamless transition.

22 "(2) Infrastructure and organization change at
23 a State, Tribal, or territorial level to improve cross-
24 system collaboration, service capacity, and expertise
25 related to youth and young adults with, or at risk

1 of, mental health conditions and substance use dis-
2 orders as they transition into adult roles and respon-
3 sibilities.

4 "(3) Public awareness and cross-system pro-
5 vider training for individuals employed at institu-
6 tions of higher education and community colleges,
7 behavioral health providers, individuals working in
8 the criminal justice system, primary care providers,
9 vocational service providers, and child welfare work-
10 ers.

11 "(e) MATCHING FUNDS.—The Secretary may not
12 award a grant under this section to an eligible entity un-
13 less the eligible entity agrees, with respect to the costs to
14 be incurred by the eligible entity in carrying out the activi-
15 ties described in subsection (d), to make available non-
16 Federal contributions (in cash or in kind) toward such
17 costs in an amount that is not less than 10 percent of
18 the total amount of Federal funds provided in the grant.

19 "(f) AUTHORIZATION OF APPROPRIATIONS.—To
20 carry out this section, there are authorized to be appro-
21 priated $25,000,000 for each of fiscal years 2025 through
22 2034.".

1 # Subtitle E—Community-Based Care

2 **SEC. 6501. MENTAL HEALTH AT THE BORDER.**

3 (a) SHORT TITLE.—This section may be cited as the
4 "Immigrants' Mental Health Act of 2024".

5 (b) DEFINITIONS.—In this section:

6 (1) FORWARD OPERATING BASE.—The term
7 "forward operating base" means a permanent facil-
8 ity established by U.S. Customs and Border Protec-
9 tion in forward or remote locations, and designated
10 as such by U.S. Customs and Border Protection.

11 (2) U.S. CUSTOMS AND BORDER PROTECTION
12 FACILITY.—The term "U.S. Customs and Border
13 Protection facility" means any of the following facili-
14 ties that typically detain migrants on behalf of U.S.
15 Customs and Border Protection:

16 (A) U.S. Border Patrol stations.

17 (B) Ports of entry.

18 (C) Checkpoints.

19 (D) Forward operating bases.

20 (E) Secondary inspection areas.

21 (F) Short-term custody facilities.

22 (c) TRAINING FOR CERTAIN CBP PERSONNEL IN
23 MENTAL HEALTH ISSUES.—

24 (1) TRAINING TO IDENTIFY RISK FACTORS AND
25 WARNING SIGNS IN IMMIGRANTS AND REFUGEES.—

1 (A) IN GENERAL.—The Commissioner for
2 U.S. Customs and Border Protection, in con-
3 sultation with the Assistant Secretary for Men-
4 tal Health and Substance Use of the Depart-
5 ment of Health and Human Services, the Ad-
6 ministrator of the Health Resources and Serv-
7 ices Administration, and nongovernmental ex-
8 perts in the delivery of health care in humani-
9 tarian crises and in the delivery of health care
10 to children, shall develop and implement a
11 training curriculum for U.S. Customs and Bor-
12 der Protection agents and officers assigned to
13 U.S. Customs and Border Protection facilities
14 to enable such agents and officers to identify
15 the risk factors and warning signs in immi-
16 grants and refugees of mental health issues re-
17 lating to trauma.

18 (B) REQUIREMENTS.—The training cur-
19 riculum described in subparagraph (A) shall—

20 (i) apply to all U.S. Customs and
21 Border Protection agents and officers
22 working at U.S. Customs and Border Pro-
23 tection facilities;

24 (ii) provide for crisis intervention
25 using a trauma-informed approach; and

1 (iii) provide for mental health
2 screenings for immigrants and refugees ar-
3 riving at the border in their preferred lan-
4 guage or with appropriate language assist-
5 ance.

6 (2) TRAINING TO ADDRESS MENTAL HEALTH
7 AND WELLNESS OF CBP AGENTS AND OFFICERS.—

8 (A) IN GENERAL.—The Commissioner of
9 U.S. Customs and Border Protection, in con-
10 sultation with the Assistant Secretary for Men-
11 tal Health and Substance Use of the Depart-
12 ment of Health and Human Services, the Ad-
13 ministrator of the Health Resources and Serv-
14 ices Administration, and nongovernmental ex-
15 perts in the delivery of mental health care, shall
16 develop and implement a training curriculum
17 for U.S. Customs and Border Protection agents
18 and officers assigned to U.S. Customs and Bor-
19 der Protection facilities to address the mental
20 health and wellness of individuals working at
21 such facilities.

22 (B) REQUIREMENT.—The training cur-
23 riculum described in subparagraph (A) shall be
24 designed to help U.S. Customs and Border Pro-

1 tection agents and officers working at U.S.
2 Customs and Border Protection facilities—
3 (i) to better manage their own stress
4 and the stress of their coworkers; and
5 (ii) to be more aware of the psycho-
6 logical pressures experienced during their
7 jobs.
8 (3) ANNUAL REVIEW OF TRAINING.—Beginning
9 in fiscal year 2025, the Assistant Secretary for Men-
10 tal Health and Substance Use shall—
11 (A) conduct an annual review of the train-
12 ing implemented pursuant to subsections (a)
13 and (b); and
14 (B) submit the results of each such review,
15 including any recommendations for improve-
16 ment of such training, to—
17 (i) the Commissioner of U.S. Customs
18 and Border Protection;
19 (ii) the Committee on Appropriations
20 of the Senate;
21 (iii) the Committee on Health, Edu-
22 cation, Labor, and Pensions of the Senate;
23 (iv) the Committee on Homeland Se-
24 curity and Governmental Affairs of the
25 Senate;

1 (v) the Committee on Appropriations
2 of the House of Representatives;
3 (vi) the Committee on Energy and
4 Commerce of the House of Representa-
5 tives;
6 (vii) the Committee on Homeland Se-
7 curity of the House of Representatives;
8 and
9 (viii) the Committee on the Judiciary
10 of the House of Representatives.
11 (4) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this section, there is authorized to be ap-
13 propriated—
14 (A) for fiscal year 2025, $50,000 to de-
15 velop the training described in paragraphs (1)
16 and (2); and
17 (B) for each of the fiscal years 2026
18 through 2030—
19 (i) $20,000 to implement such train-
20 ing; and
21 (ii) such additional sums as may be
22 necessary to review and make rec-
23 ommendations for such training pursuant
24 to paragraph (3).

1 (d) STAFFING BORDER FACILITIES AND DETENTION
2 CENTERS.—
3 (1) IN GENERAL.—To adequately evaluate the
4 mental health needs of immigrants, refugees, border
5 patrol agents, and staff, the Commissioner of U.S.
6 Customs and Border Protection shall assign not
7 fewer than 1 qualified mental or behavioral health
8 expert to each U.S. Customs and Border Protection
9 facility.
10 (2) QUALIFICATIONS.—Each mental or behav-
11 ioral health expert assigned pursuant to paragraph
12 (1) shall be—
13 (A) bilingual;
14 (B) well-versed in culturally appropriate
15 and trauma-informed interventions; and
16 (C) have particular expertise in child or
17 adolescent mental health or family mental
18 health.
19 (3) AUTHORIZATION OF APPROPRIATIONS.—To
20 carry out this subsection, there is authorized to be
21 appropriated $3,000,000 for each of the fiscal years
22 2025 through 2029.
23 (e) NO SHARING OF DEPARTMENT OF HEALTH AND
24 HUMAN SERVICES MENTAL HEALTH INFORMATION FOR
25 ASYLUM DETERMINATIONS, IMMIGRATION HEARINGS, OR

1 DEPORTATION PROCEEDINGS.—The officers, employees,
2 and agents of the Department of Health and Human Serv-
3 ices, including the Office of Refugee Resettlement, may
4 not share with the Department of Homeland Security, and
5 the officers, employees, and agents of the Department of
6 Homeland Security may not request or receive from the
7 Department of Health and Human Services, for the pur-
8 poses of an asylum determination, immigration hearing,
9 or deportation proceeding, any information or record
10 that—

11 (1) concerns the mental health of an alien; and
12 (2) was obtained or produced by a mental or
13 behavioral health professional while the alien was in
14 a shelter or otherwise in the custody of the Federal
15 Government.

16 **SEC. 6502. ASIAN AMERICAN, AFRICAN AMERICAN, NATIVE**
17 **HAWAIIAN, PACIFIC ISLANDER, INDIGENOUS,**
18 **MIDDLE EASTERN AND NORTH AFRICAN, AND**
19 **HISPANIC AND LATINO BEHAVIORAL HEALTH**
20 **OUTREACH AND EDUCATION STRATEGY.**

21 Part D of title V of the Public Health Service Act
22 (42 U.S.C. 290dd et seq.), as amended by section 6203,
23 is amended by adding at the end the following:

1 **"SEC. 555. BEHAVIORAL OUTREACH AND EDUCATION**
2 **STRATEGY.**

3 "(a) IN GENERAL.—The Secretary, acting through
4 the Assistant Secretary for Mental Health and Substance
5 Use, shall, in coordination with advocacy and behavioral
6 organizations serving populations of Asian American, Afri-
7 can American, Native Hawaiian, Pacific Islander, Indige-
8 nous, Middle Eastern and North African (in this section
9 referred to as 'MENA'), and Hispanic and Latino/a/x indi-
10 viduals or communities, develop and implement an out-
11 reach and education strategy to promote behavioral
12 health, emphasize that behavioral health conditions are
13 treatable and that reasonable accommodations under sec-
14 tion 504 of the Rehabilitation Act of 1973 and titles II
15 and III of the Americans with Disabilities Act of 1990
16 are necessary and may help, as well as reduce stigma asso-
17 ciated with mental health conditions and substance use
18 disorder among the Asian American, African American,
19 Native Hawaiian, Pacific Islander, Indigenous, MENA,
20 and Hispanic and Latino/a/x populations. Such strategy
21 shall—

22 "(1) be designed to—

23 "(A) meet the diverse cultural and lan-
24 guage needs of the various Asian American, Af-
25 rican American, Indigenous, MENA, Native

1 Hawaiian, Pacific Islander, and Hispanic and
2 Latino/a/x populations; and
3 ‘‘(B) ensure that approaches recommended
4 in the strategy are developmentally (with re-
5 spect to the beneficiary's relative age and expe-
6 rience) and age appropriate, as well as cog-
7 nitively accessible to persons with cognitive dis-
8 abilities;
9 ‘‘(2) increase awareness of symptoms of mental
10 illnesses common among such populations, taking
11 into account differences within subgroups (such as
12 gender, gender identity, age, sexual orientation, dis-
13 ability, and ethnicity) of such populations;
14 ‘‘(3) provide information on evidence-based, cul-
15 turally and linguistically appropriate and adapted
16 interventions and treatments;
17 ‘‘(4) ensure full participation of, and engage,
18 both consumers and community members rep-
19 resenting the communities of focus in the develop-
20 ment and implementation of materials; and
21 ‘‘(5) seek to broaden the perspective among
22 both individuals in such communities and stake-
23 holders serving such communities to use a com-
24 prehensive public health approach to promoting be-
25 havioral health that addresses a holistic view of

1 health by focusing on the intersection between be-
2 havioral and physical health.

3 "(b) REPORTS.—Beginning not later than 1 year
4 after the date of the enactment of this section and annu-
5 ally thereafter, the Secretary, acting through the Assistant
6 Secretary, shall submit to the Congress, and make publicly
7 available, a report on the extent to which the strategy de-
8 veloped and implemented under subsection (a) increased
9 behavioral health outcomes associated with mental health
10 conditions and substance use disorder among Asian Amer-
11 ican, African American, Native Hawaiian, Pacific Is-
12 lander, Indigenous, MENA, and Hispanic and Latino/a/
13 x populations.

14 "(c) AUTHORIZATION OF APPROPRIATIONS.—There
15 is authorized to be appropriated to carry out this section
16 $15,000,000 for each of fiscal years 2025 through 2030.".

17 ## Subtitle F—Reports

18 **SEC. 6601. ADDRESSING RACIAL AND ETHNIC MINORITY**
19 **MENTAL HEALTH DISPARITIES RESEARCH**
20 **GAPS.**

21 Not later than 9 months after the date of the enact-
22 ment of this Act, the Director of the National Institutes
23 of Health, in consultation with the Director of the Na-
24 tional Institute of Mental Health and the Assistant Sec-
25 retary of Substance Use and Mental Health, shall enter

1 into an arrangement with the National Academies of
2 Sciences, Engineering, and Medicine (or, if the National
3 Academies of Sciences, Engineering, and Medicine decline
4 to enter into such an arrangement, the Patient-Centered
5 Outcomes Research Institute, the Agency for Healthcare
6 Research and Quality, or another appropriate entity)—

7 (1) to conduct a study with respect to mental
8 health disparities research gaps in racial and ethnic
9 minority groups (as defined in section 1707(g) of
10 the Public Health Service Act (42 U.S.C. 300u–
11 6(g))); and

12 (2) to submit to the Congress a report on the
13 results of such study, including—

14 (A) a compilation of information on the
15 prevalence of mental health outcomes in such
16 racial and ethnic minority groups; and

17 (B) an assessment of information on the
18 impact of exposure to community violence, ad-
19 verse childhood experiences, structural bias, and
20 other psychological traumas on mental health
21 outcomes in such racial and minority groups.

1 **SEC. 6602. RESEARCH ON ADVERSE HEALTH EFFECTS AS-**
2 **SOCIATED WITH INTERACTIONS WITH LAW**
3 **ENFORCEMENT.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services, acting through the Director of the Office
6 of Minority Health of the Centers for Disease Control and
7 Prevention (established pursuant to section 1707A of the
8 Public Health Service Act (42 U.S.C. 300u–6a)) (in this
9 section referred to as the ''Secretary''), shall conduct re-
10 search on the adverse health effects associated with inter-
11 actions with law enforcement.

12 (b) EFFECTS AMONG RACIAL AND ETHNIC MINORI-
13 TIES.—The research under subsection (a) shall include re-
14 search on—

15 (1) the health consequences, both individual
16 and community-wide, of trauma related to violence
17 committed by law enforcement among racial and
18 ethnic minorities; and

19 (2) the disproportionate burden of morbidity
20 and mortality associated with such trauma.

21 (c) REPORT.—Not later than 1 year after the date
22 of enactment of this Act, the Secretary shall—

23 (1) complete the research under this section;
24 and

1 (2) submit to the Congress a report on the find-
2 ings, conclusions, and recommendations resulting
3 from such research.

4 **SEC. 6603. GEOACCESS STUDY.**

5 Not later than 180 days after the date of enactment
6 of this Act, the Assistant Secretary for Mental Health and
7 Substance Use shall—
8 (1) conduct a study to—
9 (A) determine which geographic areas of
10 the United States have shortages of racially and
11 ethnically diverse mental health providers, as
12 well as mental health providers trained to work
13 with racially and ethnically diverse clients and
14 clients with multiple mental health, cognitive,
15 and developmental disabilities; and
16 (B) assess the preparedness of mental
17 health providers to deliver culturally and lin-
18 guistically appropriate, affordable, and acces-
19 sible services; and
20 (2) submit a report to Congress on the results
21 of such study.

22 **SEC. 6604. CO-OCCURRING CONDITIONS.**

23 (a) GAO REPORT.—Not later than 2 years after the
24 date of enactment of this Act, the Comptroller General
25 of the United States shall submit to Congress a report

1 on barriers to care for persons with co-occurring condi-
2 tions and access to care in the United States. Such report
3 shall include the information and recommendations de-
4 scribed in subsection (b).

5 (b) CONTENT OF REPORT.—The report under sub-
6 section (a) shall include—

7 (1) an assessment of current barriers to behav-
8 ioral health and substance use disorder treatment
9 for low-income, uninsured, and Medicaid-enrolled
10 adults, and recommendations for addressing such
11 barriers, particularly for women and diverse racial
12 and ethnic groups;

13 (2) an assessment of—

14 (A) how many adults have a behavioral
15 health condition and options for adults to re-
16 ceive behavioral health and substance use dis-
17 order treatment in nonexpansion States;

18 (B) Medicaid expansion States who provide
19 behavioral health coverage for newly eligible en-
20 rollees;

21 (C) how enrollment in coverage affects
22 treatment availability; and

23 (D) the impacts of COVID–19 to receiving
24 and accessing treatment for behavioral health,
25 substance use disorders, and diverse racial and

1 ethnic groups, and recommendations for ad-
2 dressing such barriers;
3 (3) an assessment of current barriers, inclusive
4 of social determinants of health and cultural bar-
5 riers, that prevent adults from receiving behavioral
6 health and substance use disorder treatment, and
7 recommendations for addressing such barriers, par-
8 ticularly for low-income women and adults from ra-
9 cial and ethnic groups;
10 (4) an assessment of disparities in access to ad-
11 diction counselors and mental or behavioral health
12 care providers acting in accordance with State law,
13 stratified by race, ethnicity, gender identity, geo-
14 graphic location, and insurance type, and rec-
15 ommendations to promote greater access equity; and
16 (5) recommendations to promote greater equity
17 in access to care for behavioral services and sub-
18 stance use disorders, particularly for low-income
19 women and adults from diverse racial and ethnic
20 groups.

21 **SEC. 6605. STUDY AND REPORT ON THE AANHPI YOUTH**
22 **MENTAL HEALTH CRISIS.**

23 (a) STUDY.—
24 (1) IN GENERAL.—The Secretary, acting
25 through the Assistant Secretary for Mental Health

1 and Substance Use (referred to in this section as the
2 "Secretary"), in coordination with the Director of
3 the National Institutes of Health, the Director of
4 the Centers for Disease Control and Prevention, and
5 the Director of the Office of Minority Health, shall
6 conduct a study on behavioral health among
7 AANHPI youth.

8 (2) ELEMENTS.—Such study required under
9 paragraph (1) shall include an assessment of—

10 (A) the prevalence, risk factors, and root
11 causes of mental health challenges, substance
12 misuse, and mental health and substance use
13 disorders among AANHPI youth;

14 (B) the prevalence among AANHPI youth
15 of attempted suicide, nonfatal substance use
16 overdose, and death by suicide or substance use
17 overdose; and

18 (C) AANHPI youth that received treat-
19 ment for mental health and substance use dis-
20 orders.

21 (b) REPORT.—Not later than 1 year after the date
22 of the enactment of this Act, the Secretary shall submit
23 to the Committee on Health, Education, Labor, and Pen-
24 sions of the Senate and the Committee on Energy and
25 Commerce of the House of Representatives, and make

1 publicly available, a report on the findings of the study
2 conducted under subsection (a), including—
3 (1) identification of the barriers to accessing
4 behavioral health services for AANHPI youth;
5 (2) identification of root causes of mental
6 health challenges and substance misuse among
7 AANHPI youth;
8 (3) recommendations for actions to be taken by
9 the Secretary to improve behavioral health among
10 AANHPI youth;
11 (4) recommendations for legislative or adminis-
12 trative action to improve the behavioral health of
13 AANHPI youth experiencing depression, suicide,
14 and overdose, and to reduce the prevalence of de-
15 pression, suicide, and overdose among AANHPI
16 youth; and
17 (5) such other recommendations as the Sec-
18 retary determines appropriate.
19 (c) DATA.—Any data included in the study or report
20 under this section shall be disaggregated by race, eth-
21 nicity, age, sex, gender identity, sexual orientation, geo-
22 graphic region, disability status, and other relevant fac-
23 tors, in a manner that protects personal privacy and that
24 is consistent with applicable Federal and State privacy
25 law.

1 (d) AUTHORIZATION OF APPROPRIATIONS.—For pur-
2 poses of carrying out this section, there is authorized to
3 be appropriated $1,500,000 for fiscal year 2025.

4 **SEC. 6606. STUDY AND REPORT ON STRATEGIES ON THE**
5 **AANHPI BEHAVIORAL HEALTH WORKFORCE**
6 **SHORTAGE.**

7 (a) STUDY.—
8 (1) IN GENERAL.—The Secretary, acting
9 through the Assistant Secretary for Mental Health
10 and Substance Use (referred to in this section as the
11 ''Secretary''), in coordination with the Administrator
12 of the Health Resources and Services Administra-
13 tion, the Secretary of Labor, and the Director of the
14 Office of Minority Health, shall conduct a study on
15 strategies for increasing the behavioral health pro-
16 fessional workforce that identify as AANHPI.
17 (2) ELEMENTS.—Such study required under
18 paragraph (1) shall consider—
19 (A) the total number of licensed behavioral
20 health providers in the United States who iden-
21 tify as AANHPI;
22 (B) with respect to each such provider, in-
23 formation regarding the current type of license,
24 geographic area of practice, and type of em-

1 ployer (such as hospital, Federally-qualified
2 health center, school, or private practice);
3 (C) information regarding the cultural and
4 linguistic capabilities of such providers, includ-
5 ing languages spoken proficiently; and
6 (D) the relevant barriers to enrollment in
7 behavioral health professional education pro-
8 grams and entering the behavioral workforce
9 for AANHPI individuals.
10 (b) REPORT.—Not later than 1 year after the date
11 of the enactment of this Act, the Secretary shall submit
12 to the Committee on Health, Education, Labor, and Pen-
13 sions of the Senate and the Committee on Energy and
14 Commerce of the House of Representatives, and make
15 publicly available, a report on the findings of the study
16 conducted under subsection (a), including—
17 (1) identification of AANHPI licensed behav-
18 ioral health providers' knowledge and awareness of
19 the barriers to quality behavioral health care services
20 faced by AANHPI individuals, including stigma, lim-
21 ited English proficiency, and lack of health insur-
22 ance coverage;
23 (2) recommendations for actions to be taken by
24 the Secretary to increase the number of AANHPI li-
25 censed behavioral health professionals;

1 (3) recommendations for legislative or adminis-
2 trative action to improve the enrollment of AANHPI
3 individuals in behavioral health professional edu-
4 cation programs; and
5 (4) such other recommendations as the Sec-
6 retary determines appropriate.
7 (c) DATA.—Any data included in the study or report
8 under this section shall be disaggregated by race, eth-
9 nicity, age, sex, gender identity, sexual orientation, geo-
10 graphic region, disability status, and other relevant fac-
11 tors, in a manner that protects personal privacy and that
12 is consistent with applicable Federal and State privacy
13 law.
14 (d) DEFINITION.—In this section the term ''licensed
15 behavioral health provider'' means any individual licensed
16 to provide mental health or substance use disorder serv-
17 ices, including in the professions of social work, psy-
18 chology, psychiatry, marriage and family therapy, mental
19 health counseling, and substance use disorder counseling.
20 (e) AUTHORIZATION OF APPROPRIATIONS.—For pur-
21 poses of carrying out this section, there is authorized to
22 be appropriated $1,500,000 for fiscal year 2025.

# Subtitle G—Miscellaneous Provisions

## SEC. 6701. STRENGTHENING MENTAL HEALTH SUPPORTS FOR BIPOC COMMUNITIES.

(a) IN GENERAL.—Section 1942(a) of the Public Health Service Act (42 U.S.C. 300x–52(a)) is amended—

(1) by redesignating paragraphs (2) and (3) as paragraphs (5) and (6), respectively; and

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

"(2) services provided by the State to adults with a serious mental illness and children with a serious emotional disturbance who are members of racial and ethnic minority groups, including—

"(A) the extent to which such services are provided to such adults and children; and

"(B) the outcomes experienced by such adults and children as a result of the provision of such services, including with respect to—

"(i) diversions from hospitalization and criminal justice system involvement;

"(ii) treatment for first episode psychosis or undefined psychosis;

"(iii) reductions in suicide and increased utilization of appropriate treat-

1 ments and interventions for suicidal ideation;
3 "(iv) response through crisis services, including mobile crisis services;
5 "(v) treatment of individuals who are experiencing homelessness or housing insecurity and individuals residing in rural communities; and
9 "(vi) increased patient family and caregiver engagement and education on serious mental illness to reduce social stigma and promote healthy social support for patients;
14 "(3) any outreach by the State to, and the hiring of, providers of mental health services from multiple disciplines (such as a psychologist, psychiatrist, peer support provider, or social worker) who are members of racial and ethnic minority groups;
19 "(4) any outreach by the State to providers from multiple disciplines of mental health services—
21 "(A) to provide training on culturally effective, culturally affirming, and linguistically competent services; and

1 "(B) to increase awareness of community-
2 defined practices by practitioners of racial and
3 ethnic minority groups;".

4 (b) APPLICABILITY.—The amendments made by sub-
5 section (a) shall apply with respect to funding agreements
6 entered into under section 1911 or 1921 of the Public
7 Health Service Act (42 U.S.C. 300x; 42 U.S.C. 300x–21)
8 on or after the date of the enactment of this Act.

9 **SEC. 6702. STRONG SUPPORT FOR CHILDREN.**

10 (a) DATA ANALYSIS AND STRATEGY IMPLEMENTA-
11 TION TO PREVENT AND MITIGATE CHILDHOOD TRAU-
12 MA.—Title XXXI of the Public Health Service Act (42
13 U.S.C. 300kk) is amended by adding at the end the fol-
14 lowing:

15 **"SEC. 3102. DATA ANALYSIS AND STRATEGY IMPLEMENTA-**
16 **TION TO PREVENT AND MITIGATE CHILD-**
17 **HOOD TRAUMA.**

18 "(a) IN GENERAL.—The Secretary shall establish a
19 program—

20 "(1) to support the development and implemen-
21 tation of programs that use data analysis methods
22 to identify and facilitate strategies for early inter-
23 vention and prevention, in order to prevent and miti-
24 gate childhood trauma and support communities and
25 families, including—

1 "(A) improving connections through care
2 coordination;
3 "(B) aligning community initiatives in tar-
4 geted areas of need; and
5 "(C) expanding community capacity
6 through cross-sector collaboration; and
7 "(2) to evaluate the effectiveness of these pro-
8 grams in improving outcomes for children.
9 "(b) GRANTS.—The Secretary shall award grants to
10 up to 5 eligible entities to carry out the activities described
11 in subsection (a).
12 "(c) USE OF FUNDS.—A grant for activities under
13 this section shall be used to support the development and
14 implementation of programs that use data analysis meth-
15 ods to identify and facilitate strategies for early interven-
16 tion and prevention, in order to prevent and mitigate
17 childhood trauma and support communities and families,
18 including as follows:
19 "(1) Utilize data analysis methods to—
20 "(A) identify specific geographic areas,
21 such as census tracts, with a high prevalence of
22 adverse childhood experiences and significant
23 risk factors for poor outcomes for children
24 (such as increased risk of experiencing adverse

1 childhood experiences), including areas with
2 high rates of—
3 "(i) poor public health outcomes in-
4 cluding illness, disease, suicide, and mor-
5 tality;
6 "(ii) exclusionary discipline practices,
7 including suspensions, expulsions, and re-
8 ferrals to law enforcement, as well as low
9 graduation rates;
10 "(iii) substance use disorders;
11 "(iv) poverty;
12 "(v) foster system involvement or re-
13 ferrals;
14 "(vi) housing instability and homeless-
15 ness;
16 "(vii) food insecurity;
17 "(viii) inequity, including disparities
18 in income, wealth, employment, educational
19 attainment, health care access, and public
20 health outcomes, along lines of race, sex,
21 sexuality and gender identity, ethnicity, or
22 nationality;
23 "(ix) incarceration rates; or
24 "(x) other indicators of adversity as
25 defined by the Secretary; and

1 "(B) identify strategies to improve out-
2 comes for children aged 0 through 17 that build
3 on strengths in communities that could be fur-
4 ther supported, including—
5 "(i) existing support networks for
6 families; and
7 "(ii) enhanced connections to commu-
8 nity-based organizations.
9 "(2) Implement strategies identified pursuant
10 to paragraph (1)(B) to facilitate outreach and in-
11 volvement of children and their caregivers in Fed-
12 eral, State, or local programs that provide repar-
13 ative, gender-responsive, culturally specific, and
14 trauma-informed prevention services, and for which
15 children and their caregivers are eligible, including—
16 "(A) home visiting programs;
17 "(B) training and education on parenting
18 skills;
19 "(C) substance use disorder prevention and
20 treatment that is voluntary and noncoercive;
21 "(D) mental health supports and care that
22 is voluntary and noncoercive;
23 "(E) family and intimate partner violence
24 prevention services;
25 "(F) child advocacy center programming;

1 "(G) economic and nutrition support serv-
2 ices;
3 "(H) housing support services, including
4 emergency and temporary shelter for those ex-
5 periencing homelessness and housing insecurity,
6 as well as stable, long-term housing;
7 "(I) voluntary, noncoercive, gender-respon-
8 sive, and culturally specific mental health sup-
9 ports in school and early childhood education
10 center-based settings;
11 "(J) wraparound programs for
12 transitioning youth and youth currently in the
13 foster system;
14 "(K) programming to support the health
15 and well-being of lesbian, gay, bisexual,
16 transgender, and intersex children and their
17 families; and
18 "(L) family resource center services.
19 "(d) SPECIAL RULES.—
20 "(1) PRIMARY PAYER RESTRICTION.—The Sec-
21 retary may not award a grant under this section to
22 an eligible entity for a service if the service to be
23 provided is available pursuant to the State plan ap-
24 proved under title XIX of the Social Security Act for
25 the State in which the program funded by the grant

1 is being conducted unless the State and all eligible
2 subdivisions involved—

3 ‘‘(A) will enter into agreements with public
4 or nonprofit private entities under which the
5 entities will provide the service; and

6 ‘‘(B) demonstrate that the State and all el-
7 igible subdivisions will ensure that the entities
8 providing the service—

9 ‘‘(i) will seek payment for each such
10 service rendered in accordance with the
11 usual payment schedule under the State
12 plan; and

13 ‘‘(ii) the entities have entered into a
14 participation agreement and are qualified
15 to receive payments under such plan.

16 ‘‘(2) IMPLEMENTATION.—An eligible entity that
17 receives a grant under this section may use—

18 ‘‘(A) not more than 25 percent of the
19 amounts made available through the grant for
20 the first 24 months of the grant period to uti-
21 lize data analysis methods to—

22 ‘‘(i) identify specific geographic areas
23 where care coordination, prevention and
24 early intervention, and facilitation services
25 will be provided; and

1 "(ii) identify support and intervention
2 services to improve outcomes for children
3 located in a geographic area identified
4 under subsection (c)(1)(A); and
5 "(B) not more than 10 percent of the
6 grant in each subsequent year to continue data
7 analysis activities.
8 "(3) ADMINISTRATION.—An eligible entity that
9 receives a grant under this section may not use more
10 than 5 percent of amounts received through the
11 grant for administration, reporting, and program
12 oversight functions, including the development of
13 systems to improve data collection and data sharing
14 for the purposes of improving services and the provi-
15 sion of care.
16 "(4) PRIORITY.—
17 "(A) IN GENERAL.—In awarding grants
18 under this section, the Secretary shall give pri-
19 ority, to the extent practical, to eligible entities
20 that use community-based system dynamic
21 modeling as the primary data analysis method.
22 "(B) SYSTEM DYNAMIC MODELING DE-
23 FINED.—The term 'system dynamic modeling'
24 means a method of data analysis and predictive
25 modeling that includes—

1 "(i) utilization of community-based
2 participatory research methods for involv-
3 ing community in the process of under-
4 standing and changing systems and evalu-
5 ating outcomes of grants;

6 "(ii) consideration of a multitude of
7 environmental risk factors and ascertain-
8 ment of the significance of contributing
9 community risk factors for purposes of
10 identifying strategies to reduce adverse
11 child outcomes, including—

12 "(I) maltreatment cases;

13 "(II) involvement with the juve-
14 nile criminal legal system or foster
15 system;

16 "(III) exclusionary school dis-
17 cipline; or

18 "(IV) exposure to violence; and

19 "(iii) identification of cross-sector re-
20 sponses involving reparative, trauma-in-
21 formed, culturally specific, gender-respon-
22 sive, and community-based organizations
23 to reduce adverse child outcomes.

24 "(5) SUBGRANT.—

1 "(A) IN GENERAL.—An eligible entity that
2 receives a grant under this section shall use at
3 least 25 percent of the total amount of the
4 grant to make subgrants to organizations that
5 aid in implementing the strategy identified
6 under subsection (c)(1)(B) for preventing and
7 mitigating childhood trauma and supporting
8 communities and families.

9 "(B) ELIGIBILITY.—To be eligible to re-
10 ceive a subgrant under this paragraph, an orga-
11 nization shall prepare and submit to the eligible
12 entity an application in such form, and con-
13 taining such information, as the eligible entity
14 may require, including evidence that the—

15 "(i) needs of the population to be
16 served are urgent and are not met by the
17 services currently available in the geo-
18 graphic area; and

19 "(ii) organization has the capacity to
20 provide the services listed in subsection
21 (c)(2).

22 "(C) SUPPLEMENT, NOT SUPPLANT.—
23 Subgrant funds received pursuant to this para-
24 graph by an organization shall be used to sup-
25 plement and not supplant State or local funds

1 provided to the partnership organization for
2 services listed in subsection (c)(2).

3 ‘‘(e) APPLICATION.—To be eligible to receive a grant
4 under this section, an eligible entity shall submit to the
5 Secretary an application in such form, and containing
6 such information, as the Secretary may require, to include
7 the following:

8 ‘‘(1) A demonstration that—

9 ‘‘(A) the applicant utilizes trauma-in-
10 formed, culturally specific, and gender-respon-
11 sive practices, including a demonstration of the
12 extent to which the applicant has trained staff
13 in these practices;

14 ‘‘(B) the applicant has the capacity to ad-
15 minister the grant, including conducting all re-
16 quired data analysis activities; and

17 ‘‘(C) services will be provided to children
18 and families in an accessible, culturally rel-
19 evant, and linguistically specific manner con-
20 sistent with local needs.

21 ‘‘(2) A preliminary analysis of how the appli-
22 cant will use the grant to—

23 ‘‘(A) identify the geographic area or areas
24 to be served using data analysis methods;

1 "(B) utilize data analysis methods to iden-
2 tify strategies to improve outcomes for children
3 in the geographic area;

4 "(C) facilitate strategies identified through
5 care coordination efforts; and

6 "(D) track data for evaluation of out-
7 comes.

8 "(3) A detailed project plan for the use of the
9 grant that includes anticipated technical assistance
10 needs.

11 "(4) Additional funding sources, including State
12 and local funds, supporting the prevention and miti-
13 gation of adverse childhood experiences.

14 "(f) GRANT AMOUNT.—The amount of a grant under
15 this section shall not exceed $9,500,000.

16 "(g) PERIOD OF A GRANT.—The period of a grant
17 under this section shall not exceed 7 years.

18 "(h) SERVICE PROVISION WITHOUT REGARD TO
19 ABILITY TO PAY.—As a condition on receipt of a grant
20 under this section, an eligible entity shall agree that any
21 assistance provided to an individual through the grant will
22 be provided without regard to—

23 "(1) the ability of the individual to pay for such
24 services;

1 "(2) the current or past health condition of the
2 individual to be served;
3 "(3) the immigration status of the individual to
4 be served;
5 "(4) the sexual orientation and gender identity
6 of the individual to be served; and
7 "(5) any prior involvement of the individual in
8 the criminal legal system.
9 "(i) PROHIBITIONS.—In addition to any other prohi-
10 bitions determined by the Secretary, an eligible entity may
11 not use a grant under this section to—
12 "(1) use data analysis methods to inform indi-
13 vidual case decisions, including child removal or
14 placement decisions, or to target services at certain
15 individuals or families;
16 "(2) require any individual or family to partici-
17 pate in any service or program as a condition of re-
18 ceipt of a benefit to which the individual or family
19 is otherwise eligible;
20 "(3) increase the presence or funding of law en-
21 forcement surveillance, involvement, or activity in
22 implementing the strategies identified under sub-
23 section (c)(1)(B); or
24 "(4) enable the practice of conversion therapy.
25 "(j) EVALUATION.—

1 "(1) DATA MODEL EVALUATION.—Not later
2 than 36 months after the date of enactment of this
3 section, the Assistant Secretary for Planning and
4 Evaluation of the Department of Health and Human
5 Services, in coordination with the grantees receiving
6 a grant under this section, shall complete an evalua-
7 tion of the effectiveness of the data model accuracy
8 of the grant program under this section to address
9 each of the following:
10 "(A) Determining the effectiveness of the
11 grantees' use of data analysis methods to iden-
12 tify geographic areas pursuant to subsection
13 (c)(1).
14 "(B) Examining the grantees' development
15 and utilization of data analysis methods.
16 "(C) Examining the grantees' ability to ef-
17 fectively utilize data analysis methods in future
18 prevention work.
19 "(D) Establishing a method for rigorously
20 evaluating the activities of grantees and com-
21 paring the reduction of child and family expo-
22 sure to adverse experiences in other commu-
23 nities with similar demographics.
24 "(E) Examining the grantees' utilization of
25 community-based system dynamics modeling

1 methods and other community engagement
2 methods.
3 "(2) PROGRAM EVALUATION.—Not later than 6
4 years after the date of enactment of this section, the
5 Assistant Secretary for Planning and Evaluation of
6 the Department of Health and Human Services, in
7 coordination with eligible entities receiving grants
8 under this section, shall complete an evaluation of
9 the effectiveness of the grant program under this
10 section.
11 "(3) DATA COLLECTION.—
12 "(A) IN GENERAL.—The Assistant Sec-
13 retary for Planning and Evaluation of the De-
14 partment of Health and Human Services and
15 each eligible entity receiving a grant under this
16 section shall collect any relevant data necessary
17 to complete the evaluations required by para-
18 graphs (1) and (2) to include—
19 "(i) the activities funded by the grant
20 under this section, including development
21 and implementation data analysis methods;
22 "(ii) the number of children and of
23 families receiving coordination and facilita-
24 tion of care and services; and

1 "(iii) the effect of activities supported
2 by the grant under this section on the local
3 area serviced by the program, including
4 such effects on—
5 "(I) children and adolescents'
6 health and well-being;
7 "(II) the number of children who
8 enter into or depart from foster serv-
9 ices; and
10 "(III) homelessness and housing
11 insecurity.
12 "(B) STUDY.—
13 "(i) IN GENERAL.—Not later than 7
14 years after the date of enactment of this
15 section, the Assistant Secretary for Plan-
16 ning and Evaluation of the Department of
17 Health and Human Services shall—
18 "(I) complete a study on the re-
19 sults of the grant program under this
20 section using the community-based
21 participatory action research method,
22 which focuses on social, structural,
23 and physical environmental inequities
24 through active involvement of commu-
25 nity members, clients, organizational

1 representatives, and researchers in all
2 aspects of the research process; and
3 ''(II) submit a report on the re-
4 sults of the study to the Congress.
5 ''(ii) PARTNERS.—In conducting the
6 study under clause (i), the Assistant Sec-
7 retary for Planning and Evaluation of the
8 Department of Health and Human Serv-
9 ices shall ensure that partners and persons
10 that have participated in the grant pro-
11 gram under this section on every level, es-
12 pecially those such partners or persons re-
13 ceiving services and support through the
14 program, have an opportunity to contribute
15 their expertise to evaluating the strategy
16 and outcomes.
17 ''(k) REPORT.—Not later than three months after the
18 completion of the evaluation required by subsection (j)(2),
19 the Assistant Secretary for Planning and Evaluation of
20 the Department of Health and Human Services shall sub-
21 mit to Congress and make available to the public on the
22 internet website of the Department of Health and Human
23 Services a report based upon the evaluation under sub-
24 section (j)(2), to include—

1 "(1) the impact of the program under this sec-
2 tion on homelessness and housing insecurity, sub-
3 stance use disorder and drug deaths, incarceration,
4 foster system involvement, and other child and fam-
5 ily outcomes as identified by the Assistant Secretary
6 for Planning and Evaluation of the Department of
7 Health and Human Services;

8 "(2) an analysis of which elements of the pro-
9 gram should be replicated and scaled by govern-
10 mental or non-governmental entities; and

11 "(3) such recommendations for legislation and
12 administrative action as the Secretary determines
13 appropriate.

14 "(l) DEFINITIONS.—In this section:

15 "(1) The term 'adverse childhood experience'
16 means a potentially traumatic experience that occurs
17 in childhood and can have a tremendous impact on
18 the child's lifelong health and opportunity outcomes,
19 such as any of the following:

20 "(A) Abuse, such as any of the following:

21 "(i) Emotional and psychological
22 abuse.

23 "(ii) Physical abuse.

24 "(iii) Sexual abuse.

1 ‘‘(B) Household challenges such as any of
2 the following:
3 ‘‘(i) A household member is treated
4 violently.
5 ‘‘(ii) A household member has a sub-
6 stance use disorder.
7 ‘‘(iii) A household member has a men-
8 tal health condition.
9 ‘‘(iv) Parental separation or divorce.
10 ‘‘(v) A household member is incarcer-
11 ated, is placed in immigrant detention, or
12 has been deported.
13 ‘‘(vi) A household member has a life-
14 threatening illness such as COVID–19.
15 ‘‘(C) Neglect.
16 ‘‘(D) Living in—
17 ‘‘(i) impoverished communities that
18 lack access to human services;
19 ‘‘(ii) areas of high unemployment
20 neighborhoods; or
21 ‘‘(iii) communities experiencing de
22 facto segregation.
23 ‘‘(E) Experiencing food insecurity and
24 poor nutrition.
25 ‘‘(F) Witnessing violence.

1 "(G) Involvement with the foster system.
2 "(H) Experiencing discrimination.
3 "(I) Dealing with historical and ongoing
4 traumas due to systemic and interpersonal rac-
5 ism.
6 "(J) Dealing with historical and ongoing
7 traumas regarding systemic and interpersonal
8 sexism, homophobia, biphobia, and transphobia.
9 "(K) Dealing with the threat of deporta-
10 tion or detention as a result of immigration sta-
11 tus.
12 "(L) The impacts of multigenerational pov-
13 erty resulting from limited educational and eco-
14 nomic opportunities.
15 "(M) Living through natural disasters
16 such as earthquakes, forest fires, floods, or hur-
17 ricanes.
18 "(2) The term 'eligible entity' means a State or
19 local health department.
20 "(3) The term 'practice of conversion ther-
21 apy'—
22 "(A) means any practice or treatment by
23 any person that seeks to change another indi-
24 vidual's sexual orientation or gender identity,
25 including efforts to change behaviors or gender

1 expressions, or to eliminate or reduce sexual or
2 romantic attractions or feelings toward individ-
3 uals of the same gender, if such person receives
4 monetary compensation in exchange for any
5 such practice or treatment; and

6 ‘‘(B) does not include any practice or
7 treatment that does not seek to change sexual
8 orientation or gender identity and—

9 ‘‘(i) provides assistance to an indi-
10 vidual undergoing a gender transition; or

11 ‘‘(ii) provides acceptance, support,
12 and understanding of a client or facilita-
13 tion of a client's coping, social support,
14 and identity exploration and development.

15 ‘‘(m) AUTHORIZATION OF APPROPRIATIONS.—There
16 is authorized to be appropriated to carry out this section
17 for the period of fiscal years 2025 through 2031—

18 ‘‘(1) to carry out subsection (a)(1) through the
19 award of grants under subsection (b)—

20 ‘‘(A) $47,500,000 for grants; and

21 ‘‘(B) such sums as may be necessary for
22 the administrative costs of carrying out such
23 subsection; and

24 ‘‘(2) $7,500,000 to carry out the evaluation
25 under subsection (a)(2).''.

1 (b) CARE COORDINATION GRANTS.—Part E of title
2 XII of the Public Health Service Act (42 U.S.C. 300d–
3 51 et seq.) is amended by adding at the end the following
4 new section:

5 **"SEC. 1255. CARE COORDINATION GRANTS.**

6 "(a) IN GENERAL.—The Secretary shall award
7 grants to eligible entities to establish or expand trauma-
8 informed care coordination services to support—
9 "(1) children aged 0 through 5 at risk of ad-
10 verse childhood experiences; and
11 "(2) their caregivers, including prenatal people
12 of any age.
13 "(b) NUMBER OF GRANTS.—Subject to the avail-
14 ability of appropriations, the Secretary shall award not
15 fewer than 9 and not more than 40 grants under this sec-
16 tion.
17 "(c) AMOUNT OF GRANTS.—Subject to the avail-
18 ability of appropriations, the amount of a grant under this
19 section for a fiscal year shall be—
20 "(1) not less than $250,000; and
21 "(2) not more than $1,000,000.
22 "(d) ELIGIBLE ENTITIES.—To be eligible to receive
23 a grant under this section, an entity shall be a local gov-
24 ernment or Indian Tribe, acting through the public health

1 department thereof if such government or Tribe has a
2 public health department.

3 ‘‘(e) PRIORITY.—

4 ‘‘(1) IN GENERAL.—In awarding grants under
5 this section, the Secretary shall give priority to eligi-
6 ble entities proposing to serve communities with a
7 high need for trauma-informed care coordination
8 services, as demonstrated by indicators such as—

9 ‘‘(A) pregnant people who face barriers to
10 prenatal care;

11 ‘‘(B) mortality or morbidity of people giv-
12 ing birth or infants;

13 ‘‘(C) caretakers and parents who are living
14 with a mental health condition or substance use
15 disorder;

16 ‘‘(D) a high prevalence of community vio-
17 lence, including domestic violence, as dem-
18 onstrated by instances of homicide and public
19 health statistics, including treatment of injury
20 or trauma;

21 ‘‘(E) high proportions of low-income chil-
22 dren;

23 ‘‘(F) a high prevalence of child fatalities or
24 near fatalities related to child abuse and ne-
25 glect;

1 "(G) significant disparities in health out-
2 comes for people giving birth and infants;
3 "(H) a high rate of exclusionary discipline
4 and referrals to law enforcement; and
5 "(I) a high rate of homelessness and hous-
6 ing instability.
7 "(2) DATA FROM TRIBAL AREAS.—The Sec-
8 retary, acting through the Director of the Indian
9 Health Service, shall consult with Indian Tribes to
10 establish criteria to measure indicators of need, for
11 purposes of paragraph (1), with respect to Tribal
12 areas.
13 "(f) USE OF FUNDS.—
14 "(1) REQUIRED USES.—
15 "(A) IN GENERAL.—A grant received
16 under this section shall be used to establish or
17 expand gender-responsive, culturally specific,
18 trauma-informed care coordination services, in-
19 cluding by instituting and conducting risk and
20 needs assessments including—
21 "(i) using strengths-based approaches
22 focused on protective factors for children
23 and their caregivers, including prenatal
24 people of any age; and

1 "(ii) inputting screening results into a
2 centralized intake system to promote a sin-
3 gle point of access system across providers
4 and services.

5 "(B) TRAINING.—A grant received under
6 this section shall be used to ensure that individ-
7 uals employed through the grant funds, in
8 whole or in part, have received sufficient and
9 up-to-date training on trauma-informed care
10 and strategies that are reparative, culturally
11 sensitive, gender responsive, and healing cen-
12 tered.

13 "(2) PERMISSIBLE USES.—A grant received
14 under this section may be used for any of the fol-
15 lowing:

16 "(A) Employing care coordinators, case
17 managers, community health workers, certified
18 infant mental health specialists, and outreach
19 and engagement specialists to work with chil-
20 dren and their caregivers, including prenatal in-
21 dividuals, to prevent and respond to adverse
22 childhood experiences by connecting clients with
23 culturally specific, trauma-informed care treat-
24 ment services, including economic, social, food,
25 and housing supports.

1 "(B) Providing training described in paragraph (1)(B) to community health providers and community partners.

4 "(C) Expanding, enhancing, modifying, and connecting the existing network of community programs and services to achieve a more comprehensive and coordinated system of care approach, including—

9 "(i) developing local infrastructure to bolster and shape community support systems and map and build access to services in a coordinated and comprehensive way; and

14 "(ii) creating infrastructure to conduct outreach to children and families, including those experiencing homelessness and housing instability, so they acquire access to the services and supports they need and the benefits to which they are entitled.

20 "(D) Compiling information on resources (including any referral services) available through community-based organizations and local, State, and Federal agencies, such as—

24 "(i) programs addressing social determinants of health, including—

1 "(I) emergency, temporary, and
2 long-term housing;
3 "(II) programs that offer free or
4 affordable and nutritious food;
5 "(III) vocational and workforce
6 development; and
7 "(IV) transportation supports;
8 "(ii) home visiting programs for new
9 parents and their infants;
10 "(iii) workforce development programs
11 to support caregivers in skill building;
12 "(iv) trauma-responsive, parenting
13 skills-building programs;
14 "(v) the continuum of substance use
15 prevention, intervention, and treatment
16 programs and mental health support pro-
17 grams, including programs with trauma-in-
18 formed, gender-responsive, and culturally
19 specific counseling; and
20 "(vi) childcare support and early
21 childhood education, including Head Start
22 and Early Head Start programs.
23 "(E) Subject to subsection (g)(1), estab-
24 lishing or updating a database that compiles

1 data used to track the effectiveness of the care
2 coordination services funded through the grant.
3 ‘‘(F) Developing and implementing referral
4 partnership agreements with community-based
5 organizations, parent organizations, substance
6 use disorder treatment providers and facilities,
7 housing and shelter providers, health care pro-
8 viders, mental health care providers, and Fed-
9 eral and State offices and programs that imple-
10 ment practices to support children ages 0
11 through 5 who are at risk of adverse childhood
12 experiences and their caregivers, including pre-
13 natal people. Such practices shall include—
14 ‘‘(i) a bilateral ‘warm handoff’ system
15 whereby a grantee understands the needs
16 of the children and their families, and fam-
17 ilies are involved in addressing these needs;
18 and
19 ‘‘(ii) an active service connection
20 whereby the children and families are each
21 actively connected with a resource in a
22 well-coordinated way that ensures avail-
23 ability and direct contact.
24 ‘‘(G) Supporting cross-system planning
25 and collaboration among employees who may

1 work in emergency medical services, health care
2 services, public health, early childhood edu-
3 cation, and substance use disorder treatment
4 and recovery support.

5 "(H) Providing or subsidizing services to
6 address barriers that children, prenatal individ-
7 uals, and caregivers face to utilizing community
8 resources and services, such as by providing or
9 subsidizing transportation or childcare costs as
10 applicable and within reasonable amounts.

11 "(I) Creating or expanding infrastructure
12 and investing in technology, including the provi-
13 sion of communications technology and internet
14 service to children and their caregivers, to en-
15 able increased telemedicine capabilities to reach
16 participants.

17 "(3) INDIAN TRIBES.—In the case of an eligible
18 entity that is an Indian Tribe, the Secretary may
19 waive such provisions of this subsection as the Sec-
20 retary determines appropriate.

21 "(4) PROHIBITIONS.—In addition to any other
22 prohibitions determined by the Secretary, an eligible
23 entity may not use a grant under this section to—

24 "(A) use data analysis methods to inform
25 individual case decisions, including child re-

1 moval or placement decisions, or to target serv-
2 ices at certain individuals or families;

3 "(B) require any individual or family to
4 participate in any service or program as a con-
5 dition of receipt of a benefit to which the indi-
6 vidual or family is otherwise eligible; or

7 "(C) increase the presence or funding of
8 law enforcement surveillance, involvement, or
9 activity in connection with trauma-informed
10 care coordination services supported pursuant
11 to this section.

12 "(g) REQUIREMENTS.—As a condition on receipt of
13 a grant under this section, an eligible entity shall agree
14 to each of the following funding conditions:

15 "(1) RESTRICTION OF FUNDING ALLOCATION.—
16 The eligible entity will not use more than 30 percent
17 of the funds made available to the entity through the
18 grant (for the total grant period) to establish or up-
19 date a database pursuant to subsection (f)(2)(E).

20 "(2) ACCESSIBLE SETTING.—

21 "(A) IN GENERAL.—The eligible entity will
22 ensure that all care coordination services pro-
23 vided through the grant are provided in a set-
24 ting that is accessible, including through mobile
25 settings, to—

1 "(i) low-income or no-income individ-
2 uals, including individuals experiencing
3 homelessness or housing instability; and
4 "(ii) individuals in rural areas.
5 "(B) COMMUNITY OUTREACH.—In com-
6 plying with subparagraph (A), the eligible entity
7 will ensure that at least 50 percent of the care
8 coordination services provided through the
9 grant occur in community settings that are con-
10 venient to the children and caregivers who are
11 being served, such as homes, schools, and shel-
12 ters, whether for initial outreach or as part of
13 long-term care.
14 "(3) SUPPLEMENT, NOT SUPPLANT.—The
15 grant will be used to supplement, not supplant other
16 Federal, State, or local funds available for care co-
17 ordination services.
18 "(4) CONFIDENTIALITY.—The eligible entity
19 will maintain the confidentiality of individuals receiv-
20 ing services through the grant in a manner con-
21 sistent with applicable law.
22 "(5) PARTNERING; RISK STRATIFICATION.—In
23 providing care coordination services through the
24 grant, the eligible entity will—

1 "(A) partner with community-based orga-
2 nizations with experience serving child popu-
3 lations prenatally through age 5;

4 "(B) coordinate with the local agency re-
5 sponsible for administering the State plan ap-
6 proved under title XIX of the Social Security
7 Act; and

8 "(C) employ risk stratification to develop
9 different effective models of care for different
10 populations based on their needs.

11 "(h) APPLICATION.—

12 "(1) IN GENERAL.—To seek a grant under this
13 section, an eligible entity shall submit an application
14 to the Secretary at such time, in such manner, and
15 containing such information, as the Secretary may
16 require.

17 "(2) CONTENTS.—An application under para-
18 graph (1) shall, at a minimum, contain each of the
19 following:

20 "(A) Goals to be achieved through the
21 grant, including the activities that will be un-
22 dertaken to achieve those goals.

23 "(B) The number of individuals likely to
24 be served through the grant, including demo-
25 graphic data on the populations to be served.

1 "(C) Existing programs and services that
2 can be used to significantly increase the propor-
3 tion of children and families who receive needed
4 supports and services.

5 "(D) A plan for expanding, coordinating,
6 or modifying the existing network of programs
7 and services to meet the needs of children and
8 families for preventing and mitigating the trau-
9 matic impact of adverse childhood experiences.

10 "(E) A demonstration of the ability of the
11 eligible entity to reach the individuals to be
12 served, including by partnering with local stake-
13 holders.

14 "(F) An indication of how the personnel
15 involved are reflective of the communities to be
16 served.

17 "(G) A list of stakeholders with whom the
18 entity plans to partner or consult.

19 "(i) REPORTING BY GRANTEES.—Not later than 4
20 years after the date of enactment of this section, an eligi-
21 ble entity receiving a grant under this section shall submit
22 to the Secretary a report on the activities funded through
23 the grant. Such report shall include, at a minimum, a de-
24 scription of—

1 "(1) the number of individuals served through
2 activities funded through the grant, including demo-
3 graphics as applicable;
4 "(2) the number of referrals made through the
5 grant and the rate of such referrals successfully
6 linked or closed;
7 "(3) a qualitative analysis or number of collabo-
8 rative partnerships with other organizations in car-
9 rying out the activities funded through the grant;
10 "(4) the number of services provided to individ-
11 uals through the grant;
12 "(5) aggregated and de-identified outcomes ex-
13 perienced by individuals served through the grant
14 such as—
15 "(A) the rate of successful service connec-
16 tions;
17 "(B) any increases in development of pro-
18 tective factors for children;
19 "(C) any increase in development of pro-
20 tective factors for the caregivers;
21 "(D) any mitigation of the negative out-
22 comes associated with adverse childhood experi-
23 ences or decreased likelihood of children experi-
24 encing an adverse childhood experience as evi-
25 denced by—

1 "(i) decreased presence of law en-
2 forcement or other punitive State surveil-
3 lance in the community;
4 "(ii) a parent completing substance
5 use treatment;
6 "(iii) a parent receiving voluntary
7 treatment for mental health-related condi-
8 tions;
9 "(iv) a family entering into or main-
10 taining a stable housing situation;
11 "(v) a family achieving or maintaining
12 economic security;
13 "(vi) a parent achieving or maintain-
14 ing job stability; or
15 "(vii) a child meeting developmental
16 markers for school readiness; and
17 "(E) reports of satisfaction with the co-
18 ordination of care by people served; and
19 "(6) any other information required by the Sec-
20 retary.
21 "(j) CONVENING PARTICIPANTS FOR SHARING LES-
22 SONS LEARNED.—After the period of all grants awarded
23 under this section has concluded, the Assistant Secretary
24 for Planning and Evaluation of the Department of Health
25 and Human Services shall provide an in-person or online

1 opportunity for persons participating in the programs
2 funded through this section to share with each other—
3 ‘‘(1) lessons learned;
4 ‘‘(2) challenges experienced; and
5 ‘‘(3) ideas for next steps and solutions.
6 ‘‘(k) COMPILING FINDINGS AND CONCLUSIONS.—
7 After providing the opportunity required by subsection (j),
8 the Secretary shall—
9 ‘‘(1) compile the findings and conclusions of
10 grantees under this section on the provision of care
11 coordination services described in subsection (a);
12 ‘‘(2) submit a report on such findings and con-
13 clusions to the appropriate congressional commit-
14 tees; and
15 ‘‘(3) make such report publicly available.
16 ‘‘(l) DEFINITIONS.—In this section:
17 ‘‘(1) ADVERSE CHILDHOOD EXPERIENCE.—The
18 term ‘adverse childhood experience’ means a poten-
19 tially traumatic experience that occurs in childhood
20 and can have a tremendous impact on the child’s
21 lifelong health and opportunity outcomes, such as
22 any of the following:
23 ‘‘(A) Abuse, such as any of the following:
24 ‘‘(i) Emotional and psychological
25 abuse.

1 "(ii) Physical abuse.
2 "(iii) Sexual abuse.
3 "(B) Household challenges such as any of
4 the following:
5 "(i) A household member is treated
6 violently.
7 "(ii) A household member has a sub-
8 stance use disorder.
9 "(iii) A household member has a men-
10 tal health condition.
11 "(iv) Parental separation or divorce.
12 "(v) A household member is incarcer-
13 ated, is placed in immigrant detention, or
14 has been deported.
15 "(vi) A household member has a life-
16 threatening illness such as COVID–19.
17 "(C) Neglect.
18 "(D) Living in—
19 "(i) impoverished communities that
20 lack access to human services;
21 "(ii) areas of high unemployment
22 neighborhoods; or
23 "(iii) communities experiencing de
24 facto segregation.

1 "(E) Experiencing food insecurity and
2 poor nutrition.
3 "(F) Witnessing violence.
4 "(G) Involvement with the foster system.
5 "(H) Experiencing discrimination.
6 "(I) Dealing with historical and ongoing
7 traumas due to systemic and interpersonal rac-
8 ism.
9 "(J) Dealing with historical and ongoing
10 traumas regarding systemic and interpersonal
11 sexism, homophobia, biphobia, and transphobia.
12 "(K) Dealing with the threat of deporta-
13 tion or detention as a result of immigration sta-
14 tus.
15 "(L) The impacts of multigenerational pov-
16 erty resulting from limited educational and eco-
17 nomic opportunities.
18 "(M) Living through natural disasters
19 such as earthquakes, forest fires, floods, or hur-
20 ricanes.
21 "(2) CARE COORDINATION.—The term 'care co-
22 ordination' means an active, ongoing process that—
23 "(A) assists children ages 0 through 5 at
24 risk of, or who have experienced, an adverse
25 childhood experience, and their caregivers, in-

1 cluding prenatal people of any age, to identify,
2 access, and use community resources and serv-
3 ices;

4 "(B) is client centered and comprehensive
5 of the services a child or caregiver may need;

6 "(C) ensures a closed loop referral by ob-
7 taining feedback from the families served; and

8 "(D) works across systems and services to
9 promote collaboration to effectively meet the
10 needs of community members.

11 "(3) INDIAN TRIBE.—The term 'Indian Tribe'
12 has the meaning given such term in section 4 of the
13 Indian Self-Determination and Education Assistance
14 Act.

15 "(4) PROTECTIVE FACTORS.—The term 'protec-
16 tive factors' refers to any supportive element in a
17 child or caretaker's life that helps the child or care-
18 taker to withstand trauma such as a stable school
19 environment or supportive peer relationships.

20 "(m) AUTHORIZATION OF APPROPRIATIONS.—

21 "(1) IN GENERAL.—To carry out this section,
22 there is authorized to be appropriated $15,000,000
23 for each of the 5 fiscal years following the fiscal year
24 in which this section is enacted.

1 "(2) GRANTS TO INDIAN TRIBES.—Of the
2 amount made available to carry out this section for
3 a fiscal year, the Secretary shall use not less than
4 10 percent of such amount for grants to eligible en-
5 tities that are Indian Tribes.

6 "(3) ADMINISTRATIVE EXPENSES.—Of the
7 amount made available to carry out this section for
8 a fiscal year, the Secretary may use not more than
9 15 percent of such amount for administrative ex-
10 penses, including the expenses of the Assistant Sec-
11 retary for Planning and Evaluation of the Depart-
12 ment of Health and Human Services for compiling
13 and reporting information.

14 "(4) TECHNICAL ASSISTANCE.—Of the amount
15 made available to carry out this section for a fiscal
16 year, the Secretary may reserve up to 5 percent of
17 such amount to provide technical assistance to eligi-
18 ble entities in preparing and submitting applications
19 under this section.".

20 **SEC. 6703. IMPROVING ACCESS TO MENTAL HEALTH.**

21 (a) ACCESS TO CLINICAL SOCIAL WORKERS.—Sec-
22 tion 1833(a)(1) of the Social Security Act (42 U.S.C.
23 1395l(a)(1)) is amended—

1 (1) in subparagraph (D), by striking ‘‘such ne-
2 gotiated rate,,’’ and inserting ‘‘such negotiated
3 rate,’’; and
4 (2) in subparagraph (F)(ii) by striking ‘‘75 per-
5 cent of the amount determined for payment of a
6 psychologist under clause (L)’’ and inserting ‘‘85
7 percent of the fee schedule amount provided under
8 section 1848’’.
9 (b) ACCESS TO CLINICAL SOCIAL WORKER SERVICES
10 PROVIDED TO RESIDENTS OF SKILLED NURSING FACILI-
11 TIES.—
12 (1) IN GENERAL.—Section 1888(e)(2)(A)(ii) of
13 the Social Security Act (42 U.S.C.
14 1395yy(e)(2)(A)(ii)), as amended by section
15 6101(a)(5), is amended by inserting ‘‘clinical social
16 worker services,’’ after ‘‘peer support specialist serv-
17 ices (as defined in section 1861(qqq)(3)),’’.
18 (2) CONFORMING AMENDMENT.—Section
19 1861(hh)(2) of the Social Security Act (42 U.S.C.
20 1395x(hh)(2)) is amended by striking ‘‘and other
21 than services furnished to an inpatient of a skilled
22 nursing facility which the facility is required to pro-
23 vide as a requirement for participation’’.
24 (c) ACCESS TO THE COMPLETE SET OF CLINICAL SO-
25 CIAL WORKER SERVICES.—Section 1861(hh)(2) of the So-

cial Security Act (42 U.S.C. 1395x(hh)(2)) is further amended by striking "for the diagnosis and treatment of mental illnesses (other than services" and inserting "(including services for the diagnosis and treatment of mental illnesses or services for health and behavior assessment and intervention (identified as of January 1, 2022, by HCPCS codes 96150 through 96161 (and any succeeding codes)), but not including services".

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to items and services furnished on or after January 1, 2025.

**SEC. 6704. PROGRAM TO ESTABLISH PUBLIC-PRIVATE CONTRIBUTIONS TO INCREASE THE AVAILABLE WORKFORCE OF SCHOOL-BASED MENTAL HEALTH SERVICE PROVIDERS.**

(a) PROGRAM AUTHORIZED.—The Secretary shall carry out a program under which eligible graduate institutions may enter into an agreement with the Secretary to cover a portion of the cost of attendance of a participating student, which contributions shall be matched by equivalent contributions towards such cost of attendance by the Secretary.

(b) DESIGNATION OF PROGRAM.—The program under this section shall be known as the "Mental Health Excellence in Schools Program".

1 (c) AGREEMENTS.—The Secretary shall enter into an
2 agreement with each eligible graduate institution seeking
3 to participate in the program under this section. Each
4 agreement shall specify the following:

5 (1) The manner (whether by direct grant, schol-
6 arship, or otherwise) in which the eligible graduate
7 institution will contribute to the cost of attendance
8 of a participating student.

9 (2) The maximum amount of the contribution
10 to be made by the eligible graduate institution with
11 respect to any particular participating student in
12 any given academic year.

13 (3) The maximum number of individuals for
14 whom the eligible graduate institution will make con-
15 tributions in any given academic year.

16 (4) That the eligible graduate institution, in se-
17 lecting participating students to receive assistance
18 under the program, shall prioritize the participating
19 students described in subsection (d)(2).

20 (5) Such other matters as the Secretary and
21 the eligible graduate institution determine appro-
22 priate.

23 (d) OUTREACH.—The Secretary shall—

24 (1) make publicly available and periodically up-
25 date on the internet website of the Department of

Education a list of the eligible graduate institutions participating in the program under this section that shall specify, for each such graduate institution, appropriate information on the agreement between the Secretary and such eligible graduate institution under subsection (c); and

(2) conduct outreach about the program under this section to participating students who, as undergraduates—

(A) received a Federal Pell Grant under section 401 of the Higher Education Act of 1965 (20 U.S.C. 1070a); or

(B) attended an institution listed in section 371(a) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a)).

(e) MATCHING CONTRIBUTIONS.—The Secretary may provide a contribution of not more than 50 percent of the cost of attendance of a participating student if the eligible graduate institution at which such student is enrolled enters into an agreement under subsection (c) with the Secretary to match such contribution.

(f) MONITORING AND EVALUATION.—As a condition of participation in the program under this section, each eligible graduate institution shall agree to submit an annual report to the Secretary describing—

1 (1) the number of students served by the pro-
2 gram;
3 (2) the percentage of tuition cost covered by the
4 program;
5 (3) the number of participating students who
6 were also recipients of a Federal Pell Grant; and
7 (4) as applicable, the graduation rates and
8 post-graduate employment of participating students.
9 (g) INTERIM REPORT.—Not later than 2 years after
10 the first contributions are provided under this section, the
11 Secretary shall submit an interim report to Congress
12 based on the annual reports required by subsection (f).
13 (h) INDEPENDENT NATIONAL EVALUATION.—
14 (1) IN GENERAL.—Not later than 4 years after
15 the date of enactment of this Act, the Secretary
16 shall provide for the commencement of an inde-
17 pendent national evaluation of the outcomes and ef-
18 fectiveness of the program under this section.
19 (2) REPORT TO CONGRESS.—Not later than 90
20 days after receiving the results of such independent
21 national evaluation, the Secretary shall submit a re-
22 port to Congress containing the findings of the eval-
23 uation and the Secretary's recommendations for im-
24 provements to the program.
25 (i) DEFINITIONS.—In this section:

1 (1) COST OF ATTENDANCE.—The term ''cost of
2 attendance'' has the meaning given the term in sec-
3 tion 472 of the Higher Education Act of 1965 (20
4 U.S.C. 1087ll).
5 (2) ELIGIBLE GRADUATE INSTITUTION.—The
6 term ''eligible graduate institution'' means an insti-
7 tution of higher education that offers a program of
8 study that leads to a graduate degree—
9 (A) in school psychology that is accredited
10 or approved by the National Association of
11 School Psychologists' Program Accreditation
12 Board or the Commission on Accreditation of
13 the American Psychological Association and
14 that prepares students in such program for the
15 State licensing or certification examination in
16 school psychology at the specialist level;
17 (B) in an accredited school counseling pro-
18 gram that prepares students in such program
19 for the State licensing or certification examina-
20 tion in school counseling;
21 (C) in school social work that is accredited
22 by the Council on Social Work Education and
23 that prepares students in such program for the
24 State licensing or certification examination in
25 school social work;

1 (D) in another school-based mental health
2 field that prepares students in such program
3 for the State licensing or certification examina-
4 tion in such field, if applicable; or
5 (E) in any combination of study described
6 in subparagraphs (A) through (D).
7 (3) INSTITUTION OF HIGHER EDUCATION.—The
8 term ''institution of higher education'' has the
9 meaning given the term in section 101 of the Higher
10 Education Act of 1965 (20 U.S.C. 1001).
11 (4) PARTICIPATING STUDENT.—The term ''par-
12 ticipating student'' means an individual who is en-
13 rolled in a graduate degree program in a school-
14 based mental health field at a participating eligible
15 graduate institution.
16 (5) SCHOOL-BASED MENTAL HEALTH FIELD.—
17 The term ''school-based mental health field'' means
18 any of the following fields:
19 (A) School counseling.
20 (B) School social work.
21 (C) School psychology.
22 (D) Any other field of study that leads to
23 employment as a school-based mental health
24 services provider, as determined by the Sec-
25 retary.

1 (6) SCHOOL-BASED MENTAL HEALTH SERVICES
2 PROVIDER.—The term ''school-based mental health
3 services provider'' has the meaning given the term in
4 section 4102 of the Elementary and Secondary Edu-
5 cation Act of 1965 (20 U.S.C. 7112).
6 (7) SECRETARY.—The term ''Secretary'' means
7 the Secretary of Education.
8 (j) AUTHORIZATION OF APPROPRIATIONS.—There
9 are authorized to be appropriated to carry out this sec-
10 tion—
11 (1) $20,000,000 for fiscal year 2025;
12 (2) $30,000,000 for fiscal year 2026; and
13 (3) $50,000,000 for each of fiscal years 2027
14 through 2029.
15 **SEC. 6705. SCHOOL SOCIAL WORKERS IMPROVING STU-**
16 **DENT SUCCESS.**
17 (a) SCHOOL SOCIAL WORKER GRANTS.—
18 (1) PURPOSES.—The purpose of this section is
19 to assist States and local educational agencies in hir-
20 ing additional school social workers in order to in-
21 crease access to mental health and other student
22 support services to students in elementary schools
23 and secondary schools in the United States to the
24 minimum ratios recommended by the National Asso-
25 ciation of Social Workers, the School Social Work

1 Association of America, and the American Council
2 for School Social Work of 1 school social worker for
3 every 250 students, and 1 school social worker for
4 every 50 students when a social worker is providing
5 services to students with intensive needs.

6 (2) ESEA AMENDMENTS.—

7 (A) IN GENERAL.—Subpart 4 of part F of
8 title IV of the Elementary and Secondary Edu-
9 cation Act of 1965 (20 U.S.C. 7291 et seq.) is
10 amended by adding at the end the following:

11 **"SEC. 4645. GRANTS FOR SCHOOL SOCIAL WORKERS.**

12 "(a) GRANTS AUTHORIZED.—

13 "(1) IN GENERAL.—From the amounts appro-
14 priated under subsection (g), the Secretary shall
15 award grants to high-need local educational agencies
16 to enable such agencies to retain school social work-
17 ers employed by such agencies or to hire additional
18 school social workers.

19 "(2) DURATION.—A grant awarded under this
20 section shall be awarded for a period not to exceed
21 4 years.

22 "(3) SUPPLEMENT, NOT SUPPLANT.—Funds
23 made available under this section shall be used to
24 supplement, and not to supplant, other Federal,

1 State, or local funds used for hiring and retaining
2 school social workers.
3 "(b) APPLICATION.—
4 "(1) IN GENERAL.—To be eligible to receive a
5 grant under this section, a high-need local edu-
6 cational agency shall submit to the Secretary an ap-
7 plication at such time, in such manner, and con-
8 taining such information as the Secretary may re-
9 quire.
10 "(2) CONTENTS.—An application submitted
11 under paragraph (1) shall include an assurance that
12 each school social worker who receives assistance
13 under the grant will provide the services described in
14 subsection (d), and a description of the specific serv-
15 ices to be provided by such social worker.
16 "(c) USE OF FUNDS.—A high-need local educational
17 agency receiving a grant under this section—
18 "(1) shall use the grant—
19 "(A) to achieve a ratio of not less than 1
20 school social worker for every 250 students
21 served by the agency, by—
22 "(i) retaining school social workers
23 employed by such agency; or
24 "(ii)(I) employing additional school
25 social workers; or

1 "(II) hiring contractors to serve as
2 school social workers only in a case in
3 which—
4 "(aa) the local educational agen-
5 cy demonstrates to the Secretary that
6 the agency—
7 "(AA) has not been able to
8 employ a sufficient number of
9 school social workers under sub-
10 clause (I) to achieve such ratio
11 despite strong and continuing ef-
12 forts to recruit and employ school
13 social workers; and
14 "(BB) hiring contractors is
15 the only viable option to ensure
16 students have adequate access to
17 school social work services; and
18 "(bb) each such contractor meets
19 the requirements of subparagraphs
20 (A) and (B) of subsection (h)(2); and
21 "(B) to ensure that each school social
22 worker who receives assistance under such
23 grant provides the services described in sub-
24 section (d); and

1 "(2) may use the grant to reimburse school so-
2 cial workers who receive assistance under such grant
3 for—
4 "(A) in the case of a school served by the
5 agency in which the majority of students are
6 higher risk students, to hire or retain additional
7 school social workers in accordance with clauses
8 (i) and (ii) of paragraph (1)(A) to achieve a
9 ratio of not less than 1 school social worker for
10 every 50 students;
11 "(B) travel expenses incurred during home
12 visits and other school-related trips;
13 "(C) any additional expenses incurred by
14 such social workers in rendering any service de-
15 scribed in subsection (d); and
16 "(D) the cost of clinical social work super-
17 vision for such social workers.
18 "(d) RESPONSIBILITIES OF A SCHOOL SOCIAL WORK-
19 ER.—A school social worker who receives assistance under
20 a grant under this section shall provide the following serv-
21 ices:
22 "(1) Identifying high-need students in each
23 school that the social worker serves, and targeting
24 services provided at the school to such students.

1 "(2) Providing students in each school that the
2 school social worker serves, social work services to
3 promote school engagement and improve academic
4 outcomes, including—
5 "(A) counseling and crisis intervention;
6 "(B) trauma-informed services;
7 "(C) evidence-based educational, behav-
8 ioral, and mental health services (such as imple-
9 menting multi-tiered programs and practices,
10 monitoring progress, and evaluating service ef-
11 fectiveness);
12 "(D) addressing the social and emotional
13 learning needs of students;
14 "(E) promoting a school climate and cul-
15 ture conducive to student learning and teaching
16 excellence (such as promoting effective school
17 policies and administrative procedures, enhanc-
18 ing the professional capacity of school per-
19 sonnel, and facilitating engagement between
20 student, family, school, and community);
21 "(F) providing access to school-based and
22 community based resources (such as promoting
23 a continuum of services, mobilizing resources
24 and promoting assets, and providing leadership,
25 interdisciplinary collaboration, systems coordi-

1 nation, professional consultation, and con-
2 necting students and families to resource sys-
3 tems);

4 "(G) working with students, families,
5 schools, and communities to address barriers to
6 educational attainment (such as homelessness
7 and housing insecurity, lack of transportation,
8 food insecurity, equity, social justice issues, ac-
9 cess to quality education, and school, family,
10 and community risk factors);

11 "(H) providing assistance to schools and
12 teachers to design social-emotional, educational,
13 behavioral, and mental health interventions;

14 "(I) case management activities to coordi-
15 nate the delivery of and access to the appro-
16 priate social work services to the highest-need
17 students;

18 "(J) home visits to meet the family of stu-
19 dents in need of social work services in the
20 home environment;

21 "(K) supervising or coordinating district
22 level school social work services; and

23 "(L) other services the Secretary deter-
24 mines, in partnership with students, educators,

1 and community member voices are necessary to
2 be carried out by such a social worker.
3 "(e) GRANT RENEWAL.—
4 "(1) IN GENERAL.—A grant awarded under
5 this section may be renewed for additional periods
6 with the same duration as the original grant period.
7 "(2) CONTINUING ELIGIBILITY APPLICATION.—
8 To be eligible for a renewal under this section a
9 high-need local educational agency shall submit to
10 the Secretary, for each renewal, a report on the
11 progress of such agency in retaining and hiring
12 school social workers to achieve the ratio of not less
13 than 1 school social worker for every 250 students
14 served by the agency, and shall include—
15 "(A) a description of the staffing expan-
16 sion of school social workers funded through the
17 original grant received under this section; and
18 "(B) a description of the work conducted
19 by such social workers for higher risk students.
20 "(f) TECHNICAL ASSISTANCE.—
21 "(1) IN GENERAL.—The Secretary shall provide
22 technical assistance to high-need local educational
23 agencies, including such agencies that do not have
24 adequate staff, in applying for grants under this sec-
25 tion.

1 "(2) EXTENSION OF APPLICATION PERIOD.—
2 The Secretary shall extend any application period
3 for a grant under this section for any high-need local
4 educational agency that—
5 "(A) submits to the Secretary a written
6 notification of the intent to apply for a grant
7 under this section before requesting technical
8 assistance under paragraph (1); and
9 "(B) after submitting the notification
10 under paragraph (1), requests such technical
11 assistance.
12 "(g) AUTHORIZATION FOR APPROPRIATIONS.—There
13 is authorized to be appropriated to carry out this section,
14 $100,000,000 for each of fiscal years 2025 through 2029.
15 "(h) DEFINITIONS.—In this section:
16 "(1) HIGH-NEED LOCAL EDUCATIONAL AGEN-
17 CY.—The term 'high-need local educational agency'
18 has the meaning given the term in section 200 of the
19 Higher Education Act of 1965 (20 U.S.C. 1021).
20 "(2) SCHOOL SOCIAL WORKER.—The term
21 'school social worker' means an individual who—
22 "(A) has a graduate degree in social work
23 from a social work program that is accredited
24 by the Council on Social Work Education; and

1 "(B) meets all other State and local
2 credentialing requirements for practicing as a
3 social worker in an elementary school or sec-
4 ondary school.".

5 (B) TABLE OF CONTENTS.—The table of
6 contents in section 2 of the Elementary and
7 Secondary Education Act of 1965 is amended
8 by inserting after the item relating to section
9 4644 the following:

"Sec. 4645. Grants for school social workers.".

10 (b) NATIONAL TECHNICAL ASSISTANCE CENTER FOR
11 SCHOOL SOCIAL WORK.—

12 (1) IN GENERAL.—The Secretary of Education,
13 acting through the Assistant Secretary, shall estab-
14 lish an evaluation, documentation, dissemination,
15 and technical assistance resource center to provide
16 appropriate information, training, and technical as-
17 sistance to States, political subdivisions of States,
18 federally recognized Indian tribes, Tribal organiza-
19 tions, institutions of higher education, State and
20 local educational agencies, and individual students
21 and educators with respect to hiring and retaining
22 school social workers at elementary schools and sec-
23 ondary schools served by local educational agencies.

1 (2) RESPONSIBILITIES OF THE CENTER.—The
2 center established under paragraph (1) shall conduct
3 activities for the purpose of—
4 (A) developing and continuing statewide or
5 Tribal strategies for improving the effectiveness
6 of the school social work workforce;
7 (B) studying the costs and effectiveness of
8 school social work programs at institutions of
9 higher education to identify areas of improve-
10 ment and provide information on relevant issues
11 of importance to State, Tribal, and national
12 policymakers;
13 (C) working with Federal agencies and
14 other State, Tribal, and national stakeholders
15 to collect, evaluate, and disseminate data re-
16 garding school social work ratios, outcomes and
17 best practices of school-based mental health
18 services, and the impact of expanding the num-
19 ber of school social workers within elementary
20 schools and secondary schools;
21 (D) establishing partnerships among na-
22 tional, State, Tribal, and local governments,
23 and local educational agencies, institutions of
24 higher education, non-profit organizations, and

1 State and national trade associations for the
2 purposes of—
3 (i) data collection and dissemination;
4 (ii) establishing a school social work
5 workforce development program;
6 (iii) documenting the success of school
7 social work methods on a national level;
8 and
9 (iv) conducting other activities deter-
10 mined appropriate by the Secretary.
11 (3) DEFINITIONS.—In this subsection:
12 (A) ESEA TERMS.—Except as otherwise
13 provided, any term used in this subsection that
14 is defined in section 8101 of the Elementary
15 and Secondary Education Act of 1965 (20
16 U.S.C. 7801) shall have the meaning given that
17 term in such section.
18 (B) SCHOOL SOCIAL WORKER.—The term
19 ''school social worker'' has the meaning given
20 the term in section 4645(h) of the Elementary
21 and Secondary Education Act of 1965.

1 **SEC. 6706. OPIOID GRANTS TO SUPPORT CAREGIVERS, KIN-**
2 **SHIP CARE FAMILIES, AND KINSHIP CARE-**
3 **GIVERS.**

4 (a) OPIOID GRANTS.—Section 1003(b)(4) of the 21st
5 Century Cures Act (42 U.S.C. 290ee–3a(b)(4)) is amend-
6 ed—
7 (1) by redesignating subparagraph (F) as sub-
8 paragraph (G); and
9 (2) by inserting after subparagraph (E) the fol-
10 lowing:
11 "(F) Supporting opioid abuse prevention
12 and treatment services within a State provided
13 by State and local agencies for children and
14 caregivers, kinship care families, and kinship
15 caregivers through—
16 "(i) workforce recruitment and train-
17 ing;
18 "(ii) health care services (including
19 such services described in subparagraph
20 (D)); and
21 "(iii) foster and adoptive parent re-
22 cruitment and training.".
23 (b) DEFINITIONS.—Section 1003(h) of the 21st Cen-
24 tury Cures Act (42 U.S.C. 290ee–3a(h)) is amended—
25 (1) by redesignating paragraphs (2) through
26 (4) as paragraphs (4) through (6), respectively; and

1 (2) by inserting after paragraph (1) the fol-
2 lowing:
3 ''(2) KINSHIP CARE FAMILY.—The term 'kin-
4 ship care family' means a family with a kinship care-
5 giver.
6 ''(3) KINSHIP CAREGIVER.—The term 'kinship
7 caregiver' means a relative of a child by blood, mar-
8 riage, or adoption, who—
9 ''(A) lives with the child;
10 ''(B) is the primary caregiver of the child
11 because the biological or adoptive parent of the
12 child is unable or unwilling to serve as the pri-
13 mary caregiver of the child; and
14 ''(C) has a legal relationship to the child or
15 is raising the child informally.''.
16 (c) AUTHORIZATION OF APPROPRIATIONS.—Section
17 1003(i)(1) of the 21st Century Cures Act (42 U.S.C.
18 290ee–3a(i)(1)) is amended by striking ''2023 through
19 2027'' and inserting ''2025 through 2029''.
20 (d) SET ASIDE.—Section 1003(i)(3) of the 21st Cen-
21 tury Cures Act (42 U.S.C. 290ee–3a(i)(3)) is amended by
22 inserting before the period at the end '', and set aside 1
23 percent to carry out subsection (b)(4)(F)''.

1 **SEC. 6707. SUBSTANCE USE AND MENTAL HEALTH SERV-**
2 **ICES ADMINISTRATION AND SUBAGENCIES.**

3 (a) SUBSTANCE USE AND MENTAL HEALTH SERV-
4 ICES ADMINISTRATION.—The Public Health Service Act
5 (42 U.S.C. 201 et seq.) is amended—
6 (1) in section 464H(c) (42 U.S.C. 285n(c)),
7 section 464R(c) (42 U.S.C. 285p(c)), and sub-
8 sections (b) and (c)(1) of section 2303 (42 U.S.C.
9 300cc–2), by striking "Administrator of the Sub-
10 stance Abuse and Mental Health Services Adminis-
11 tration" each place it appears and inserting "Assist-
12 ant Secretary for Mental Health and Substance
13 Use";
14 (2) in title V (42 U.S.C. 290aa et seq.)—
15 (A) in the title heading, by striking
16 "**ABUSE**" and inserting "**USE**";
17 (B) in section 501 (42 U.S.C. 290aa)—
18 (i) in the section heading, by striking
19 "**ABUSE**" and inserting "**USE**"; and
20 (ii) in subsection (f)(4), by striking
21 "Substance Abuse and Mental Health Ad-
22 ministration" and inserting "Substance
23 Use and Mental Health Services Adminis-
24 tration"; and
25 (3) by striking "Substance Abuse and Mental
26 Health Services Administration" each place it ap-

1 pears and inserting "Substance Use and Mental
2 Health Services Administration".
3 (b) CENTER FOR SUBSTANCE USE SERVICES; CEN-
4 TER FOR SUBSTANCE USE PREVENTION SERVICES.—
5 (1) IN GENERAL.—The Public Health Service
6 Act (42 U.S.C. 201 et seq.) is amended—
7 (A) in part B of title V (42 U.S.C. 290bb
8 et seq.)—
9 (i) in subpart 1, in the subpart head-
10 ing, by striking "**Abuse Treatment**"
11 and inserting "**Use Services**";
12 (ii) in subpart 2, in the subpart head-
13 ing, by striking "**Abuse Prevention**"
14 and inserting "**Use Prevention Serv-**
15 **ices**";
16 (iii) in section 507 (42 U.S.C. 290bb),
17 in the section heading, by striking "**ABUSE**
18 **TREATMENT**" and inserting "**USE SERV-**
19 **ICES**";
20 (iv) in section 513(a) (42 U.S.C.
21 290bb–6(a)), in the subsection heading, by
22 striking "ABUSE TREATMENT" and insert-
23 ing "USE SERVICES"; and
24 (v) in section 515 (42 U.S.C. 290bb–
25 21), in the section heading, by striking

1 "**ABUSE PREVENTION**" and inserting
2 "**USE PREVENTION SERVICES**";
3 (B) in section 1932(b)(3) (42 U.S.C.
4 300x–32(b)(3)), in the paragraph heading, by
5 striking "ABUSE PREVENTION" and inserting
6 "USE PREVENTION SERVICES";
7 (C) in section 1935(b)(2) of the Public
8 Health Service Act (42 U.S.C. 300x–35(b)(2)),
9 in the paragraph heading, by striking "ABUSE
10 PREVENTION" and inserting "USE PREVENTION
11 SERVICES";
12 (D) by striking "Center for Substance
13 Abuse Treatment" each place it appears and in-
14 serting "Center for Substance Use Services";
15 and
16 (E) by striking "Center for Substance
17 Abuse Prevention" each place it appears and
18 inserting "Center for Substance Use Prevention
19 Services".
20 (c) AUTHORITIES.—The Secretary of Health and
21 Human Services shall delegate to the Substance Use and
22 Mental Health Services Administration, the Center for
23 Substance Use Services, and the Center for Substance Use
24 Prevention Services all duties and authorities that, as of
25 the date of enactment of this Act, were vested in the Sub-

1 stance Abuse and Mental Health Services Administration,
2 the Center for Substance Abuse Treatment, and the Cen-
3 ter for Substance Abuse Prevention, respectively.
4 (d) REFERENCES.—
5 (1) IN GENERAL.—Except as provided in para-
6 graph (2), any reference in any law, regulation, map,
7 document, paper, or other record of the United
8 States—
9 (A) to the Substance Abuse and Mental
10 Health Services Administration shall be deemed
11 to be a reference to the Substance Use and
12 Mental Health Services Administration;
13 (B) to the Center for Substance Abuse
14 Treatment of such Administration shall be
15 deemed to be a reference to the Center for Sub-
16 stance Use Services of such Administration;
17 and
18 (C) to the Center for Substance Abuse
19 Prevention of such Administration shall be
20 deemed to be a reference to the Center for Sub-
21 stance Use Prevention Services of such Admin-
22 istration.
23 (2) EFFECT.—Paragraph (1) shall not be con-
24 strued to alter or affect section 6001(d) of the 21st
25 Century Cures Act (42 U.S.C. 290aa note), pro-

1 viding that a reference to the Administrator of the
2 Substance Abuse and Mental Health Services Ad-
3 ministration shall be construed to be a reference to
4 the Assistant Secretary for Mental Health and Sub-
5 stance Use.

6 (3) REFERENCES TO SAMHSA.—Notwith-
7 standing this section or the amendments made by
8 this section, the Secretary of Health and Human
9 Services may continue to use the acronym
10 "SAMHSA" to refer to the Substance Use and Men-
11 tal Health Services Administration in regulations,
12 maps, documents, papers, and other records of the
13 United States.

# 14 TITLE VII—ADDRESSING HIGH-
# 15 IMPACT MINORITY DISEASES

## 16 Subtitle A—Cancer

### 17 SEC. 7001. LUNG CANCER MORTALITY REDUCTION.

18 (a) SENSE OF CONGRESS CONCERNING INVESTMENT
19 IN LUNG CANCER RESEARCH.—It is the sense of the Con-
20 gress that—

21 (1) lung cancer mortality reduction should be
22 made a national public health priority; and

23 (2) a comprehensive mortality reduction pro-
24 gram coordinated by the Secretary of Health and

1 Human Services is justified and necessary to ade-
2 quately address and reduce lung cancer mortality.
3 (b) LUNG CANCER MORTALITY REDUCTION PRO-
4 GRAM.—
5 (1) IN GENERAL.—Subpart 1 of part C of title
6 IV of the Public Health Service Act (42 U.S.C. 285
7 et seq.) is amended by adding at the end the fol-
8 lowing:

9 **"SEC. 417H. LUNG CANCER MORTALITY REDUCTION PRO-**
10 **GRAM.**

11 "(a) IN GENERAL.—Not later than 6 months after
12 the date of the enactment of the Health Equity and Ac-
13 countability Act of 2024, the Secretary, in consultation
14 with the Secretary of Defense, the Secretary of Veterans
15 Affairs, the Director of the National Institutes of Health,
16 the Director of the Centers for Disease Control and Pre-
17 vention, the Commissioner of Food and Drugs, the Admin-
18 istrator of the Centers for Medicare & Medicaid Services,
19 the Director of the National Institute on Minority Health
20 and Health Disparities, the Administrator of the Environ-
21 mental Protection Agency, and other members of the
22 Lung Cancer Advisory Board established under section
23 7001(d) of the Health Equity and Accountability Act of
24 2024, shall implement a comprehensive program, to be
25 known as the Lung Cancer Mortality Reduction Program,

1 to achieve a reduction of at least 25 percent in the mor-
2 tality rate of lung cancer by 2028.

3 ‘‘(b) REQUIREMENTS.—The Program shall include at
4 least the following:

5 ‘‘(1) With respect to the National Institutes of
6 Health—

7 ‘‘(A) a strategic review and prioritization
8 by the National Cancer Institute of research
9 grants to achieve the goal specified in sub-
10 section (a);

11 ‘‘(B) the provision of funds to enable the
12 Airway Biology and Disease Branch of the Na-
13 tional Heart, Lung, and Blood Institute to ex-
14 pand its research programs to include pre-
15 dispositions to lung cancer, the interrelationship
16 between lung cancer and other pulmonary and
17 cardiac disease, and the diagnosis and treat-
18 ment of such diseases;

19 ‘‘(C) the provision of funds to enable the
20 National Institute of Biomedical Imaging and
21 Bioengineering to expedite the development of
22 computer-assisted diagnostic, surgical, treat-
23 ment, and drug-testing innovations to reduce
24 lung cancer mortality, such as through expan-

1 sion of the Institute's Quantum Grant Program
2 and Image-Guided Interventions program; and
3 ''(D) the provision of funds to enable the
4 National Institute of Environmental Health
5 Sciences to implement research programs rel-
6 ative to the lung cancer incidence.
7 ''(2) With respect to the Food and Drug Ad-
8 ministration—
9 ''(A) activities under section 529B of the
10 Federal Food, Drug, and Cosmetic Act; and
11 ''(B) activities under section 561 of the
12 Federal Food, Drug, and Cosmetic Act to ex-
13 pand access to investigational drugs and devices
14 for the diagnosis, monitoring, or treatment of
15 lung cancer.
16 ''(3) With respect to the Centers for Disease
17 Control and Prevention, the establishment of an
18 early disease research and management program
19 under section 1511.
20 ''(4) With respect to the Agency for Healthcare
21 Research and Quality, the conduct of a biannual re-
22 view of lung cancer screening, diagnostic, and treat-
23 ment protocols, and the issuance of updated guide-
24 lines.

1 "(5) The promotion (including education) of
2 lung cancer screening within minority and rural pop-
3 ulations and the study of the effectiveness of efforts
4 to increase such screening.

5 "(6) The cooperation and coordination of all
6 minority and health disparity programs within the
7 Department of Health and Human Services to en-
8 sure that all aspects of the Lung Cancer Mortality
9 Reduction Program under this section adequately
10 address the burden of lung cancer on minority and
11 rural populations.

12 "(7) The cooperation and coordination of all to-
13 bacco control and cessation programs within agen-
14 cies of the Department of Health and Human Serv-
15 ices to achieve the goals of the Lung Cancer Mor-
16 tality Reduction Program under this section with
17 particular emphasis on the coordination of drug and
18 other cessation treatments with early detection pro-
19 tocols.".

20 (2) FEDERAL FOOD, DRUG, AND COSMETIC
21 ACT.—Subchapter B of chapter V of the Federal
22 Food, Drug, and Cosmetic Act (21 U.S.C. 360aaa et
23 seq.) is amended by adding at the end the following:

1 **"SEC. 529B. DRUGS RELATING TO LUNG CANCER.**

2 ''(a) IN GENERAL.—The provisions of this sub-
3 chapter shall apply to a drug described in subsection (b)
4 to the same extent and in the same manner as such provi-
5 sions apply to a drug for a rare disease or condition (as
6 defined in section 526).

7 ''(b) QUALIFIED DRUGS.—A drug described in this
8 subsection is—

9 ''(1) a chemoprevention drug for precancerous
10 conditions of the lung;

11 ''(2) a drug for targeted therapeutic treat-
12 ments, including any vaccine, for lung cancer; or

13 ''(3) a drug to curtail or prevent nicotine addic-
14 tion.

15 ''(c) BOARD.—The Board established under section
16 7001(d) of the Health Equity and Accountability Act of
17 2024 shall monitor the program implemented under this
18 section.''.

19 (3) ACCESS TO UNAPPROVED THERAPIES.—Sec-
20 tion 561(e) of the Federal Food, Drug, and Cos-
21 metic Act (21 U.S.C. 360bbb(e)) is amended by in-
22 serting before the period the following: ''and shall
23 include expanding access to drugs under section
24 529B, with substantial consideration being given to
25 whether the totality of information available to the
26 Secretary regarding the safety and effectiveness of

1 an investigational drug, as compared to the risk of
2 morbidity and death from the disease, indicates that
3 a patient may obtain more benefit than risk if treat-
4 ed with the drug''.

5 (4) CDC.—Title XV of the Public Health Serv-
6 ice Act (42 U.S.C. 300k et seq.) is amended by add-
7 ing at the end the following:

8 **''SEC. 1511. EARLY DISEASE RESEARCH AND MANAGEMENT**
9 **PROGRAM.**

10 ''The Secretary shall establish and implement an
11 early disease research and management program targeted
12 at the high incidence and mortality rates of lung cancer
13 among minority and low-income populations.''.

14 (c) DEPARTMENT OF DEFENSE AND DEPARTMENT
15 OF VETERANS AFFAIRS.—The Secretary of Defense and
16 the Secretary of Veterans Affairs, each in coordination
17 with the Secretary of Health and Human Services, shall
18 engage—

19 (1) in the implementation within the Depart-
20 ment of Defense and the Department of Veterans
21 Affairs, as the case may be, of an early detection
22 and disease management research program for mem-
23 bers of the Armed Forces and veterans whose smok-
24 ing history and exposure to carcinogens during serv-

1 ice on active duty in the Armed Forces has increased
2 their risk for lung cancer; and
3 (2) in the implementation of coordinated care
4 programs for members of the Armed Forces and vet-
5 erans diagnosed with lung cancer.
6 (d) LUNG CANCER ADVISORY BOARD.—
7 (1) IN GENERAL.—The Secretary of Health and
8 Human Services shall convene a Lung Cancer Advi-
9 sory Board (referred to in this section as the
10 ''Board'')—
11 (A) to monitor the programs established
12 under this section (and the amendments made
13 by this section); and
14 (B) to provide annual reports to the Con-
15 gress concerning benchmarks, expenditures,
16 lung cancer statistics, and the public health im-
17 pact of such programs.
18 (2) COMPOSITION.—The Board shall be com-
19 posed of—
20 (A) the Secretary of Health and Human
21 Services;
22 (B) the Secretary of Defense;
23 (C) the Secretary of Veterans Affairs; and
24 (D) 2 representatives each from the fields
25 of clinical medicine focused on lung cancer,

1 lung cancer research, imaging, drug development, and lung cancer advocacy, to be appointed by the Secretary of Health and Human Services.

5 (e) AUTHORIZATION OF APPROPRIATIONS.—

6 (1) IN GENERAL.—To carry out this section (and the amendments made by this section), there are authorized to be appropriated $75,000,000 for fiscal year 2025 and such sums as may be necessary for each of fiscal years 2026 through 2028.

11 (2) LUNG CANCER MORTALITY REDUCTION PROGRAM.—The amounts appropriated under paragraph (1) shall be allocated as follows:

14 (A) $25,000,000 for fiscal year 2025, and such sums as may be necessary for each of fiscal years 2026 through 2028, for the activities described in section 417H(b)(1)(B) of the Public Health Service Act, as added by subsection (b);

20 (B) $25,000,000 for fiscal year 2025, and such sums as may be necessary for each of fiscal years 2026 through 2028, for the activities described in section 417H(b)(1)(C) of the Public Health Service Act;

1 (C) $10,000,000 for fiscal year 2025, and
2 such sums as may be necessary for each of fis-
3 cal years 2026 through 2028, for the activities
4 described in section 417H(b)(1)(D) of the Pub-
5 lic Health Service Act; and
6 (D) $15,000,000 for fiscal year 2025, and
7 such sums as may be necessary for each of fis-
8 cal years 2026 through 2028, for the activities
9 described in section 417H(b)(3) of the Public
10 Health Service Act.

11 **SEC. 7002. EXPANSION OF PROSTATE CANCER RESEARCH,**
12 **OUTREACH, SCREENING, TESTING, ACCESS,**
13 **AND TREATMENT EFFECTIVENESS.**

14 (a) PROSTATE CANCER COORDINATION AND EDU-
15 CATION.—
16 (1) INTERAGENCY PROSTATE CANCER COORDI-
17 NATION AND EDUCATION TASK FORCE.—Not later
18 than 180 days after the date of the enactment of
19 this Act, the Secretary of Veterans Affairs, in co-
20 operation with the Secretary of Defense and the Sec-
21 retary of Health and Human Services, shall estab-
22 lish an Interagency Prostate Cancer Coordination
23 and Education Task Force (in this section referred
24 to as the ‘‘Prostate Cancer Task Force’’).

1 (2) DUTIES.—The Prostate Cancer Task Force
2 shall—
3 (A) develop a summary of advances in
4 prostate cancer research supported or con-
5 ducted by Federal agencies relevant to the diag-
6 nosis, prevention, and treatment of prostate
7 cancer, including psychosocial impairments re-
8 lated to prostate cancer treatment, and compile
9 a list of best practices that warrant broader
10 adoption in health care programs;
11 (B) consider establishing, and advocating
12 for, a guidance to enable physicians to allow
13 screening of men who are age 74 or older, on
14 a case-by-case basis, taking into account quality
15 of life and family history of prostate cancer;
16 (C) share and coordinate information on
17 research and health care program activities by
18 the Federal Government, including activities re-
19 lated to—
20 (i) determining how to improve re-
21 search and health care programs, including
22 psychosocial impairments related to pros-
23 tate cancer treatment;

1 (ii) identifying any gaps in the overall
2 research inventory and in health care pro-
3 grams;
4 (iii) identifying opportunities to pro-
5 mote translation of research into practice;
6 and
7 (iv) maximizing the effects of Federal
8 Government efforts by identifying opportu-
9 nities for collaboration and leveraging of
10 resources in research and health care pro-
11 grams that serve individuals who are sus-
12 ceptible to or diagnosed with prostate can-
13 cer;
14 (D) develop a comprehensive interagency
15 strategy and advise relevant Federal agencies in
16 the solicitation of proposals for collaborative,
17 multidisciplinary research and health care pro-
18 grams, including proposals to evaluate factors
19 that may be related to the etiology of prostate
20 cancer, that would—
21 (i) result in innovative approaches to
22 study emerging scientific opportunities or
23 eliminate knowledge gaps in research to
24 improve the prostate cancer research port-
25 folio of the Federal Government; and

1 (ii) outline key research questions,
2 methodologies, and knowledge gaps;
3 (E) develop a coordinated message related
4 to screening and treatment for prostate cancer
5 to be reflected in educational and beneficiary
6 materials for Federal health programs as such
7 materials are updated; and
8 (F) not later than two years after the date
9 of the establishment of the Prostate Cancer
10 Task Force, submit to the expert advisory pan-
11 els appointed under paragraph (4) to be re-
12 viewed and returned within 30 days, and then
13 within 90 days submitted to Congress, rec-
14 ommendations—
15 (i) regarding any appropriate changes
16 to research and health care programs, in-
17 cluding recommendations to improve the
18 research portfolio of the Department of
19 Veterans Affairs, the Department of De-
20 fense, the National Institutes of Health,
21 and other Federal agencies to ensure that
22 scientifically based strategic planning is
23 implemented in support of research and
24 health care program priorities;

1 (ii) designed to ensure that the re-
2 search and health care programs and ac-
3 tivities of the Department of Veterans Af-
4 fairs, the Department of Defense, the De-
5 partment of Health and Human Services,
6 and other Federal agencies are free of un-
7 necessary duplication;
8 (iii) regarding public participation in
9 decisions relating to prostate cancer re-
10 search and health care programs to in-
11 crease the involvement of patient advo-
12 cates, community organizations, and med-
13 ical associations representing a broad geo-
14 graphical area;
15 (iv) on how to best disseminate infor-
16 mation on prostate cancer research and
17 progress achieved by health care programs;
18 (v) on how to expand partnerships be-
19 tween public entities, including Federal
20 agencies, and private entities to encourage
21 collaborative, cross-cutting research and
22 health care delivery;
23 (vi) assessing any cost savings and ef-
24 ficiencies realized through the efforts iden-
25 tified in, and supported through, this sub-

1 section and recommending expansion of
2 those efforts that have proved most prom-
3 ising while also ensuring against any con-
4 flicts in directives in law;
5 (vii) identifying key priority action
6 items from among the recommendations
7 specified in clauses (i) through (vi); and
8 (viii) with respect to the level of fund-
9 ing needed by each agency to implement
10 such recommendations.
11 (3) MEMBERS OF THE PROSTATE CANCER TASK
12 FORCE.—The Prostate Cancer Task Force shall be
13 composed of representatives from such Federal agen-
14 cies as the head of each such applicable agency de-
15 termines necessary, so as to coordinate a uniform
16 message relating to prostate cancer screening and
17 treatment where appropriate, including representa-
18 tives of each of the following:
19 (A) The Department of Veterans Affairs,
20 including representatives of each relevant pro-
21 gram area of the Department of Veterans Af-
22 fairs.
23 (B) The Prostate Cancer Research Pro-
24 gram of the Congressionally Directed Medical

1 Research Program of the Department of De-
2 fense.
3 (C) The Department of Health and
4 Human Services, including, at a minimum, rep-
5 resentatives of each of the following:
6 (i) The National Institutes of Health.
7 (ii) National research institutes and
8 centers, including the National Cancer In-
9 stitute, the National Institute of Allergy
10 and Infectious Diseases, and the Office of
11 Minority Health.
12 (iii) The Centers for Medicare & Med-
13 icaid Services.
14 (iv) The Food and Drug Administra-
15 tion.
16 (v) The Centers for Disease Control
17 and Prevention.
18 (vi) The Agency for Healthcare Re-
19 search and Quality.
20 (vii) The Health Resources and Serv-
21 ices Administration.
22 (4) APPOINTING EXPERT ADVISORY PANELS.—
23 The Prostate Cancer Task Force shall appoint ex-
24 pert advisory panels, as the task force determines

1 appropriate, to provide input and concurrence
2 from—
3 (A) individuals and organizations from the
4 medical, prostate cancer patient and advocate,
5 research, and delivery communities with exper-
6 tise in prostate cancer diagnosis, treatment,
7 and research, including practicing urologists,
8 primary care providers, and others; and
9 (B) individuals with expertise in education
10 and outreach to underserved populations af-
11 fected by prostate cancer.
12 (5) MEETINGS.—The Prostate Cancer Task
13 Force shall convene not less frequently than twice
14 each year, or more frequently as the Secretary of
15 Veterans Affairs determines to be appropriate.
16 (6) FEDERAL ADVISORY COMMITTEE ACT.—The
17 Federal Advisory Committee Act (5 U.S.C. App.)
18 shall apply to the Prostate Cancer Task Force.
19 (7) SUNSET DATE.—The Prostate Cancer Task
20 Force shall terminate on September 30, 2026.
21 (b) PROSTATE CANCER RESEARCH.—
22 (1) RESEARCH COORDINATION PROGRAM.—
23 (A) IN GENERAL.—The Secretary of Vet-
24 erans Affairs, in coordination with the Sec-
25 retary of Defense and the Secretary of Health

1 and Human Services, shall establish and carry
2 out a program to coordinate and intensify pros-
3 tate cancer research.

4 (B) ELEMENTS.—The program established
5 under subparagraph (A) shall—

6 (i) develop advances in diagnostic and
7 prognostic methods and tests, including
8 biomarkers and an improved prostate can-
9 cer screening blood test, including improve-
10 ments or alternatives to the prostate spe-
11 cific antigen test and additional tests to
12 distinguish indolent from aggressive dis-
13 ease;

14 (ii) develop a better understanding of
15 the etiology of the disease (including an
16 analysis of lifestyle factors proven to be in-
17 volved in higher rates of prostate cancer,
18 such as obesity and diet, and in different
19 ethnic, racial, and socioeconomic groups,
20 such as the African-American, Latino or
21 Hispanic, and American Indian popu-
22 lations and men with a family history of
23 prostate cancer) to improve prevention ef-
24 forts;

1 (iii) expand basic research into prostate cancer, including studies of fundamental molecular and cellular mechanisms;
4 (iv) identify and provide clinical testing of novel agents for the prevention and treatment of prostate cancer;
7 (v) establish clinical registries for prostate cancer;
9 (vi) use the National Institute of Biomedical Imaging and Bioengineering and the National Cancer Institute for assessment of appropriate imaging modalities; and
14 (vii) address such other matters relating to prostate cancer research as may be identified by the Federal agencies participating in such program.
18 (C) UNDERSERVED MINORITY GRANT PROGRAM.—
20 (i) IN GENERAL.—In carrying out the program established under subparagraph (A), the Secretary shall award grants to eligible entities—

1 (I) to carry out components of
2 the research outlined in subparagraph
3 (B);
4 (II) to integrate and build upon
5 existing knowledge gained from com-
6 parative effectiveness research; and
7 (III) to recognize and address—
8 (aa) the racial and ethnic
9 disparities in the incidence and
10 mortality rates of prostate cancer
11 and men with a family history of
12 prostate cancer;
13 (bb) any barriers in access
14 to care and participation in clin-
15 ical trials that are specific to ra-
16 cial, ethnic, and other under-
17 served minorities and men with a
18 family history of prostate cancer;
19 (cc) outreach and edu-
20 cational efforts to raise aware-
21 ness among the populations de-
22 scribed in item (bb); and
23 (dd) appropriate access and
24 utilization of imaging modalities.

1 (ii) ELIGIBLE ENTITY DEFINED.—In
2 this subparagraph, the term ''eligible enti-
3 ty'' means any public, private, nonprofit,
4 or for-profit organization that the Sec-
5 retary determines would be capable to con-
6 duct medical research and other require-
7 ments under this paragraph and is other-
8 wise eligible for research funding from the
9 Federal Government.

10 (2) PROSTATE CANCER ADVISORY BOARD.—

11 (A) IN GENERAL.—There is established in
12 the Office of the Chief Scientist of the Food
13 and Drug Administration a Prostate Cancer
14 Scientific Advisory Board.

15 (B) DUTIES.—The board established under
16 subparagraph (A) shall be responsible for accel-
17 erating real-time sharing of the latest research
18 data and accelerating movement of new medi-
19 cines for the treatment of prostate cancer to
20 patients.

21 (c) TELEHEALTH AND RURAL ACCESS PILOT
22 PROJECTS.—

23 (1) ESTABLISHMENT OF PILOT PROJECTS.—

24 (A) IN GENERAL.—The Secretary of Vet-
25 erans Affairs, in cooperation with the Secretary

1 of Defense and the Secretary of Health and
2 Human Services (referred to in this subsection
3 collectively as the ‘‘Secretaries’’) shall establish
4 four-year telehealth pilot projects for the pur-
5 pose of analyzing the clinical outcomes and
6 cost-effectiveness associated with telehealth
7 services in a variety of geographic areas that
8 contain high proportions of medically under-
9 served populations, including African Ameri-
10 cans, Latinos or Hispanics, American Indians
11 or Alaska Natives, and those in rural areas.

12 (B) EFFICIENT AND EFFECTIVE CARE.—
13 Pilot projects established under subparagraph
14 (A) shall promote efficient use of specialist care
15 through better coordination of primary care and
16 physician extender teams in underserved areas
17 and more effectively employ tumor boards to
18 better counsel patients.

19 (2) ELIGIBLE ENTITIES.—

20 (A) IN GENERAL.—The Secretaries shall
21 select eligible entities to participate in the pilot
22 projects established under this subsection.

23 (B) PRIORITY.—In selecting eligible enti-
24 ties to participate in the pilot projects under
25 this subsection, the Secretaries shall give pri-

1 ority to entities located in medically under-
2 served areas, particularly those that include Af-
3 rican Americans, Latinos and Hispanics, and
4 facilities of the Indian Health Service, including
5 facilities operated by the Indian Health Service,
6 tribally operated facilities, and facilities admin-
7 istered by an Urban Indian organization (as de-
8 fined in section 4 of the Indian Health Care
9 Improvement Act (25 U.S.C. 1603)) pursuant
10 to title V of that Act (25 U.S.C. 1651 et seq.),
11 and those in rural areas.

12 (3) EVALUATION.—The Secretaries shall,
13 through the pilot projects established under this sub-
14 section, evaluate—

15 (A) the effective and economic delivery of
16 care in diagnosing and treating prostate cancer
17 with the use of telehealth services in medically
18 underserved and Tribal areas including collabo-
19 rative uses of health professionals and integra-
20 tion of the range of telehealth and other tech-
21 nologies;

22 (B) the effectiveness of improving the ca-
23 pacity of nonmedical providers and nonspecial-
24 ized medical providers to provide health services
25 for prostate cancer in medically underserved

1 and Tribal areas, including the exploration of
2 innovative medical home models with collabora-
3 tion between urologists, other relevant medical
4 specialists, including oncologists, radiologists,
5 and primary care teams, and coordination of
6 care through the efficient use of primary care
7 teams and physician extenders; and

8 (C) the effectiveness of using telehealth
9 services to provide prostate cancer treatment in
10 medically underserved areas, including the use
11 of tumor boards to facilitate better patient
12 counseling.

13 (4) REPORT.—Not later than one year after the
14 completion of the pilot projects under this sub-
15 section, the Secretaries shall submit to Congress a
16 report describing the outcomes of such pilot projects,
17 including any cost savings and efficiencies realized,
18 and providing recommendations, if any, for expand-
19 ing the use of telehealth services.

20 (d) EDUCATION AND AWARENESS.—

21 (1) CAMPAIGN.—

22 (A) IN GENERAL.—The Secretary of Vet-
23 erans Affairs shall develop a national education
24 campaign for prostate cancer.

1 (B) ELEMENTS.—The campaign developed
2 under subparagraph (A) shall involve the use of
3 written educational materials and public service
4 announcements consistent with the findings of
5 the Prostate Cancer Task Force under sub-
6 section (a) that are intended to encourage men
7 to seek prostate cancer screening when appro-
8 priate.

9 (2) RACIAL DISPARITIES AND THE POPULATION
10 OF MEN WITH A FAMILY HISTORY OF PROSTATE
11 CANCER.—In developing the campaign under para-
12 graph (1), the Secretary of Veterans Affairs shall
13 ensure that educational materials and public service
14 announcements used in the campaign are more read-
15 ily available in communities experiencing racial dis-
16 parities in the incidence and mortality rates of pros-
17 tate cancer and to men of any race classification
18 with a family history of prostate cancer.

19 (3) GRANTS.—In carrying out the campaign
20 under this subsection, the Secretary of Veterans Af-
21 fairs shall award grants to nonprofit private entities
22 to enable such entities to test alternative outreach
23 and education strategies.

24 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
25 authorized to be appropriated to carry out this section for

1 the period of fiscal years 2025 through 2029 an amount
2 equal to the amount of savings for the Federal Govern-
3 ment projected to be achieved over such period by imple-
4 mentation of this section.

5 **SEC. 7003. PROSTATE RESEARCH, IMAGING, AND MEN'S**
6 **EDUCATION.**

7 (a) RESEARCH AND DEVELOPMENT OF PROSTATE
8 CANCER IMAGING TECHNOLOGIES.—

9 (1) EXPANSION OF RESEARCH.—The Secretary
10 of Health and Human Services (referred to in this
11 section as the ''Secretary''), acting through the Di-
12 rector of the National Institutes of Health and the
13 Administrator of the Health Resources and Services
14 Administration, and in consultation with the Sec-
15 retary of Defense, shall carry out a program to ex-
16 pand and intensify research to develop innovative
17 advanced imaging technologies for prostate cancer
18 detection, diagnosis, and treatment comparable to
19 state-of-the-art mammography technologies.

20 (2) EARLY STAGE RESEARCH.—In imple-
21 menting the program under paragraph (1), the Sec-
22 retary, acting through the Administrator of the
23 Health Resources and Services Administration, shall
24 carry out a grant program to encourage the early
25 stages of research in prostate imaging to develop

1 and implement new ideas, proof of concepts, and
2 pilot studies for high-risk technologic innovation in
3 prostate cancer imaging that would have a high po-
4 tential impact for improving patient care, including
5 individualized care, quality of life, and cost-effective-
6 ness.

7 (3) LARGE SCALE LATER STAGE RESEARCH.—
8 In implementing the program under paragraph (1),
9 the Secretary, acting through the Director of the
10 National Institutes of Health, shall utilize the Na-
11 tional Institute of Biomedical Imaging and Bio-
12 engineering and the National Cancer Institute for
13 advanced stages of research in prostate imaging, in-
14 cluding technology development and clinical trials for
15 projects determined by the Secretary to have dem-
16 onstrated promising preliminary results and proof of
17 concept.

18 (4) INTERDISCIPLINARY PRIVATE-PUBLIC PART-
19 NERSHIPS.—In developing the program under para-
20 graph (1), the Secretary, acting through the Admin-
21 istrator of the Health Resources and Services Ad-
22 ministration, shall establish interdisciplinary private-
23 public partnerships to develop and implement re-
24 search strategies for expedited innovation in imaging

1 and image-guided treatment and to conduct such re-
2 search.
3 (5) RACIAL DISPARITIES.—In developing the
4 program under paragraph (1), the Secretary shall
5 recognize and address—
6 (A) the racial disparities in the incidences
7 of prostate cancer and mortality rates with re-
8 spect to such disease; and
9 (B) any barriers in access to care and par-
10 ticipation in clinical trials that are specific to
11 racial minorities.
12 (6) AUTHORIZATION OF APPROPRIATIONS.—
13 (A) IN GENERAL.—Subject to subpara-
14 graph (B), there is authorized to be appro-
15 priated to carry out this subsection,
16 $100,000,000 for each of fiscal years 2025
17 through 2029.
18 (B) SPECIFIC ALLOCATIONS.—Of the
19 amount authorized to be appropriated under
20 subparagraph (A) for each of the fiscal years
21 described in such subparagraph—
22 (i) no less than 10 percent may be
23 used to carry out the grant program under
24 paragraph (2); and

1 (ii) no more than 1 percent may be
2 used to carry out paragraph (4).
3 (b) PUBLIC AWARENESS AND EDUCATION CAM-
4 PAIGN.—
5 (1) NATIONAL CAMPAIGN.—The Secretary shall
6 carry out a national campaign to increase the aware-
7 ness and knowledge of individuals in the United
8 States with respect to the need for prostate cancer
9 screening and for improved detection technologies.
10 (2) REQUIREMENTS.—The national campaign
11 conducted under this subsection shall include—
12 (A) roles for the Health Resources Services
13 Administration, the Office of Minority Health
14 of the Department of Health and Human Serv-
15 ices, the Centers for Disease Control and Pre-
16 vention, and the Office of Minority Health and
17 Health Equity of the Centers for Disease Con-
18 trol and Prevention; and
19 (B) the development and distribution of
20 written educational materials, and the develop-
21 ment and placing of public service announce-
22 ments, that are intended to encourage men to
23 seek prostate cancer screening and to create
24 awareness of the need for improved imaging
25 technologies for prostate cancer screening and

1 diagnosis, including in-vitro blood testing and
2 imaging technologies.
3 (3) RACIAL DISPARITIES.—In developing the
4 national campaign under paragraph (1), the Sec-
5 retary shall recognize and address—
6 (A) the racial disparities in the incidences
7 of prostate cancer and mortality rates with re-
8 spect to such disease; and
9 (B) any barriers in access to care and par-
10 ticipation in clinical trials that are specific to
11 racial minorities.
12 (4) GRANTS.—The Secretary shall establish a
13 program to award grants to nonprofit private enti-
14 ties to enable such entities to test alternative out-
15 reach and education strategies to increase the
16 awareness and knowledge of individuals in the
17 United States with respect to the need for prostate
18 cancer screening and improved imaging technologies.
19 (5) AUTHORIZATION OF APPROPRIATIONS.—
20 There is authorized to be appropriated to carry out
21 this subsection $10,000,000 for each of fiscal years
22 2025 through 2029.
23 (c) IMPROVING PROSTATE CANCER SCREENING
24 BLOOD TESTS.—

1 (1) IN GENERAL.—The Secretary, in coordina-
2 tion with the Secretary of Defense, shall support re-
3 search to develop an improved prostate cancer
4 screening blood test using in-vitro detection.
5 (2) AUTHORIZATION OF APPROPRIATIONS.—
6 There is authorized to be appropriated to carry out
7 this subsection, $20,000,000 for each of fiscal years
8 2025 through 2029.
9 (d) REPORTING AND COMPLIANCE.—
10 (1) REPORT AND STRATEGY.—Not later than
11 12 months after the date of the enactment of this
12 Act, the Secretary shall submit to Congress a report
13 that details the strategy of the Secretary for imple-
14 menting the requirements of this section and the
15 status of such efforts.
16 (2) FULL COMPLIANCE.—Not later than 36
17 months after the date of the enactment of this Act,
18 and annually thereafter, the Secretary shall submit
19 to Congress a report that—
20 (A) describes the research and development
21 and public awareness and education campaigns
22 funded under this section;
23 (B) provides evidence that projects involv-
24 ing high-risk, high-impact technologic innova-

1 tion, proof of concept, and pilot studies are
2 prioritized;
3 (C) provides evidence that the Secretary
4 recognizes and addresses any barriers in access
5 to care and participation in clinical trials that
6 are specific to racial minorities in the imple-
7 mentation of this section;
8 (D) contains assurances that all the other
9 provisions of this section are fully implemented;
10 and
11 (E) certifies compliance with the provisions
12 of this section, or in the case of a Federal agen-
13 cy that has not complied with any of such pro-
14 visions, an explanation as to such failure to
15 comply.

16 **SEC. 7004. PROSTATE CANCER DETECTION RESEARCH AND**
17 **EDUCATION.**

18 (a) PLAN TO DEVELOP AND VALIDATE A TEST OR
19 TESTS FOR PROSTATE CANCER.—
20 (1) IN GENERAL.—The Secretary of Health and
21 Human Services (referred to in this section as the
22 ‘‘Secretary’’), acting through the Director of the Na-
23 tional Institutes of Health, shall establish an advi-
24 sory council on prostate cancer (referred to in this
25 section as the ‘‘advisory council’’) to draft a plan for

1 the development and validation of an accurate test
2 or tests, such as biomarkers or imaging, to detect
3 and diagnose prostate cancer.

4 (2) ADVISORY COUNCIL.—

5 (A) MEMBERSHIP.—

6 (i) FEDERAL MEMBERS.—The advi-
7 sory council shall be composed of the fol-
8 lowing experts:

9 (I) A designee of the Centers for
10 Disease Control and Prevention.

11 (II) A designee of the Centers for
12 Medicare & Medicaid Services.

13 (III) A designee of the Office of
14 the Director of the National Cancer
15 Institute.

16 (IV) A designee of the Director
17 of the Department of Defense Con-
18 gressionally Directed Medical Re-
19 search Programs.

20 (V) A designee of the Director of
21 the National Institute of Biomedical
22 Imaging and Bioengineering.

23 (VI) A designee of the Director
24 of the National Institute of General
25 Medical Sciences.

1 (VII) A designee of the Director
2 of the National Institute on Minority
3 Health and Health Disparities.
4 (VIII) A designee of the Director
5 of the National Institutes of Health.
6 (IX) A designee of the Commis-
7 sioner of Food and Drugs.
8 (X) A designee of the Director of
9 the Agency for Healthcare Research
10 and Quality.
11 (XI) A designee of the Director
12 of the Telemedicine and Advanced
13 Technology Research Center of the
14 Department of Defense.
15 (ii) NON-FEDERAL MEMBERS.—In ad-
16 dition to the members described in clause
17 (i), the advisory council shall include 8 ex-
18 pert members from outside the Federal
19 Government to be appointed by the Sec-
20 retary, which shall include—
21 (I) 2 prostate cancer patient ad-
22 vocates;
23 (II) 2 health care providers with
24 a range of expertise and experience in
25 prostate cancer; and

1 (III) 4 leading researchers with
2 prostate cancer-related expertise in a
3 range of clinical disciplines.
4 (B) MEETINGS.—The advisory council
5 shall meet quarterly and such meetings shall be
6 open to the public.
7 (C) ADVICE.—The advisory council shall
8 advise the Secretary, or the Secretary's des-
9 ignee.
10 (D) ANNUAL REPORT.—Not later than 1
11 year after the date of enactment of this Act, the
12 advisory council shall provide to the Secretary,
13 or the Secretary's designee, and Congress—
14 (i) an initial evaluation of all federally
15 funded efforts in prostate cancer research
16 relating to the development and validation
17 of an accurate test or tests to detect and
18 diagnose prostate cancer;
19 (ii) a plan for the development and
20 validation of a reliable test or tests for the
21 detection and accurate diagnosis of pros-
22 tate cancer; and
23 (iii) a set of standards for prostate
24 cancer screening, developed in coordination
25 with the United States Preventive Services

1 Task Force, to ensure that any tools for
2 screening, detection, and diagnosis devel-
3 oped in accordance with the plan under
4 clause (ii) will meet the requirements of
5 the Task Force for recommendation as a
6 proven preventive or diagnostic service.
7 (E) TERMINATION.—The advisory council
8 shall terminate on December 31, 2028.
9 (3) FUNDING.—Notwithstanding any other pro-
10 vision of law, the Secretary may make available
11 $1,000,000, from any unobligated amounts appro-
12 priated to the National Institutes of Health, for each
13 of fiscal years 2025 through 2029 to carry out this
14 subsection.
15 (b) COORDINATION AND INTENSIFICATION OF PROS-
16 TATE CANCER RESEARCH.—
17 (1) IN GENERAL.—The Director of the National
18 Institutes of Health, in consultation with the Sec-
19 retary of Defense, shall coordinate and intensify re-
20 search in accordance with the plan provided under
21 subsection (a)(2)(D)(ii), with particular attention
22 provided to leveraging existing research to develop
23 and validate a test or tests, such as biomarkers or
24 imaging, to detect and accurately diagnose prostate
25 cancer in order to improve quality of life for millions

1 of individuals in the United States, and decrease
2 health care system costs.
3 (2) FUNDING.—Notwithstanding any other pro-
4 vision of law, the Secretary may make available
5 $30,000,000, from any unobligated amounts appro-
6 priated to the National Institutes of Health, for each
7 of fiscal years 2025 through 2029 to carry out this
8 subsection.

9 **SEC. 7005. NATIONAL PROSTATE CANCER COUNCIL.**

10 (a) NATIONAL PROSTATE CANCER COUNCIL.—
11 (1) ESTABLISHMENT.—There is established in
12 the Office of the Secretary of Health and Human
13 Services (referred to in this section as the ''Sec-
14 retary'') the National Prostate Cancer Council on
15 Screening, Early Detection, Assessment, and Moni-
16 toring of Prostate Cancer (referred to in this section
17 as the ''Council'').
18 (2) PURPOSE OF THE COUNCIL.—The Council
19 shall—
20 (A) develop and implement a national stra-
21 tegic plan for the accelerated creation, advance-
22 ment, and testing of diagnostic tools to improve
23 screening, early detection, assessment, and
24 monitoring of prostate cancer, including—

1 (i) early detection of aggressive pros-
2 tate cancer to save lives;
3 (ii) monitoring of tumor response to
4 treatment, including recurrence and pro-
5 gression; and
6 (iii) accurate assessment and surveil-
7 lance of indolent disease to reduce unnec-
8 essary biopsies and treatment;
9 (B) provide information and coordination
10 of prostate cancer research and services across
11 all Federal agencies;
12 (C) review diagnostic tools and their over-
13 all effectiveness at screening, detecting, assess-
14 ing, and monitoring of prostate cancer;
15 (D) evaluate all programs in prostate can-
16 cer that are in existence on the date of enact-
17 ment of this Act, including Federal budget re-
18 quests and approvals and public-private part-
19 nerships;
20 (E) submit an annual report to the Sec-
21 retary and Congress on the creation and imple-
22 mentation of the national strategic plan under
23 subparagraph (A); and
24 (F) ensure the inclusion of men at high
25 risk for prostate cancer, including men from

1 minority ethnic and racial populations and men
2 who are least likely to receive care, in clinical,
3 research, and service efforts, with the purpose
4 of decreasing health disparities.
5 (3) MEMBERSHIP.—
6 (A) FEDERAL MEMBERS.—The Council
7 shall be led by the Secretary or the Secretary's
8 designee and composed of the following experts:
9 (i) Two representatives of the Na-
10 tional Institutes of Health, including 1 rep-
11 resentative of the National Institute of
12 Biomedical Imaging and Bioengineering
13 and 1 representative of the National Can-
14 cer Institute.
15 (ii) A representative of the Centers
16 for Disease Control and Prevention.
17 (iii) A representative of the Centers
18 for Medicare & Medicaid Services.
19 (iv) A designee of the Director of the
20 Department of Defense Congressionally
21 Directed Medical Research Programs.
22 (v) A designee of the Director of the
23 Office of Minority Health.
24 (vi) A representative of the Food and
25 Drug Administration.

1 (vii) A representative of the Agency
2 for Healthcare Research and Quality.
3 (B) NON-FEDERAL MEMBERS.—In addi-
4 tion to the members described in subparagraph
5 (A), the Council shall include 14 expert mem-
6 bers from outside the Federal Government,
7 which shall include—
8 (i) 6 prostate cancer patient advo-
9 cates, including—
10 (I) 2 patient-survivors;
11 (II) 2 caregivers of prostate can-
12 cer patients; and
13 (III) 2 representatives from na-
14 tional prostate cancer disease organi-
15 zations that fund research or have
16 demonstrated experience in providing
17 assistance to patients, families, and
18 medical professionals, including infor-
19 mation on health care options, edu-
20 cation, and referral; and
21 (ii) 8 health care stakeholders with
22 specific expertise in prostate cancer re-
23 search in the critical areas of clinical ex-
24 pertise, including medical oncology, radi-

1 ology, radiation oncology, urology, and pa-
2 thology.
3 (4) MEETINGS.—The Council shall meet quar-
4 terly and meetings shall be open to the public.
5 (5) ADVICE.—The Council shall advise the Sec-
6 retary, or the Secretary's designee.
7 (6) ANNUAL REPORT.—The Council shall sub-
8 mit annual reports, beginning not later than 1 year
9 after the date of enactment of this Act, to the Sec-
10 retary or the Secretary's designee and to Congress.
11 The annual report shall include—
12 (A) in the first year—
13 (i) an evaluation of all federally fund-
14 ed efforts in prostate cancer research and
15 gaps relating to the development and vali-
16 dation of diagnostic tools for prostate can-
17 cer; and
18 (ii) recommendations for priority ac-
19 tions to expand, eliminate, coordinate, or
20 condense programs based on the perform-
21 ance, mission, and purpose of the pro-
22 grams; and
23 (B) annually thereafter for 5 years—
24 (i) an outline for the development and
25 implementation of a national research plan

1 for creation and validation of accurate di-
2 agnostic tools to improve prostate cancer
3 care in accordance with paragraph (1);
4 (ii) roles for the National Cancer In-
5 stitute, National Institute on Minority
6 Health and Health Disparities, and the Of-
7 fice of Minority Health of the Department
8 of Health and Human Services;
9 (iii) an analysis of the disparities in
10 the incidence and mortality rates of pros-
11 tate cancer in men at high risk of the dis-
12 ease, including individuals with family his-
13 tory, increasing age, or African-American
14 heritage; and
15 (iv) a review of the progress towards
16 the realization of the proposed strategic
17 plan.
18 (7) TERMINATION.—The Council shall termi-
19 nate on December 31, 2027.

20 **SEC. 7006. IMPROVED MEDICAID COVERAGE FOR CERTAIN**
21 **BREAST AND CERVICAL CANCER PATIENTS**
22 **IN THE TERRITORIES.**

23 (a) ELIMINATION OF FUNDING LIMITATIONS.—Sec-
24 tion 1108(g)(4) of the Social Security Act (42 U.S.C.
25 1308(g)(4)) is amended—

1 (1) by striking ‘‘paragraphs (1), (2), (3), and
2 (4) of’’; and
3 (2) by adding at the end the following: ‘‘With
4 respect to fiscal years beginning with fiscal year
5 2024, payment for medical assistance for individuals
6 who are eligible for such assistance only on the basis
7 of section 1902(a)(10)(A)(ii)(XVIII) shall not be
8 taken into account in applying subsection (f) (as in-
9 creased in accordance with this subsection) to Puer-
10 to Rico, the Virgin Islands, Guam, the Northern
11 Mariana Islands, or American Samoa for such fiscal
12 year.’’.
13 (b) APPLICATION OF ENHANCED FMAP FOR HIGH-
14 EST STATE.—Section 1905(b) of such Act (42 U.S.C.
15 1396d(b)) is amended by adding at the end the following:
16 ‘‘Notwithstanding the first sentence of this subsection,
17 with respect to medical assistance described in clause (4)
18 of such sentence that is furnished in Puerto Rico, the Vir-
19 gin Islands, Guam, the Northern Mariana Islands, or
20 American Samoa in a fiscal year, the Federal medical as-
21 sistance percentage is equal to the highest such percentage
22 applied under such clause for such fiscal year for any of
23 the 50 States or the District of Columbia that provides
24 such medical assistance for any portion of such fiscal
25 year.’’.

1 (c) EFFECTIVE DATE.—The amendments made by
2 this section shall apply to payment for medical assistance
3 for items and services furnished on or after October 1,
4 2024.

5 **SEC. 7007. CANCER PREVENTION AND TREATMENT DEM-**
6 **ONSTRATION FOR ETHNIC AND RACIAL MI-**
7 **NORITIES.**

8 (a) DEMONSTRATION.—
9 (1) IN GENERAL.—The Secretary of Health and
10 Human Services (in this section referred to as the
11 "Secretary") shall, consistent with subsection (b),
12 conduct demonstration projects for the purpose of
13 developing models and evaluating methods that—
14 (A) improve the quality of items and serv-
15 ices provided to target individuals in order to
16 facilitate reduced disparities in early detection
17 and treatment of cancer;
18 (B) improve clinical outcomes, satisfaction,
19 quality of life, appropriate use of items and
20 services covered under the Medicare program
21 under title XVIII of the Social Security Act (42
22 U.S.C. 1395 et seq.), and referral patterns with
23 respect to target individuals with cancer;
24 (C) eliminate disparities in the rate of pre-
25 ventive cancer screening measures, such as Pap

1 smears, prostate cancer screenings, colon and
2 colorectal cancer screenings, breast cancer
3 screenings, and computed tomography scans,
4 for lung cancer among target individuals;
5 (D) promote collaboration with community-
6 based organizations to ensure cultural com-
7 petency of health care professionals and lin-
8 guistic access for target individuals with limited
9 English proficiency; and
10 (E) encourage the incorporation of commu-
11 nity health workers to increase the efficiency
12 and appropriateness of cancer screening pro-
13 grams.
14 (2) COMMUNITY HEALTH WORKER DEFINED.—
15 In this section, the term ''community health worker''
16 includes a community health advocate, a lay health
17 worker, a community health representative, a peer
18 health promoter, a community health outreach work-
19 er, and a promotore de salud, who promotes health
20 or nutrition within the community in which the indi-
21 vidual resides.
22 (3) TARGET INDIVIDUAL DEFINED.—In this
23 section, the term ''target individual'' means an indi-
24 vidual of a racial and ethnic minority group, as de-
25 fined in section 1707(g)(1) of the Public Health

1 Service Act (42 U.S.C. 300u–6(g)(1)), who is enti-
2 tled to benefits under part A, and enrolled under
3 part B, of title XVIII of the Social Security Act.

4 (b) PROGRAM DESIGN.—

5 (1) INITIAL DESIGN.—Not later than 1 year
6 after the date of the enactment of this Act, the Sec-
7 retary shall evaluate best practices in the private
8 sector, community programs, and academic research
9 of methods that reduce disparities among individuals
10 of racial and ethnic minority groups in the preven-
11 tion and treatment of cancer and shall design the
12 demonstration projects based on such evaluation.

13 (2) NUMBER AND PROJECT AREAS.—Not later
14 than 2 years after the date of the enactment of this
15 Act, the Secretary shall implement at least 9 dem-
16 onstration projects, including the following:

17 (A) Two projects, each of which shall tar-
18 get different ethnic subpopulations, for each ra-
19 cial and ethnic minority group described in
20 clauses (i) through (vi) of section 1707(g)(1)(A)
21 of the Public Health Service Act (42 U.S.C.
22 300u–6(g)(1)(A)).

23 (B) One project within the Pacific Islands
24 or United States insular areas.

25 (C) At least 1 project in a rural area.

1 (D) At least 1 project in an inner-city
2 area.
3 (3) EXPANSION OF PROJECTS; IMPLEMENTA-
4 TION OF DEMONSTRATION PROJECT RESULTS.—The
5 Secretary shall continue the demonstration projects
6 and may expand the number of demonstration
7 projects if the initial report under subsection (c)
8 contains an evaluation that the demonstration
9 projects—
10 (A) reduce expenditures under the Medi-
11 care program under title XVIII of the Social
12 Security Act (42 U.S.C. 1395 et seq.); or
13 (B) do not increase expenditures under
14 such Medicare program and reduce racial and
15 ethnic health disparities in the quality of health
16 care services provided to target individuals and
17 increase satisfaction of Medicare beneficiaries
18 and health care providers.
19 (c) REPORT TO CONGRESS.—
20 (1) IN GENERAL.—Not later than 2 years after
21 the date the Secretary implements the initial dem-
22 onstration projects under this section, and bian-
23 nually thereafter, the Secretary shall submit to Con-
24 gress a report regarding the demonstration projects.

1 (2) CONTENT OF REPORT.—Each report under
2 paragraph (1) shall include the following:
3 (A) A description of the demonstration
4 projects.
5 (B) An evaluation of—
6 (i) the cost-effectiveness of the dem-
7 onstration projects;
8 (ii) the quality of the health care serv-
9 ices provided to target individuals under
10 the demonstration projects; and
11 (iii) beneficiary and health care pro-
12 vider satisfaction under the demonstration
13 projects.
14 (C) Any other information regarding the
15 demonstration projects that the Secretary de-
16 termines to be appropriate.
17 (d) WAIVER AUTHORITY.—The Secretary shall waive
18 compliance with the requirements of title XVIII of the So-
19 cial Security Act (42 U.S.C. 1395 et seq.) to such extent
20 and for such period as the Secretary determines is nec-
21 essary to conduct the demonstration projects under this
22 section.

1 **SEC. 7008. REDUCING CANCER DISPARITIES WITHIN MEDI-**
2 **CARE.**

3 (a) DEVELOPMENT OF MEASURES OF DISPARITIES
4 IN QUALITY OF CANCER CARE.—

5 (1) DEVELOPMENT OF MEASURES.—The Sec-
6 retary of Health and Human Services (in this sec-
7 tion referred to as the ''Secretary'') shall enter into
8 an agreement with an entity that specializes in de-
9 veloping quality measures for cancer care under
10 which the entity shall develop a uniform set of meas-
11 ures to evaluate disparities in the quality of cancer
12 care and annually update such set of measures.

13 (2) MEASURES TO BE INCLUDED.—Such set of
14 measures shall include, with respect to the treatment
15 of cancer, measures of patient outcomes, the process
16 for delivering medical care related to such treat-
17 ment, patient counseling and engagement in decision
18 making, patient experience of care, resource use, and
19 practice capabilities, such as care coordination.

20 (b) ESTABLISHMENT OF REPORTING PROCESS.—

21 (1) IN GENERAL.—The Secretary shall establish
22 a reporting process that requires and provides for a
23 method for health care providers specified under
24 paragraph (2) to submit to the Secretary and make
25 public data on the performance of such providers
26 during each reporting period through use of the

1 measures developed pursuant to subsection (a). Such
2 data shall be submitted in a form and manner and
3 at a time specified by the Secretary.

4 (2) SPECIFICATION OF PROVIDERS TO REPORT
5 ON MEASURES.—The Secretary shall specify the
6 classes of Medicare providers of services and sup-
7 pliers, including hospitals, cancer centers, physi-
8 cians, primary care providers, and specialty pro-
9 viders, that will be required under such process to
10 publicly report on the measures specified under sub-
11 section (a).

12 (3) ASSESSMENT OF CHANGES.—Under such
13 reporting process, the Secretary shall establish a for-
14 mat that assesses changes in both the absolute and
15 relative disparities in cancer care over time. These
16 measures shall be presented in an easily comprehen-
17 sible format, such as those presented in the final
18 publications relating to Healthy People 2010 or the
19 National Healthcare Disparities Report.

20 (4) INITIAL IMPLEMENTATION.—The Secretary
21 shall implement the reporting process under this
22 subsection for reporting periods beginning not later
23 than 6 months after the date that measures are first
24 established under subsection (a).

## Subtitle B—Viral Hepatitis and Liver Cancer Control and Prevention

### SEC. 7101. BIENNIAL ASSESSMENT OF HHS HEPATITIS B AND HEPATITIS C PREVENTION, EDUCATION, RESEARCH, AND MEDICAL MANAGEMENT PLAN.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended—

(1) by striking section 317N (42 U.S.C. 247b–15); and

(2) by adding after part V the following:

**"PART W—BIENNIAL ASSESSMENT OF HHS HEPATITIS B AND HEPATITIS C PREVENTION, EDUCATION, RESEARCH, AND MEDICAL MANAGEMENT PLAN**

**"SEC. 399OO. BIENNIAL UPDATE OF THE PLAN.**

"(a) IN GENERAL.—The Secretary shall conduct a biennial assessment of the Secretary's plan for the prevention, control, and medical management of, and education and research relating to, hepatitis B and hepatitis C, for the purposes of—

"(1) incorporating into such plan new knowledge or observations relating to hepatitis B and hepatitis C (such as knowledge and observations that

1 may be derived from clinical, laboratory, and epide-
2 miological research and disease detection, preven-
3 tion, and surveillance outcomes);

4 ‘‘(2) addressing gaps in the coverage or effec-
5 tiveness of the plan; and

6 ‘‘(3) evaluating and, if appropriate, updating
7 recommendations, guidelines, or educational mate-
8 rials of the Centers for Disease Control and Preven-
9 tion or the National Institutes of Health for health
10 care providers or the public on viral hepatitis in
11 order to be consistent with the plan.

12 ‘‘(b) PUBLICATION OF NOTICE OF ASSESSMENTS.—
13 Not later than October 1 of the first even-numbered year
14 beginning after the date of the enactment of this part,
15 and October 1 of each even-numbered year thereafter, the
16 Secretary shall publish in the Federal Register a notice
17 of the results of the assessments conducted under sub-
18 section (a). Such notice shall include—

19 ‘‘(1) a description of any revisions to the plan
20 referred to in subsection (a) as a result of the as-
21 sessment;

22 ‘‘(2) an explanation of the basis for any such
23 revisions, including the ways in which such revisions
24 can reasonably be expected to further promote the
25 original goals and objectives of the plan; and

1 "(3) in the case of a determination by the Sec-
2 retary that the plan does not need revision, an expla-
3 nation of the basis for such determination.

4 **"SEC. 399OO–1. ELEMENTS OF PROGRAM.**

5 "(a) EDUCATION AND AWARENESS PROGRAMS.—The
6 Secretary, acting through the Director of the Centers for
7 Disease Control and Prevention, the Administrator of the
8 Health Resources and Services Administration, and the
9 Assistant Secretary for Mental Health and Substance Use,
10 and in accordance with the plan referred to in section
11 399OO(a), shall implement programs to increase aware-
12 ness and enhance knowledge and understanding of hepa-
13 titis B and hepatitis C. Such programs shall include—
14 "(1) the conduct of culturally and linguistically
15 appropriate health education in primary and sec-
16 ondary schools, college campuses, public awareness
17 campaigns, and community outreach activities (espe-
18 cially to the ethnic communities with high rates of
19 chronic hepatitis B and chronic hepatitis C and
20 other high-risk groups) to promote public awareness
21 and knowledge about—
22 "(A) the value of hepatitis A and hepatitis
23 B immunization;
24 "(B) risk factors, transmission, and pre-
25 vention of hepatitis B and hepatitis C;

1 "(C) the value of screening for the early
2 detection of hepatitis B and hepatitis C; and
3 "(D) options available for the treatment of
4 chronic hepatitis B and chronic hepatitis C;
5 "(2) the promotion of immunization programs
6 that increase awareness and access to hepatitis A
7 and hepatitis B vaccines for susceptible adults and
8 children;
9 "(3) the training of health care professionals
10 regarding the importance of vaccinating individuals
11 infected with hepatitis C and individuals who are at
12 risk for hepatitis C infection against hepatitis A and
13 hepatitis B;
14 "(4) the training of health care professionals
15 regarding the importance of vaccinating individuals
16 chronically infected with hepatitis B and individuals
17 who are at risk for chronic hepatitis B infection
18 against the hepatitis A virus;
19 "(5) the training of health care professionals
20 and health educators to make them aware of the
21 high rates of chronic hepatitis B and chronic hepa-
22 titis C in certain adult ethnic populations, and the
23 importance of prevention, detection, and medical
24 management of hepatitis B and hepatitis C and of
25 liver cancer screening;

1 "(6) the development and distribution of health
2 education curricula (including information relating
3 to the special needs of individuals infected with or
4 at risk of hepatitis B and hepatitis C, such as the
5 importance of prevention and early intervention, reg-
6 ular monitoring, the recognition of psychosocial
7 needs, appropriate treatment, and liver cancer
8 screening) for individuals providing hepatitis B and
9 hepatitis C counseling; and
10 "(7) support for the implementation of the cur-
11 ricula described in paragraph (6) by State and local
12 public health agencies.
13 "(b) IMMUNIZATION, PREVENTION, AND CONTROL
14 PROGRAMS.—
15 "(1) IN GENERAL.—The Secretary, acting
16 through the Director of the Centers for Disease
17 Control and Prevention, shall support the integra-
18 tion of activities described in paragraph (3) into ex-
19 isting clinical and public health programs at State,
20 local, territorial, and Tribal levels (including commu-
21 nity health clinics, programs for the prevention and
22 treatment of HIV/AIDS, sexually transmitted infec-
23 tions, and substance use disorder, and programs for
24 individuals in correctional settings).

1 "(2) COORDINATION OF DEVELOPMENT OF
2 FEDERAL SCREENING GUIDELINES.—
3 "(A) REFERENCES.—For purposes of this
4 subsection, the term 'CDC Director' means the
5 Director of the Centers for Disease Control and
6 Prevention, and the term 'AHRQ Director'
7 means the Director of the Agency for
8 Healthcare Research and Quality.
9 "(B) AGENCY FOR HEALTHCARE RE-
10 SEARCH AND QUALITY.—Due to the rapidly
11 evolving standard of care associated with diag-
12 nosing and treating viral hepatitis infection, the
13 AHRQ Director shall convene the Preventive
14 Services Task Force under section 915(a) to re-
15 view its recommendation for screening for HBV
16 and HCV infection every 3 years.
17 "(3) ACTIVITIES.—
18 "(A) VOLUNTARY TESTING PROGRAMS.—
19 "(i) IN GENERAL.—The Secretary
20 shall establish a mechanism by which to
21 support and promote the development of
22 State, local, territorial, and Tribal vol-
23 untary hepatitis B and hepatitis C testing
24 programs to screen the high-prevalence

1 populations to aid in the early identifica-
2 tion of chronically infected individuals.
3 "(ii) CONFIDENTIALITY OF THE TEST
4 RESULTS.—The Secretary shall prohibit
5 the use of the results of a hepatitis B or
6 hepatitis C test conducted by a testing pro-
7 gram developed or supported under this
8 subparagraph for any of the following:
9 "(I) Issues relating to health in-
10 surance.
11 "(II) To screen or determine
12 suitability for employment.
13 "(III) To discharge a person
14 from employment.
15 "(B) COUNSELING REGARDING VIRAL HEP-
16 ATITIS.—The Secretary shall support State,
17 local, territorial, and Tribal programs in a wide
18 variety of settings, including those providing
19 primary and specialty health care services in
20 nonprofit private and public sectors, to—
21 "(i) provide individuals with ongoing
22 risk factors for hepatitis B and hepatitis C
23 infection with client-centered education
24 and counseling which concentrates on—

1 "(I) promoting testing of individ-
2 uals that have been exposed to their
3 blood, family members, and their sex-
4 ual partners; and

5 "(II) changing behaviors that
6 place individuals at risk for infection;

7 "(ii) provide individuals chronically in-
8 fected with hepatitis B or hepatitis C with
9 education, health information, and coun-
10 seling to reduce their risk of—

11 "(I) dying from end-stage liver
12 disease and liver cancer; and

13 "(II) transmitting viral hepatitis
14 to others; and

15 "(iii) provide people chronically in-
16 fected with hepatitis B or hepatitis C who
17 are pregnant or of childbearing age with
18 culturally and linguistically appropriate
19 health information, such as how to prevent
20 hepatitis B perinatal infection, and to al-
21 leviate fears associated with pregnancy or
22 raising a family.

23 "(C) IMMUNIZATION.—The Secretary shall
24 support State, local, territorial, and Tribal ef-
25 forts to expand the current vaccination pro-

1 grams to protect every child in the Nation and
2 all susceptible adults, particularly those infected
3 with hepatitis C and high-prevalence ethnic
4 populations and other high-risk groups, from
5 the risks of acute and chronic hepatitis B infec-
6 tion by—

7 "(i) ensuring continued funding for
8 hepatitis B vaccination for all children 18
9 years of age or younger through the Vac-
10 cines for Children program;

11 "(ii) ensuring that the recommenda-
12 tions of the Advisory Committee on Immu-
13 nization Practices of the Centers for Dis-
14 ease Control and Prevention are followed
15 regarding hepatitis B vaccination for in-
16 fants, children, and adults;

17 "(iii) requiring proof of hepatitis B
18 vaccination for entry into public or private
19 daycare, preschool, elementary school, sec-
20 ondary school, and institutions of higher
21 education;

22 "(iv) expanding the availability of
23 hepatitis B vaccination for all adults to
24 protect them from becoming acutely or
25 chronically infected, including ethnic and

1 other populations with high prevalence
2 rates of chronic hepatitis B infection;
3 ''(v) expanding the availability of hep-
4 atitis B vaccination for all adults, particu-
5 larly those of reproductive age (women and
6 men less than 45 years of age), to protect
7 them from the risk of hepatitis B infection;
8 ''(vi) ensuring the vaccination of indi-
9 viduals infected, or at risk for infection,
10 with hepatitis C against hepatitis A, hepa-
11 titis B, and other infectious diseases, as
12 appropriate, for which such individuals
13 may be at increased risk; and
14 ''(vii) ensuring the vaccination of indi-
15 viduals infected, or at risk for infection,
16 with hepatitis B against hepatitis A virus
17 and other infectious diseases, as appro-
18 priate, for which such individuals may be
19 at increased risk.
20 ''(D) MEDICAL REFERRAL.—The Secretary
21 shall support State, local, territorial, and Tribal
22 programs that support—
23 ''(i) referral of persons chronically in-
24 fected with hepatitis B or hepatitis C—

1 "(I) for medical evaluation to de-
2 termine the appropriateness for
3 antiviral treatment to reduce the risk
4 of progression to cirrhosis and liver
5 cancer; and

6 "(II) for ongoing medical man-
7 agement including regular monitoring
8 of liver function and screening for
9 liver cancer; and

10 "(ii) referral of persons infected with
11 acute or chronic hepatitis B infection or
12 acute or chronic hepatitis C infection for
13 drug and alcohol abuse treatment where
14 appropriate.

15 "(4) INCREASED SUPPORT FOR ADULT VIRAL
16 HEPATITIS PREVENTION COORDINATORS.—The Sec-
17 retary, acting through the CDC Director, shall pro-
18 vide increased support to adult viral hepatitis pre-
19 vention coordinators in State, local, territorial, and
20 Tribal health departments in order to enhance the
21 additional management, networking, and technical
22 expertise needed to ensure successful integration of
23 hepatitis B and hepatitis C prevention and control
24 activities into existing public health programs.

25 "(c) EPIDEMIOLOGICAL SURVEILLANCE.—

1 "(1) IN GENERAL.—The Secretary, acting
2 through the Director of the Centers for Disease
3 Control and Prevention, shall support the establish-
4 ment and maintenance of a national chronic and
5 acute hepatitis B and hepatitis C surveillance pro-
6 gram, in order to identify—
7 "(A) trends in the incidence of acute and
8 chronic hepatitis B and acute and chronic hepa-
9 titis C;
10 "(B) trends in the prevalence of acute and
11 chronic hepatitis B and acute and chronic hepa-
12 titis C infection among groups that may be dis-
13 proportionately affected; and
14 "(C) trends in liver cancer and end-stage
15 liver disease incidence and deaths, caused by
16 chronic hepatitis B and chronic hepatitis C in
17 the high-risk ethnic populations.
18 "(2) SEROPREVALENCE AND LIVER CANCER
19 STUDIES.—The Secretary, acting through the Direc-
20 tor of the Centers for Disease Control and Preven-
21 tion, shall prepare a report outlining the population-
22 based seroprevalence studies currently underway, fu-
23 ture planned studies, the criteria involved in deter-
24 mining which seroprevalence studies to conduct,
25 defer, or suspend, and the scope of those studies, the

1 economic and clinical impact of hepatitis B and hep-
2 atitis C, and the impact of chronic hepatitis B and
3 chronic hepatitis C infections on the quality of life.
4 Not later than one year after the date of the enact-
5 ment of this part, the Secretary shall submit the re-
6 port to the Committee on Health, Education, Labor,
7 and Pensions of the Senate and the Committee on
8 Energy and Commerce of the House of Representa-
9 tives.

10 ''(3) CONFIDENTIALITY.—The Secretary shall
11 not disclose any individually identifiable information
12 identified under paragraph (1) or derived through
13 studies under paragraph (2).

14 ''(d) RESEARCH.—The Secretary, acting through the
15 Director of the Centers for Disease Control and Preven-
16 tion, the Director of the National Cancer Institute, and
17 the Director of the National Institutes of Health, shall—

18 ''(1) conduct epidemiologic and community-
19 based research to develop, implement, and evaluate
20 best practices for hepatitis B and hepatitis C pre-
21 vention especially in the ethnic populations with high
22 rates of chronic hepatitis B and chronic hepatitis C
23 and other high-risk groups;

24 ''(2) conduct research on hepatitis B and hepa-
25 titis C natural history, pathophysiology, improved

1 treatments and prevention (such as the hepatitis C
2 vaccine), and noninvasive tests that help to predict
3 the risk of progression to liver cirrhosis and liver
4 cancer;

5 "(3) conduct research that will lead to better
6 noninvasive or blood tests to screen for liver cancer,
7 and more effective treatments of liver cancer caused
8 by chronic hepatitis B and chronic hepatitis C; and

9 "(4) conduct research comparing the effective-
10 ness of screening, diagnostic, management, and
11 treatment approaches for chronic hepatitis B, chron-
12 ic hepatitis C, and liver cancer in the affected com-
13 munities.

14 "(e) UNDERSERVED AND DISPROPORTIONATELY AF-
15 FECTED POPULATIONS.—In carrying out this section, the
16 Secretary shall provide expanded support for individuals
17 with limited access to health education, testing, and health
18 care services and groups that may be disproportionately
19 affected by hepatitis B and hepatitis C.

20 "(f) EVALUATION OF PROGRAM.—The Secretary
21 shall develop benchmarks for evaluating the effectiveness
22 of the programs and activities conducted under this sec-
23 tion and make determinations as to whether such bench-
24 marks have been achieved.

1 **"SEC. 399OO–2. GRANTS.**

2 "(a) IN GENERAL.—The Secretary may award grants
3 to, or enter into contracts or cooperative agreements with,
4 States, political subdivisions of States, territories, Indian
5 Tribes, or nonprofit entities that have special expertise re-
6 lating to hepatitis B, hepatitis C, or both, to carry out
7 activities under this part.

8 "(b) APPLICATION.—To be eligible for a grant, con-
9 tract, or cooperative agreement under subsection (a), an
10 entity shall prepare and submit to the Secretary an appli-
11 cation at such time, in such manner, and containing such
12 information as the Secretary may require.

13 **"SEC. 399OO–3. AUTHORIZATION OF APPROPRIATIONS.**

14 "There are authorized to be appropriated to carry out
15 this part $90,000,000 for fiscal year 2025, $110,000,000
16 for fiscal year 2026, $130,000,000 for fiscal year 2027,
17 and $150,000,000 for fiscal year 2028.".

18 **SEC. 7102. LIVER CANCER AND DISEASE PREVENTION,**
19 **AWARENESS, AND PATIENT TRACKING**
20 **GRANTS.**

21 Subpart I of part D of title III of the Public Health
22 Service Act (42 U.S.C. 254b et seq.) is amended by adding
23 at the end the following:

1 **“SEC. 330Q. LIVER CANCER AND DISEASE PREVENTION,**
2 **AWARENESS, AND PATIENT TRACKING**
3 **GRANTS.**

4 “(a) PREVENTION INITIATIVE GRANT PROGRAM.—
5 “(1) IN GENERAL.—The Secretary, acting
6 through the Director of the Centers for Disease
7 Control and Prevention, may award grants and
8 enter into cooperative agreements with entities for
9 the purpose of expanding and supporting—
10 “(A) prevention activities (including pro-
11 viding screenings, vaccinations, or other pre-
12 ventative interventions) for conditions known to
13 increase an individual’s risk of developing a
14 major liver disease, such as liver cancer, hepa-
15 titis B, hepatitis C, nonalcoholic fatty liver dis-
16 ease, nonalcoholic steatohepatitis, and cirrhosis
17 of the liver;
18 “(B) activities relating to detection and
19 provision of guidance for individuals at high
20 risk for contracting liver cancer and other liver
21 diseases; and
22 “(C) viral hepatitis surveillance to provide
23 for timely and accurate information regarding
24 progress to eliminate viral hepatitis.
25 “(2) REPORT.—An entity that receives a grant
26 or cooperative agreement under paragraph (1) shall

1 submit to the Secretary, at a time specified by the
2 Secretary, a report describing each activity carried
3 out pursuant to such paragraph and evaluating the
4 effectiveness of such activity in promoting prevention
5 and treatment of liver cancer and other liver dis-
6 eases.

7 ''(3) AUTHORIZATION OF APPROPRIATIONS.—
8 For purposes of carrying out this subsection, there
9 is authorized to be appropriated $90,000,000 for
10 each of fiscal years 2024 through 2028.

11 ''(b) AWARENESS INITIATIVE GRANT PROGRAM.—

12 ''(1) IN GENERAL.—The Secretary, acting
13 through the Director of the Centers for Disease
14 Control and Prevention, may award grants to eligi-
15 ble entities for the purpose of raising awareness for
16 liver cancer and other liver diseases, which may in-
17 clude the production, dissemination, and distribution
18 of informational materials targeted towards commu-
19 nities and populations with a higher risk for devel-
20 oping liver cancer and other liver diseases.

21 ''(2) ELIGIBLE ENTITIES.—To be eligible to re-
22 ceive a grant under paragraph (1), an entity shall
23 submit to the Secretary an application, at such time,
24 in such manner, and containing such information as
25 the Secretary may require, including a description of

1 how the entity, in disseminating information on liver
2 cancer and other liver diseases pursuant to para-
3 graph (1), will—
4 ‘‘(A) with respect to any community or
5 population, consult with members of such com-
6 munity or population and provide such informa-
7 tion in a manner that is culturally and linguis-
8 tically appropriate for such community or popu-
9 lation;
10 ‘‘(B) highlight the range of preventative
11 measures and treatments available for liver can-
12 cer and other liver diseases;
13 ‘‘(C) integrate information on available
14 hepatitis B and hepatitis C testing programs
15 into any liver cancer presentations carried out
16 by the entity; and
17 ‘‘(D) address communities and populations
18 with a higher risk for contracting liver cancer
19 and other liver diseases.
20 ‘‘(3) PREFERENCE.—In awarding grants under
21 paragraph (1), the Secretary shall give preference to
22 entities that—
23 ‘‘(A) work with a Federally qualified
24 health center;

1 ‘‘(B) are community-based organizations;
2 or
3 ‘‘(C) serve communities and populations
4 with a higher risk for contracting liver cancer
5 and other liver diseases.
6 ‘‘(4) REPORT.—An entity that receives a grant
7 under paragraph (1) shall submit to the Secretary,
8 at a time specified by the Secretary, a report de-
9 scribing each activity carried out pursuant to such
10 paragraph and evaluating the effectiveness of such
11 activity in raising awareness for liver cancer and
12 other liver diseases.
13 ‘‘(5) AUTHORIZATION OF APPROPRIATIONS.—
14 For purposes of carrying out this subsection, there
15 is authorized to be appropriated $10,000,000 for
16 each of fiscal years 2025 through 2029.’’.

## 17 Subtitle C—Acquired Bone Marrow 18 Failure Diseases

19 **SEC. 7201. ACQUIRED BONE MARROW FAILURE DISEASES.**

20 (a) NATIONAL ACQUIRED BONE MARROW FAILURE
21 DISEASE REGISTRY.—Title III of the Public Health Serv-
22 ice Act (42 U.S.C. 241 et seq.) is amended by inserting
23 after section 317W, as added by section 1009, the fol-
24 lowing:

1 **"SEC. 317X. NATIONAL ACQUIRED BONE MARROW FAILURE
2 DISEASE REGISTRY.**

3 "(a) ESTABLISHMENT OF REGISTRY.—

4 "(1) IN GENERAL.—Not later than 6 months
5 after the date of the enactment of this section, the
6 Secretary, acting through the Director of the Cen-
7 ters for Disease Control and Prevention, shall—

8 "(A) develop a system to collect data on
9 acquired bone marrow failure diseases; and

10 "(B) establish and maintain a national and
11 publicly available registry, to be known as the
12 National Acquired Bone Marrow Failure Dis-
13 ease Registry, in accordance with paragraph
14 (3).

15 "(2) RECOMMENDATIONS OF ADVISORY COM-
16 MITTEE.—In carrying out this subsection, the Sec-
17 retary shall take into consideration the recommenda-
18 tions of the Advisory Committee on Acquired Bone
19 Marrow Failure Diseases established under sub-
20 section (b).

21 "(3) PURPOSES OF REGISTRY.—The National
22 Acquired Bone Marrow Failure Disease Registry
23 shall—

24 "(A) identify the incidence and prevalence
25 of acquired bone marrow failure diseases in the
26 United States;

1 "(B) be used to collect and store data on
2 acquired bone marrow failure diseases, includ-
3 ing data concerning—
4 "(i) the age, race or ethnicity, general
5 geographic location, sex, and family history
6 of individuals who are diagnosed with ac-
7 quired bone marrow failure diseases, and
8 any other characteristics of such individ-
9 uals determined appropriate by the Sec-
10 retary;
11 "(ii) the genetic and environmental
12 factors that may be associated with devel-
13 oping acquired bone marrow failure dis-
14 eases;
15 "(iii) treatment approaches for deal-
16 ing with acquired bone marrow failure dis-
17 eases;
18 "(iv) outcomes for individuals treated
19 for acquired bone marrow failure diseases,
20 including outcomes for recipients of stem
21 cell therapeutic products as contained in
22 the database established pursuant to sec-
23 tion 379A; and

1 "(v) any other factors pertaining to
2 acquired bone marrow failure diseases de-
3 termined appropriate by the Secretary; and
4 "(C) be made available—
5 "(i) to the general public; and
6 "(ii) to researchers to facilitate fur-
7 ther research into the causes of, and treat-
8 ments for, acquired bone marrow failure
9 diseases in accordance with standard prac-
10 tices of the Centers for Disease Control
11 and Prevention.
12 "(b) ADVISORY COMMITTEE.—
13 "(1) ESTABLISHMENT.—Not later than 6
14 months after the date of the enactment of this sec-
15 tion, the Secretary, acting through the Director of
16 the Centers for Disease Control and Prevention,
17 shall establish an advisory committee, to be known
18 as the Advisory Committee on Acquired Bone Mar-
19 row Failure Diseases.
20 "(2) MEMBERS.—The members of the Advisory
21 Committee on Acquired Bone Marrow Failure Dis-
22 eases shall be appointed by the Secretary, acting
23 through the Director of the Centers for Disease
24 Control and Prevention, and shall include at least
25 one representative from each of the following:

1 "(A) A national patient advocacy organiza-
2 tion with experience advocating on behalf of pa-
3 tients suffering from acquired bone marrow
4 failure diseases.

5 "(B) The National Institutes of Health, in-
6 cluding at least one representative from each
7 of—

8 "(i) the National Cancer Institute;

9 "(ii) the National Heart, Lung, and
10 Blood Institute; and

11 "(iii) the Office of Rare Diseases.

12 "(C) The Centers for Disease Control and
13 Prevention.

14 "(D) Clinicians with experience in—

15 "(i) diagnosing or treating acquired
16 bone marrow failure diseases; or

17 "(ii) medical data registries.

18 "(E) Epidemiologists who have experience
19 with data registries.

20 "(F) Publicly or privately funded research-
21 ers who have experience researching acquired
22 bone marrow failure diseases.

23 "(G) The entity operating the C.W. Bill
24 Young Cell Transplantation Program estab-
25 lished pursuant to section 379 and the entity

1 operating the C.W. Bill Young Cell Transplan-
2 tation Program Outcomes Database.
3 "(3) RESPONSIBILITIES.—The Advisory Com-
4 mittee on Acquired Bone Marrow Failure Diseases
5 shall provide recommendations to the Secretary on
6 the establishment and maintenance of the National
7 Acquired Bone Marrow Failure Disease Registry, in-
8 cluding recommendations on the collection, mainte-
9 nance, and dissemination of data.
10 "(4) PUBLIC AVAILABILITY.—The Secretary
11 shall make the recommendations of the Advisory
12 Committee on Acquired Bone Marrow Failure Dis-
13 ease publicly available.
14 "(c) GRANTS.—The Secretary, acting through the
15 Director of the Centers for Disease Control and Preven-
16 tion, may award grants to, and enter into contracts and
17 cooperative agreements with, public or private nonprofit
18 entities for the management of, as well as the collection,
19 analysis, and reporting of data to be included in, the Na-
20 tional Acquired Bone Marrow Failure Disease Registry.
21 "(d) DEFINITION.—In this section, the term 'ac-
22 quired bone marrow failure disease' means—
23 "(1) myelodysplastic syndromes;
24 "(2) aplastic anemia;
25 "(3) paroxysmal nocturnal hemoglobinuria;

1 “(4) pure red cell aplasia;

2 “(5) acute myeloid leukemia that has pro-
3 gressed from myelodysplastic syndromes; or

4 “(6) large granular lymphocytic leukemia.

5 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section
7 $3,000,000 for each of fiscal years 2025 through 2029.”.

8 (b) PILOT STUDIES THROUGH THE AGENCY FOR
9 TOXIC SUBSTANCES AND DISEASE REGISTRY.—

10 (1) PILOT STUDIES.—The Secretary of Health
11 and Human Services, acting through the Director of
12 the Agency for Toxic Substances and Disease Reg-
13 istry, shall conduct pilot studies to determine which
14 environmental factors, including exposure to toxins,
15 may cause acquired bone marrow failure diseases.

16 (2) COLLABORATION WITH THE RADIATION IN-
17 JURY TREATMENT NETWORK.—In carrying out the
18 directives of this section, the Secretary of Health
19 and Human Services may collaborate with the Radi-
20 ation Injury Treatment Network of the C.W. Bill
21 Young Cell Transplantation Program established
22 pursuant to section 379 of the Public Health Service
23 Act (42 U.S.C. 274k) to—

24 (A) augment data for the pilot studies au-
25 thorized by this section;

1 (B) access technical assistance that may be
2 provided by the Radiation Injury Treatment
3 Network; or

4 (C) perform joint research projects.

5 (3) AUTHORIZATION OF APPROPRIATIONS.—
6 There is authorized to be appropriated to carry out
7 this subsection $1,000,000 for each of fiscal years
8 2025 through 2029.

9 (c) MINORITY-FOCUSED PROGRAMS ON ACQUIRED
10 BONE MARROW FAILURE DISEASES.—Title XVII of the
11 Public Health Service Act (42 U.S.C. 300u et seq.) is
12 amended by inserting after section 1707A the following:

13 **"SEC. 1707B. MINORITY-FOCUSED PROGRAMS ON AC-**
14 **QUIRED BONE MARROW FAILURE DISEASE.**

15 "(a) INFORMATION AND REFERRAL SERVICES.—

16 "(1) IN GENERAL.—Not later than 6 months
17 after the date of the enactment of this section, the
18 Secretary, acting through the Deputy Assistant Sec-
19 retary for Minority Health, shall establish and co-
20 ordinate outreach and informational programs tar-
21 geted to minority populations affected by acquired
22 bone marrow failure diseases.

23 "(2) PROGRAM REQUIREMENTS.—Minority-fo-
24 cused outreach and informational programs author-
25 ized by this section at the National Minority Health

1 Resource Center supported under section 1707(b)(8)
2 (including by means of the Center's website, through
3 appropriate locations such as the Center's knowledge
4 center, and through appropriate programs such as
5 the Center's resource persons network) and through
6 minority health consultants located at each Depart-
7 ment of Health and Human Services regional of-
8 fice—

9 "(A) shall make information about treat-
10 ment options and clinical trials for acquired
11 bone marrow failure diseases publicly available;
12 and

13 "(B) shall provide referral services for
14 treatment options and clinical trials.

15 "(b) HISPANIC AND ASIAN-AMERICAN AND PACIFIC
16 ISLANDER OUTREACH.—

17 "(1) IN GENERAL.—The Secretary, acting
18 through the Deputy Assistant Secretary for Minority
19 Health, shall undertake a coordinated outreach ef-
20 fort to connect Hispanic, Asian-American, and Pa-
21 cific Islander communities with comprehensive serv-
22 ices focused on treatment of, and information about,
23 acquired bone marrow failure diseases.

24 "(2) COLLABORATION.—In carrying out this
25 subsection, the Secretary may collaborate with public

1 health agencies, nonprofit organizations, community
2 groups, and online entities to disseminate informa-
3 tion about treatment options and clinical trials for
4 acquired bone marrow failure diseases.

5 ''(c) GRANTS AND COOPERATIVE AGREEMENTS.—

6 ''(1) IN GENERAL.—Not later than 6 months
7 after the date of the enactment of this section, the
8 Secretary, acting through the Deputy Assistant Sec-
9 retary for Minority Health, shall award grants to, or
10 enter into cooperative agreements with, entities to
11 perform research on acquired bone marrow failure
12 diseases.

13 ''(2) REQUIREMENT.—Grants and cooperative
14 agreements authorized by this subsection shall be
15 awarded or entered into on a competitive, peer-re-
16 viewed basis.

17 ''(3) SCOPE OF RESEARCH.—Research funded
18 under this subsection shall examine factors affecting
19 the incidence of acquired bone marrow failure dis-
20 eases in minority populations.

21 ''(d) DEFINITION.—In this section, the term 'ac-
22 quired bone marrow failure disease' has the meaning given
23 to such term in section 317X(d).

1 "(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 is authorized to be appropriated to carry out this section
3 $2,000,000 for each of fiscal years 2025 through 2029.".
4 (d) DIAGNOSIS AND QUALITY OF CARE FOR AC-
5 QUIRED BONE MARROW FAILURE DISEASES.—
6 (1) GRANTS.—The Secretary of Health and
7 Human Services, acting through the Director of the
8 Agency for Healthcare Research and Quality, shall
9 award grants to entities to improve diagnostic prac-
10 tices and quality of care with respect to patients
11 with acquired bone marrow failure diseases.
12 (2) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to carry out
14 this subsection $2,000,000 for each of fiscal years
15 2025 through 2029.
16 (e) DEFINITION.—In this section, the term "acquired
17 bone marrow failure disease" has the meaning given such
18 term in section 317X(d) of the Public Health Service Act,
19 as added by subsection (a).

# Subtitle D—Cardiovascular Disease, Chronic Disease, Obesity, and Other Disease Issues

**SEC. 7301. GUIDELINES FOR DISEASE SCREENING FOR MINORITY PATIENTS.**

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the "Secretary"), acting through the Director of the Agency for Healthcare Research and Quality, shall convene a series of meetings to develop guidelines for disease screening for minority patient populations that have a higher than average risk for many chronic diseases and cancers.

(b) PARTICIPANTS.—In convening meetings under subsection (a), the Secretary shall ensure that meeting participants include representatives of—

(1) professional societies and associations;

(2) minority health organizations;

(3) health care researchers and providers, including those with expertise in minority health;

(4) Federal health agencies, including the Office of Minority Health, the National Institute on Minority Health and Health Disparities, and the National Institutes of Health; and

(5) other experts as the Secretary determines appropriate.

1 (c) DISEASES.—Screening guidelines for minority
2 populations shall be developed as appropriate under sub-
3 section (a) for—
4 (1) hypertension;
5 (2) hypercholesterolemia;
6 (3) diabetes;
7 (4) cardiovascular disease;
8 (5) cancers, including breast, prostate, colon,
9 cervical, and lung cancer;
10 (6) other pulmonary problems including sleep
11 apnea;
12 (7) asthma;
13 (8) kidney diseases;
14 (9) eye diseases and disorders, including glau-
15 coma;
16 (10) HIV/AIDS and sexually transmitted infec-
17 tions;
18 (11) uterine fibroids;
19 (12) autoimmune diseases, including lupus;
20 (13) mental health conditions;
21 (14) dental health conditions and oral diseases,
22 including oral cancer;
23 (15) environmental and related health illnesses
24 and conditions;
25 (16) sickle cell disease and sickle cell trait;

1 (17) violence and injury prevention and control;
2 (18) genetic and related conditions;
3 (19) heart disease and stroke;
4 (20) tuberculosis;
5 (21) chronic obstructive pulmonary disease;
6 (22) musculoskeletal diseases, arthritis, and
7 obesity; and
8 (23) other diseases determined appropriate by
9 the Secretary.
10 (d) DISSEMINATION.—Not later than 2 years after
11 the date of enactment of this Act, the Secretary shall pub-
12 lish and disseminate to health care provider organizations
13 the guidelines developed under subsection (a).
14 (e) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section
16 such sums as may be necessary for each of fiscal years
17 2025 through 2029.
18 **SEC. 7302. CDC WISEWOMAN SCREENING PROGRAM.**
19 Section 1509 of the Public Health Service Act (42
20 U.S.C. 300n–4a) is amended—
21 (1) in subsection (a)—
22 (A) by striking the heading and inserting
23 ‘‘IN GENERAL.—’’; and
24 (B) in the matter preceding paragraph (1),
25 by striking ‘‘may make grants’’ and all that fol-

1 lows through ''purpose'' and inserting the fol-
2 lowing: ''may make grants to such States for
3 the purpose''; and
4 (2) in subsection (d)(1), by striking ''there are
5 authorized'' and all that follows through the period
6 and inserting ''there are authorized to be appro-
7 priated $23,000,000 for fiscal year 2025,
8 $25,300,000 for fiscal year 2026, $27,800,000 for
9 fiscal year 2027, $30,800,000 for fiscal year 2028,
10 and $34,000,000 for fiscal year 2029.''.

11 **SEC. 7303. REPORT ON CARDIOVASCULAR CARE FOR**
12 **WOMEN AND MINORITIES.**

13 Part P of title III of the Public Health Service Act
14 (42 U.S.C. 280g et seq.), as amended by section
15 5201(c)(3), is amended by adding at the end the following:

16 **''SEC. 399V–10. REPORT ON CARDIOVASCULAR CARE FOR**
17 **WOMEN AND MINORITIES.**

18 ''Not later than September 30, 2024, and annually
19 thereafter, the Secretary shall prepare and submit to Con-
20 gress a report on the quality of and access to care for
21 women and minorities with heart disease, stroke, and
22 other cardiovascular diseases. The report shall contain rec-
23 ommendations for eliminating disparities in, and improv-
24 ing the treatment of, heart disease, stroke, and other car-
25 diovascular diseases in women, racial and ethnic minori-

1 ties, those for whom English is not their primary lan-
2 guage, and individuals with disabilities.''.

3 **SEC. 7304. GAO REPORT ON STRUCTURAL AND SYSTEMIC**
4 **FACTORS THAT PERPETUATE CARDIO-**
5 **VASCULAR DISPARITIES.**

6 (a) IN GENERAL.—Not later than September 30,
7 2025, the Government Accountability Office shall prepare
8 and submit a report to Congress that contains the results
9 of an investigation of—

10 (1) the structural and systemic factors that per-
11 petuate disparities in access to screenings, care, and
12 treatment of cardiovascular disease; and

13 (2) how care navigation, including community-
14 based health workers, can improve cardiovascular
15 disease management and improve health outcomes.

16 (b) CONTENTS.—The report shall—

17 (1) identify the challenges and barriers facing
18 healthcare providers and patients, which contribute
19 to postponed, delayed, or suboptimal treatments for
20 cardiovascular disease;

21 (2) examine efforts by Federal agencies and
22 Federal programs to improve screening and manage-
23 ment of patients with cardiovascular disease;

24 (3) identify and examine existing quality meas-
25 ures from the Centers for Medicare & Medicaid

1 Services related to cholesterol management and
2 whether these measures encourage providers and
3 health systems to—
4 (A) perform appropriate and timely low-
5 density-lipoprotein cholesterol (LDL-C) testing
6 on patients at risk of a cardiovascular event;
7 and
8 (B) better manage patients' elevated LDL-
9 C levels in concordance with clinical guidelines
10 prescribing directives to ensure patients are
11 progressing towards guideline-recommended
12 LDL-C levels;
13 (4) identify actions the Federal government
14 could take to promote collaboration with community-
15 based organizations to ensure improvement in clin-
16 ical outcomes for patients with cardiovascular dis-
17 ease, including by building on recommendations
18 from the Institutes of Medicine and the Centers for
19 Disease Control to include community health work-
20 ers to improve health care delivery for underserved
21 and high-risk communities; and
22 (5) assess whether racial and ethnic minority
23 groups, as defined in section 1707(g) of the Public
24 Health Service Act (42 U.S.C. 300g–6(g)), have
25 higher prior authorization rejection rates of prescrip-

1 tion drugs to treat or prevent cardiovascular disease
2 by health insurance providers and, if so, identify the
3 resulting impacts on cardiovascular disease medica-
4 tion adherence, morbidity, and mortality, as well as
5 resulting postponed, delayed, or suboptimal treat-
6 ment prescribing for cardiovascular disease among
7 racial and ethnic minorities.

8 **SEC. 7305. COVERAGE OF COMPREHENSIVE TOBACCO CES-**
9 **SATION SERVICES IN MEDICAID, CHIP, AND**
10 **PRIVATE HEALTH INSURANCE.**

11 (a) REQUIRING MEDICAID COVERAGE OF COUN-
12 SELING AND PHARMACOTHERAPY FOR CESSATION OF TO-
13 BACCO USE AND TEMPORARY ENHANCED FMAP FOR
14 COVERAGE OF TOBACCO CESSATION SERVICES.—Section
15 1905 of the Social Security Act (42 U.S.C. 1396d) is
16 amended—

17 (1) in subsection (a)(4), by striking ‘‘and (D)’’
18 and all that follows through ‘‘subsection (bb))’’ and
19 inserting the following: ‘‘(D) counseling and
20 pharmacotherapy for cessation of tobacco use by in-
21 dividuals who are eligible under the State plan (as
22 defined in subsection (bb))’’;

23 (2) in subsection (b), by inserting ‘‘(bb)(2),’’
24 after ‘‘(aa),’’; and

1 (3) by striking subsection (bb) and inserting
2 the following:

3 "(bb) COUNSELING AND PHARMACOTHERAPY FOR
4 CESSATION OF TOBACCO USE.—

5 "(1) IN GENERAL.—For purposes of this title,
6 the term 'counseling and pharmacotherapy for ces-
7 sation of tobacco use by individuals who are eligible
8 under the State plan' means diagnostic, therapy,
9 and counseling services and pharmacotherapy (in-
10 cluding the coverage of prescription and nonprescrip-
11 tion tobacco cessation agents approved by the Food
12 and Drug Administration) for the cessation of to-
13 bacco use by individuals who use tobacco products or
14 who are being treated for tobacco use that is fur-
15 nished—

16 "(A) by or under the supervision of a phy-
17 sician; or

18 "(B) by any other health care professional
19 who—

20 "(i) is legally authorized to furnish
21 such services under State law (or the State
22 regulatory mechanism provided by State
23 law) of the State in which the services are
24 furnished; and

1 "(ii) is authorized to receive payment
2 for other services under this title or is des-
3 ignated by the Secretary for this purpose,
4 which is recommended in the guideline entitled,
5 'Treating Tobacco Use and Dependence: 2008
6 Update: A Clinical Practice Guideline' pub-
7 lished by the Public Health Service in May
8 2008 (or any subsequent modification of such
9 guideline) or is recommended for the cessation
10 of tobacco use by the United States Preventive
11 Services Task Force or any additional interven-
12 tion approved by the Food and Drug Adminis-
13 tration as safe and effective in helping smokers
14 quit.

15 "(2) TEMPORARY ENHANCED FMAP FOR COV-
16 ERAGE OF TOBACCO CESSATION SERVICES.—Not-
17 withstanding subsection (b), for calendar quarters
18 occurring during the period beginning on the date of
19 the enactment of this paragraph and ending 5 years
20 after the date of enactment of this paragraph, the
21 Federal medical assistance percentage with respect
22 to amounts expended by a State for medical assist-
23 ance for counseling and pharmacotherapy for ces-
24 sation of tobacco use by individuals who are eligible

1 under the State plan (as defined in paragraph (1))
2 shall be equal to 90 percent.''.

3 (b) NO COST SHARING.—

4 (1) IN GENERAL.—Subsections (a)(2) and
5 (b)(2) of section 1916 of the Social Security Act (42
6 U.S.C. 1396o), as amended by section 2007(d)(4),
7 are each amended—

8 (A) in subparagraph (B), by striking '',
9 and counseling'' and all that follows through
10 ''section 1905(bb)(2)(A)'';

11 (B) in subparagraph (J), by striking ''or''
12 after the comma;

13 (C) in subparagraph (K), by striking '';
14 and'' and inserting '', or''; and

15 (D) by adding at the end the following new
16 subparagraph:

17 ''(L) counseling and pharmacotherapy for
18 cessation of tobacco use by individuals who are
19 eligible under the State plan (as defined in sec-
20 tion 1905(bb)) and covered outpatient drugs (as
21 defined in subsection (k)(2) of section 1927 and
22 including nonprescription drugs described in
23 subsection (d)(2) of such section) that are pre-
24 scribed for purposes of promoting tobacco ces-

1 sation in accordance with the guideline specified
2 in section 1905(bb); and''.
3 (2) APPLICATION TO ALTERNATIVE COST SHAR-
4 ING.—Section 1916A(b)(3)(B) of the Social Security
5 Act (42 U.S.C. 1396o–1(b)(3)(B)) is amended—
6 (A) in clause (iii), by striking '', and coun-
7 seling and pharmacotherapy for cessation of to-
8 bacco use by pregnant women (as defined in
9 section 1905(bb))''; and
10 (B) by adding at the end the following new
11 clause:
12 ''(xv) Counseling and
13 pharmacotherapy for cessation of tobacco
14 use by individuals who are eligible under
15 the State plan (as defined in section
16 1905(bb)) and covered outpatient drugs
17 (as defined in subsection (k)(2) of section
18 1927 and including nonprescription drugs
19 described in subsection (d)(2) of such sec-
20 tion) that are prescribed for purposes of
21 promoting tobacco cessation in accordance
22 with the guideline specified in section
23 1905(bb).''.
24 (c) EXCEPTION FROM OPTIONAL RESTRICTION
25 UNDER MEDICAID PRESCRIPTION DRUG COVERAGE.—

1 Section 1927(d)(2)(F) of the Social Security Act (42
2 U.S.C. 1396r–8(d)(2)(F)) is amended to read as follows:
3 ''(F) Nonprescription drugs, except, when
4 recommended in accordance with the guideline
5 referred to in section 1905(bb), agents ap-
6 proved by the Food and Drug Administration
7 under the over-the-counter monograph process
8 for purposes of promoting tobacco cessation.''.
9 (d) STATE MONITORING AND PROMOTING OF COM-
10 PREHENSIVE TOBACCO CESSATION SERVICES UNDER
11 MEDICAID.—Section 1902(a) of the Social Security Act
12 (42 U.S.C. 1396a(a)), as amended by section
13 5201(c)(2)(B), is amended—
14 (1) in paragraph (87), by striking ''and'' at the
15 end;
16 (2) in paragraph (88), by striking the period at
17 the end and inserting ''; and''; and
18 (3) by inserting after paragraph (88) the fol-
19 lowing new paragraph:
20 ''(89) provide that the State will monitor and
21 promote the use of comprehensive tobacco cessation
22 services under the State plan (including conducting
23 an outreach campaign to increase awareness of the
24 benefits of using such services) among—

1 "(A) individuals entitled to medical assist-
2 ance under the State plan who use tobacco
3 products; and
4 "(B) clinicians and others who provide
5 services to individuals entitled to medical assist-
6 ance under the State plan.".
7 (e) FEDERAL REIMBURSEMENT FOR OUTREACH
8 CAMPAIGN.—Section 1903(a) of the Social Security Act
9 (42 U.S.C. 1396b(a)) is amended—
10 (1) in paragraph (6)(B), by striking "plus" at
11 the end;
12 (2) in paragraph (7), by striking the period at
13 the end and inserting "; plus"; and
14 (3) by inserting after paragraph (7) the fol-
15 lowing new paragraph:
16 "(8) with respect to the development, imple-
17 mentation, and evaluation of an outreach campaign
18 to—
19 "(A) increase awareness of comprehensive
20 tobacco cessation services covered in the State
21 plan among—
22 "(i) individuals who are likely to be el-
23 igible for medical assistance under the
24 State plan; and

1 "(ii) clinicians and others who provide
2 services to individuals who are likely to be
3 eligible for medical assistance under the
4 State plan; and
5 "(B) increase awareness of the benefits of
6 using comprehensive tobacco cessation services
7 covered in the State plan among—
8 "(i) individuals who are likely to be el-
9 igible for medical assistance under the
10 State plan; and
11 "(ii) clinicians and others who provide
12 services to individuals who are likely to be
13 eligible for medical assistance under the
14 State plan about the benefits of using com-
15 prehensive tobacco cessation services,
16 for calendar quarters occurring during the pe-
17 riod beginning on the date of the enactment of
18 this paragraph and ending on the date that is
19 5 years after the date of enactment of this
20 paragraph, an amount equal to 90 percent of
21 the sums expended during each quarter which
22 are attributable to such development, implemen-
23 tation, and evaluation, and for calendar quar-
24 ters succeeding such period, an amount equal to
25 Federal medical assistance percentage deter-

1 mined under section 1905(b) of the sums ex-
2 pended during each quarter which are so attrib-
3 utable.''.
4 (f) NO PRIOR AUTHORIZATION FOR TOBACCO CES-
5 SATION DRUGS UNDER MEDICAID.—Section 1927(d) of
6 the Social Security Act (42 U.S.C. 1396r–8(d)) is amend-
7 ed—
8 (1) in paragraph (1)(A), by striking ''A State''
9 and inserting ''Subject to paragraph (8), a State'';
10 and
11 (2) by adding at the end the following new
12 paragraph:
13 ''(8) NO PRIOR AUTHORIZATION PROGRAMS FOR
14 TOBACCO CESSATION DRUGS.—A State plan may not
15 require, as a condition of coverage or payment for
16 a covered outpatient drug, the approval of an agent
17 to promote smoking cessation (including agents ap-
18 proved by the Food and Drug Administration) or to-
19 bacco cessation.''.
20 (g) EXCLUSION OF ENHANCED PAYMENTS FROM
21 TERRITORIAL CAPS.—Notwithstanding any other provi-
22 sion of law, for purposes of section 1108 of the Social Se-
23 curity Act (42 U.S.C. 1308), with respect to any addi-
24 tional amount paid to a territory as a result of the applica-

1 tion of section 1905(bb)(2) of the Social Security Act (42
2 U.S.C. 1396d(bb)(2))—
3 (1) the limitation on payments to territories
4 under subsections (f) and (g) of such section 1108
5 shall not apply to such additional amounts; and
6 (2) such additional amounts shall be dis-
7 regarded in applying such subsections.
8 (h) REQUIRING CHIP COVERAGE OF COUNSELING
9 AND PHARMACOTHERAPY FOR CESSATION OF TOBACCO
10 USE.—
11 (1) IN GENERAL.—Section 2103(c)(2) of the
12 Social Security Act (42 U.S.C. 1397cc(c)(2)) is
13 amended by adding at the end the following new
14 subparagraph:
15 ''(D) Counseling and pharmacotherapy for
16 cessation of tobacco use by individuals who are
17 eligible under the State child health plan.''.
18 (2) COUNSELING AND PHARMACOTHERAPY FOR
19 CESSATION OF TOBACCO USE DEFINED.—Section
20 2110(c) of the Social Security Act (42 U.S.C.
21 1397jj(c)) is amended by adding at the end the fol-
22 lowing new paragraph:
23 ''(10) COUNSELING AND PHARMACOTHERAPY
24 FOR CESSATION OF TOBACCO USE.—The term 'coun-
25 seling and pharmacotherapy for cessation of tobacco

1 use' means diagnostic, therapy, and counseling serv-
2 ices and pharmacotherapy (including the coverage of
3 prescription and nonprescription tobacco cessation
4 agents approved by the Food and Drug Administra-
5 tion) for the cessation of tobacco use by individuals
6 who use tobacco products or who are being treated
7 for tobacco use that are furnished—

8 ''(A) by or under the supervision of a phy-
9 sician; or

10 ''(B) by any other health care professional
11 who—

12 ''(i) is legally authorized to furnish
13 such services under State law (or the State
14 regulatory mechanism provided by State
15 law) of the State in which the services are
16 furnished; and

17 ''(ii) is authorized to receive payment
18 for other services under this title or is des-
19 ignated by the Secretary for this purpose,

20 which is recommended in the guideline entitled,
21 'Treating Tobacco Use and Dependence: 2008
22 Update: A Clinical Practice Guideline' pub-
23 lished by the Public Health Service in May
24 2008 (or any subsequent modification of such
25 guideline) or is recommended for the cessation

1 of tobacco use by the United States Preventive
2 Services Task Force or any additional interven-
3 tion approved by the Food and Drug Adminis-
4 tration as safe and effective in helping smokers
5 quit.''.

6 (i) NO COST SHARING.—Section 2103(e) of the So-
7 cial Security Act (42 U.S.C. 1397cc(e)) is amended by
8 adding at the end the following new paragraph:

9 ''(5) NO COST SHARING ON BENEFITS FOR
10 COUNSELING AND PHARMACOTHERAPY FOR CES-
11 SATION OF TOBACCO USE.—The State child health
12 plan may not impose deductibles, coinsurance, or
13 other cost sharing with respect to benefits for coun-
14 seling and pharmacotherapy for cessation of tobacco
15 use (as defined in section 2110(c)(10)) and prescrip-
16 tion drugs that are covered under a State child
17 health plan that are prescribed for purposes of pro-
18 moting tobacco cessation in accordance with the
19 guideline specified in section 2110(c)(10)(B).''.

20 (j) EXCEPTION FROM OPTIONAL RESTRICTION
21 UNDER CHIP PRESCRIPTION DRUG COVERAGE.—Section
22 2103 of the Social Security Act (42 U.S.C. 1397cc) is
23 amended by adding at the end the following new sub-
24 section:

1 "(g) EXCEPTION FROM OPTIONAL RESTRICTION
2 UNDER CHIP PRESCRIPTION DRUG COVERAGE.—The
3 State child health plan may exclude or otherwise restrict
4 nonprescription drugs, except, in the case of—
5 "(1) pregnant women when recommended in ac-
6 cordance with the guideline specified in section
7 2110(c)(10)(B), agents approved by the Food and
8 Drug Administration under the over-the-counter
9 monograph process for purposes of promoting to-
10 bacco cessation; and
11 "(2) individuals who are eligible under the
12 State child health plan when recommended in ac-
13 cordance with the Guideline referred to in section
14 2110(c)(10)(B), agents approved by the Food and
15 Drug Administration under the over-the-counter
16 monograph process for purposes of promoting to-
17 bacco cessation.".
18 (k) STATE MONITORING AND PROMOTING OF COM-
19 PREHENSIVE TOBACCO CESSATION SERVICES UNDER
20 CHIP.—Section 2102 of the Social Security Act (42
21 U.S.C. 1397bb) is amended by adding at the end the fol-
22 lowing new subsection:
23 "(d) STATE MONITORING AND PROMOTING OF COM-
24 PREHENSIVE TOBACCO CESSATION SERVICES UNDER
25 CHIP.—A State child health plan shall include a descrip-

1 tion of the procedures to be used by the State to monitor
2 and promote the use of comprehensive tobacco cessation
3 services under the State plan (including conducting an
4 outreach campaign to increase awareness of the benefits
5 of using such services) among—

6 ''(1) individuals entitled to medical assistance
7 under the State child health plan who use tobacco
8 products; and

9 ''(2) clinicians and others who provide services
10 to individuals entitled to medical assistance under
11 the State child health plan.''.

12 (l) FEDERAL REIMBURSEMENT FOR CHIP COV-
13 ERAGE AND OUTREACH CAMPAIGN.—

14 (1) IN GENERAL.—Section 2105(a) of the So-
15 cial Security Act (42 U.S.C. 1397ee(a)) is amended
16 by adding at the end the following new paragraph:

17 ''(5) FEDERAL REIMBURSEMENT FOR CHIP
18 COVERAGE OF COMPREHENSIVE TOBACCO CES-
19 SATION SERVICES AND OUTREACH CAMPAIGN.—In
20 addition to the payments made under paragraph (1)
21 for calendar quarters occurring during the period be-
22 ginning on the date of the enactment of this para-
23 graph and ending 5 years after such date, the Sec-
24 retary shall pay—

1 "(A) an amount equal to 90 percent of the
2 sums expended during each quarter which are
3 attributable to the cost of furnishing counseling
4 and pharmacotherapy for cessation of tobacco
5 use by individuals who are eligible under the
6 State child health plan (net of any payments
7 made to the State under paragraph (1) with re-
8 spect to such counseling and pharmacotherapy);
9 plus

10 "(B) an amount equal to 90 percent of the
11 sums expended during each quarter which are
12 attributable to the development, implementa-
13 tion, and evaluation of an outreach campaign
14 to—

15 "(i) increase awareness of comprehen-
16 sive tobacco cessation services covered in
17 the State child health plan among—

18 "(I) individuals who are likely to
19 be eligible for medical assistance
20 under the State child health plan; and

21 "(II) clinicians and others who
22 provide services to individuals who are
23 likely to be eligible for medical assist-
24 ance under the State child health
25 plan; and

1 "(ii) increase awareness of the bene-
2 fits of using comprehensive tobacco ces-
3 sation services covered in the State child
4 health plan among—
5 "(I) individuals who are likely to
6 be eligible for medical assistance
7 under the State child health plan; and
8 "(II) clinicians and others who
9 provide services to individuals who are
10 likely to be eligible for medical assist-
11 ance under the State child health plan
12 about the benefits of using com-
13 prehensive tobacco cessation serv-
14 ices.".
15 (2) ADJUSTMENT OF CHIP ALLOTMENTS.—Sec-
16 tion 2104(m) of the Social Security Act (42 U.S.C.
17 1397dd(m)) is amended—
18 (A) in paragraph (2)(B), by striking "and
19 (12)" and inserting "(12), and (13)"; and
20 (B) by adding at the end the following new
21 paragraph:
22 "(13) ADJUSTING ALLOTMENTS TO ACCOUNT
23 FOR FEDERAL PAYMENTS FOR CHIP COVERAGE OF
24 COMPREHENSIVE TOBACCO CESSATION SERVICES
25 AND OUTREACH CAMPAIGN.—If a State (including

1 the District of Columbia and each commonwealth
2 and territory) receives a payment for a fiscal year
3 under section 2105(a)(5), the allotment determined
4 for the State for such fiscal year shall be increased
5 by the amount of such payment.''.

6 (m) NO PRIOR AUTHORIZATION FOR TOBACCO CES-
7 SATION DRUGS UNDER CHIP.—Section 2103 of the So-
8 cial Security Act (42 U.S.C. 1397cc), as amended by sub-
9 section (h), is further amended—

10 (1) in subsection (c)(2)(A), by inserting ''(in ac-
11 cordance with subsection (h))'' after ''Coverage of
12 prescription drugs''; and

13 (2) by adding at the end the following new sub-
14 section:

15 ''(h) NO PRIOR AUTHORIZATION PROGRAMS FOR TO-
16 BACCO CESSATION DRUGS.—A State child health plan
17 may not require, as a condition of coverage or payment
18 for prescription drugs, the approval of an agent to pro-
19 mote smoking cessation (including agents approved by the
20 Food and Drug Administration) or tobacco cessation.''.

21 (n) COMPREHENSIVE COVERAGE OF TOBACCO CES-
22 SATION COVERAGE IN PRIVATE HEALTH INSURANCE.—
23 Section 2713 of the Public Health Service Act (42 U.S.C.
24 300gg–13) is amended by adding at the end the following:

1 “(d) NO PRIOR AUTHORIZATION.—A group health
2 plan and a health insurance issuer offering group or indi-
3 vidual health insurance coverage shall not impose any
4 prior authorization requirement for tobacco cessation
5 counseling and pharmacotherapy that has in effect a rat-
6 ing of ‘A’ or ‘B’ in the current recommendations of the
7 United States Preventive Services Task Force.”.

8 (o) RULE OF CONSTRUCTION.—None of the amend-
9 ments made by this section shall be construed to limit cov-
10 erage of any counseling or pharmacotherapy for individ-
11 uals under 18 years of age.

12 (p) EFFECTIVE DATE.—The amendments made by
13 this section shall take effect on the first day of the first
14 fiscal year that begins on or after the date of enactment
15 of this Act.

16 **SEC. 7306. CLINICAL RESEARCH FUNDING FOR ORAL**
17 **HEALTH.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services shall expand and intensify the conduct
20 and support of the research activities of the National In-
21 stitutes of Health and the National Institute of Dental
22 and Craniofacial Research to improve the oral health of
23 the population through the prevention and management
24 of oral diseases and conditions.

1 (b) INCLUDED RESEARCH ACTIVITIES.—Research
2 activities under subsection (a) shall include—
3 (1) comparative effectiveness research and clin-
4 ical disease management research addressing early
5 childhood cancer and oral cancer; and
6 (2) awarding of grants and contracts to support
7 the training and development of health services re-
8 searchers, comparative effectiveness researchers, and
9 clinical researchers whose research improves the oral
10 health of the population.

11 **SEC. 7307. GUIDE ON EVIDENCE-BASED STRATEGIES FOR**
12 **PUBLIC HEALTH DEPARTMENT OBESITY PRE-**
13 **VENTION PROGRAMS.**

14 (a) DEVELOPMENT AND DISSEMINATION OF AN EVI-
15 DENCE-BASED STRATEGIES GUIDE.—The Secretary of
16 Health and Human Services (referred to in this section
17 as the ''Secretary''), acting through the Director of the
18 Centers for Disease Control and Prevention, not later than
19 2 years after the date of enactment of this Act, shall—
20 (1) develop a guide on evidence-based strategies
21 for State, territorial, and local health departments to
22 use to build and maintain effective obesity preven-
23 tion and reduction programs, and, in consultation
24 with stakeholders that have expertise in Tribal
25 health, a guide on such evidence-based strategies

1 with respect to Indian Tribes and Tribal organiza-
2 tions for such Indian Tribes and Tribal organiza-
3 tions to use for such purpose, both of which guides
4 shall—
5 (A) describe an integrated program struc-
6 ture for implementing interventions proven to
7 be effective in preventing and reducing the inci-
8 dence of obesity; and
9 (B) recommend—
10 (i) optimal resources, including staff-
11 ing and infrastructure, for promoting nu-
12 trition and obesity prevention and reduc-
13 tion; and
14 (ii) strategies for effective obesity pre-
15 vention programs for State and local
16 health departments, Indian Tribes, and
17 Tribal organizations, including strategies
18 related to—
19 (I) the application of evidence-
20 based and evidence-informed practices
21 to prevent and reduce obesity rates;
22 (II) the development, implemen-
23 tation, and evaluation of obesity pre-
24 vention and reduction strategies for
25 specific communities and populations;

1 (III) demonstrated knowledge of
2 obesity prevention practices that re-
3 duce associated preventable diseases,
4 health conditions, death, and health
5 care costs;
6 (IV) best practices for the coordi-
7 nation of efforts to prevent and re-
8 duce obesity and related chronic dis-
9 eases;
10 (V) addressing the underlying
11 risk factors and social determinants of
12 health that impact obesity rates; and
13 (VI) interdisciplinary coordina-
14 tion between relevant public health of-
15 ficials specializing in fields such as
16 nutrition, physical activity, epidemi-
17 ology, communications, and policy im-
18 plementation, and collaboration be-
19 tween public health officials and com-
20 munity-based organizations; and
21 (2) disseminate the guides and current re-
22 search, evidence-based practices, tools, and edu-
23 cational materials related to obesity prevention, con-
24 sistent with the guides, to State and local health de-
25 partments, Indian Tribes, and Tribal organizations.

1 (b) TECHNICAL ASSISTANCE.—The Secretary, acting
2 through the Director of the Centers for Disease Control
3 and Prevention, shall provide technical assistance to State
4 and local health departments, Indian Tribes, and Tribal
5 organizations to support such health departments in im-
6 plementing the guides developed under subsection (a)(1).
7 (c) INDIAN TRIBES; TRIBAL ORGANIZATIONS.—In
8 this section, the terms ''Indian Tribe'' and ''Tribal organi-
9 zation'' have the meanings given the terms in section 4
10 of the Indian Self-Determination and Education Assist-
11 ance Act (25 U.S.C. 5304).

12 **SEC. 7308. STEPHANIE TUBBS JONES UTERINE FIBROID RE-**
13 **SEARCH AND EDUCATION ACT.**

14 (a) RESEARCH WITH RESPECT TO UTERINE
15 FIBROIDS.—
16 (1) RESEARCH.—The Secretary of Health and
17 Human Services (referred to in this section as the
18 ''Secretary'') shall expand, intensify, and coordinate
19 programs for the conduct and support of research
20 with respect to uterine fibroids.
21 (2) ADMINISTRATION AND COORDINATION.—
22 The Secretary shall carry out the conduct and sup-
23 port of research pursuant to paragraph (1), in co-
24 ordination with the appropriate institutes, offices,
25 and centers of the National Institutes of Health and

1 any other relevant Federal agency, as determined by
2 the Director of the National Institutes of Health.

3 (3) AUTHORIZATION OF APPROPRIATIONS.—For
4 the purpose of carrying out this subsection, there
5 are authorized to be appropriated $30,000,000 for
6 each of fiscal years 2025 through 2029.

7 (b) RESEARCH WITH RESPECT TO MEDICAID COV-
8 ERAGE OF UTERINE FIBROIDS TREATMENT.—

9 (1) RESEARCH.—The Secretary (or the Sec-
10 retary's designee) shall establish a research data-
11 base, or expand an existing research database, to
12 collect data on services furnished to individuals diag-
13 nosed with uterine fibroids under a State plan (or a
14 waiver of such a plan) under the Medicaid program
15 under title XIX of the Social Security Act (42
16 U.S.C. 1396 et seq.) or under a State child health
17 plan (or a waiver of such a plan) under the Chil-
18 dren's Health Insurance Program under title XXI of
19 such Act (42 U.S.C. 1397aa et seq.) for the treat-
20 ment of such fibroids for purposes of assessing the
21 frequency at which such individuals are furnished
22 such services.

23 (2) REPORT.—

24 (A) IN GENERAL.—Not later than 2 years
25 after the date of enactment of this Act, the Sec-

1 retary shall submit to Congress a report on the
2 amount of Federal and State expenditures with
3 respect to services furnished for the treatment
4 of uterine fibroids under State plans (or waivers
5 of such plans) under the Medicaid program
6 under such title XIX and State child health
7 plans (or waivers of such plans) under the Chil-
8 dren's Health Insurance Program under such
9 title XXI.

10 (B) COORDINATION.—The Secretary shall
11 coordinate the development and submission of
12 the report required under paragraph (1) with
13 any other relevant Federal agency, as deter-
14 mined by the Secretary.

15 (c) EDUCATION AND DISSEMINATION OF INFORMA-
16 TION WITH RESPECT TO UTERINE FIBROIDS.—

17 (1) UTERINE FIBROIDS PUBLIC EDUCATION
18 PROGRAM.—The Secretary shall develop and dis-
19 seminate to the public information regarding uterine
20 fibroids, including information on—

21 (A) the awareness, incidence, and preva-
22 lence of uterine fibroids among individuals, in-
23 cluding all minority individuals;

24 (B) the elevated risk for minority individ-
25 uals to develop uterine fibroids; and

1 (C) the availability, as medically appro-
2 priate, of the range of treatment options for
3 symptomatic uterine fibroids, including non-
4 hysterectomy treatments and procedures.

5 (2) DISSEMINATION OF INFORMATION.—The
6 Secretary may disseminate information under para-
7 graph (1) directly or through arrangements with
8 intra-agency initiatives, nonprofit organizations, con-
9 sumer groups, institutions of higher education (as
10 defined in section 101 of the Higher Education Act
11 of 1965 (20 U.S.C. 1001)), or Federal, State, or
12 local public private partnerships.

13 (3) AUTHORIZATION OF APPROPRIATIONS.—For
14 the purpose of carrying out this subsection, there
15 are authorized to be appropriated such sums as may
16 be necessary for each of fiscal years 2025 through
17 2029.

18 (d) INFORMATION TO HEALTH CARE PROVIDERS
19 WITH RESPECT TO UTERINE FIBROIDS.—

20 (1) DISSEMINATION OF INFORMATION.—The
21 Secretary shall, in consultation and in accordance
22 with guidelines from relevant medical societies, work
23 with health care-related specialty societies and
24 health systems to promote evidence-based care for
25 individuals with fibroids. Such efforts shall include

1 minority individuals who have an elevated risk to de-
2 velop uterine fibroids and the range of available op-
3 tions for the treatment of symptomatic uterine
4 fibroids, including non-hysterectomy drugs and de-
5 vices approved under the Federal Food, Drug, and
6 Cosmetic Act (21 U.S.C. 301 et seq.).

7 (2) AUTHORIZATION OF APPROPRIATIONS.—For
8 the purpose of carrying out this subsection, there
9 are authorized to be appropriated such sums as may
10 be necessary for each of fiscal years 2025 through
11 2029.

12 (e) DEFINITION.—In this section, the term ''minority
13 individuals'' means individuals who are members of a ra-
14 cial and ethnic minority group, as defined in section
15 1707(g) of the Public Health Service Act (42 U.S.C.
16 300u–6(g)).

## 17 Subtitle E—HIV/AIDS

18 **SEC. 7401. STATEMENT OF POLICY.**

19 It is the policy of the United States to achieve an
20 AIDS-free generation, and to—

21 (1) expand access to lifesaving antiretroviral
22 therapy for people living with HIV and immediately
23 link people to continuous and coordinated high-qual-
24 ity care when they learn they are living with HIV;

1 (2) expand targeted efforts to prevent HIV in-
2 fection using a combination of effective, evidence-
3 based approaches, including routine HIV screening,
4 and universal access to HIV prevention tools, includ-
5 ing preexposure prophylaxis, in communities dis-
6 proportionately impacted by HIV, particularly com-
7 munities of color;
8 (3) ensure laws, policies, and regulations do not
9 impede access to prevention, treatment, and care for
10 people living with HIV or disproportionately im-
11 pacted by HIV;
12 (4) accelerate research for more efficacious HIV
13 prevention and treatments, tools, a cure, and a vac-
14 cine; and
15 (5) respect the human rights and dignity of
16 persons living with HIV.

17 **SEC. 7402. ADDITIONAL FUNDING FOR AIDS DRUG ASSIST-**
18 **ANCE PROGRAM TREATMENTS.**

19 Section 2623 of the Public Health Service Act (42
20 U.S.C. 300ff–31b) is amended by adding at the end the
21 following:
22 "(c) ADDITIONAL FUNDING FOR AIDS DRUG AS-
23 SISTANCE PROGRAM TREATMENTS.—In addition to
24 amounts otherwise authorized to be appropriated for car-
25 rying out this subpart, there are authorized to be appro-

1 priated such sums as may be necessary to carry out sec-
2 tions 2612(b)(3)(B) and 2616 for each of fiscal years
3 2025 through 2028.''.

4 **SEC. 7403. ENHANCING THE NATIONAL HIV SURVEILLANCE**
5 **SYSTEM.**

6 (a) GRANTS.—The Secretary of Health and Human
7 Services, acting through the Director of the Centers for
8 Disease Control and Prevention, shall make grants to
9 States to support integration of public health surveillance
10 systems into all electronic health records in order to allow
11 rapid communications between the clinical setting and
12 health departments, by means that include—

13 (1) providing technical assistance and policy
14 guidance to State and local health departments, clin-
15 ical providers, and other agencies serving individuals
16 with HIV to improve the interoperability of data sys-
17 tems relevant to monitoring HIV care and sup-
18 portive services;

19 (2) capturing longitudinal data pertaining to
20 the initiation and ongoing prescription or dispensing
21 of antiretroviral therapy for individuals diagnosed
22 with HIV (such as through pharmacy-based report-
23 ing);

24 (3) obtaining information—

1 (A) on a voluntary basis, on sexual orienta-
2 tion and gender identity; and
3 (B) on sources of coverage (or the lack of
4 coverage) for medical treatment (including cov-
5 erage through the Medicaid program under title
6 XIX of the Social Security Act (42 U.S.C. 1396
7 et seq.), the Medicare program under title
8 XVIII of such Act (42 U.S.C. 1395 et seq.), the
9 program under title XXVI of the Public Health
10 Service Act (42 U.S.C. 300ff–11 et seq.; com-
11 monly referred to as the ''Ryan White HIV/
12 AIDS Program''), other public funding, private
13 insurance, and health maintenance organiza-
14 tions); and
15 (4) obtaining and using current geographic
16 markers of residence (such as current address, ZIP
17 Code, partial ZIP Code, and census block).
18 (b) PRIVACY AND SECURITY SAFEGUARDS.—In car-
19 rying out this section, the Secretary of Health and Human
20 Services shall ensure that appropriate privacy and security
21 safeguards are met to prevent unauthorized disclosure of
22 protected health information and compliance with the
23 HIPAA privacy and security law (as defined in section
24 3009 of the Public Health Service Act (42 U.S.C. 300jj–
25 19)) and other relevant laws and regulations.

1 (c) PROHIBITION AGAINST IMPROPER USE OF
2 DATA.—No grant under this section may be used to allow
3 or facilitate the collection or use of surveillance or clinical
4 data or records—

5 (1) for punitive measures of any kind, civil or
6 criminal, against the subject of such data or records;
7 or

8 (2) for imposing any requirement or restriction
9 with respect to an individual without the individual's
10 written consent.

11 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
12 out this section, there are authorized to be appropriated
13 such sums as may be necessary for each of fiscal years
14 2025 through 2028.

15 **SEC. 7404. EVIDENCE-BASED STRATEGIES FOR IMPROVING**
16 **LINKAGE TO, AND RETENTION IN, APPRO-**
17 **PRIATE CARE.**

18 (a) STRATEGIES.—The Secretary of Health and
19 Human Services, in collaboration with the Director of the
20 Centers for Disease Control and Prevention, the Assistant
21 Secretary for Mental Health and Substance Use, the Di-
22 rector of the Office of AIDS Research, the Administrator
23 of the Health Resources and Services Administration, and
24 the Administrator of the Centers for Medicare & Medicaid
25 Services, shall—

1 (1) identify evidence-based strategies most ef-
2 fective at addressing the multifaceted issues that im-
3 pede disease status awareness with respect to HIV/
4 AIDS and linkage to, and retention in, appropriate
5 care, taking into consideration health care systems
6 issues, clinic and provider issues, and individual psy-
7 chosocial, environmental, and other contextual fac-
8 tors;
9 (2) support the wide-scale implementation of
10 the evidence-based strategies identified pursuant to
11 paragraph (1), including through incorporating such
12 strategies into health care coverage supported by the
13 Medicaid program under title XIX of the Social Se-
14 curity Act (42 U.S.C. 1396 et seq.), the program
15 under title XXVI of the Public Health Service Act
16 (42 U.S.C. 300ff–11 et seq.; commonly referred to
17 as the ''Ryan White HIV/AIDS Program''), and
18 health plans purchased through an Exchange estab-
19 lished under title I of the Patient Protection and Af-
20 fordable Care Act (Public Law 111–148); and
21 (3) not later than 1 year after the date of the
22 enactment of this Act, submit a report to the Con-
23 gress on the status of activities under paragraphs
24 (1) and (2).

1 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there are authorized to be appropriated
3 such sums as may be necessary for fiscal years 2025
4 through 2028.

5 **SEC. 7405. IMPROVING ENTRY INTO, AND RETENTION IN,**
6 **CARE AND ANTIRETROVIRAL ADHERENCE**
7 **FOR PERSONS WITH HIV.**

8 (a) SENSE OF CONGRESS.—It is the sense of Con-
9 gress that AIDS research has led to scientific advance-
10 ments that have—
11 (1) saved the lives of millions of people living
12 with HIV;
13 (2) prevented millions of individuals from re-
14 ceiving new diagnoses of HIV; and
15 (3) had broad benefits that extend far beyond
16 helping people at risk for, or living with, HIV.
17 (b) IN GENERAL.—The Secretary of Health and
18 Human Services, acting through the Director of the Na-
19 tional Institutes of Health, shall expand, intensify, and co-
20 ordinate operational and translational research and other
21 activities of the National Institutes of Health regarding
22 methods—
23 (1) to increase adoption of evidence-based ad-
24 herence strategies within HIV care and treatment
25 programs;

1 (2) to increase HIV testing and case detection
2 rates;
3 (3) to reduce HIV-related health disparities;
4 (4) to ensure that research to improve adher-
5 ence to HIV care and treatment programs address
6 the unique concerns of women;
7 (5) to integrate HIV prevention and care serv-
8 ices with mental health and substance use preven-
9 tion and treatment delivery systems;
10 (6) to increase knowledge on the implementa-
11 tion of preexposure prophylaxis (referred to in this
12 section as ''PrEP''), including with respect to—
13 (A) who can benefit most from PrEP;
14 (B) how to provide PrEP safely and effi-
15 ciently;
16 (C) how to integrate PrEP with other es-
17 sential prevention methods such as condoms;
18 and
19 (D) how to ensure high levels of adherence;
20 and
21 (7) to increase knowledge of ''undetectable and
22 untransmittable'', when a person living with HIV
23 who is on antiretroviral therapy and is durably
24 virally suppressed (defined as having a consistent

viral load of less than 200 copies/ml) cannot sexually transmit HIV.

(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2025 through 2028.

**SEC. 7406. SERVICES TO REDUCE HIV/AIDS IN RACIAL AND ETHNIC MINORITY COMMUNITIES.**

(a) IN GENERAL.—For the purpose of reducing new HIV diagnoses in racial and ethnic minority communities, the Secretary of Health and Human Services, acting through the Deputy Assistant Secretary for Minority Health, may make grants to public health agencies and faith-based organizations to conduct—

(1) outreach activities related to HIV prevention and testing activities;

(2) HIV prevention activities;

(3) HIV testing activities; and

(4) public health education campaigns on accessing HIV prevention medication.

(b) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2025 through 2028.

1 **SEC. 7407. MINORITY AIDS INITIATIVE.**

2 (a) EXPANDED FUNDING.—The Secretary of Health
3 and Human Services, in collaboration with the Deputy As-
4 sistant Secretary for Minority Health, the Director of the
5 Centers for Disease Control and Prevention, the Adminis-
6 trator of the Health Resources and Services Administra-
7 tion, and the Assistant Secretary for Mental Health and
8 Substance Use, shall provide funds and carry out activities
9 to expand the Minority AIDS Initiative.

10 (b) USE OF FUNDS.—The additional funds made
11 available under this section may be used, through the Mi-
12 nority AIDS Initiative, to support the following activities:

13 (1) Providing technical assistance and infra-
14 structure support to reduce HIV/AIDS in minority
15 populations.

16 (2) Increasing minority populations' access to
17 HIV prevention and care services.

18 (3) Building strong community programs and
19 partnerships to address HIV prevention and the
20 health care needs of specific racial and ethnic minor-
21 ity populations.

22 (c) PRIORITY INTERVENTIONS.—Within the racial
23 and ethnic minority populations referred to in subsection
24 (b), priority in conducting intervention services shall be
25 given to—

26 (1) men who have sex with men;

1 (2) youth;
2 (3) persons who engage in intravenous drug
3 abuse;
4 (4) women;
5 (5) homeless individuals;
6 (6) individuals incarcerated or in the penal sys-
7 tem;
8 (7) transgender individuals; and
9 (8) nonbinary individuals.
10 (d) AUTHORIZATION OF APPROPRIATIONS.—For car-
11 rying out this section, there are authorized to be appro-
12 priated $610,000,000 for fiscal year 2025 and such sums
13 as may be necessary for each of fiscal years 2026 through
14 2029.

15 **SEC. 7408. HEALTH CARE PROFESSIONALS TREATING INDI-**
16 **VIDUALS WITH HIV.**

17 (a) IN GENERAL.—The Secretary of Health and
18 Human Services, acting through the Administrator of the
19 Health Resources and Services Administration, shall ex-
20 pand, intensify, and coordinate workforce initiatives of the
21 Health Resources and Services Administration to increase
22 the capacity of the health workforce focusing primarily on
23 HIV to meet the demand for culturally competent care,
24 and may award grants for any of the following:

1 (1) Development of curricula for training pri-
2 mary care providers in HIV/AIDS prevention and
3 care, including routine HIV testing.

4 (2) Support to expand access to culturally and
5 linguistically accessible benefits counselors, trained
6 peer navigators, and mental and behavioral health
7 professionals with expertise in HIV.

8 (3) Training health care professionals to pro-
9 vide care to individuals living with HIV.

10 (4) Development by grant recipients under title
11 XXVI of the Public Health Service Act (42 U.S.C.
12 300ff–11 et seq.; commonly referred to as the ''Ryan
13 White HIV/AIDS Program'') and other persons, of
14 policies for providing culturally relevant and sen-
15 sitive treatment to individuals living with HIV, with
16 particular emphasis on treatment to racial and eth-
17 nic minorities, men who have sex with men, and
18 women, young people, and children living with HIV.

19 (5) Development and implementation of pro-
20 grams to increase the use of telehealth to respond to
21 HIV-specific health care needs in rural and minority
22 communities, with particular emphasis given to
23 medically underserved communities and insular
24 areas.

1 (6) Evaluating interdisciplinary medical pro-
2 vider care team models that promote high-quality
3 care, with particular emphasis on care to racial and
4 ethnic minorities.

5 (7) Training health care professionals to make
6 them aware of the high rates of chronic hepatitis B
7 and chronic hepatitis C in adult racial and ethnic
8 minority populations, and the importance of preven-
9 tion, detection, and medical management of hepatitis
10 B and hepatitis C and of liver cancer screening.

11 (8) Development of curricula for training pri-
12 mary care providers that HIV and tuberculosis are
13 significant mutual comorbidities, and that a patient
14 who tests positive for one disease should be offered
15 and encouraged to receive testing for the other.

16 (b) AUTHORIZATION OF APPROPRIATIONS.—To carry
17 out this section, there are authorized to be appropriated
18 such sums as may be necessary for fiscal years 2025
19 through 2028.

20 **SEC. 7409. HIV/AIDS PROVIDER LOAN REPAYMENT PRO-**
21 **GRAM.**

22 (a) IN GENERAL.—The Secretary may enter into an
23 agreement with any physician, nurse practitioner, or phy-
24 sician assistant under which—

1 (1) the physician, nurse practitioner, or physi-
2 cian assistant agrees to serve as a medical provider
3 for a period of not less than 2 years—

4 (A) at a Ryan White-funded or title X-
5 funded facility with a critical shortage of doc-
6 tors (as determined by the Secretary); or

7 (B) in an area with a high incidence of
8 HIV/AIDS; and

9 (2) the Secretary agrees to make payments in
10 accordance with subsection (b) on the professional
11 education loans of the physician, nurse practitioner,
12 or physician assistant.

13 (b) MANNER OF PAYMENTS.—The payments de-
14 scribed in subsection (a) shall be made by the Secretary
15 as follows:

16 (1) Upon completion by the physician, nurse
17 practitioner, or physician assistant for whom the
18 payments are to be made of the first year of the
19 service specified in the agreement entered into with
20 the Secretary under subsection (a), the Secretary
21 shall pay 30 percent of the principal of and the in-
22 terest on the individual's professional education
23 loans.

24 (2) Upon completion by the physician, nurse
25 practitioner, or physician assistant of the second

year of such service, the Secretary shall pay another 30 percent of the principal of and the interest on such loans.

(3) Upon completion by that individual of a third year of such service, the Secretary shall pay another 25 percent of the principal of and the interest on such loans.

(c) APPLICABILITY OF CERTAIN PROVISIONS.—Subpart III of part D of title III of the Public Health Service Act (42 U.S.C. 254l et seq.) shall, except as inconsistent with this section, apply to the program carried out under this section in the same manner and to the same extent as such provisions apply to the National Health Service Corps loan repayment program.

(d) REPORTS.—Not later than 18 months after the date of the enactment of this Act, and annually thereafter, the Secretary shall prepare and submit to Congress a report describing the program carried out under this section, including statements regarding the following:

(1) The number of physicians, nurse practitioners, and physician assistants enrolled in the program.

(2) The number and amount of loan repayments provided through the program.

1 (3) The placement location of loan repayment
2 recipients at facilities described in subsection (a)(1).
3 (4) The default rate on such loans and actions
4 required.
5 (5) The amount of outstanding default funds
6 with respect to such loans.
7 (6) To the extent that it can be determined, the
8 reason for the default on such a loan.
9 (7) The demographics of individuals partici-
10 pating in the program.
11 (8) An evaluation of the overall costs and bene-
12 fits of the program.
13 (e) DEFINITIONS.—In this section:
14 (1) HIV/AIDS.—The term ''HIV/AIDS'' means
15 human immunodeficiency virus and acquired im-
16 mune deficiency syndrome.
17 (2) NURSE PRACTITIONER.—The term ''nurse
18 practitioner'' means a registered nurse who has com-
19 pleted an accredited graduate degree program in ad-
20 vanced nurse practice and has successfully passed a
21 national certification exam.
22 (3) PHYSICIAN.—The term ''physician'' means
23 a graduate of a school of medicine who has com-
24 pleted postgraduate training in general or pediatric
25 medicine.

1 (4) PHYSICIAN ASSISTANT.—The term ''physi-
2 cian assistant'' means a medical provider who com-
3 pleted an accredited physician assistant training pro-
4 gram and successfully passed the Physician Assist-
5 ant National Certifying Examination.

6 (5) PROFESSIONAL EDUCATION LOAN.—The
7 term ''professional education loan''—

8 (A) means a loan that is incurred for the
9 cost of attendance (including tuition, other rea-
10 sonable educational expenses, and reasonable
11 living costs) at a school of medicine, school of
12 nursing, or physician assistant training pro-
13 gram; and

14 (B) includes only the portion of the loan
15 that is outstanding on the date the physician,
16 nurse practitioner, or physician assistant in-
17 volved begins the service specified in the agree-
18 ment under subsection (a).

19 (6) RYAN WHITE-FUNDED.—The term ''Ryan
20 White-funded'' means, with respect to a facility, re-
21 ceiving funds under title XXVI of the Public Health
22 Service Act (42 U.S.C. 300ff–11 et seq.).

23 (7) SECRETARY.—The term ''Secretary'' means
24 the Secretary of Health and Human Services.

1 (8) SCHOOL OF MEDICINE.—The term ''school
2 of medicine'' has the meaning given to that term in
3 section 799B of the Public Health Service Act (42
4 U.S.C. 295p).

5 (9) TITLE X-FUNDED.—The term ''title X-fund-
6 ed'' means, with respect to a facility, receiving funds
7 under title X of the Public Health Service Act (42
8 U.S.C. 300 et seq.).

9 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
10 out this section, there are authorized to be appropriated
11 such sums as may be necessary for fiscal years 2025
12 through 2028.

13 **SEC. 7410. DENTAL EDUCATION LOAN REPAYMENT PRO-**
14 **GRAM.**

15 (a) IN GENERAL.—The Secretary may enter into an
16 agreement with any dentist under which—

17 (1) the dentist agrees to serve as a dentist for
18 a period of not less than 2 years at a facility with
19 a critical shortage of dentists (as determined by the
20 Secretary) in an area with a high incidence of HIV/
21 AIDS; and

22 (2) the Secretary agrees to make payments in
23 accordance with subsection (b) on the dental edu-
24 cation loans of the dentist.

1 (b) MANNER OF PAYMENTS.—The payments de-
2 scribed in subsection (a) shall be made by the Secretary
3 as follows:

4 (1) Upon completion by the dentist for whom
5 the payments are to be made of the first year of the
6 service specified in the agreement entered into with
7 the Secretary under subsection (a), the Secretary
8 shall pay 30 percent of the principal of and the in-
9 terest on the dental education loans of the dentist.

10 (2) Upon completion by the dentist of the sec-
11 ond year of such service, the Secretary shall pay an-
12 other 30 percent of the principal of and the interest
13 on such loans.

14 (3) Upon completion by that individual of a
15 third year of such service, the Secretary shall pay
16 another 25 percent of the principal of and the inter-
17 est on such loans.

18 (c) APPLICABILITY OF CERTAIN PROVISIONS.—Sub-
19 part III of part D of title III of the Public Health Service
20 Act (42 U.S.C. 254l et seq.) shall, except as inconsistent
21 with this section, apply to the program carried out under
22 this section in the same manner and to the same extent
23 as such provisions apply to the National Health Service
24 Corps Loan Repayment Program.

1 (d) REPORTS.—Not later than 18 months after the
2 date of the enactment of this Act, and annually thereafter,
3 the Secretary shall prepare and submit to the Congress
4 a report describing the program carried out under this sec-
5 tion, including statements regarding the following:

6 (1) The number of dentists enrolled in the pro-
7 gram.

8 (2) The number and amount of loan repay-
9 ments provided through the program.

10 (3) The placement location of loan repayment
11 recipients at facilities described in subsection (a)(1).

12 (4) The default rate on such loans and actions
13 required.

14 (5) The amount of outstanding default funds
15 with respect to such loans.

16 (6) To the extent that it can be determined, the
17 reason for the default on such a loan.

18 (7) The demographics of individuals partici-
19 pating in the program.

20 (8) An evaluation of the overall costs and bene-
21 fits of the program.

22 (e) DEFINITIONS.—In this section:

23 (1) DENTAL EDUCATION LOAN.—The term
24 ''dental education loan''—

(A) means a loan that is incurred for the cost of attendance (including tuition, other reasonable educational expenses, and reasonable living costs) at a school of dentistry; and

(B) includes only the portion of the loan that is outstanding on the date the dentist involved begins the service specified in the agreement under subsection (a).

(2) DENTIST.—The term ''dentist'' means a graduate of a school of dentistry who has completed postgraduate training in general or pediatric dentistry.

(3) HIV/AIDS.—The term ''HIV/AIDS'' means human immunodeficiency virus and acquired immune deficiency syndrome.

(4) SCHOOL OF DENTISTRY.—The term ''school of dentistry'' has the meaning given to that term in section 799B of the Public Health Service Act (42 U.S.C. 295p).

(5) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(f) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2025 through 2028.

1 **SEC. 7411. REDUCING NEW HIV INFECTIONS AMONG IN-**
2 **JECTING DRUG USERS.**

3 (a) SENSE OF CONGRESS.—It is the sense of Con-
4 gress that providing sterile syringes and sterilized equip-
5 ment to injecting drug users substantially reduces risk of
6 HIV infection, increases the probability that they will ini-
7 tiate drug treatment, and does not increase drug use.

8 (b) IN GENERAL.—The Secretary of Health and
9 Human Services may provide grants and technical assist-
10 ance for the purpose of reducing the rate of HIV infections
11 among injecting drug users through a comprehensive
12 package of services for such users, including the provision
13 of sterile syringes, education and outreach, access to infec-
14 tious disease testing, overdose prevention, and treatment
15 for drug dependence.

16 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
17 out this section, there are authorized to be appropriated
18 such sums as may be necessary for fiscal years 2025
19 through 2028.

20 **SEC. 7412. REPORT ON IMPACT OF HIV/AIDS IN VULNER-**
21 **ABLE POPULATIONS.**

22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services shall submit to Congress and the Presi-
24 dent an annual report on the impact of HIV/AIDS for
25 racial and ethnic minority communities, women, and youth
26 aged 24 and younger.

1 (b) CONTENTS.—The report under subsection (a)
2 shall include information on the—
3 (1) progress that has been made in reducing
4 the impact of HIV/AIDS in such communities;
5 (2) opportunities that exist to make additional
6 progress in reducing the impact of HIV/AIDS in
7 such communities;
8 (3) challenges that may impede such additional
9 progress; and
10 (4) Federal funding necessary to achieve sub-
11 stantial reductions in HIV/AIDS in racial and ethnic
12 minority communities.

13 **SEC. 7413. NATIONAL HIV/AIDS OBSERVANCE DAYS.**

14 (a) NATIONAL OBSERVANCE DAYS.—It is the sense
15 of Congress that national observance days highlighting the
16 impact of HIV on communities of color include the fol-
17 lowing:
18 (1) National Black HIV/AIDS Awareness Day.
19 (2) National Latino AIDS Awareness Day.
20 (3) National Asian and Pacific Islander HIV/
21 AIDS Awareness Day.
22 (4) National Native American HIV/AIDS
23 Awareness Day.
24 (5) National Youth HIV/AIDS Awareness Day.

1 (b) CALL TO ACTION.—It is the sense of Congress
2 that the President should call on members of communities
3 of color—
4 (1) to become involved at the local community
5 level in HIV testing, policy, and advocacy;
6 (2) to become aware, engaged, and empowered
7 on the HIV epidemic within their communities; and
8 (3) to urge members of their communities to re-
9 duce risk factors, practice safe sex and other preven-
10 tive measures, be tested for HIV, and seek care
11 when appropriate.

12 **SEC. 7414. REVIEW OF ALL FEDERAL AND STATE LAWS,**
13 **POLICIES, AND REGULATIONS REGARDING**
14 **THE CRIMINAL PROSECUTION OF INDIVID-**
15 **UALS FOR HIV-RELATED OFFENSES.**

16 (a) SENSE OF CONGRESS REGARDING LAWS OR REG-
17 ULATIONS DIRECTED AT PEOPLE LIVING WITH HIV.—
18 It is the sense of Congress that Federal and State laws,
19 policies, and regulations regarding people living with
20 HIV—
21 (1) should not place unique or additional bur-
22 dens on such individuals solely as a result of their
23 HIV status; and

1 (2) should instead demonstrate a public health-
2 oriented, evidence-based, medically accurate, and
3 contemporary understanding of—
4 (A) the multiple factors that lead to HIV
5 transmission;
6 (B) the relative risk of demonstrated HIV
7 transmission routes;
8 (C) the current health implications of liv-
9 ing with HIV;
10 (D) the associated benefits of treatment
11 and support services for people living with HIV;
12 and
13 (E) the impact of punitive HIV-specific
14 laws, policies, regulations, and judicial prece-
15 dents and decisions on public health, on people
16 living with or affected by HIV, and on their
17 families and communities.
18 (b) REVIEW OF FEDERAL AND STATE LAWS.—
19 (1) REVIEW OF FEDERAL AND STATE LAWS.—
20 (A) IN GENERAL.—Not later than 90 days
21 after the date of the enactment of this Act, the
22 Attorney General, the Secretary of Health and
23 Human Services, and the Secretary of Defense
24 acting jointly (in this section referred to as the
25 ‘‘designated officials’’) shall initiate a national

1 review of Federal and State laws, including the
2 Uniform Code of Military Justice (referred to in
3 this section as the "UCMJ"), policies, regula-
4 tions, and judicial precedents and decisions re-
5 garding criminal and related civil commitment
6 cases involving people living with HIV/AIDS.

7 (B) CONSULTATION.—In carrying out the
8 review under subparagraph (A), the designated
9 officials shall seek to include diverse participa-
10 tion from, and consultation with, each of the
11 following:

12 (i) Each State.

13 (ii) State attorneys general (or their
14 representatives).

15 (iii) State public health officials (or
16 their representatives).

17 (iv) State judicial and court system
18 officers, including judges, district attor-
19 neys, prosecutors, defense attorneys, law
20 enforcement, and correctional officers.

21 (v) Members of the United States
22 Armed Forces, including members of other
23 Federal services subject to the UCMJ.

24 (vi) People living with HIV/AIDS,
25 particularly those who have been subject to

1 HIV-related prosecution or who are from
2 minority communities whose members have
3 been disproportionately subject to HIV-
4 specific arrests and prosecution.

5 (vii) Legal advocacy and HIV/AIDS
6 service organizations that work with people
7 living with HIV/AIDS.

8 (viii) Nongovernmental health organi-
9 zations that work on behalf of people living
10 with HIV/AIDS, including syringe services
11 programs, LGBTQ-focused health organi-
12 zations, and organizations who serve peo-
13 ple who engage in sex work.

14 (ix) Trade organizations or associa-
15 tions representing persons or entities de-
16 scribed in clauses (i) through (vii).

17 (C) RELATION TO OTHER REVIEWS.—In
18 carrying out the review under subparagraph
19 (A), the designated officials may utilize other
20 existing reviews of criminal and related civil
21 commitment cases involving people living with
22 HIV, including any such review conducted by
23 any Federal or State agency or any public
24 health, legal advocacy, or trade organization or
25 association if the designated officials determines

1 that such reviews were conducted in accordance
2 with the principles set forth in subsection (a).
3 (2) REPORT.—Not later than 180 days after
4 initiating the review required under paragraph (1),
5 the Attorney General shall transmit to the Congress
6 and make publicly available a report containing the
7 results of the review, which includes the following:
8 (A) For each State and for the UCMJ, a
9 summary of the relevant laws, policies, regula-
10 tions, and judicial precedents and decisions re-
11 garding criminal cases involving people living
12 with HIV, including the following:
13 (i) A determination of whether such
14 laws, policies, regulations, and judicial
15 precedents and decisions place any unique
16 or additional burdens upon people living
17 with HIV.
18 (ii) A determination of whether such
19 laws, policies, regulations, and judicial
20 precedents and decisions demonstrate a
21 public health-oriented, evidence-based,
22 medically accurate, and contemporary un-
23 derstanding of—
24 (I) the multiple factors that lead
25 to HIV transmission;

1 (II) the relative risk of HIV
2 transmission routes, including that a
3 person that has an undetectable viral
4 load cannot transmit HIV;
5 (III) the current health implica-
6 tions of living with HIV, including
7 data disaggregated by race and eth-
8 nicity;
9 (IV) the current status of pro-
10 viding protection to people who en-
11 gage in survival sex work against
12 whom condom possession has been
13 used as evidence of intent to commit
14 a crime;
15 (V) States that have the classi-
16 fication of mandatory sex offenders;
17 (VI) the associated benefits of
18 treatment and support services for
19 people living with HIV; and
20 (VII) the impact of punitive
21 HIV-specific laws and policies on pub-
22 lic health, on people living with or af-
23 fected by HIV, and on their families
24 and communities, including people
25 who are in abusive, dependent, violent,

1 or nonconsensual relationships and
2 are unable to both negotiate the use
3 of condoms and status disclosure.
4 (iii) An analysis of the public health
5 and legal implications of such laws, poli-
6 cies, regulations, and judicial precedents
7 and decisions, including an analysis of the
8 consequences of having a similar penal
9 scheme applied to comparable situations
10 involving other communicable diseases.
11 (iv) An analysis of the proportionality
12 of punishments imposed under HIV-spe-
13 cific laws, policies, regulations, and judicial
14 precedents, taking into consideration pen-
15 alties attached to violation of State laws
16 against similar degrees of endangerment or
17 harm, such as driving while intoxicated or
18 transmission of other communicable dis-
19 eases, or more serious harms, such as ve-
20 hicular manslaughter offenses.
21 (B) An analysis of common elements
22 shared between State laws, policies, regulations,
23 and judicial precedents.
24 (C) A set of best practice recommendations
25 directed to State governments, including State

1 attorneys general, public health officials, and
2 judicial officers, in order to ensure that laws,
3 policies, regulations, and judicial precedents re-
4 garding people living with HIV are in accord-
5 ance with the principles set forth in subsection
6 (a).

7 (D) Recommendations for adjustments to
8 the UCMJ, including discontinuing the use of a
9 service member's HIV diagnosis as the basis for
10 prosecution, enhanced penalties, or discharge
11 from military service, in order to ensure that
12 laws, policies, regulations, and judicial prece-
13 dents regarding people living with HIV are in
14 accordance with the principles set forth in sub-
15 section (a). Such recommendations should in-
16 clude any necessary and appropriate changes to
17 ''Orders to Follow Preventative Medicine Re-
18 quirements''.

19 (3) GUIDANCE.—Not later than 90 days after
20 the date of the release of the report required by
21 paragraph (2), the Attorney General and the Sec-
22 retary of Health and Human Services shall jointly
23 develop and publicly release updated guidance for
24 States based on the set of best practice rec-
25 ommendations required under paragraph (2)(C) in

1 order to assist States dealing with criminal and re-
2 lated civil commitment cases regarding people living
3 with HIV.

4 (4) MONITORING AND EVALUATION SYSTEM.—
5 Not later than 60 days after the date of the release
6 of the guidance required under paragraph (3), the
7 Attorney General and the Secretary of Health and
8 Human Services shall jointly establish an integrated
9 monitoring and evaluation system that includes,
10 where appropriate, objective and quantifiable per-
11 formance goals and indicators to measure progress
12 toward statewide implementation in each State of
13 the best practice recommendations required under
14 paragraph (2)(C).

15 (5) MODERNIZATION OF FEDERAL LAWS, POLI-
16 CIES, AND REGULATIONS.—Not later than 90 days
17 after the date of the release of the report required
18 under paragraph (2), the designated officials shall
19 develop and transmit to the President and the Con-
20 gress, and make publicly available, such proposals as
21 may be necessary to implement adjustments to Fed-
22 eral laws, policies, or regulations, including the
23 UCMJ, based on the recommendations required
24 under paragraph (2)(D), either through Executive
25 order or through changes to statutory law.

1 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
2 tion shall be construed to discourage the prosecution of
3 individuals who intentionally transmit or attempt to trans-
4 mit HIV to another individual.

5 (d) NO ADDITIONAL APPROPRIATIONS AUTHOR-
6 IZED.—This section shall not be construed to increase the
7 amount of appropriations that are authorized to be appro-
8 priated for any fiscal year.

9 **SEC. 7415. EXPANDING SUPPORT FOR CONDOMS IN PRIS-**
10 **ONS.**

11 (a) SENSE OF CONGRESS REGARDING DISTRIBUTION
12 OF SEXUAL BARRIER PROTECTION DEVICES IN STATE
13 PRISON SYSTEMS.—It is the sense of the Congress that
14 States shall allow for the legal distribution of sexual bar-
15 rier protection devices in State correctional facilities to re-
16 duce the prevalence and spread of STIs in those facilities.

17 (b) AUTHORITY TO ALLOW COMMUNITY ORGANIZA-
18 TIONS TO PROVIDE STI COUNSELING, STI PREVENTION
19 EDUCATION, AND SEXUAL BARRIER PROTECTION DE-
20 VICES IN FEDERAL CORRECTIONAL FACILITIES.—

21 (1) DIRECTIVE TO ATTORNEY GENERAL.—Not
22 later than 30 days after the date of enactment of
23 this Act, the Attorney General shall direct the Direc-
24 tor of the Bureau of Prisons to allow community or-
25 ganizations to, in accordance with all relevant Fed-

1 eral laws and regulations that govern visitation in
2 Federal correctional facilities—
3 (A) distribute sexual barrier protection de-
4 vices in Federal correctional facilities; and
5 (B) engage in STI counseling and STI pre-
6 vention education in Federal correctional facili-
7 ties.
8 (2) INFORMATION REQUIREMENT.—Any com-
9 munity organization permitted to distribute sexual
10 barrier protection devices under paragraph (1) shall
11 ensure that the individuals to whom the devices are
12 distributed are informed about the proper use and
13 disposal of sexual barrier protection devices in ac-
14 cordance with established public health practices.
15 Any community organization conducting STI coun-
16 seling or STI prevention education under paragraph
17 (1) shall offer comprehensive sexuality education.
18 (3) POSSESSION OF DEVICE PROTECTED.—A
19 Federal correctional facility may not, because of the
20 possession or use of a sexual barrier protection de-
21 vice—
22 (A) take adverse action against an incar-
23 cerated individual; or
24 (B) consider possession or use as evidence
25 of prohibited activity for the purpose of any

1 Federal correctional facility administrative pro-
2 ceeding.
3 (4) IMPLEMENTATION.—The Attorney General
4 and the Director of the Bureau of Prisons shall im-
5 plement this section according to established public
6 health practices in a manner that protects the
7 health, safety, and privacy of incarcerated individ-
8 uals and of correctional facility staff.
9 (c) SURVEY OF AND REPORT ON CORRECTIONAL FA-
10 CILITY PROGRAMS AIMED AT REDUCING THE SPREAD OF
11 STIS.—
12 (1) SURVEY.—Not later than 180 days after
13 the date of enactment of this Act, and annually
14 thereafter for 5 years, the Attorney General, after
15 consulting with the Secretary of Health and Human
16 Services, State officials, and community organiza-
17 tions, shall, to the maximum extent practicable, con-
18 duct a survey of all Federal and State correctional
19 facilities, to determine the following:
20 (A) COUNSELING, TREATMENT, AND SUP-
21 PORTIVE SERVICES.—Whether the correctional
22 facility—
23 (i) requires incarcerated individuals to
24 participate in counseling, treatment, and
25 supportive services related to STIs; or

1 (ii) offers such programs to incarcer-
2 ated individuals.
3 (B) ACCESS TO SEXUAL BARRIER PROTEC-
4 TION DEVICES.—Whether incarcerated individ-
5 uals can—
6 (i) possess sexual barrier protection
7 devices;
8 (ii) purchase sexual barrier protection
9 devices;
10 (iii) purchase sexual barrier protection
11 devices at a reduced cost; or
12 (iv) obtain sexual barrier protection
13 devices without cost.
14 (C) INCIDENCE OF SEXUAL VIOLENCE.—
15 The incidence of sexual violence and assault
16 committed by incarcerated individuals and by
17 correctional facility staff.
18 (D) PREVENTION EDUCATION OFFERED.—
19 The type of prevention education, information,
20 or training offered to incarcerated individuals
21 and correctional facility staff regarding sexual
22 violence and the spread of STIs, including
23 whether such education, information, or train-
24 ing—

1 (i) constitutes comprehensive sexuality
2 education;
3 (ii) is compulsory for new incarcerated
4 individuals and for new correctional facility
5 staff; and
6 (iii) is offered on an ongoing basis.
7 (E) STI TESTING.—Whether the correc-
8 tional facility tests incarcerated individuals for
9 STIs or gives them the option to undergo such
10 testing—
11 (i) at intake;
12 (ii) on a regular basis; and
13 (iii) prior to release.
14 (F) STI TEST RESULTS.—The number of
15 incarcerated individuals who are tested for STIs
16 and the outcome of such tests at each correc-
17 tional facility, disaggregated to include results
18 for—
19 (i) the type of STI tested for;
20 (ii) the race and ethnicity of an indi-
21 vidual tested;
22 (iii) the age of an individual tested;
23 and
24 (iv) the gender of the individual test-
25 ed.

1 (G) PRERELEASE REFERRAL POLICY.—
2 Whether incarcerated individuals are informed
3 prior to release about STI-related services or
4 other health services in their communities, in-
5 cluding free and low-cost counseling and treat-
6 ment options.

7 (H) PRERELEASE REFERRALS MADE.—
8 The number of referrals to community-based
9 organizations or public health facilities offering
10 STI-related or other health services provided to
11 incarcerated individuals prior to release, and
12 the type of counseling or treatment for which
13 the referral was made.

14 (I) REINSTATEMENT OF MEDICAID BENE-
15 FITS.—Whether—

16 (i) the correctional facility assists in-
17 carcerated individuals that were enrolled in
18 the State Medicaid program prior to their
19 incarceration in reinstating their enroll-
20 ment upon release; and

21 (ii) such individuals receive referrals
22 as described in subparagraph (G) to enti-
23 ties that accept the State Medicaid pro-
24 gram, including, if applicable—

1 (I) the number of such individ-
2 uals, including those diagnosed with
3 HIV, that have been reinstated;
4 (II) a list of obstacles to rein-
5 stating enrollment or to making deter-
6 minations of eligibility for reinstate-
7 ment, if any; and
8 (III) the number of individuals
9 denied enrollment.
10 (J) OTHER ACTIONS TAKEN.—Whether the
11 correctional facility has taken any other action,
12 in conjunction with community organizations or
13 otherwise, to reduce the prevalence and spread
14 of STIs in that facility.
15 (2) PRIVACY.—In conducting the survey under
16 paragraph (1), the Attorney General shall not re-
17 quest or retain the identity of any individual who
18 has sought or been offered counseling, treatment,
19 testing, or prevention education information regard-
20 ing an STI (including information about sexual bar-
21 rier protection devices), or who has tested positive
22 for an STI.
23 (3) REPORT.—
24 (A) IN GENERAL.—The Attorney General
25 shall transmit to Congress and make publicly

1 available the results of the survey required
2 under paragraph (1), both for the United
3 States as a whole and disaggregated as to each
4 State and each correctional facility.
5 (B) DEADLINES.—To the maximum extent
6 possible, the Attorney General shall—
7 (i) issue the first report under sub-
8 paragraph (A) not later than 1 year after
9 the date of enactment of this Act; and
10 (ii) issue reports under subparagraph
11 (A) annually thereafter for 5 years.
12 (d) STRATEGY.—
13 (1) DIRECTIVE TO ATTORNEY GENERAL.—The
14 Attorney General, in consultation with the Secretary
15 of Health and Human Services, State officials, and
16 community organizations, shall develop and imple-
17 ment a 5-year strategy to reduce the prevalence and
18 spread of STIs in Federal and State correctional fa-
19 cilities. To the maximum extent possible, the strat-
20 egy shall be developed, transmitted to Congress, and
21 made publicly available not later than 180 days after
22 the transmission of the first report required under
23 subsection (c)(3).

1 (2) CONTENTS OF STRATEGY.—The strategy
2 developed under paragraph (1) shall include the fol-
3 lowing:
4 (A) PREVENTION EDUCATION.—A plan for
5 improving prevention education, information,
6 and training offered to incarcerated individuals
7 and correctional facility staff, including infor-
8 mation and training on sexual violence and the
9 spread of STIs, and comprehensive sexuality
10 education.
11 (B) SEXUAL BARRIER PROTECTION DEVICE
12 ACCESS.—A plan for expanding access to sexual
13 barrier protection devices in correctional facili-
14 ties.
15 (C) SEXUAL VIOLENCE REDUCTION.—A
16 plan for reducing the incidence of sexual vio-
17 lence among incarcerated individuals and cor-
18 rectional facility staff.
19 (D) COUNSELING AND SUPPORTIVE SERV-
20 ICES.—A plan for expanding access to coun-
21 seling and supportive services related to STIs in
22 correctional facilities.
23 (E) TESTING.—A plan for testing incarcer-
24 ated individuals for STIs during intake, during

1 regular health exams, and prior to release
2 that—
3 (i) is conducted in accordance with
4 guidelines established by the Centers for
5 Disease Control and Prevention;
6 (ii) includes pretest counseling;
7 (iii) requires that incarcerated individ-
8 uals are notified of their option to decline
9 testing at any time;
10 (iv) requires that incarcerated individ-
11 uals are confidentially notified of their test
12 results in a timely manner; and
13 (v) ensures that incarcerated individ-
14 uals testing positive for STIs receive post-
15 test counseling, care, treatment, and sup-
16 portive services.
17 (F) TREATMENT.—A plan for ensuring
18 that correctional facilities have the necessary
19 medicine and equipment to treat and monitor
20 STIs and for ensuring that incarcerated indi-
21 viduals living with or testing positive for STIs
22 receive and have access to care and treatment
23 services.
24 (G) STRATEGIES FOR DEMOGRAPHIC
25 GROUPS.—A plan for developing and imple-

1 menting culturally appropriate, sensitive, and
2 specific strategies to reduce the spread of STIs
3 among demographic groups heavily impacted by
4 STIs.

5 (H) LINKAGES WITH COMMUNITIES AND
6 FACILITIES.—A plan for establishing and
7 strengthening linkages to local community and
8 health facilities that—

9 (i) provide counseling, testing, care,
10 and treatment services;

11 (ii) may receive individuals recently
12 released from incarceration who are living
13 with STIs; and

14 (iii) accept payment through the State
15 Medicaid program.

16 (I) ENROLLMENT IN STATE MEDICAID
17 PROGRAMS.—Plans to ensure that—

18 (i) incarcerated individuals who were
19 enrolled in their State Medicaid program
20 prior to incarceration in a correctional fa-
21 cility are automatically reenrolled in such
22 program upon their release; and

23 (ii) incarcerated individuals who were
24 not enrolled in their State Medicaid pro-
25 gram prior to incarceration, and who are

1 diagnosed with HIV while incarcerated in
2 a correctional facility, are automatically
3 enrolled in such program upon their re-
4 lease.

5 (J) OTHER PLANS.—Any other plans de-
6 veloped by the Attorney General for reducing
7 the spread of STIs or improving the quality of
8 health care in correctional facilities.

9 (K) MONITORING SYSTEM.—A monitoring
10 system that establishes performance goals re-
11 lated to reducing the prevalence and spread of
12 STIs in correctional facilities and which, where
13 feasible, expresses such goals in quantifiable
14 form.

15 (L) MONITORING SYSTEM PERFORMANCE
16 INDICATORS.—Performance indicators that
17 measure or assess the achievement of the per-
18 formance goals described in subparagraph (K).

19 (M) COST ESTIMATE.—A detailed estimate
20 of the funding necessary to implement the
21 strategy at the Federal and State levels for all
22 5 years, including the amount of funds required
23 by community organizations to implement the
24 parts of the strategy in which they take part.

1 (3) REPORT.—Not later than 1 year after the
2 date of the enactment of this Act, and annually
3 thereafter, the Attorney General shall transmit to
4 Congress and make publicly available an annual
5 progress report regarding the implementation and
6 effectiveness of the strategy described in paragraph
7 (1). The progress report shall include an evaluation
8 of the implementation of the strategy using the mon-
9 itoring system and performance indicators provided
10 for in subparagraphs (K) and (L) of paragraph (2).
11 (e) AUTHORIZATION OF APPROPRIATIONS.—
12 (1) IN GENERAL.—There are authorized to be
13 appropriated such sums as may be necessary to
14 carry out this section for each of fiscal years 2025
15 through 2029.
16 (2) AVAILABILITY OF FUNDS.—Amounts made
17 available under paragraph (1) are authorized to re-
18 main available until expended.
19 (f) DEFINITIONS.—In this section:
20 (1) COMMUNITY ORGANIZATION.—The term
21 ''community organization'' means a public health
22 care facility or a nonprofit organization that pro-
23 vides health- or STI-related services according to es-
24 tablished public health standards.

1 (2) COMPREHENSIVE SEXUALITY EDUCATION.—
2 The term "comprehensive sexuality education"
3 means sexuality education—
4 (A) that includes information about absti-
5 nence and about the proper use and disposal of
6 sexual barrier protection devices; and
7 (B) that is—
8 (i) evidence based;
9 (ii) medically accurate;
10 (iii) age and developmentally appro-
11 priate;
12 (iv) gender and identity sensitive;
13 (v) culturally and linguistically appro-
14 priate; and
15 (vi) structured to promote critical
16 thinking, self-esteem, respect for others,
17 and the development of healthy attitudes
18 and relationships.
19 (3) CORRECTIONAL FACILITY.—The term "cor-
20 rectional facility" means any prison, penitentiary,
21 adult detention facility, juvenile detention facility,
22 jail, or other facility to which individuals may be
23 sent after conviction of a crime or act of juvenile de-
24 linquency within the United States.

1 (4) INCARCERATED INDIVIDUAL.—The term
2 ''incarcerated individual'' means any individual who
3 is serving a sentence in a correctional facility after
4 conviction of a crime.

5 (5) SEXUAL BARRIER PROTECTION DEVICE.—
6 The term ''sexual barrier protection device'' means
7 any physical device approved, cleared, or otherwise
8 authorized by the Food and Drug Administration
9 that has not been tampered with and which reduces
10 the probability of STI transmission or infection be-
11 tween sexual partners, including female condoms,
12 male condoms, and dental dams.

13 (6) SEXUALLY TRANSMITTED INFECTION.—The
14 term ''sexually transmitted infection'' or ''STI''
15 means any disease or infection that is commonly
16 transmitted through sexual activity, including HIV,
17 gonorrhea, chlamydia, syphilis, genital herpes, viral
18 hepatitis, and human papillomavirus.

19 (7) STATE.—The term ''State'' includes the
20 District of Columbia, American Samoa, the Com-
21 monwealth of the Northern Mariana Islands, Guam,
22 Puerto Rico, and the United States Virgin Islands.

23 (8) STATE MEDICAID PROGRAM.—The term
24 ''State Medicaid program'' means the State plan (or

1 a waiver of such plan) under title XIX of the Social
2 Security Act (42 U.S.C. 1396 et seq.).

3 **SEC. 7416. AUTOMATIC REINSTATEMENT OR ENROLLMENT**
4 **IN MEDICAID FOR PEOPLE WHO TEST POSI-**
5 **TIVE FOR HIV BEFORE REENTERING COMMU-**
6 **NITIES.**

7 (a) IN GENERAL.—Section 1902(e) of the Social Se-
8 curity Act (42 U.S.C. 1396a(e)) is amended by adding at
9 the end the following:

10 "(17) ENROLLMENT OF EX-OFFENDERS.—
11 "(A) AUTOMATIC ENROLLMENT OR REIN-
12 STATEMENT.—
13 "(i) IN GENERAL.—The State plan
14 shall provide for the automatic enrollment
15 or reinstatement of enrollment of an eligi-
16 ble individual—
17 "(I) if such individual is sched-
18 uled to be released from a public insti-
19 tution due to the completion of sen-
20 tence, not less than 30 days prior to
21 the scheduled date of the release; and
22 "(II) if such individual is to be
23 released from a public institution on
24 parole or on probation, as soon as
25 possible after the date on which the

1 determination to release such individual was made, and before the date
3 such individual is released.

4 "(ii) EXCEPTION.—If a State makes a determination that an individual is not eligible to be enrolled under the State plan—

7 "(I) on or before the date by which the individual would be enrolled under clause (i), such clause shall not apply to such individual; or

11 "(II) after such date, the State may terminate the enrollment of such individual.

14 "(B) RELATIONSHIP OF ENROLLMENT TO PAYMENT FOR SERVICES.—

16 "(i) IN GENERAL.—Subject to subparagraph (A)(ii), an eligible individual who is enrolled, or whose enrollment is reinstated, under subparagraph (A) shall be eligible for all services for which medical assistance is provided under the State plan after the date that the eligible individual is released from the public institution.

24 "(ii) RELATIONSHIP TO PAYMENT PROHIBITION FOR INMATES.—No provision

1 of this paragraph may be construed to per-
2 mit payment for care or services for which
3 payment is excluded under subdivision (A)
4 following the last numbered paragraph of
5 section 1905(a).

6 "(C) TREATMENT OF CONTINUOUS ELIGI-
7 BILITY.—

8 "(i) SUSPENSION FOR INMATES.—Any
9 period of continuous eligibility under this
10 title shall be suspended on the date an in-
11 dividual enrolled under this title becomes
12 an inmate of a public institution (except as
13 a patient of a medical institution).

14 "(ii) DETERMINATION OF REMAINING
15 PERIOD.—Notwithstanding any changes to
16 State law related to continuous eligibility
17 during the time that an individual is an in-
18 mate of a public institution (except as a
19 patient of a medical institution), subject to
20 clause (iii), with respect to an eligible indi-
21 vidual who was subject to a suspension
22 under clause (i), on the date that such in-
23 dividual is released from a public institu-
24 tion the suspension of continuous eligibility
25 under such clause shall be lifted for a pe-

1 riod that is equal to the time remaining in
2 the period of continuous eligibility for such
3 individual on the date that such period was
4 suspended under such clause.

5 "(iii) EXCEPTION.—If a State makes
6 a determination that an individual is not
7 eligible to be enrolled under the State
8 plan—

9 "(I) on or before the date that
10 the suspension of continuous eligibility
11 is lifted under clause (ii), such clause
12 shall not apply to such individual; or

13 "(II) after such date, the State
14 may terminate the enrollment of such
15 individual.

16 "(D) AUTOMATIC ENROLLMENT OR REIN-
17 STATEMENT OF ENROLLMENT DEFINED.—For
18 purposes of this paragraph, the term 'automatic
19 enrollment or reinstatement of enrollment'
20 means that the State determines eligibility for
21 medical assistance under the State plan without
22 a program application from, or on behalf of, the
23 eligible individual, but an individual can only be
24 automatically enrolled in the State Medicaid
25 plan if the individual affirmatively consents to

1 being enrolled through affirmation in writing,
2 by telephone, orally, through electronic signa-
3 ture, or through any other means specified by
4 the Secretary.

5 "(E) ELIGIBLE INDIVIDUAL DEFINED.—
6 For purposes of this paragraph, the term 'eligi-
7 ble individual' means an individual who is an
8 inmate of a public institution (except as a pa-
9 tient in a medical institution)—

10 "(i) who was enrolled under the State
11 plan for medical assistance immediately be-
12 fore becoming an inmate of such an insti-
13 tution; or

14 "(ii) who is diagnosed with human im-
15 munodeficiency virus.".

16 (b) SUPPLEMENTAL FUNDING FOR STATE IMPLE-
17 MENTATION OF AUTOMATIC REINSTATEMENT OF MED-
18 ICAID BENEFITS.—

19 (1) IN GENERAL.—Subject to paragraph (3),
20 with respect to a State, for each of the first 4 cal-
21 endar quarters in which the State plan meets the re-
22 quirements of paragraph (17) of section 1902(e) of
23 the Social Security Act (42 U.S.C. 1396a(e)) (as
24 added by subsection (a)), the Federal matching pay-
25 ments (including payments based on the Federal

1 medical assistance percentage) made to such State
2 under section 1903 of the Social Security Act (42
3 U.S.C. 1396b) for the State expenditures described
4 in paragraph (2) shall be increased by 5 percentage
5 points.

6 (2) EXPENDITURES.—The expenditures de-
7 scribed in this paragraph are the following:

8 (A) Expenditures for which payment is
9 available under section 1903 of the Social Secu-
10 rity Act (42 U.S.C. 1396b) and which are at-
11 tributable to strengthening the State's enroll-
12 ment and administrative resources for the pur-
13 pose of improving processes for enrolling (or re-
14 instating the enrollment of) eligible individuals
15 (as such term is defined in subparagraph (E) of
16 paragraph (16) of section 1902(e) of the Social
17 Security Act (42 U.S.C. 1396a(e)) (as amended
18 by subsection (a))).

19 (B) Expenditures for medical assistance
20 (as such term is defined in section 1905(a) of
21 the Social Security Act (42 U.S.C. 1396d(a)))
22 provided to such eligible individuals.

23 (3) REQUIREMENTS; LIMITATION.—

24 (A) REPORT.—A State is not eligible for
25 an increase in its Federal matching payments

1 under paragraph (1) unless the State agrees to
2 submit to the Secretary of Health and Human
3 Services, and make publicly available, a report
4 that contains the information required under
5 paragraph (4) by the end of the 1-year period
6 during which the State receives increased Fed-
7 eral matching payments in accordance with that
8 paragraph.

9 (B) MAINTENANCE OF ELIGIBILITY.—

10 (i) IN GENERAL.—Subject to clause
11 (ii), a State is not eligible for an increase
12 in its Federal matching payments under
13 paragraph (1) if eligibility standards,
14 methodologies, or procedures under its
15 State plan under title XIX of the Social
16 Security Act (42 U.S.C. 1396 et seq.), or
17 waiver of such a plan, are more restrictive
18 than the eligibility standards, methodolo-
19 gies, or procedures, respectively, under
20 such plan or waiver as in effect on the date
21 of enactment of this Act.

22 (ii) STATE REINSTATEMENT OF ELIGI-
23 BILITY PERMITTED.—A State that has re-
24 stricted eligibility standards, methodolo-
25 gies, or procedures under its State plan

1 under title XIX of the Social Security Act
2 (42 U.S.C. 1396 et seq.), or a waiver of
3 such plan, after the date of enactment of
4 this Act, is no longer ineligible under
5 clause (i) beginning with the first calendar
6 quarter in which the State has reinstated
7 eligibility standards, methodologies, or pro-
8 cedures that are no more restrictive than
9 the eligibility standards, methodologies, or
10 procedures, respectively, under such plan
11 (or waiver) as in effect on such date.

12 (C) LIMITATION OF MATCHING PAYMENTS
13 TO 100 PERCENT.—In no case shall an increase
14 in Federal matching payments under paragraph
15 (1) result in Federal matching payments that
16 exceed 100 percent of State expenditures.

17 (4) REQUIRED REPORT INFORMATION.—The in-
18 formation that is required in the report under para-
19 graph (3)(A) shall include—

20 (A) the results of an evaluation of the im-
21 pact of the implementation of the requirements
22 of paragraph (17) of section 1902(e) of the So-
23 cial Security Act (42 U.S.C. 1396a(e)) on im-
24 proving the State's processes for enrolling indi-

1 viduals who are released from public institu-
2 tions under the State Medicaid plan;

3 (B) the number of individuals who were
4 automatically enrolled (or whose enrollment was
5 reinstated) under such paragraph during the 1-
6 year period during which the State received in-
7 creased payments under this subsection; and

8 (C) any other information that is required
9 by the Secretary of Health and Human Serv-
10 ices.

11 (c) EFFECTIVE DATE.—

12 (1) IN GENERAL.—Except as provided in para-
13 graph (2), the amendments made by subsection (a)
14 shall take effect 180 days after the date of the en-
15 actment of this Act.

16 (2) RULE FOR CHANGES REQUIRING STATE
17 LEGISLATION.—In the case of a State plan for med-
18 ical assistance under title XIX of the Social Security
19 Act (42 U.S.C. 1396 et seq.) which the Secretary of
20 Health and Human Services determines requires
21 State legislation (other than legislation appro-
22 priating funds) in order for the plan to meet the ad-
23 ditional requirement imposed by the amendments
24 made by subsection (a), the State plan shall not be
25 regarded as failing to comply with the requirements

1 of such title solely on the basis of its failure to meet
2 this additional requirement before the first day of
3 the first calendar quarter beginning after the close
4 of the first regular session of the State legislature
5 that begins after the date of the enactment of this
6 Act. For purposes of the previous sentence, in the
7 case of a State that has a 2-year legislative session,
8 each year of such session shall be deemed to be a
9 separate regular session of the State legislature.

10 **SEC. 7417. STOP HIV IN PRISON.**

11 (a) HIV POLICY.—The Director of the Bureau of
12 Prisons (referred to in this section as the ''Director'') shall
13 develop a comprehensive policy to provide HIV testing,
14 treatment, and prevention for inmates within the correc-
15 tional setting and upon reentry.

16 (b) PURPOSE.—The purposes of the policy required
17 to be developed under subsection (a) shall be as follows:

18 (1) To stop the spread of HIV among inmates.

19 (2) To protect guards and other personnel at
20 correctional facilities from HIV infection.

21 (3) To provide comprehensive medical treat-
22 ment to inmates who are living with HIV.

23 (4) To promote HIV awareness and prevention
24 among inmates.

1 (5) To encourage inmates to take personal re-
2 sponsibility for their health.
3 (6) To reduce the risk that inmates will trans-
4 mit HIV to other persons in the community fol-
5 lowing their release from a correctional facility.
6 (c) CONSULTATION.—The Director shall consult with
7 appropriate officials of the Department of Health and
8 Human Services, the Office of National Drug Control Pol-
9 icy, the Office of National AIDS Policy, and the Centers
10 for Disease Control and Prevention regarding the develop-
11 ment of the policy required under subsection (a).
12 (d) TIME LIMIT.—Not later than 1 year after the
13 date of enactment of this Act, the Director shall draft ap-
14 propriate regulations to implement the policy required to
15 be developed under subsection (a).
16 (e) REQUIREMENTS FOR POLICY.—The policy re-
17 quired to be developed under subsection (a) shall provide
18 for the following:
19 (1) TESTING AND COUNSELING UPON IN-
20 TAKE.—
21 (A) Health care personnel shall provide
22 routine HIV testing to all inmates as a part of
23 a comprehensive medical examination imme-
24 diately following admission to a facility. Health
25 care personnel need not provide routine HIV

1 testing to an inmate who is transferred to a facility from another facility if the inmate's medical records are transferred with the inmate and indicate that the inmate has been tested previously.

6 (B) With respect to all inmates admitted to a facility prior to the effective date of the policy—

9 (i) health care personnel shall provide routine HIV testing by not later than 180 days after such effective date; and

12 (ii) HIV testing described in clause (i) may be performed in conjunction with other health services provided to these inmates by health care personnel.

16 (C) All HIV tests under this paragraph shall comply with the opt-out provision under paragraph (9).

19 (2) PRE-TEST AND POST-TEST COUNSELING.—Health care personnel shall provide confidential pre-test and post-test counseling to all inmates who are tested for HIV. Counseling may be included with other general health counseling provided to inmates by health care personnel.

25 (3) HIV PREVENTION EDUCATION.—

1 (A) Health care personnel shall improve
2 HIV awareness through frequent educational
3 programs for all inmates. HIV educational pro-
4 grams may be provided by community-based or-
5 ganizations, local health departments, and in-
6 mate peer educators.
7 (B) HIV educational materials shall be
8 made available to all inmates at orientation, at
9 health care clinics, at regular educational pro-
10 grams, and prior to release. Both written and
11 audiovisual materials shall be made available to
12 all inmates.
13 (C)(i) The HIV educational programs and
14 materials under this paragraph shall include in-
15 formation on—
16 (I) modes of transmission, including
17 transmission through tattooing, sexual con-
18 tact, and intravenous drug use;
19 (II) prevention methods;
20 (III) treatment; and
21 (IV) disease progression.
22 (ii) The programs and materials shall be
23 culturally sensitive, written or designed for low-
24 literacy levels, available in a variety of lan-
25 guages, and present scientifically accurate in-

1 formation in a clear and understandable man-
2 ner.
3 (4) HIV TESTING UPON REQUEST.—
4 (A) Health care personnel shall allow in-
5 mates to obtain HIV tests upon request once
6 per year or whenever an inmate has a reason to
7 believe the inmate may have been exposed to
8 HIV. Health care personnel shall, both orally
9 and in writing, inform inmates, during orienta-
10 tion and periodically throughout incarceration,
11 of their right to obtain HIV tests.
12 (B) Health care personnel shall encourage
13 inmates to request HIV tests if the inmate is
14 sexually active, has been raped, uses intra-
15 venous drugs, receives a tattoo, or if the inmate
16 is concerned that the inmate may have been ex-
17 posed to HIV.
18 (C) An inmate's request for an HIV test
19 shall not be considered an indication that the
20 inmate has put themselves at risk of infection
21 or committed a violation of the rules of the cor-
22 rectional facility.
23 (5) HIV TESTING OF PREGNANT WOMAN.—

1 (A) Health care personnel shall provide
2 routine HIV testing to all inmates who become
3 pregnant.
4 (B) All HIV tests under this paragraph
5 shall comply with the opt-out provision under
6 paragraph (9).
7 (6) COMPREHENSIVE TREATMENT.—
8 (A) Health care personnel shall provide all
9 inmates who test positive for HIV—
10 (i) timely, comprehensive medical
11 treatment;
12 (ii) confidential counseling on man-
13 aging their medical condition and pre-
14 venting its transmission to other persons;
15 and
16 (iii) voluntary partner notification
17 services.
18 (B) Health care provided under this para-
19 graph shall be consistent with Department of
20 Health and Human Services guidelines and
21 standard medical practice. Health care per-
22 sonnel shall discuss treatment options, the im-
23 portance of adherence to antiretroviral therapy,
24 and the side effects of medications with inmates
25 receiving treatment.

1 (C) Health care personnel and pharmacy
2 personnel shall ensure that the facility for-
3 mulary contains all Food and Drug Administra-
4 tion-approved medications necessary to provide
5 comprehensive treatment for inmates living with
6 HIV, and that the facility maintains adequate
7 supplies of such medications to meet inmates'
8 medical needs. Health care personnel and phar-
9 macy personnel shall also develop and imple-
10 ment automatic renewal systems for these medi-
11 cations to prevent interruptions in care.

12 (D) Correctional staff, health care per-
13 sonnel, and pharmacy personnel shall develop
14 and implement distribution procedures to en-
15 sure timely and confidential access to medica-
16 tions.

17 (7) PROTECTION OF CONFIDENTIALITY.—

18 (A) Health care personnel shall develop
19 and implement procedures to ensure the con-
20 fidentiality of inmate tests, diagnoses, and
21 treatment. Health care personnel and correc-
22 tional staff shall receive regular training on the
23 implementation of these procedures. Penalties
24 for violations of inmate confidentiality by health

1 care personnel or correctional staff shall be
2 specified and strictly enforced.
3 (B) HIV testing, counseling, and treat-
4 ment shall be provided in a confidential setting
5 where other routine health services are provided
6 and in a manner that allows the inmate to re-
7 quest and obtain these services as routine med-
8 ical services.
9 (8) TESTING, COUNSELING, AND REFERRAL
10 PRIOR TO REENTRY.—
11 (A) Health care personnel shall provide
12 routine HIV testing to all inmates not earlier
13 than 90 days prior to their release and reentry
14 into the community. Inmates who are already
15 known to be infected need not be tested again.
16 This requirement may be waived if an inmate's
17 release occurs without sufficient notice to the
18 Director to allow health care personnel to per-
19 form a routine HIV test and notify the inmate
20 of the results.
21 (B) All HIV tests under this paragraph
22 shall comply with the opt-out provision under
23 paragraph (9).
24 (C) With respect to all inmates who test
25 positive for HIV and all inmates who already

1 are known to have HIV, health care personnel
2 shall provide—
3 (i) confidential prerelease counseling
4 on managing their medical condition in the
5 community, accessing appropriate treat-
6 ment and services in the community, and
7 preventing the transmission of their condi-
8 tion to family members and other persons
9 in the community;
10 (ii) referrals to appropriate health
11 care providers and social service agencies
12 in the community that meet the inmate's
13 individual needs, including voluntary part-
14 ner notification services and prevention
15 counseling services for people living with
16 HIV; and
17 (iii) a 30-day supply of any medically
18 necessary medications the inmate is cur-
19 rently receiving.
20 (9) OPT-OUT PROVISION.—Inmates shall have
21 the right to refuse routine HIV testing. Inmates
22 shall be informed both orally and in writing of this
23 right. Oral and written disclosure of this right may
24 be included with other general health information
25 and counseling provided to inmates by health care

1 personnel. If an inmate refuses a routine test for
2 HIV, health care personnel shall make a note of the
3 inmate's refusal in the inmate's confidential medical
4 records. However, the inmate's refusal shall not be
5 considered a violation of the rules of the correctional
6 facility or result in disciplinary action.

7 (10) EXCLUSION OF TESTS PERFORMED UNDER
8 SECTION 4014(b) FROM THE DEFINITION OF ROU-
9 TINE HIV TESTING.—HIV testing of an inmate
10 under section 4014(b) of title 18, United States
11 Code, is not routine HIV testing for the purposes of
12 the opt-out provision under paragraph (9). Health
13 care personnel shall document the reason for testing
14 under section 4014(b) of title 18, United States
15 Code, in the inmate's confidential medical records.

16 (11) TIMELY NOTIFICATION OF TEST RE-
17 SULTS.—Health care personnel shall provide timely
18 notification to inmates of the results of HIV tests.

19 (f) CHANGES IN EXISTING LAW.—

20 (1) SCREENING IN GENERAL.—Section 4014(a)
21 of title 18, United States Code, is amended—

22 (A) by striking "for a period of 6 months
23 or more";

24 (B) by striking ", as appropriate,"; and

1 (C) by striking ''if such individual is deter-
2 mined to be at risk for infection with such virus
3 in accordance with the guidelines issued by the
4 Bureau of Prisons relating to infectious disease
5 management.'' and inserting ''unless the indi-
6 vidual declines. The Attorney General shall also
7 cause such individual to be so tested before re-
8 lease from that incarceration unless the indi-
9 vidual declines.''.

10 (2) INADMISSIBILITY OF HIV TEST RESULTS IN
11 CIVIL AND CRIMINAL PROCEEDINGS.—Section
12 4014(d) of title 18, United States Code, is amended
13 by inserting ''or under section 7417 of the Health
14 Equity and Accountability Act of 2024'' after
15 ''under this section''.

16 (3) SCREENING AS PART OF ROUTINE SCREEN-
17 ING.—Section 4014(e) of title 18, United States
18 Code, is amended by adding at the end the fol-
19 lowing: ''Such rules shall also provide that the initial
20 test under this section be performed as part of the
21 routine health screening conducted at intake.''.

22 (g) REPORTING REQUIREMENTS.—

23 (1) REPORT ON HEPATITIS, LIVER, AND OTHER
24 DISEASES.—Not later than 1 year after the date of
25 enactment of this Act, the Director shall submit to

1 Congress a report on the policies and procedures of
2 the Bureau of Prisons to provide testing, treatment,
3 and prevention education programs for hepatitis,
4 liver failure, and other liver-related diseases trans-
5 mitted through sexual activity, intravenous drug use,
6 or other means. The Director shall consult with ap-
7 propriate officials of the Department of Health and
8 Human Services, the Office of National Drug Con-
9 trol Policy, the Office of National AIDS Policy, and
10 the Centers for Disease Control and Prevention re-
11 garding the development of this report.

12 (2) ANNUAL REPORTS.—

13 (A) GENERALLY.—Not later than 2 years
14 after the date of enactment of this Act, and an-
15 nually thereafter, the Director submit to Con-
16 gress a report on the incidence among inmates
17 of diseases transmitted through sexual activity
18 and intravenous drug use.

19 (B) MATTERS PERTAINING TO VARIOUS
20 DISEASES.—Each report under subparagraph
21 (A) shall discuss—

22 (i) the incidence among inmates of
23 HIV, hepatitis, and other diseases trans-
24 mitted through sexual activity and intra-
25 venous drug use; and

1 (ii) updates on the testing, treatment,
2 and prevention education programs for
3 these diseases conducted by the Bureau of
4 Prisons.

5 (C) MATTERS PERTAINING TO HIV
6 ONLY.—Each report under subparagraph (A)
7 shall also include—

8 (i) the number of inmates who tested
9 positive for HIV upon intake;

10 (ii) the number of inmates who tested
11 positive for HIV prior to reentry;

12 (iii) the number of inmates who were
13 not tested for HIV prior to reentry because
14 they were released without sufficient no-
15 tice;

16 (iv) the number of inmates who opted
17 out of taking an HIV test;

18 (v) the number of inmates who were
19 tested under section 4014(b) of title 18,
20 United States Code; and

21 (vi) the number of inmates under
22 treatment for HIV.

23 (D) CONSULTATION.—The Director shall
24 consult with appropriate officials of the Depart-
25 ment of Health and Human Services, the Office

1 of National Drug Control Policy, the Office of
2 National AIDS Policy, and the Centers for Dis-
3 ease Control and Prevention regarding the de-
4 velopment of each report under subparagraph
5 (A).

6 **SEC. 7418. TRANSFER OF FUNDS FOR IMPLEMENTATION OF**
7 **ENDING THE HIV EPIDEMIC: A PLAN FOR**
8 **AMERICA.**

9 Title II of the Public Health Service Act (42 U.S.C.
10 202 et seq.) is amended by inserting after section 241 (42
11 U.S.C. 238j) the following:

12 **"SEC. 241A. TRANSFER OF FUNDS FOR IMPLEMENTATION**
13 **OF NATIONAL HIV/AIDS STRATEGY.**

14 "(a) TRANSFER AUTHORIZATION.—Of the discre-
15 tionary appropriations made available to the Department
16 of Health and Human Services for any fiscal year for pro-
17 grams and activities that, as determined by the Secretary,
18 pertain to HIV, the Secretary may transfer up to 1 per-
19 cent of such appropriations to the Office of the Assistant
20 Secretary for Health for implementation of the Ending the
21 HIV Epidemic: A Plan for America.

22 "(b) CONGRESSIONAL NOTIFICATION.—Not less than
23 30 days before making any transfer under this section,
24 the Secretary shall give notice of the transfer to the Con-
25 gress.

1 "(c) DEFINITIONS.—In this section, the term 'End-
2 ing the HIV Epidemic: A Plan for America' means the
3 initiative of the Department of Health and Human Serv-
4 ices that seeks to reduce the number of new HIV infec-
5 tions in the United States by 75 percent by 2025, and
6 then by at least 90 percent by 2030, for an estimated
7 250,000 total HIV infections averted.".

8 **SEC. 7419. PrEP ACCESS AND COVERAGE.**

9 (a) COVERAGE OF HIV TESTING AND PREVENTION
10 SERVICES.—
11 (1) PRIVATE INSURANCE.—
12 (A) IN GENERAL.—Section 2713(a) of the
13 Public Health Service Act (42 U.S.C. 300gg–
14 13(a)) is amended—
15 (i) in paragraph (2), by striking ";
16 and" and inserting a semicolon;
17 (ii) in paragraph (3), by striking the
18 period and inserting a semicolon;
19 (iii) in paragraph (4), by striking the
20 period and inserting a semicolon;
21 (iv) in paragraph (5), by striking the
22 period and inserting "; and"; and
23 (v) by adding at the end the following:
24 "(6) any prescription drug approved by the
25 Food and Drug Administration for the prevention of

1 HIV (other than a drug subject to preauthorization
2 requirements consistent with section 2729A), admin-
3 istrative fees for such drugs, laboratory and other
4 diagnostic procedures associated with the use of
5 such drugs, and clinical follow-up and monitoring,
6 including any related services recommended in cur-
7 rent United States Public Health Service clinical
8 practice guidelines, without limitation.''.

9 (B) PROHIBITION ON PREAUTHORIZATION
10 REQUIREMENTS.—Subpart II of part A of title
11 XXVII of the Public Health Service Act (42
12 U.S.C. 300gg–11 et seq.) is amended by adding
13 at the end the following:

14 **''SEC. 2729A. PROHIBITION ON PREAUTHORIZATION RE-**
15 **QUIREMENTS WITH RESPECT TO CERTAIN**
16 **SERVICES.**

17 ''A group health plan or a health insurance issuer of-
18 fering group or individual health insurance coverage shall
19 not impose any preauthorization requirements with re-
20 spect to coverage of the services described in section
21 2713(a)(1)(E), except that a plan or issuer may impose
22 preauthorization requirements with respect to coverage of
23 a particular drug approved under section 505(c) of the
24 Federal Food, Drug, and Cosmetic Act or section 351(a)
25 of this Act if such plan or issuer provides coverage without

1 any preauthorization requirements for a drug that is ther-
2 apeutically equivalent.''.

3 (2) COVERAGE UNDER FEDERAL EMPLOYEES
4 HEALTH BENEFITS PROGRAM.—Section 8904 of title
5 5, United States Code, is amended by adding at the
6 end the following:

7 ''(c) Any health benefits plan offered under this chap-
8 ter shall include benefits for, and may not impose any cost
9 sharing requirements for, any prescription drug approved
10 by the Food and Drug Administration for the prevention
11 of HIV, administrative fees for such drugs, laboratory and
12 other diagnostic procedures associated with the use of
13 such drugs, and clinical follow-up and monitoring, includ-
14 ing any related services recommended in current United
15 States Public Health Service clinical practice guidelines,
16 without limitation.''.

17 (3) MEDICAID.—

18 (A) IN GENERAL.—Section 1905 of the So-
19 cial Security Act (42 U.S.C. 1396d), as amend-
20 ed by section 5406(g), is amended—

21 (i) in subsection (a)(4)—

22 (I) by striking ''; and (G)'' and
23 inserting ''; (G)''; and

1 (II) by striking the semicolon at
2 the end and inserting "; and (H) HIV
3 prevention services;"; and
4 (ii) by adding at the end the following
5 new subsection:
6 "(rr) HIV PREVENTION SERVICES.—For purposes of
7 subsection (a)(4)(H), the term 'HIV prevention services'
8 means prescription drugs for the prevention of HIV acqui-
9 sition, administrative fees for such drugs, laboratory and
10 other diagnostic procedures associated with the use of
11 such drugs, and clinical follow-up and monitoring, includ-
12 ing any related services recommended in current United
13 States Public Health Service clinical practice guidelines,
14 without limitation.".
15 (B) NO COST-SHARING.—Title XIX of the
16 Social Security Act (42 U.S.C. 1396 et seq.) is
17 amended—
18 (i) in section 1916, by inserting "HIV
19 prevention services described in section
20 1905(a)(4)(H)," after "section
21 1905(a)(4)(C)," each place it appears; and
22 (ii) in section 1916A(b)(3)(B), as
23 amended by section 7305, by adding at the
24 end the following new clause:

1 "(xvi) HIV prevention services de-
2 scribed in section 1905(a)(4)(H).".
3 (C) INCLUSION IN BENCHMARK COV-
4 ERAGE.—Section 1937(b)(7) of the Social Secu-
5 rity Act (42 U.S.C. 1396u–7(b)(7)) is amend-
6 ed—
7 (i) in the paragraph header, by insert-
8 ing "AND HIV PREVENTION SERVICES"
9 after "SUPPLIES"; and
10 (ii) by striking "includes for any indi-
11 vidual described in section 1905(a)(4)(C),
12 medical assistance for family planning
13 services and supplies in accordance with
14 such section" and inserting "includes med-
15 ical assistance for HIV prevention services
16 described in section 1905(a)(4)(H), and in-
17 cludes, for any individual described in sec-
18 tion 1905(a)(4)(H), medical assistance for
19 family planning services and supplies in ac-
20 cordance with such section".
21 (4) CHIP.—
22 (A) IN GENERAL.—Section 2103 of the So-
23 cial Security Act (42 U.S.C. 1397cc), as
24 amended by section 2007(d)(5), is amended—

1 (i) in subsection (a), by striking
2 "through (13)" and inserting "through
3 (14)"; and
4 (ii) in subsection (c), by adding at the
5 end the following new paragraph:
6 "(14) HIV PREVENTION SERVICES.—Regard-
7 less of the type of coverage elected by a State under
8 subsection (a), the child health assistance provided
9 for a targeted low-income child, and, in the case of
10 a State that elects to provide pregnancy-related as-
11 sistance pursuant to section 2112, the pregnancy-re-
12 lated assistance provided for a targeted low-income
13 pregnant woman (as such terms are defined for pur-
14 poses of such section), shall include coverage of HIV
15 prevention services (as defined in section
16 1905(rr)).".
17 (B) NO COST-SHARING.—Section
18 2103(e)(2) of the Social Security Act (42
19 U.S.C. 1397cc(e)(2)) is amended by inserting
20 "HIV prevention services described in sub-
21 section (c)(14)," before "or for pregnancy-re-
22 lated assistance".
23 (C) EFFECTIVE DATE.—
24 (i) IN GENERAL.—Subject to clause
25 (ii), the amendments made by paragraph

1 (3) and this paragraph shall take effect on
2 January 1, 2025.
3 (ii) DELAY PERMITTED IF STATE LEG-
4 ISLATION REQUIRED.—In the case of a
5 State plan approved under title XIX or
6 XXI of the Social Security Act which the
7 Secretary of Health and Human Services
8 determines requires State legislation (other
9 than legislation appropriating funds) in
10 order for the plan to meet the additional
11 requirements imposed by this subsection,
12 the State plan shall not be regarded as
13 failing to comply with the requirements of
14 such title solely on the basis of the failure
15 of the plan to meet such additional re-
16 quirements before the 1st day of the 1st
17 calendar quarter beginning after the close
18 of the 1st regular session of the State leg-
19 islature that ends after the 1-year period
20 beginning with the date of the enactment
21 of this Act. For purposes of the preceding
22 sentence, in the case of a State that has a
23 2-year legislative session, each year of the
24 session is deemed to be a separate regular
25 session of the State legislature.

1 (5) COVERAGE AND ELIMINATION OF COST-
2 SHARING UNDER MEDICARE.—
3 (A) COVERAGE OF HIV PREVENTION SERV-
4 ICES UNDER PART B.—
5 (i) COVERAGE.—
6 (I) IN GENERAL.—Section
7 1861(s)(2) of the Social Security Act
8 (42 U.S.C. 1395x(s)(2)), as amended
9 by section 4251(c)(1) and 6101(a)(1),
10 is amended—
11 (aa) by striking ''and'' at
12 the end of subparagraph (KK);
13 (bb) by inserting ''and'' at
14 the end of subparagraph (LL);
15 and
16 (cc) by adding at the end
17 the following new subparagraph:
18 ''(MM) HIV prevention services (as defined in
19 subsection (ppp));''.
20 (II) DEFINITION.—Section 1861
21 of the Social Security Act (42 U.S.C.
22 1395x), as amended by sections
23 2007(b), 4221(a), 4251(c)(2), and
24 6101(a)(2), is amended by adding at
25 the end the following new subsection:

1 "(rrr) HIV PREVENTION SERVICES.—The term 'HIV
2 prevention services' means—
3 "(1) drugs or biologicals approved by the Food
4 and Drug Administration for the prevention of HIV;
5 "(2) administrative fees for such drugs;
6 "(3) laboratory and other diagnostic procedures
7 associated with the use of such drugs; and
8 "(4) clinical follow-up and monitoring, including
9 any related services recommended in current United
10 States Public Health Service clinical practice guide-
11 lines, without limitation.".
12 (ii) ELIMINATION OF COINSURANCE.—
13 Section 1833(a)(1) of the Social Security
14 Act (42 U.S.C. 1395l(a)(1)), as amended
15 by sections 4251(c)(3) and 6101(a)(4), is
16 amended—
17 (I) by striking "and" before
18 "(JJ)"; and
19 (II) by inserting before the semi-
20 colon at the end the following: "and
21 (KK) with respect to HIV prevention
22 services (as defined in section
23 1861(rrr)), the amount paid shall be
24 100 percent of (i) except as provided
25 in clause (ii), the lesser of the actual

1 charge for the service or the amount
2 determined under the fee schedule
3 that applies to such services under
4 this part, and (ii) in the case of such
5 services that are covered OPD serv-
6 ices (as defined in subsection
7 (t)(1)(B)), the amount determined
8 under subsection (t)''.

9 (iii) EXEMPTION FROM PART B DE-
10 DUCTIBLE.—Section 1833(b) of the Social
11 Security Act (42 U.S.C. 1395l(b)) is
12 amended—

13 (I) in paragraph (12), by striking
14 ''section 1861(s)(10)(A),, and'' and
15 inserting ''section 1861(s)(10)(A),'';

16 (II) in paragraph (13), by strik-
17 ing ''section 1861(n)..'' and inserting
18 ''section 1861(n), and (14) such de-
19 ductible shall not apply with respect
20 to HIV prevention services (as defined
21 in section 1861(rrr).''.

22 (iv) EFFECTIVE DATE.—The amend-
23 ments made by this subparagraph shall
24 apply to items and services furnished on or
25 after January 1, 2025.

1 (B) ELIMINATION OF COST-SHARING FOR
2 DRUGS FOR THE PREVENTION OF HIV UNDER
3 PART D.—
4 (i) IN GENERAL.—Section 1860D–2
5 of the Social Security Act (42 U.S.C.
6 1395w–102) is amended—
7 (I) in subsection (b)—
8 (aa) in paragraph (1)(A), in
9 the matter preceding clause (i),
10 by striking ''(8) and (9)'' and in-
11 serting ''(8), (9), and (10)'';
12 (bb) in paragraph (2)(A), in
13 subparagraph (A), in the matter
14 preceding clause (i), by striking
15 ''(8) and (9)'' and inserting ''(8),
16 (9), and (10)''; and
17 (cc) by adding at the end
18 the following new paragraph:
19 ''(10) ELIMINATION OF COST-SHARING FOR
20 DRUGS FOR THE PREVENTION OF HIV.—For plan
21 years beginning on or after January 1, 2025, with
22 respect to a covered part D drug that is for the pre-
23 vention of HIV—
24 ''(A) the deductible under paragraph (1)
25 shall not apply; and

1 "(B) there shall be no coinsurance or other
2 cost-sharing under this part with respect to
3 such drug."; and

4 (II) in subsection (c), by adding
5 at the end the following new para-
6 graph:

7 "(7) TREATMENT OF COST-SHARING FOR
8 DRUGS FOR THE PREVENTION OF HIV.—The cov-
9 erage is in accordance with subsection (b)(10).".

10 (ii) CONFORMING AMENDMENTS TO
11 COST-SHARING FOR LOW-INCOME INDIVID-
12 UALS.—Section 1860D–14(a)(1)(D) of the
13 Social Security Act (42 U.S.C. 1395w–
14 114(a)(1)(D)) is amended in each of
15 clauses (ii) and (iii), by striking "para-
16 graph (6)" and inserting "paragraph (6)
17 and section 1860D–2(b)(10)".

18 (6) COVERAGE OF HIV PREVENTION TREAT-
19 MENT BY DEPARTMENT OF VETERANS AFFAIRS.—

20 (A) ELIMINATION OF MEDICATION COPAY-
21 MENTS.—Section 1722A(a) of title 38, United
22 States Code, is amended by adding at the end
23 the following new paragraph:

24 "(5) Paragraph (1) does not apply to a medication
25 for the prevention of HIV.".

1 (B) ELIMINATION OF HOSPITAL CARE AND
2 MEDICAL SERVICES COPAYMENTS.—Section
3 1710 of such title is amended—
4 (i) in subsection (f)—
5 (I) by redesignating paragraph
6 (5) as paragraph (6); and
7 (II) by inserting after paragraph
8 (4) the following new paragraph (5):
9 ''(5) A veteran shall not be liable to the United States
10 under this subsection for any amounts for laboratory and
11 other diagnostic procedures associated with the use of any
12 prescription drug approved by the Food and Drug Admin-
13 istration for the prevention of HIV, administrative fees for
14 such drugs, or for laboratory or other diagnostic proce-
15 dures associated with the use of such drugs, or clinical
16 follow-up and monitoring, including any related services
17 recommended in current United States Public Health
18 Service clinical practice guidelines, without limitation.'';
19 and
20 (ii) in subsection (g)(3), by adding at
21 the end the following new subparagraph:
22 ''(C) Any prescription drug approved by the
23 Food and Drug Administration for the prevention of
24 HIV, administrative fees for such drugs, laboratory
25 and other diagnostic procedures associated with the

1 use of such drugs, and clinical follow-up and moni-
2 toring, including any related services recommended
3 in current United States Public Health Service clin-
4 ical practice guidelines, without limitation.''.
5 (C) INCLUSION AS PREVENTIVE HEALTH
6 SERVICE.—Section 1701(9) of such title is
7 amended—
8 (i) in subparagraph (K), by striking ``;
9 and'' and inserting a semicolon;
10 (ii) by redesignating subparagraph
11 (L) as subparagraph (M); and
12 (iii) by inserting after subparagraph
13 (K) the following new subparagraph (L):
14 ``(L) any prescription drug approved by
15 the Food and Drug Administration for the pre-
16 vention of HIV, administrative fees for such
17 drugs, laboratory and other diagnostic proce-
18 dures associated with the use of such drugs,
19 and clinical follow-up and monitoring, including
20 any related services recommended in current
21 United States Public Health Service clinical
22 practice guidelines, without limitation; and''.
23 (7) COVERAGE OF HIV PREVENTION TREAT-
24 MENT BY DEPARTMENT OF DEFENSE.—

1 (A) IN GENERAL.—Chapter 55 of title 10,
2 United States Code, is amended by inserting
3 after section 1079c the following new section:

4 **"§ 1079d. Coverage of HIV prevention treatment**

5 "(a) IN GENERAL.—The Secretary of Defense shall
6 ensure coverage under the TRICARE program of HIV
7 prevention treatment described in subsection (b) for any
8 beneficiary under section 1074(a) of this title.

9 "(b) HIV PREVENTION TREATMENT DESCRIBED.—
10 HIV prevention treatment described in this subsection in-
11 cludes any prescription drug approved by the Food and
12 Drug Administration for the prevention of HIV, adminis-
13 trative fees for such drugs, laboratory and other diagnostic
14 procedures associated with the use of such drugs, and clin-
15 ical follow-up and monitoring, including any related serv-
16 ices recommended in current United States Public Health
17 Service clinical practice guidelines, without limitation.

18 "(c) NO COST-SHARING.—Notwithstanding section
19 1075, 1075a, or 1074g(a)(6) of this title or any other pro-
20 vision of law, there is no cost-sharing requirement for HIV
21 prevention treatment covered under this section.".

22 (B) CLERICAL AMENDMENT.—The table of
23 sections at the beginning of such chapter is
24 amended by inserting after the item relating to
25 section 1079c the following new item:

"1079d. Coverage of HIV prevention treatment.".

1 (8) INDIAN HEALTH SERVICE TESTING, MONI-
2 TORING, AND PRESCRIPTION DRUGS FOR THE PRE-
3 VENTION OF HIV.—Title II of the Indian Health
4 Care Improvement Act is amended by inserting after
5 section 223 (25 U.S.C. 1621v) the following:

6 **"SEC. 224. TESTING, MONITORING, AND PRESCRIPTION**
7 **DRUGS FOR THE PREVENTION OF HIV.**

8 "(a) IN GENERAL.—The Secretary, acting through
9 the Service, Indian tribes, and tribal organizations, shall
10 provide, without limitation, funding for any prescription
11 drug approved by the Food and Drug Administration for
12 the prevention of human immunodeficiency virus (com-
13 monly known as 'HIV'), administrative fees for that drug,
14 laboratory and other diagnostic procedures associated with
15 the use of that drug, and clinical follow-up and moni-
16 toring, including any related services recommended in cur-
17 rent Public Health Service clinical practice guidelines.

18 "(b) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated such sums as are nec-
20 essary to carry out this section.".

21 (9) EFFECTIVE DATE.—The amendments made
22 by paragraphs (1), (2), (5), (6), (7), and (8) shall
23 take effect with respect to plan years beginning on
24 or after January 1, 2025.

1 (b) PROHIBITION ON DENIAL OF COVERAGE OR IN-
2 CREASE IN PREMIUMS OF LIFE, DISABILITY, OR LONG-
3 TERM CARE INSURANCE FOR INDIVIDUALS TAKING
4 MEDICATION FOR THE PREVENTION OF HIV ACQUISI-
5 TION.—

6 (1) PROHIBITION.—Notwithstanding any other
7 provision of law, it shall be unlawful to—

8 (A) decline or limit coverage of a person
9 under any life insurance policy, disability insur-
10 ance policy, or long-term care insurance policy,
11 on account of the individual taking medication
12 for the purpose of preventing the acquisition of
13 HIV;

14 (B) preclude an individual from taking
15 medication for the purpose of preventing the ac-
16 quisition of HIV as a condition of receiving a
17 life insurance policy, disability insurance policy,
18 or long-term care insurance policy;

19 (C) consider whether an individual is tak-
20 ing medication for the purpose of preventing
21 the acquisition of HIV in determining the pre-
22 mium rate for coverage of such individual under
23 a life insurance policy, disability insurance pol-
24 icy, or long-term care insurance policy; or

1 (D) otherwise discriminate in the offering,
2 issuance, cancellation, amount of such coverage,
3 price, or any other condition of a life insurance
4 policy, disability insurance policy, or long-term
5 care insurance policy for an individual, based
6 solely and without any additional actuarial risks
7 upon whether the individual is taking medica-
8 tion for the purpose of preventing the acquisi-
9 tion of HIV.

10 (2) ENFORCEMENT.—A State insurance regu-
11 lator may take such actions to enforce paragraph (1)
12 as are specifically authorized under the laws of such
13 State.

14 (3) DEFINITIONS.—In this subsection:

15 (A) DISABILITY INSURANCE POLICY.—The
16 term ''disability insurance policy'' means a con-
17 tract under which an entity promises to pay a
18 person a sum of money in the event that an ill-
19 ness or injury resulting in a disability prevents
20 such person from working.

21 (B) LIFE INSURANCE POLICY.—The term
22 ''life insurance policy'' means a contract under
23 which an entity promises to pay a designated
24 beneficiary a sum of money upon the death of
25 the insured.

1 (C) LONG-TERM CARE INSURANCE POL-
2 ICY.—The term ''long-term care insurance pol-
3 icy'' means a contract for which the only insur-
4 ance protection provided under the contract is
5 coverage of qualified long-term care services (as
6 defined in section 7702B(c) of the Internal
7 Revenue Code of 1986).

8 (c) PATIENT CONFIDENTIALITY.—The Secretary of
9 Health and Human Services shall amend the regulations
10 promulgated under section 264(c) of the Health Insurance
11 Portability and Accountability Act of 1996 (42 U.S.C.
12 1320d–2 note), as necessary, to ensure that individuals
13 are able to access the benefits described in section
14 2713(a)(1)(E) of the Public Health Service Act under a
15 family plan without any other individual enrolled in such
16 family plan, including a primary subscriber or policyholder
17 of such plan, being informed of such use of such benefits.

18 (d) PRE-EXPOSURE PROPHYLAXIS AND POST-EXPO-
19 SURE PROPHYLAXIS FUNDING.—Part P of title III of the
20 Public Health Service Act (42 U.S.C. 280g et seq.), as
21 amended by section 7303, is amended by adding at the
22 end the following:

1 **"SEC. 399V–11. PRE-EXPOSURE PROPHYLAXIS AND POST-EX-**
2 **POSURE PROPHYLAXIS FUNDING.**

3 "(a) IN GENERAL.—Not later than 1 year after the
4 date of enactment of this section, the Secretary shall es-
5 tablish a program that awards grants to States, terri-
6 tories, Indian Tribes, and directly eligible entities for the
7 establishment and support of pre-exposure prophylaxis
8 (referred to in this section as 'PrEP') and post-exposure
9 prophylaxis (referred to in this section as 'PEP') HIV pro-
10 grams.

11 "(b) APPLICATIONS.—To be eligible to receive a
12 grant under subsection (a), a State, territory, Indian
13 Tribe, or directly eligible entity shall—

14 "(1) submit an application to the Secretary at
15 such time, in such manner, and containing such in-
16 formation as the Secretary may require, including a
17 plan describing how any funds awarded will be used
18 to increase access to PrEP for uninsured and under-
19 insured individuals and reduce disparities in access
20 to PrEP and PEP for uninsured and underinsured
21 individuals and reduce disparities in access to PrEP
22 and PEP; and

23 "(2) appoint a PrEP and PEP grant adminis-
24 trator to manage the program.

25 "(c) DIRECTLY ELIGIBLE ENTITY.—For purposes of
26 this section, the term 'directly eligible entity'—

1 "(1) means a Federally qualified health center
2 or other nonprofit entity engaged in providing PrEP
3 and PEP information and services; and
4 "(2) may include—
5 "(A) a Federally qualified health center
6 (as defined in section 1861(aa)(4) of the Social
7 Security Act (42 U.S.C. 1395x(aa)(4)));
8 "(B) a family planning grantee (other than
9 States) funded under section 1001 of the Public
10 Health Service Act (42 U.S.C. 300);
11 "(C) a rural health clinic (as defined in
12 section 1861(aa)(2) of the Social Security Act
13 (42 U.S.C. 1395x(aa)(2)));
14 "(D) a health facility operated by or pur-
15 suant to a contract with the Indian Health
16 Service;
17 "(E) a community-based organization, clin-
18 ic, hospital, or other health facility that pro-
19 vides services to individuals at risk for or living
20 with HIV; and
21 "(F) a nonprofit private entity providing
22 comprehensive primary care to populations at
23 risk of HIV, including faith-based and commu-
24 nity-based organizations.

1 "(d) AWARDS.—In determining whether to award a
2 grant, and the grant amount for each grant awarded, the
3 Secretary shall consider the grant application and the
4 need for PrEP and PEP services in the area, the number
5 of uninsured and underinsured individuals in the area, and
6 how the State, territory, or Indian Tribe coordinates
7 PrEP and PEP activities with the directly funded entity,
8 if the State, territory, or Indian Tribe applies for the
9 funds.

10 "(e) USE OF FUNDS.—

11 "(1) IN GENERAL.—Any State, territory, Indian
12 Tribe, or directly eligible entity that is awarded
13 funds under subsection (a) shall use such funds for
14 eligible PrEP and PEP expenses.

15 "(2) ELIGIBLE PREP EXPENSES.—The Sec-
16 retary shall publish a list of expenses that qualify as
17 eligible PrEP and PEP expenses for purposes of this
18 section, which shall include—

19 "(A) any prescription drug approved by
20 the Food and Drug Administration for the pre-
21 vention of HIV, administrative fees for such
22 drugs, laboratory and other diagnostic proce-
23 dures associated with the use of such drugs,
24 and clinical follow-up and monitoring, including
25 any related services recommended in current

1 United States Public Health Service clinical
2 practice guidelines, without limitation;
3 “(B) outreach and public education activi-
4 ties directed toward populations overrepresented
5 in the domestic HIV epidemic that increase
6 awareness about the existence of PrEP and
7 PEP, provide education about access to and
8 health care coverage of PrEP and PEP, PrEP
9 and PEP adherence programs, and counter
10 stigma associated with the use of PrEP and
11 PEP; and
12 “(C) outreach activities directed toward
13 physicians and other providers that provide
14 education about PrEP and PEP.
15 “(f) REPORT TO CONGRESS.—The Secretary shall, in
16 each of the first 5 years beginning one year after the date
17 of the enactment of this section, submit to Congress, and
18 make public on the internet website of the Department
19 of Health and Human Services, a report on the impact
20 of any grants provided to States, territories, and Indian
21 Tribes and directly eligible entities for the establishment
22 and support of pre-exposure prophylaxis programs under
23 this section.
24 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out this section, there are authorized to be appro-

1 priated such sums as may be necessary for each of fiscal
2 years 2025 through 2030.''.

3 (e) CLARIFICATION.—This section, including the
4 amendments made by this section, shall apply notwith-
5 standing any other provision of law, including Public Law
6 103–141.

7 (f) PRIVATE RIGHT OF ACTION.—Any person ag-
8 grieved by a violation of this section, including the amend-
9 ments made by this section, may commence a civil action
10 in an appropriate United States District Court or other
11 court of competent jurisdiction to obtain relief as allowed
12 by law as either an individual or member of a class. If
13 the plaintiff is the prevailing party in such an action, the
14 court shall order the defendant to pay the costs and rea-
15 sonable attorney fees of the plaintiff.

## 16 Subtitle F—Diabetes

### 17 SEC. 7501. RESEARCH, TREATMENT, AND EDUCATION.

18 Subpart 3 of part C of title IV of the Public Health
19 Service Act (42 U.S.C. 285c et seq.) is amended by adding
20 at the end the following:

### 21 ''SEC. 434B. DIABETES IN MINORITY POPULATIONS.

22 ''(a) IN GENERAL.—The Director of NIH shall ex-
23 pand, intensify, and support ongoing research and other
24 activities with respect to prediabetes and diabetes, particu-
25 larly type 2, in minority populations.

1 ''(b) RESEARCH.—

2 ''(1) DESCRIPTION.—Research under subsection
3 (a) shall include investigation into—

4 ''(A) the causes of diabetes, including so-
5 cioeconomic, geographic, clinical, environmental,
6 genetic, and other factors that may contribute
7 to increased rates of diabetes in minority popu-
8 lations; and

9 ''(B) the causes of increased incidence of
10 diabetes complications in minority populations,
11 and possible interventions to decrease such inci-
12 dence.

13 ''(2) INCLUSION OF MINORITY PARTICIPANTS.—
14 In conducting and supporting research described in
15 subsection (a), the Director of NIH shall seek to in-
16 clude minority participants as study subjects in clin-
17 ical trials.

18 ''(c) REPORT; COMPREHENSIVE PLAN.—

19 ''(1) IN GENERAL.—The Diabetes Mellitus
20 Interagency Coordinating Committee shall—

21 ''(A) prepare and submit to Congress, not
22 later than 6 months after the date of enactment
23 of this section, a report on Federal research
24 and public health activities with respect to

1 prediabetes and diabetes in minority popu-
2 lations; and

3 ‘‘(B) develop and submit to Congress, not
4 later than 1 year after the date of enactment of
5 this section, an effective and comprehensive
6 Federal plan (including all appropriate Federal
7 health programs) to address prediabetes and di-
8 abetes in minority populations.

9 ‘‘(2) CONTENTS.—The report under paragraph
10 (1)(A) shall at minimum address each of the fol-
11 lowing:

12 ‘‘(A) Research on diabetes and prediabetes
13 in minority populations, including such research
14 on—

15 ‘‘(i) genetic, behavioral, socio-
16 economic, and environmental factors;

17 ‘‘(ii) prevention of diabetes within
18 these populations and which of the popu-
19 lations have individuals at increased risk of
20 developing diabetes;

21 ‘‘(iii) prevention of complications
22 among individuals in these populations who
23 have already developed diabetes; and

1 "(iv) barriers to health care access
2 and diabetes treatment within populations
3 at increased risk of developing diabetes.

4 "(B) Surveillance and data collection on
5 diabetes and prediabetes in minority popu-
6 lations, including with respect to—

7 "(i) efforts to better determine the
8 prevalence of diabetes among Asian-Amer-
9 ican and Pacific Islander subgroups; and

10 "(ii) efforts to coordinate data collec-
11 tion on the American Indian population.

12 "(C) Community-based interventions to ad-
13 dress diabetes and prediabetes targeting minor-
14 ity populations, including—

15 "(i) the evidence base for such inter-
16 ventions;

17 "(ii) the cultural appropriateness of
18 such interventions; and

19 "(iii) efforts to educate the public on
20 the causes and consequences of diabetes.

21 "(D) Education and training programs for
22 health professionals (including community
23 health workers) on the prevention and manage-
24 ment of diabetes and its related complications
25 that is supported by the Health Resources and

1 Services Administration, including such pro-
2 grams supported by—
3 ‘‘(i) the National Health Service
4 Corps; or
5 ‘‘(ii) the community health centers
6 program under section 330.
7 ‘‘(d) EDUCATION.—The Director of NIH shall—
8 ‘‘(1) through the National Institute on Minority
9 Health and Health Disparities and the National Di-
10 abetes Education Program—
11 ‘‘(A) make grants to programs funded
12 under section 464z–4 for the purpose of estab-
13 lishing a medical education program for health
14 care professionals to be more involved in weight
15 counseling, obesity research, nutrition, and
16 shared decision making; and
17 ‘‘(B) provide for the participation of mi-
18 nority health professionals in diabetes-focused
19 research programs; and
20 ‘‘(2) make grants to programs that establish a
21 professional pipeline that will increase the participa-
22 tion of minority individuals in diabetes-focused
23 health fields by expanding Minority Access to Re-
24 search Careers program internships and mentoring
25 opportunities for the purposes of recruitment.

1 "(e) DEFINITIONS.—For purposes of this section:
2 "(1) DIABETES MELLITUS INTERAGENCY CO-
3 ORDINATING COMMITTEE.—The 'Diabetes Mellitus
4 Interagency Coordinating Committee' means the Di-
5 abetes Mellitus Interagency Coordinating Committee
6 established under section 429.
7 "(2) MINORITY POPULATION.—The term 'mi-
8 nority population' means a racial and ethnic minor-
9 ity group, as defined in section 1707.".

10 **SEC. 7502. RESEARCH, EDUCATION, AND OTHER ACTIVI-**
11 **TIES.**

12 Part B of title III of the Public Health Service Act
13 (42 U.S.C. 243 et seq.), as amended by section 7201, is
14 amended by inserting after section 317X the following:

15 **"SEC. 317Y. DIABETES IN MINORITY POPULATIONS.**

16 "(a) RESEARCH AND OTHER ACTIVITIES.—
17 "(1) IN GENERAL.—The Secretary, acting
18 through the Director of the Centers for Disease
19 Control and Prevention, shall conduct and support
20 research and public health activities with respect to
21 diabetes in minority populations.
22 "(2) CERTAIN ACTIVITIES.—Activities under
23 paragraph (1) regarding diabetes in minority popu-
24 lations shall include the following:

1 "(A) Further enhancing the National
2 Health and Nutrition Examination Survey by
3 oversampling Asian Americans, Native Hawai-
4 ians, and Pacific Islanders in appropriate geo-
5 graphic areas to better determine the preva-
6 lence of diabetes in such populations as well as
7 to improve the data collection of diabetes pene-
8 tration disaggregated into major ethnic groups
9 within such populations. The Secretary shall en-
10 sure that any such oversampling does not re-
11 duce the oversampling of other minority popu-
12 lations including African-American and Latino
13 populations.

14 "(B) Through the Division of Diabetes
15 Translation—

16 "(i) providing for prevention research
17 to better understand how to influence
18 health care systems changes to improve
19 quality of care being delivered to such pop-
20 ulations;

21 "(ii) carrying out model demonstra-
22 tion projects to design, implement, and
23 evaluate effective diabetes prevention and
24 control interventions for minority popu-

1 lations, including culturally appropriate
2 community-based interventions;
3 "(iii) developing and implementing a
4 strategic plan to reduce diabetes in minor-
5 ity populations through applied research to
6 reduce disparities and culturally and lin-
7 guistically appropriate community-based
8 interventions;
9 "(iv) supporting, through the national
10 diabetes prevention program under section
11 399V–3, diabetes prevention program sites
12 in underserved regions highly impacted by
13 diabetes; and
14 "(v) implementing, through the na-
15 tional diabetes prevention program under
16 section 399V–3, a demonstration program
17 developing new metrics measuring health
18 outcomes related to diabetes that can be
19 stratified by specific minority populations.
20 "(b) EDUCATION.—The Secretary, acting through
21 the Director of the Centers for Disease Control and Pre-
22 vention, shall direct the Division of Diabetes Translation
23 to conduct and support both programs to educate the pub-
24 lic on diabetes in minority populations and programs to

1 educate minority populations about the causes and effects
2 of diabetes.
3 "(c) DIABETES; HEALTH PROMOTION, PREVENTION
4 INITIATIVES, AND ACCESS.—The Secretary, acting
5 through the Director of the Centers for Disease Control
6 and Prevention and the National Diabetes Education Pro-
7 gram, shall conduct and support programs to educate spe-
8 cific minority populations through culturally appropriate
9 and linguistically appropriate information campaigns and
10 initiatives about prevention of, and managing, diabetes.
11 "(d) DEFINITION.—For purposes of this section, the
12 term 'minority population' means a racial and ethnic mi-
13 nority group, as defined in section 1707.".

14 **SEC. 7503. PROGRAMS TO EDUCATE HEALTH PROVIDERS**
15 **ON THE CAUSES AND EFFECTS OF DIABETES**
16 **IN MINORITY POPULATIONS.**

17 Part P of title III of the Public Health Service Act
18 (42 U.S.C. 280g et seq.), as amended by section 7419(d),
19 is amended by adding at the end the following:

20 **"SEC. 399V–12 PROGRAMS TO EDUCATE HEALTH PRO-**
21 **VIDERS ON THE CAUSES AND EFFECTS OF DI-**
22 **ABETES IN MINORITY POPULATIONS.**

23 "(a) IN GENERAL.—The Secretary, acting through
24 the Administrator of the Health Resources and Services
25 Administration, shall conduct and support programs de-

1 scribed in subsection (b) to educate health professionals
2 on the causes and effects of diabetes in minority popu-
3 lations.

4 ‘‘(b) PROGRAMS.—Programs described in this sub-
5 section, with respect to education on diabetes in minority
6 populations, shall include the following:

7 ‘‘(1) Giving priority, under the primary care
8 training and enhancement program under section
9 747—

10 ‘‘(A) to awarding grants to focus on or ad-
11 dress diabetes; and

12 ‘‘(B) to adding minority populations to the
13 list of vulnerable populations that should be
14 served by such grants.

15 ‘‘(2) Providing additional funds for the Health
16 Careers Opportunity Program and the Centers of
17 Excellence to partner with the Office of Minority
18 Health under section 1707 and the National Insti-
19 tutes of Health to strengthen programs for career
20 opportunities focused on diabetes treatment and care
21 within underserved regions highly impacted by dia-
22 betes.

23 ‘‘(3) Developing a diabetes focus within, and
24 providing additional funds for, the National Health
25 Service Corps scholarship program—

1 ‘‘(A) to place individuals in areas that are
2 disproportionately affected by diabetes and to
3 provide diabetes treatment and care in such
4 areas; and
5 ‘‘(B) to provide such individuals continuing
6 medical education specific to diabetes care.’’.

7 **SEC. 7504. RESEARCH, EDUCATION, AND OTHER ACTIVITIES**
8 **REGARDING DIABETES IN AMERICAN INDIAN**
9 **POPULATIONS.**

10 Part P of title III of the Public Health Service Act
11 (42 U.S.C. 280g et seq.), as amended by section 7503,
12 is amended by adding at the end the following:

13 **‘‘SEC. 399V–13. RESEARCH, EDUCATION, AND OTHER ACTIVI-**
14 **TIES REGARDING DIABETES IN AMERICAN IN-**
15 **DIAN POPULATIONS.**

16 ‘‘In addition to activities under sections 317X, 399V–
17 12, and 434B, the Secretary, acting through the Indian
18 Health Service and in collaboration with other appropriate
19 Federal agencies, shall—
20 ‘‘(1) conduct and support research and other
21 activities with respect to diabetes; and
22 ‘‘(2) coordinate the collection of data on clini-
23 cally and culturally appropriate diabetes treatment,
24 care, prevention, and services by health care profes-
25 sionals to the American Indian population.’’.

1 **SEC. 7505. UPDATED REPORT ON HEALTH DISPARITIES.**

2 The Secretary of Health and Human Services shall
3 seek to enter into an arrangement with the National Acad-
4 emy of Medicine under which the National Academy will—

5 (1) not later than 1 year after the date of en-
6 actment of this Act, submit to Congress an updated
7 version of the 2003 report entitled ''Unequal Treat-
8 ment: Confronting Racial and Ethnic Disparities in
9 Health Care''; and

10 (2) in such updated version, address how racial
11 and ethnic health disparities have changed since the
12 publication of the original report.

## 13 Subtitle G—Lung Disease

14 **SEC. 7601. ASTHMA-RELATED ACTIVITIES OF THE CENTERS**
15 **FOR DISEASE CONTROL AND PREVENTION.**

16 Section 317I of the Public Health Service Act (42
17 U.S.C. 247b–10) is amended to read as follows:

18 **''SEC. 317I. ASTHMA-RELATED ACTIVITIES OF THE CENTERS**
19 **FOR DISEASE CONTROL AND PREVENTION.**

20 ''(a) PROGRAM FOR PROVIDING INFORMATION AND
21 EDUCATION TO THE PUBLIC.—The Secretary, acting
22 through the Director of the Centers for Disease Control
23 and Prevention, shall collaborate with State and local
24 health departments to conduct activities, including the
25 provision of information and education to the public, re-
26 garding asthma including—

1 “(1) deterring the harmful consequences of un-
2 controlled asthma; and
3 “(2) disseminating health education and infor-
4 mation regarding prevention of asthma episodes and
5 strategies for managing asthma.
6 “(b) DEVELOPMENT OF STATE ASTHMA PLANS.—
7 The Secretary, acting through the Director of the Centers
8 for Disease Control and Prevention, shall collaborate with
9 State and local health departments to develop State plans
10 incorporating public health responses to reduce the burden
11 of asthma, particularly regarding disproportionately af-
12 fected populations.
13 “(c) COMPILATION OF DATA.—The Secretary, acting
14 through the Director of the Centers for Disease Control
15 and Prevention, shall, in cooperation with State and local
16 public health officials—
17 “(1) conduct asthma surveillance activities to
18 collect data on the prevalence and severity of asth-
19 ma, the effectiveness of public health asthma inter-
20 ventions, and the quality of asthma management, in-
21 cluding—
22 “(A) collection of data among people with
23 asthma to monitor the impact on health and
24 quality of life;

1 ‘‘(B) surveillance of health care facilities;
2 and
3 ‘‘(C) collection of data not containing indi-
4 vidually identifiable information from electronic
5 health records or other electronic communica-
6 tions;
7 ‘‘(2) compile and annually publish data regard-
8 ing the prevalence and incidence of childhood asth-
9 ma, the child mortality rate, and the number of hos-
10 pital admissions and emergency department visits by
11 children associated with asthma nationally and in
12 each State and at the county level by age, sex, race,
13 and ethnicity, as well as lifetime and current preva-
14 lence; and
15 ‘‘(3) compile and annually publish data regard-
16 ing the prevalence and incidence of adult asthma,
17 the adult mortality rate, and the number of hospital
18 admissions and emergency department visits by
19 adults associated with asthma nationally and in each
20 State and at the county level by age, sex, race, eth-
21 nicity, industry, and occupation, as well as lifetime
22 and current prevalence.
23 ‘‘(d) COORDINATION OF DATA COLLECTION.—The
24 Director of the Centers for Disease Control and Preven-
25 tion, in conjunction with State and local health depart-

1 ments, shall coordinate data collection activities under
2 paragraphs (2) and (3) of subsection (c) so as to maximize
3 comparability of results.

4 "(e) COLLABORATION.—

5 "(1) IN GENERAL.—The Centers for Disease
6 Control and Prevention may collaborate with na-
7 tional, State, and local nonprofit organizations to
8 provide information and education about asthma,
9 and to strengthen such collaborations when possible.

10 "(2) SPECIFIC ACTIVITIES.—The Director of
11 the Centers for Disease Control and Prevention, act-
12 ing through the Division of Population Health of the
13 Centers, may expand activities relating to asthma
14 with non-Federal partners, especially State-level en-
15 tities.

16 "(f) REPORTS TO CONGRESS.—

17 "(1) IN GENERAL.—Not later than 3 years
18 after the date of the enactment of the Health Equity
19 and Accountability Act of 2024, and once 2 years
20 thereafter, the Secretary shall, in consultation with
21 patient groups, nonprofit organizations, medical so-
22 cieties, and other relevant governmental and non-
23 governmental entities, submit to Congress a report
24 that—

1 "(A) catalogs, with respect to asthma pre-
2 vention, management, and surveillance—
3 "(i) the activities of the Federal Gov-
4 ernment, including an assessment of the
5 progress of the Federal Government and
6 States, with respect to achieving the goals
7 of the Healthy People 2030 initiative; and
8 "(ii) the activities of other entities
9 that participate in the program under this
10 section, including nonprofit organizations,
11 patient advocacy groups, and medical soci-
12 eties; and
13 "(B) makes recommendations for the fu-
14 ture direction of asthma activities, in consulta-
15 tion with researchers from the National Insti-
16 tutes of Health and other member bodies of the
17 Asthma Disparities Subcommittee, including—
18 "(i) a description of how the Federal
19 Government may improve its response to
20 asthma, including identifying any barriers
21 that may exist;
22 "(ii) a description of how the Federal
23 Government may continue, expand, and
24 improve its private-public partnerships

1 with respect to asthma, including identi-
2 fying any barriers that may exist;
3 ‘‘(iii) identification of steps that may
4 be taken to reduce the—
5 ‘‘(I) morbidity, mortality, and
6 overall prevalence of asthma;
7 ‘‘(II) financial burden of asthma
8 on society;
9 ‘‘(III) burden of asthma on dis-
10 proportionately affected areas, par-
11 ticularly those in medically under-
12 served populations (as defined in sec-
13 tion 330(b)(3)); and
14 ‘‘(IV) burden of asthma as a
15 chronic disease that can be worsened
16 by environmental exposures;
17 ‘‘(iv) the identification of programs
18 and policies that have achieved the steps
19 described under clause (iii), and steps that
20 may be taken to expand such programs
21 and policies to benefit larger populations;
22 and
23 ‘‘(v) recommendations for future re-
24 search and interventions.
25 ‘‘(2) SUBSEQUENT REPORTS.—

1 "(A) CONGRESSIONAL REQUEST.—During
2 the 5-year period following the submission of
3 the second report under paragraph (1), the Sec-
4 retary shall submit updates and revisions of the
5 report upon the request of the Congress.
6 "(B) FIVE-YEAR REEVALUATION.—At the
7 end of the 5-year period referred to in subpara-
8 graph (A), the Secretary shall—
9 "(i) evaluate the analyses and rec-
10 ommendations made in previous reports;
11 and
12 "(ii) determine whether an additional
13 report is needed and if so submit such an
14 updated report to the Congress, including
15 appropriate recommendations.
16 "(g) AUTHORIZATION OF APPROPRIATIONS FUND-
17 ING.—In addition to any other authorization of appropria-
18 tions that is available to the Centers for Disease Control
19 and Prevention for the purpose of carrying out this sec-
20 tion, there is authorized to be appropriated to such Cen-
21 ters $65,000,000 for the period of fiscal years 2025
22 through 2029 for the purpose of carrying out this sec-
23 tion.".

1 **SEC. 7602. INFLUENZA AND PNEUMONIA VACCINATION**
2 **CAMPAIGN.**

3 (a) IN GENERAL.—The Secretary of Health and
4 Human Services shall—
5 (1) enhance the annual campaign by the De-
6 partment of Health and Human Services to increase
7 the number of people vaccinated each year for influ-
8 enza and pneumonia; and
9 (2) include in such campaign the use of written
10 educational materials, public service announcements,
11 physician education, and any other means which the
12 Secretary determines effective.
13 (b) MATERIALS AND ANNOUNCEMENTS.—In carrying
14 out the annual campaign described in subsection (a), the
15 Secretary of Health and Human Services shall ensure
16 that—
17 (1) educational materials and public service an-
18 nouncements are readily and widely available in
19 communities experiencing disparities in the incidence
20 and mortality rates of influenza and pneumonia; and
21 (2) the campaign uses targeted, culturally ap-
22 propriate messages and messengers to reach under-
23 served communities.
24 (c) AUTHORIZATION OF APPROPRIATIONS.—There
25 are authorized to be appropriated to carry out this section

1 such sums as may be necessary for each of fiscal years
2 2025 through 2029.

3 **SEC. 7603. CHRONIC OBSTRUCTIVE PULMONARY DISEASE.**

4 (a) IN GENERAL.—The Director of the Centers for
5 Disease Control and Prevention shall conduct, support,
6 and expand public health strategies and prevention, diag-
7 nosis, surveillance, and public and professional awareness
8 activities regarding chronic obstructive pulmonary disease.

9 (b) CHRONIC DISEASE PREVENTION PROGRAMS.—
10 The Director of the National Heart, Lung, and Blood In-
11 stitute shall carry out the following:

12 (1) Conduct public education and awareness ac-
13 tivities with patient and professional organizations
14 to stimulate earlier diagnosis and improve patient
15 outcomes from treatment of chronic obstructive pul-
16 monary disease. To the extent known and relevant,
17 such public education and awareness activities shall
18 reflect differences in chronic obstructive pulmonary
19 disease by cause (tobacco, environmental, occupa-
20 tional, biological, and genetic) and include a focus
21 on outreach to undiagnosed and, as appropriate, mi-
22 nority populations.

23 (2) Supplement and expand upon the activities
24 of the National Heart, Lung, and Blood Institute by
25 making grants to nonprofit organizations, State and

1 local jurisdictions, and Indian Tribes for the purpose
2 of reducing the burden of chronic obstructive pul-
3 monary disease, especially in disproportionately im-
4 pacted communities, through public health interven-
5 tions and related activities.

6 (3) Coordinate with the Centers for Disease
7 Control and Prevention, the Indian Health Service,
8 the Health Resources and Services Administration,
9 and the Department of Veterans Affairs to develop
10 pilot programs to demonstrate best practices for the
11 diagnosis and management of chronic obstructive
12 pulmonary disease.

13 (4) Develop improved techniques and identify
14 best practices, in coordination with the Secretary of
15 Veterans Affairs, for assisting chronic obstructive
16 pulmonary disease patients to successfully stop
17 smoking, including identification of subpopulations
18 with different needs. Initiatives under this para-
19 graph may include research to determine whether
20 successful smoking cessation strategies are different
21 for chronic obstructive pulmonary disease patients
22 compared to such strategies for patients with other
23 chronic diseases.

1 (c) ENVIRONMENTAL AND OCCUPATIONAL HEALTH
2 PROGRAMS.—The Director of the Centers for Disease
3 Control and Prevention shall—

4 (1) support research into the environmental and
5 occupational causes and biological mechanisms that
6 contribute to chronic obstructive pulmonary disease;
7 and

8 (2) develop and disseminate public health inter-
9 ventions that will lessen the impact of environmental
10 and occupational causes of chronic obstructive pul-
11 monary disease.

12 (d) DATA COLLECTION.—Not later than 180 days
13 after the date of enactment of this Act, the Director of
14 the National Heart, Lung, and Blood Institute and the
15 Director of the Centers for Disease Control and Preven-
16 tion, acting jointly, shall assess the depth and quality of
17 information on chronic obstructive pulmonary disease that
18 is collected in surveys and population studies conducted
19 by the Centers for Disease Control and Prevention, includ-
20 ing whether there are additional opportunities for informa-
21 tion to be collected in the National Health and Nutrition
22 Examination Survey, the National Health Interview Sur-
23 vey, and the Behavioral Risk Factors Surveillance System
24 surveys.

1 (e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 such sums as may be necessary for each of fiscal years
4 2025 through 2029.

## 5 Subtitle H—Tuberculosis

### 6 SEC. 7701. UNITED STATES GOVERNMENT ASSISTANCE TO
7 COMBAT TUBERCULOSIS.

8 Section 104B of the Foreign Assistance Act of 1961
9 (22 U.S.C. 2151b–3) is amended to read as follows:

10 **''SEC. 104B. ASSISTANCE TO COMBAT TUBERCULOSIS.**

11 ''(a) POLICY.—
12 ''(1) IN GENERAL.—It is a major objective of
13 the foreign assistance program of the United States
14 to help end the TB public health emergency through
15 accelerated actions—
16 ''(A) to support the diagnosis and treat-
17 ment of all adults and children with all forms
18 of TB; and
19 ''(B) to prevent new TB infections from
20 occurring.
21 ''(2) SUPPORT FOR GLOBAL PLANS AND OBJEC-
22 TIVES.—In countries in which the United States
23 Government has established foreign assistance pro-
24 grams under this Act, particularly in countries with
25 the highest burden of TB and other countries with

1 high rates of infection and transmission of TB, it is
2 the policy of the United States—
3 ‘‘(A) to support the objectives of the World
4 Health Organization End TB Strategy, includ-
5 ing its goals—
6 ‘‘(i) to reduce TB deaths by 95 per-
7 cent by 2035;
8 ‘‘(ii) to reduce the TB incidence rate
9 by 90 percent by 2035; and
10 ‘‘(iii) to reduce the number of families
11 facing catastrophic health costs due to TB
12 by 100 percent by 2035;
13 ‘‘(B) to support the Stop TB Partnership's
14 Global Plan to End TB 2023–2030, including
15 by providing support for—
16 ‘‘(i) developing and using innovative
17 new technologies and therapies to increase
18 active case finding and rapidly diagnose
19 and treat children and adults with all
20 forms of TB, alleviate suffering, and en-
21 sure TB treatment completion;
22 ‘‘(ii) expanding diagnosis and treat-
23 ment in line with the goals established by
24 the Political Declaration of the High-Level

1 Meeting of the General Assembly on the
2 Fight Against Tuberculosis, including—
3 ‘‘(I) successfully treating
4 40,000,000 people with active TB by
5 2023, including 3,500,000 children,
6 and 1,500,000 people with drug-re-
7 sistant TB; and
8 ‘‘(II) diagnosing and treating la-
9 tent tuberculosis infection, in support
10 of the global goal of providing preven-
11 tive therapy to at least 30,000,000
12 people by 2023, including 4,000,000
13 children younger than 5 years of age,
14 20,000,000 household contacts of peo-
15 ple affected by TB, and 6,000,000
16 people living with HIV;
17 ‘‘(iii) ensuring high-quality TB care
18 by closing gaps in care cascades, imple-
19 menting continuous quality improvement
20 at all levels of care, and providing related
21 patient support; and
22 ‘‘(iv) sustainable procurements of TB
23 commodities to avoid interruptions in sup-
24 ply, the procurement of commodities of un-
25 known quality, or payment of excessive

1 commodity costs in countries impacted by
2 TB; and
3 ''(C) to ensure, to the greatest extent prac-
4 ticable, that United States funding supports ac-
5 tivities that simultaneously emphasize—
6 ''(i) the development of comprehensive
7 person-centered programs, including diag-
8 nosis, treatment, and prevention strategies
9 to ensure that—
10 ''(I) all people sick with TB re-
11 ceive quality diagnosis and treatment
12 through active case finding; and
13 ''(II) people at high risk for TB
14 infection are found and treated with
15 preventive therapies in a timely man-
16 ner;
17 ''(ii) robust TB infection control prac-
18 tices are implemented in all congregate set-
19 tings, including hospitals and prisons;
20 ''(iii) the deployment of diagnostic
21 and treatment capacity—
22 ''(I) in areas with the highest TB
23 burdens; and

1 "(II) for highly at-risk and im-
2 poverished populations, including pa-
3 tient support services;
4 "(iv) program monitoring and evalua-
5 tion based on critical TB indicators, in-
6 cluding indicators relating to infection con-
7 trol, the numbers of patients accessing TB
8 treatment and patient support services,
9 and preventative therapy for those at risk,
10 including all close contacts, and treatment
11 outcomes for all forms of TB;
12 "(v) training and engagement of
13 health care workers on the use of new di-
14 agnostic tools and therapies as they be-
15 come available, and increased support for
16 training frontline health care workers to
17 support expanded TB active case finding,
18 contact tracing, and patient support serv-
19 ices;
20 "(vi) coordination with domestic agen-
21 cies and organizations to support an ag-
22 gressive research agenda to develop vac-
23 cines as well as new tools to diagnose,
24 treat, and prevent TB globally;

1 "(vii) linkages with the private sector
2 on—
3 "(I) research and development of
4 a vaccine, and on new tools for diag-
5 nosis and treatment of TB;
6 "(II) improving current tools for
7 diagnosis and treatment of TB, in-
8 cluding telehealth solutions for pre-
9 vention and treatment; and
10 "(III) training healthcare profes-
11 sionals on use of the newest and most
12 effective diagnostic and therapeutic
13 tools;
14 "(viii) the reduction of barriers to
15 care, including stigma and treatment and
16 diagnosis costs, including through—
17 "(I) training health workers;
18 "(II) sensitizing policy makers;
19 "(III) requiring that all relevant
20 grants and funding agreements in-
21 clude access and affordability provi-
22 sions;
23 "(IV) supporting education and
24 empowerment campaigns for TB pa-
25 tients regarding local TB services;

1 "(V) monitoring barriers to ac-
2 cessing TB services; and
3 "(VI) increasing support for pa-
4 tient-led and community-led TB out-
5 reach efforts;
6 "(ix) support for country-level, sus-
7 tainable accountability mechanisms and ca-
8 pacity to measure progress and ensure that
9 commitments made by governments and
10 relevant stakeholders are met; and
11 "(x) support for the integration of TB
12 diagnosis, treatment, and prevention activi-
13 ties into primary health care, as appro-
14 priate.
15 "(b) DEFINITIONS.—In this section:
16 "(1) APPROPRIATE CONGRESSIONAL COMMIT-
17 TEES.—The term 'appropriate congressional com-
18 mittees' means the Committee on Foreign Relations
19 of the Senate and the Committee on Foreign Affairs
20 of the House of Representatives.
21 "(2) END TB STRATEGY.—The term 'End TB
22 Strategy' means the strategy to eliminate TB that
23 was approved by the World Health Assembly in May
24 2014, and is described in 'The End TB Strategy:

1 Global Strategy and Targets for Tuberculosis Pre-
2 vention, Care and Control After 2015'.

3 "(3) GLOBAL ALLIANCE FOR TUBERCULOSIS
4 DRUG DEVELOPMENT.—The term 'Global Alliance
5 for Tuberculosis Drug Development' means the pub-
6 lic-private partnership that bring together leaders in
7 health, science, philanthropy, and private industry to
8 devise new approaches to TB.

9 "(4) GLOBAL TUBERCULOSIS DRUG FACIL-
10 ITY.—The term 'Global Tuberculosis Drug Facility'
11 means the initiative of the Stop Tuberculosis Part-
12 nership to increase access to the most advanced, af-
13 fordable, quality-assured TB drugs and diagnostics.

14 "(5) MDR–TB.—The term 'MDR–TB' means
15 multi-drug-resistant TB.

16 "(6) STOP TUBERCULOSIS PARTNERSHIP.—The
17 term 'Stop Tuberculosis Partnership' means the
18 partnership of 1,600 organizations (including inter-
19 national and technical organizations, government
20 programs, research and funding agencies, founda-
21 tions, nongovernmental organizations, civil society
22 and community groups, and the private sector), do-
23 nors, including the United States, high TB burden
24 countries, multilateral agencies, and nongovern-
25 mental and technical agencies, which is governed by

1 the Stop TB Partnership Coordinating Board and
2 hosted by a United Nations entity, committed to
3 short- and long-term measures required to control
4 and eventually eliminate TB as a public health prob-
5 lem in the world.

6 ''(7) XDR–TB.—The term 'XDR–TB' means
7 extensively drug-resistant TB.

8 ''(c) AUTHORIZATION.—To carry out this section, the
9 President is authorized, consistent with section 104(c), to
10 furnish assistance, on such terms and conditions as the
11 President may determine, for the prevention, treatment,
12 control, and elimination of TB.

13 ''(d) GOALS.—In consultation with the appropriate
14 congressional committees, the President shall establish
15 goals, based on the policy and indicators described in sub-
16 section (a), for—

17 ''(1) United States TB programs to detect,
18 cure, and prevent all forms of TB globally for the
19 period between 2023 and 2030 that are aligned with
20 the End TB Strategy's 2030 targets and the
21 USAID's Global Tuberculosis (TB) Strategy 2023–
22 2030; and

23 ''(2) updating the National Action Plan for
24 Combating Multidrug-Resistant Tuberculosis.

25 ''(e) COORDINATION.—

1 "(1) IN GENERAL.—In carrying out this sec-
2 tion, the President shall coordinate with the World
3 Health Organization, the Stop TB Partnership, the
4 Global Fund to Fight AIDS, Tuberculosis, and Ma-
5 laria, and other organizations with respect to the de-
6 velopment and implementation of a comprehensive
7 global TB response program.

8 "(2) BILATERAL ASSISTANCE.—In providing bi-
9 lateral assistance under this section, the President,
10 acting through the Administrator of the United
11 States Agency for International Development,
12 shall—

13 "(A) catalyze support for research and de-
14 velopment of new tools to prevent, diagnose,
15 treat, and control TB worldwide, particularly to
16 reduce the incidence of, and mortality from, all
17 forms of drug-resistant TB;

18 "(B) ensure United States programs and
19 activities focus on finding individuals with ac-
20 tive TB disease and provide quality diagnosis
21 and treatment, including through digital health
22 solutions, and reaching those at high risk with
23 preventive therapy; and

24 "(C) ensure coordination among relevant
25 United States Government agencies, including

1 the Department of State, the Centers for Dis-
2 ease Control and Prevention, the National In-
3 stitutes of Health, the Biomedical Advanced
4 Research and Development Authority, the Food
5 and Drug Administration, the National Science
6 Foundation, the Department of Defense
7 (through its Congressionally Directed Medical
8 Research Programs), and other relevant Fed-
9 eral departments and agencies that engage in
10 international TB activities—

11 ''(i) to ensure accountability and
12 transparency;

13 ''(ii) to reduce duplication of efforts;
14 and

15 ''(iii) to ensure appropriate integra-
16 tion and coordination of TB services into
17 other United States-supported health pro-
18 grams.

19 ''(f) PRIORITY TO END TB STRATEGY.—In fur-
20 nishing assistance under subsection (c), the President
21 shall prioritize—

22 ''(1) building and strengthening TB pro-
23 grams—

24 ''(A) to increase the diagnosis and treat-
25 ment of everyone who is sick with TB; and

1 "(B) to ensure that such individuals have
2 access to quality diagnosis and treatment;
3 "(2) direct, high-quality integrated services for
4 all forms of TB, as described by the World Health
5 Organization, which call for the coordination of ac-
6 tive case finding, treatment of all forms of TB dis-
7 ease and infection, patient support, and TB preven-
8 tion;
9 "(3) treating individuals co-infected with HIV
10 and other co-morbidities, and other individuals with
11 TB who may be at risk of stigma;
12 "(4) strengthening the capacity of health sys-
13 tems to detect, prevent, and treat TB, including
14 MDR–TB and XDR–TB, as described in the latest
15 international guidance related to TB;
16 "(5) researching and developing innovative
17 diagnostics, drug therapies, and vaccines, and pro-
18 gram-based research;
19 "(6) support for the Stop Tuberculosis Partner-
20 ship's Global Drug Facility, the Global Alliance for
21 Tuberculosis Drug Development, and other organiza-
22 tions promoting the development of new products
23 and drugs for TB; and
24 "(7) ensuring that TB programs can serve as
25 key platforms for supporting national respiratory

1 pandemic response against existing and new infec-
2 tious respiratory disease.

3 "(g) ASSISTANCE FOR THE WORLD HEALTH ORGA-
4 NIZATION AND THE STOP TUBERCULOSIS PARTNER-
5 SHIP.—In carrying out this section, the President, acting
6 through the Administrator of the United States Agency
7 for International Development, is authorized—

8 "(1) to provide resources to the World Health
9 Organization and the Stop Tuberculosis Partnership
10 to improve the capacity of countries with high bur-
11 dens or rates of TB and other affected countries to
12 implement the End TB Strategy, the Stop TB Glob-
13 al Plan to End TB, their own national strategies
14 and plans, other global efforts to control MDR–TB
15 and XDR–TB; and

16 "(2) to leverage the contributions of other do-
17 nors for the activities described in paragraph (1).

18 "(h) ANNUAL REPORT ON TB ACTIVITIES.—Not
19 later than December 15 of each year until the earlier of
20 the date on which the goals specified in subsection
21 (a)(2)(A) are met or the last day of 2030, the President
22 shall submit an annual report to the appropriate congres-
23 sional committees that describes United States foreign as-
24 sistance to control TB and the impact of such efforts, in-
25 cluding—

1 "(1) the number of individuals with active TB
2 disease that were diagnosed and treated, including
3 the rate of treatment completion and the number re-
4 ceiving patient support;

5 "(2) the number of persons with MDR–TB and
6 XDR–TB that were diagnosed and treated, includ-
7 ing the rate of completion, in countries receiving
8 United States bilateral foreign assistance for TB
9 control programs;

10 "(3) the number of people trained by the
11 United States Government in TB surveillance and
12 control;

13 "(4) the number of individuals with active TB
14 disease identified as a result of engagement with the
15 private sector and other nongovernmental partners
16 in countries receiving United States bilateral foreign
17 assistance for TB control programs;

18 "(5) a description of the collaboration and co-
19 ordination of United States anti-TB efforts with the
20 World Health Organization, the Stop TB Partner-
21 ship, the Global Fund to Fight AIDS, Tuberculosis
22 and Malaria, and other major public and private en-
23 tities;

24 "(6) a description of the collaboration and co-
25 ordination among the United States Agency for

1 International Development and other United States
2 departments and agencies, including the Centers for
3 Disease Control and Prevention and the Office of
4 the Global AIDS Coordinator, for the purposes of
5 combating TB and, as appropriate, its integration
6 into primary care;

7 ''(7) the constraints on implementation of pro-
8 grams posed by health workforce shortages, health
9 system limitations, barriers to digital health imple-
10 mentation, other challenges to successful implemen-
11 tation, and strategies to address such constraints;

12 ''(8) a breakdown of expenditures for patient
13 services supporting TB diagnosis, treatment, and
14 prevention, including procurement of drugs and
15 other commodities, drug management, training in di-
16 agnosis and treatment, health systems strengthening
17 that directly impacts the provision of TB services,
18 and research; and

19 ''(9) for each country, and when practicable,
20 each project site receiving bilateral United States as-
21 sistance for the purpose of TB prevention, treat-
22 ment, and control—

23 ''(A) a description of progress toward the
24 adoption and implementation of the most recent
25 World Health Organization guidelines to im-

1 prove diagnosis, treatment, and prevention of
2 TB for adults and children, disaggregated by
3 sex, including the proportion of health facilities
4 that have adopted the latest World Health Or-
5 ganization guidelines on strengthening moni-
6 toring systems and preventative, diagnostic, and
7 therapeutic methods, including the use of rapid
8 diagnostic tests and orally administered TB
9 treatment regimens;

10 ‘‘(B) the number of individuals screened
11 for TB disease and the number evaluated for
12 TB infection using active case finding outside
13 of health facilities;

14 ‘‘(C) the number of individuals with active
15 TB disease that were diagnosed and treated, in-
16 cluding the rate of treatment completion and
17 the number receiving patient support;

18 ‘‘(D) the number of adults and children,
19 including people with HIV and close contacts,
20 who are evaluated for TB infection, the number
21 of adults and children started on treatment for
22 TB infection, and the number of adults and
23 children completing such treatment,
24 disaggregated by sex and, as possible, income or
25 wealth quintile;

1 "(E) the establishment of effective TB in-
2 fection control in all relevant congregant set-
3 tings, including hospitals, clinics, and prisons;
4 "(F) a description of progress in imple-
5 menting measures to reduce TB incidence, in-
6 cluding actions—
7 "(i) to expand active case finding and
8 contact tracing to reach vulnerable groups;
9 and
10 "(ii) to expand TB preventive ther-
11 apy, engagement of the private sector, and
12 diagnostic capacity;
13 "(G) a description of progress to expand
14 diagnosis, prevention, and treatment for all
15 forms of TB, including in pregnant women,
16 children, and individuals and groups at greater
17 risk of TB, including migrants, prisoners, min-
18 ers, people exposed to silica, and people living
19 with HIV/AIDS, disaggregated by sex;
20 "(H) the rate of successful completion of
21 TB treatment for adults and children,
22 disaggregated by sex, and the number of indi-
23 viduals receiving support for treatment comple-
24 tion;

1 ‘‘(I) the number of people, disaggregated
2 by sex, receiving treatment for MDR–TB, the
3 proportion of those treated with the latest regi-
4 mens endorsed by the World Health Organiza-
5 tion, factors impeding scale up of such treat-
6 ment, and a description of progress to expand
7 community-based MDR–TB care;

8 ‘‘(J) a description of TB commodity pro-
9 curement challenges, including shortages,
10 stockouts, or failed tenders for TB drugs or
11 other commodities;

12 ‘‘(K) the proportion of health facilities
13 with specimen referral linkages to quality diag-
14 nostic networks, including established testing
15 sites and reference labs, to ensure maximum ac-
16 cess and referral for second line drug resistance
17 testing, and a description of the turnaround
18 time for test results;

19 ‘‘(L) the number of people trained by the
20 United States Government to deliver high-qual-
21 ity TB diagnostic, preventative, monitoring,
22 treatment, and care services;

23 ‘‘(M) a description of how supported activi-
24 ties are coordinated with—

1 "(i) country national TB plans and
2 strategies; and
3 "(ii) TB control efforts supported by
4 the Global Fund to Fight AIDS, Tuber-
5 culosis, and Malaria, and other inter-
6 national assistance programs and funds,
7 including in the areas of program develop-
8 ment and implementation; and
9 "(N) for the first 3 years of the report re-
10 quired under this subsection, a description of
11 the progress in recovering from the negative im-
12 pact of COVID–19 on TB, including—
13 "(i) whether there has been the devel-
14 opment and implementation of a com-
15 prehensive plan to recover TB activities
16 from diversion of resources;
17 "(ii) the continued use of bidirectional
18 TB–COVID testing; and
19 "(iii) progress on increased diagnosis
20 and treatment of active TB.
21 "(i) ANNUAL REPORT ON TB RESEARCH AND DE-
22 VELOPMENT.—The President, acting through the Admin-
23 istrator of the United States Agency for International De-
24 velopment, and in coordination with the National Insti-
25 tutes of Health, the Centers for Disease Control and Pre-

1 vention, the Biomedical Advanced Research and Develop-
2 ment Authority, the Food and Drug Administration, the
3 National Science Foundation, and the Office of the Global
4 AIDS Coordinator, shall submit to the appropriate con-
5 gressional committees until 2030 an annual report that—

6 "(1) describes the current progress and chal-
7 lenges to the development of new tools for the pur-
8 pose of TB prevention, treatment, and control;

9 "(2) identifies critical gaps and emerging prior-
10 ities for research and development, including for
11 rapid and point-of-care diagnostics, shortened treat-
12 ments and prevention methods, telehealth solutions
13 for prevention and treatment, and vaccines; and

14 "(3) describes research investments by type,
15 funded entities, and level of investment.

16 "(j) EVALUATION REPORT.—Not later than 3 years
17 after the date of the enactment of the Health Equity and
18 Accountability Act of 2024, and 5 years thereafter, the
19 Comptroller General of the United States shall submit a
20 report to the appropriate congressional committees that
21 evaluates the performance and impact on TB prevention,
22 diagnosis, treatment, and care efforts that are supported
23 by United States bilateral assistance funding, including
24 recommendations for improving such programs.".

1 # Subtitle I—Osteoarthritis and
2 # Musculoskeletal Diseases

3 **SEC. 7801. OSTEOARTHRITIS AND OTHER MUSCULO-**
4 **SKELETAL HEALTH-RELATED ACTIVITIES OF**
5 **THE CENTERS FOR DISEASE CONTROL AND**
6 **PREVENTION.**

7 (a) EDUCATION AND AWARENESS ACTIVITIES.—The
8 Secretary of Health and Human Services, acting through
9 the Director of the Centers for Disease Control and Pre-
10 vention, shall direct the National Center for Chronic Dis-
11 ease Prevention and Health Promotion to conduct and ex-
12 pand the Health Community Program and Arthritis Pro-
13 gram to educate the public on—

14 (1) the causes of, preventive health actions for,
15 and effects of arthritis, lupus, and other musculo-
16 skeletal conditions in minority patient populations;
17 and

18 (2) the effects of such conditions on other
19 comorbidities including obesity, hypertension, and
20 cardiovascular disease.

21 (b) PROGRAMS ON ARTHRITIS AND MUSCULO-
22 SKELETAL CONDITIONS.—Education and awareness pro-
23 grams of the Centers for Disease Control and Prevention
24 on arthritis and other musculoskeletal conditions in minor-
25 ity communities shall—

1 (1) be culturally and linguistically appropriate
2 to minority patients, targeting musculoskeletal
3 health promotion and prevention programs of each
4 major ethnic group, including—
5 (A) Native Americans and Alaska Natives;
6 (B) Asian Americans;
7 (C) African Americans and Blacks;
8 (D) Hispanic and Latino Americans; and
9 (E) Native Hawaiians and Pacific Island-
10 ers; and
11 (2) include public awareness campaigns directed
12 toward these patient populations that emphasize the
13 importance of musculoskeletal health, physical activ-
14 ity, diet and healthy lifestyle, and weight reduction
15 for overweight and obese patients.
16 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
17 out this section, there are authorized to be appropriated
18 such sums as are necessary for fiscal year 2025 and each
19 subsequent fiscal year.

20 **SEC. 7802. GRANTS FOR COMPREHENSIVE OSTEO-**
21 **ARTHRITIS AND MUSCULOSKELETAL DIS-**
22 **EASE HEALTH EDUCATION WITHIN HEALTH**
23 **PROFESSIONS SCHOOLS.**

24 (a) PROGRAM AUTHORIZED.—The Secretary of
25 Health and Human Services (in this section referred to

1 as the ''Secretary''), in coordination with the Secretary of
2 Education, shall award grants, on a competitive basis, to
3 academic health science centers, health professions
4 schools, and institutions of higher education to enable
5 such centers, schools, and institutions to provide people
6 with comprehensive education on arthritis and musculo-
7 skeletal health, particularly—
8 (1) obesity-related musculoskeletal diseases;
9 (2) arthritis and osteoarthritis;
10 (3) arthritis and musculoskeletal health dispari-
11 ties; and
12 (4) the relationship between arthritis and mus-
13 culoskeletal diseases and metabolic activity, psycho-
14 logical health, and comorbidities such as diabetes,
15 cardiovascular disease, lupus, and hypertension.
16 (b) DURATION.—Grants awarded under this section
17 shall be for a period of 5 years.
18 (c) APPLICATIONS.—An academic health science cen-
19 ter, health professions school, or institution of higher edu-
20 cation seeking a grant under this section shall submit an
21 application to the Secretary at such time, in such manner,
22 and containing such information as the Secretary may re-
23 quire.

1 (d) PRIORITY.—In awarding grants under this sec-
2 tion, the Secretary shall give priority to an institution of
3 higher education that—
4 (1) has an enrollment of needy students, as de-
5 fined in section 318(b) of the Higher Education Act
6 of 1965 (20 U.S.C. 1059e(b));
7 (2) is a Hispanic-serving institution, as defined
8 in section 502(a) of such Act (20 U.S.C. 1101a(a));
9 (3) is a Tribal College or University, as defined
10 in section 316(b) of such Act (20 U.S.C. 1059c(b));
11 (4) is an Alaska Native-serving institution, as
12 defined in section 317(b) of such Act (20 U.S.C.
13 1059d(b));
14 (5) is a Native Hawaiian-serving institution, as
15 defined in section 317(b) of such Act (20 U.S.C.
16 1059d(b));
17 (6) is a Predominately Black Institution, as de-
18 fined in section 318(b) of such Act (20 U.S.C.
19 1059e(b));
20 (7) is a Native American-serving, nontribal in-
21 stitution, as defined in section 319(b) of such Act
22 (20 U.S.C. 1059f(b));
23 (8) is an Asian American and Native American
24 Pacific Islander-serving institution, as defined in
25 section 320(b) of such Act (20 U.S.C. 1059g(b)); or

1 (9) is a minority institution, as defined in sec-
2 tion 365 of such Act (20 U.S.C. 1067k), with an en-
3 rollment of needy students, as defined in section 312
4 of such Act (20 U.S.C. 1058).

5 (e) USES OF FUNDS.—An academic health science
6 center, health professions school, or institution of higher
7 education receiving a grant under this section may use the
8 grant funds to integrate issues relating to comprehensive
9 arthritis and musculoskeletal health into the academic or
10 support sectors of the center, school, or institution in
11 order to reach a large number of students, by carrying
12 out 1 or more of the following activities:

13 (1) Developing educational content for issues
14 relating to comprehensive arthritis and musculo-
15 skeletal health education that will be incorporated
16 into first-year orientation or core courses.

17 (2) Creating innovative technology-based ap-
18 proaches to deliver arthritis and musculoskeletal
19 health education to students, faculty, and staff.

20 (3) Developing and employing peer-outreach
21 and education programs to generate discussion, edu-
22 cate, and raise awareness among students about
23 issues relating to arthritis and musculoskeletal
24 health disorders, and their relationship to diabetes,

1 hypertension, cardiovascular disease, psychological
2 health, and other comorbid conditions.
3 (f) REPORT TO CONGRESS.—
4 (1) IN GENERAL.—Not later than 1 year after
5 the date of the enactment of this Act, and annually
6 thereafter for a period of 5 years, the Secretary shall
7 prepare and submit to the appropriate committees of
8 Congress a report on the activities to provide health
9 professions students with comprehensive arthritis
10 and musculoskeletal health education funded under
11 this section.
12 (2) REPORT ELEMENTS.—The report described
13 in paragraph (1) shall include information about—
14 (A) the number of entities that are receiv-
15 ing a grant under this section;
16 (B) the specific activities supported by
17 grants under this section;
18 (C) the number of students served by pro-
19 grams supported by grants under this section;
20 and
21 (D) the status of evaluations of such pro-
22 grams.
23 (g) DEFINITION OF INSTITUTION OF HIGHER EDU-
24 CATION.—In this section, the term ''institution of higher
25 education'' has the meaning given such term in section

101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

## Subtitle J—Sleep and Circadian Rhythm Disorders

### SEC. 7901. SLEEP AND CIRCADIAN RHYTHM DISORDERS RESEARCH ACTIVITIES OF THE NATIONAL INSTITUTES OF HEALTH.

(a) IN GENERAL.—The Director of the National Institutes of Health, acting through the Director of the National Heart, Lung, and Blood Institute, shall—

(1) continue to expand research activities addressing sleep health disparities; and

(2) continue implementation of the NIH Sleep Disorders Research Plan across all institutes and centers of the National Institutes of Health to improve treatment and prevention of sleep health disparities.

(b) REQUIRED RESEARCH ACTIVITIES.—In conducting or supporting research relating to sleep and circadian rhythm, the Director of the National Heart, Lung, and Blood Institute shall—

(1) advance epidemiology and clinical research to achieve a more complete understanding of disparities in domains of sleep health and across population

1 subgroups for which cardiovascular and metabolic
2 health disparities exist, including—
3 (A) prevalence and severity of sleep apnea;
4 (B) habitual sleep duration;
5 (C) sleep timing and regularity; and
6 (D) insomnia;
7 (2) develop study designs and analytical ap-
8 proaches to explain and predict multilevel and life-
9 course determinants of sleep health and to elucidate
10 the sleep-related causes of cardiovascular and meta-
11 bolic health disparities across the age spectrum, in-
12 cluding such determinants and causes that are—
13 (A) environmental;
14 (B) biological or genetic;
15 (C) psychosocial;
16 (D) societal;
17 (E) political; or
18 (F) economic;
19 (3) determine the contribution of sleep impair-
20 ments such as sleep apnea, insufficient sleep dura-
21 tion, irregular sleep schedules, and insomnia to un-
22 explained disparities in cardiovascular and metabolic
23 risk and disease outcomes;
24 (4) develop study designs, data sampling and
25 collection tools, and analytical approaches to opti-

1 mize understanding of mediating and moderating
2 factors, and feedback mechanisms coupling sleep to
3 cardiovascular and metabolic health disparities;

4 (5) advance research to understand cultural
5 and linguistic barriers (on the person, provider, or
6 system level) to access to care, medical diagnosis,
7 and treatment of sleep disorders in diverse popu-
8 lation groups;

9 (6) develop and test multilevel interventions (in-
10 cluding sleep health education in diverse commu-
11 nities) to reduce disparities in sleep health that will
12 impact the ability to improve disparities in cardio-
13 vascular and metabolic risk or disease;

14 (7) create opportunities to integrate sleep and
15 health disparity science by strategically utilizing re-
16 sources (involving existing or anticipated cohorts)
17 and exchanging scientific data and ideas (including
18 through cross-over into scientific meetings); and

19 (8) enhance the diversity and foster career de-
20 velopment of young investigators involved in sleep
21 and health disparities science.

22 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there are authorized to be appropriated
24 such sums as may be necessary for fiscal year 2025 and
25 each subsequent fiscal year.

1 **SEC. 7902. SLEEP AND CIRCADIAN RHYTHM HEALTH DIS-**
2 **PARITIES-RELATED ACTIVITIES OF THE CEN-**
3 **TERS FOR DISEASE CONTROL AND PREVEN-**
4 **TION.**

5 (a) IN GENERAL.—The Director of the Centers for
6 Disease Control and Prevention shall conduct, support,
7 and expand public health strategies and prevention, diag-
8 nosis, surveillance, and public and professional awareness
9 activities regarding sleep and circadian rhythm disorders.

10 (b) REQUIRED SURVEILLANCE AND EDUCATION
11 AWARENESS ACTIVITIES.—In conducting or supporting
12 research relating to sleep and circadian rhythm disorders
13 surveillance and education awareness activities, the Direc-
14 tor of the Centers for Disease Control and Prevention
15 shall—

16 (1) ensure that such activities are culturally
17 and linguistically appropriate to minority patients,
18 targeting sleep and circadian rhythm health pro-
19 motion and prevention programs of each major eth-
20 nic group, including—

21 (A) Native Americans and Alaska Natives;
22 (B) Asian Americans;
23 (C) African Americans and Blacks;
24 (D) Hispanic and Latino-Americans; and
25 (E) Native Hawaiians and Pacific Island-
26 ers;

1 (2) collect and compile national and State sur-
2 veillance data on sleep disorders health disparities;
3 (3) continue to develop and implement new
4 sleep questions in public health surveillance systems
5 to increase public awareness of sleep health and
6 sleep disorders and their impact on health;
7 (4) publish monthly reports highlighting geo-
8 graphic, racial, and ethnic disparities in sleep health,
9 as well as relationships between insufficient sleep
10 and chronic disease, health risk behaviors, and other
11 outcomes as determined necessary by the Director;
12 and
13 (5) include public awareness campaigns that in-
14 form patient populations from major ethnic groups
15 about the prevalence of sleep and circadian rhythm
16 disorders and emphasize the importance of sleep
17 health.
18 (c) AUTHORIZATION OF APPROPRIATIONS.—To carry
19 out this section, there are authorized to be appropriated
20 such sums as may be necessary for fiscal year 2025 and
21 each subsequent fiscal year.

1 **SEC. 7903. GRANTS FOR COMPREHENSIVE SLEEP AND CIR-**
2 **CADIAN HEALTH EDUCATION WITHIN**
3 **HEALTH PROFESSIONS SCHOOLS.**

4 (a) PROGRAM AUTHORIZED.—The Secretary of
5 Health and Human Services (referred to in this section
6 as the ''Secretary''), in coordination with the Secretary of
7 Education, shall award grants, on a competitive basis, to
8 academic health science centers, health professions
9 schools, and institutions of higher education to enable
10 such centers, schools, and institutions to provide people
11 with comprehensive education on sleep and circadian
12 health, particularly—
13 (1) poor sleep health;
14 (2) sleep disorders;
15 (3) sleep health disparities; and
16 (4) the relationship between sleep and circadian
17 health on metabolic activity, neurological activity,
18 comorbidities, and other diseases.

19 (b) DURATION.—Grants awarded under this section
20 shall be for a period of 5 years.

21 (c) APPLICATIONS.—An academic health science cen-
22 ter, health professions school, or institution of higher edu-
23 cation seeking a grant under this section shall submit an
24 application to the Secretary at such time, in such manner,
25 and containing such information as the Secretary may re-
26 quire.

1 (d) PRIORITY.—In awarding grants under this sec-
2 tion, the Secretary shall give priority to an institution of
3 higher education that—
4 (1) has an enrollment of needy students, as de-
5 fined in section 318(b) of the Higher Education Act
6 of 1965 (20 U.S.C. 1059e(b));
7 (2) is a Hispanic-serving institution, as defined
8 in section 502(a) of such Act (20 U.S.C. 1101a(a));
9 (3) is a Tribal College or University, as defined
10 in section 316(b) of such Act (20 U.S.C. 1059c(b));
11 (4) is an Alaska Native-serving institution, as
12 defined in section 317(b) of such Act (20 U.S.C.
13 1059d(b));
14 (5) is a Native Hawaiian-serving institution, as
15 defined in section 317(b) of such Act (20 U.S.C.
16 1059d(b));
17 (6) is a Predominately Black Institution, as de-
18 fined in section 318(b) of such Act (20 U.S.C.
19 1059e(b));
20 (7) is a Native American-serving, nontribal in-
21 stitution, as defined in section 319(b) of such Act
22 (20 U.S.C. 1059f(b));
23 (8) is an Asian American and Native American
24 Pacific Islander-serving institution, as defined in
25 section 320(b) of such Act (20 U.S.C. 1059g(b)); or

1 (9) is a minority institution, as defined in sec-
2 tion 365 of such Act (20 U.S.C. 1067k), with an en-
3 rollment of needy students, as defined in section 312
4 of such Act (20 U.S.C. 1058).

5 (e) USES OF FUNDS.—An academic health science
6 center, health professions school, or institution of higher
7 education receiving a grant under this section may use the
8 grant funds to integrate issues relating to comprehensive
9 sleep and circadian health into the academic or support
10 sectors of the center, school, or institution, in order to
11 reach a large number of students, by carrying out 1 or
12 more of the following activities:

13 (1) Developing educational content for issues
14 relating to comprehensive sleep and circadian health
15 education that will be incorporated into first-year
16 orientation or core courses.

17 (2) Creating innovative technology-based ap-
18 proaches to deliver sleep health education to stu-
19 dents, faculty, and staff.

20 (3) Developing and employing peer-outreach
21 and education programs to generate discussion, edu-
22 cate, and raise awareness among students about
23 issues relating to poor quality sleep, sleep and circa-
24 dian disorders, and the role sleep health plays in
25 other diseases and comorbidities.

1 (f) REPORT TO CONGRESS.—

2 (1) IN GENERAL.—Not later than 1 year after
3 the date of the enactment of this Act, and annually
4 thereafter for a period of 5 years, the Secretary shall
5 prepare and submit to the appropriate committees of
6 Congress a report on the activities to provide health
7 professions students with comprehensive sleep and
8 circadian health education funded under this section.

9 (2) REPORT ELEMENTS.—The report described
10 in paragraph (1) shall include information about—

11 (A) the number of entities that are receiv-
12 ing a grant under this section;

13 (B) the specific activities supported by
14 grants under this section;

15 (C) the number of students served by pro-
16 grams supported by grants under this section;
17 and

18 (D) the status of evaluations of programs
19 supported by such grants.

20 (g) DEFINITION OF INSTITUTION OF HIGHER EDU-
21 CATION.—In this section, the term ''institution of higher
22 education'' has the meaning given such term in section
23 101 of the Higher Education Act of 1965 (20 U.S.C.
24 1001).

1 **SEC. 7904. REPORT ON IMPACT OF SLEEP AND CIRCADIAN**
2 **HEALTH DISORDERS IN VULNERABLE AND**
3 **RACIAL/ETHNIC POPULATIONS.**

4 (a) IN GENERAL.—Not later than 1 year after the
5 date of enactment of this Act, the Secretary of Health and
6 Human Services shall submit to Congress and the Presi-
7 dent a report on the impact of sleep and circadian health
8 disorders for racial and ethnic minority communities and
9 other vulnerable populations.

10 (b) CONTENTS.—The report under subsection (a)
11 shall include information on the—

12 (1) progress that has been made in reducing
13 the impact of sleep and circadian health disorders in
14 such communities and populations;

15 (2) opportunities that exist to make additional
16 progress in reducing the impact of sleep and circa-
17 dian health disorders in such communities and popu-
18 lations;

19 (3) challenges that may impede such additional
20 progress; and

21 (4) Federal funding necessary to achieve sub-
22 stantial reductions in sleep and circadian health dis-
23 orders in racial and ethnic minority communities.

1 # Subtitle K—Kidney Disease Re-
2 search, Surveillance, Preven-
3 tion, and Treatment

4 **SEC. 7901A. KIDNEY DISEASE RESEARCH IN MINORITY POP-**
5 **ULATIONS.**

6 (a) IN GENERAL.—
7 (1) RESEARCH AND TRAINING CENTERS.—Sec-
8 tion 431(c)(3) of the Public Health Service Act (42
9 U.S.C. 285c–5(c)(3)) is amended—
10 (A) in subparagraph (B), by striking
11 ‘‘and’’ at the end;
12 (B) in subparagraph (C), by striking
13 ‘‘and’’ at the end; and
14 (C) by adding at the end the following:
15 ‘‘(D) improving data science through im-
16 provement in bioinformatics, data integration,
17 and data sharing;
18 ‘‘(E) defining the chronic kidney disease
19 mechanism and identifying new therapeutic tar-
20 gets for chronic kidney disease using specific
21 tools, including mapping the genetic architec-
22 ture of kidney function and disease and trans-
23 lating genetic maps to disease-causing genes
24 and mechanisms, especially among minority
25 populations;

1 ''(F) improving models of human disease
2 including better humanized animal models, im-
3 proved reproducibility, and functional character-
4 ization of kidney organoids, and accelerating
5 the development of in vivo imaging technologies;
6 and

7 ''(G) developing cell-specific drug delivery
8 systems and gene editing, including targeted
9 systems for the delivery of therapeutic com-
10 pounds to specific kidney compartments or cell
11 types and accelerating the implementation of
12 gene editing and gene therapy for the treatment
13 of kidney diseases in vivo; and''.

14 (2) INCLUSION OF MINORITY PARTICIPANTS.—
15 In conducting and supporting research described in
16 the amendment made by paragraph (1), the Director
17 of the National Institutes of Health shall work with
18 the Director of the National Institute on Minority
19 Health and Health Disparities to improve the num-
20 ber of minority participants as study subjects in
21 clinical trials. Such work may include—

22 (A) developing and sustaining clinical trial
23 consortia that can recruit patients with chronic
24 kidney disease to ensure adequate capacity for

1 assessment of kidney outcomes and increase the
2 enrollment of underrepresented populations;
3 (B) encouraging the use of novel designs in
4 clinical trials to enhance the recruitment and
5 retention of underrepresented populations which
6 will enhance the generalizability of study find-
7 ings;
8 (C) supporting outreach initiatives that in-
9 corporate acknowledgment of both historical
10 and current grounds for participation reluc-
11 tance, and that prioritize demonstrating trust-
12 worthiness, in order to enhance the ability to
13 promote and effectively convey the benefits of
14 clinical research participation;
15 (D) completing clinical trials that test
16 interventions to improve patient quality of life
17 and address patient-reported outcomes; and
18 (E) encouraging inclusion of persons with
19 chronic kidney disease in clinical trials of treat-
20 ments for nonkidney diseases.
21 (b) REPORT; COMPREHENSIVE PLAN.—Section 429
22 of the Public Health Services Act (42 U.S.C. 285c–3) is
23 amended by adding at the end the following:
24 ‘‘(c) REPORT BY KIDNEY, UROLOGIC, AND HEMATO-
25 LOGIC DISEASES COORDINATING COMMITTEE.—

1 “(1) IN GENERAL.—The Kidney, Urologic, and
2 Hematologic Diseases Coordinating Committee, in
3 coordination with the Chronic Kidney Disease Initia-
4 tive at the Centers for Disease Control and Preven-
5 tion, shall—

6 “(A) prepare and submit to the Congress,
7 not later than 6 months after the date of enact-
8 ment of this subsection, a report on Federal re-
9 search and public health activities with respect
10 to kidney disease in minority populations; and

11 “(B) develop and submit to the Congress,
12 the Secretary, the Director of the National In-
13 stitutes of Health, and the Advisory Board es-
14 tablished under section 430 for the diseases for
15 which the Committee was established, not later
16 than 1 year after the date of enactment of this
17 subsection, an effective and comprehensive Fed-
18 eral plan (including all appropriate Federal
19 health programs) to address kidney disease in
20 minority populations.

21 “(2) CONTENTS.—The report under paragraph
22 (1)(A) shall at minimum address each of the fol-
23 lowing:

24 “(A) Research on kidney disease in minor-
25 ity populations, including such research on—

1 "(i) genetic, behavioral, and environ-
2 mental factors;
3 "(ii) prevention and complications
4 among individuals within these populations
5 who have already developed kidney disease;
6 "(iii) the delivery of evidenced-based
7 care for all chronic kidney disease stages,
8 especially in underrepresented and under-
9 served populations;
10 "(iv) expanding support for a root-
11 cause analysis approach to disparities, in-
12 cluding causes, detection, and management
13 of chronic kidney disease for underserved
14 populations;
15 "(v) developing research teams that
16 engage with community organizations to
17 develop and implement interventions which
18 halt or delay development and progression
19 of chronic kidney disease; and
20 "(vi) continued support of observa-
21 tional studies of kidney disease measures
22 and outcomes.
23 "(B) Surveillance and data collection on
24 kidney disease in minority populations, includ-
25 ing with respect to—

1 "(i) efforts to better determine the
2 prevalence of kidney disease among Asian-
3 American and Pacific Islander subgroups;
4 and

5 "(ii) efforts to coordinate data collec-
6 tion on the American Indian population.

7 "(C) Community-based interventions to ad-
8 dress kidney disease targeting minority popu-
9 lations, including—

10 "(i) the evidence bases for such inter-
11 ventions;

12 "(ii) the cultural appropriateness of
13 such interventions; and

14 "(iii) efforts to educate the public on
15 the causes and consequences of kidney dis-
16 ease.

17 "(D) Education and training programs for
18 health professionals (including community
19 health workers) on the prevention and manage-
20 ment of kidney disease and its related complica-
21 tions that are supported by the Health Re-
22 sources and Services Administration, including
23 such programs supported by the Bureau of
24 Health Workforce, the Bureau of Primary

1 Health Care, and the Health Systems Bureau.
2 This shall include—
3 "(i) identification of effective strate-
4 gies to increase implementation of proven
5 therapies to slow chronic kidney disease in-
6 cidence and progression, especially in high-
7 risk underrepresented populations; and
8 "(ii) identification of effective practice
9 improvement strategies in large and small
10 health systems to reduce chronic kidney
11 disease incidence and progression.".

12 **SEC. 7901A–1. KIDNEY DISEASE ACTION PLAN.**

13 (a) IN GENERAL.—The Director of the Centers for
14 Disease Control and Prevention shall conduct, support,
15 and expand public health strategies, prevention, diagnosis,
16 surveillance, and public and professional awareness activi-
17 ties regarding kidney disease.
18 (b) NATIONAL ACTION PLAN.—
19 (1) DEVELOPMENT.—Pursuant to section 426
20 of the Public Health Service Act (42 U.S.C. 285c),
21 not later than 2 years after the date of the enact-
22 ment of this Act, the Director of the National Insti-
23 tute of Diabetes and Digestive and Kidney Diseases,
24 in consultation with the Director of the National In-
25 stitute on Minority Health and Health Disparities

1 and the Director of the Centers for Disease Control
2 and Prevention, shall develop a national action plan
3 to address kidney disease in the United States with
4 participation from patients, caregivers, health pro-
5 fessionals, patient advocacy organizations, research-
6 ers, providers, public health professionals, and other
7 stakeholders.

8 (2) CONTENTS.—At a minimum, such plan
9 shall include recommendations for—

10 (A) public health interventions for the pur-
11 pose of implementation of the national plan;

12 (B) biomedical, health services, and public
13 health research on kidney disease; and

14 (C) inclusion of kidney disease in the
15 health data collections of all Federal agencies.

16 (c) KIDNEY DISEASE PREVENTION PROGRAMS.—The
17 Director of the Centers for Disease Control and Preven-
18 tion, through the Chronic Kidney Disease Initiative, shall
19 carry out the following:

20 (1) Conduct public education and awareness ac-
21 tivities with patient and professional organizations
22 to stimulate earlier diagnosis and improve patient
23 outcomes from treatment of kidney disease. To the
24 extent known and relevant, such public education
25 and awareness activities shall reflect differences in

1 kidney disease by cause (such as hypertension, dia-
2 betes, lupus nephritis, COVID–19, and polycystic
3 kidney disease) and include a focus on outreach to
4 undiagnosed and, as appropriate, minority popu-
5 lations.

6 (2) Supplement and expand upon the activities
7 of the Centers for Disease Control and Prevention
8 by making grants to nonprofit organizations, State
9 and local jurisdictions, and Indian Tribes for the
10 purpose of reducing the burden of kidney disease,
11 especially in disproportionately impacted commu-
12 nities, through public health interventions and re-
13 lated activities.

14 (3) Coordinate with the National Institute of
15 Diabetes and Digestive and Kidney Diseases, the In-
16 dian Health Service, the Health Resources and Serv-
17 ices Administration, and the Department of Vet-
18 erans Affairs to develop pilot programs to dem-
19 onstrate best practices for the diagnosis and man-
20 agement of kidney disease.

21 (4) Develop improved techniques and identify
22 best practices, in coordination with the Secretary of
23 Veterans Affairs, for assisting kidney disease pa-
24 tients.

1 (d) DATA COLLECTION.—Not later than 180 days
2 after the date of enactment of this Act, the Director of
3 the National Institute of Diabetes and Digestive and Kid-
4 ney Diseases and the Director of the Centers for Disease
5 Control and Prevention, acting jointly, shall assess the
6 depth and quality of information on kidney disease that
7 is collected in surveys and population studies conducted
8 by the Centers for Disease Control and Prevention, includ-
9 ing whether there are additional opportunities for informa-
10 tion to be collected in the National Health and Nutrition
11 Examination Survey, the National Health Interview Sur-
12 vey, and the Behavioral Risk Factor Surveillance System
13 surveys. The Director of the National Institute of Diabetes
14 and Digestive and Kidney Diseases shall include the re-
15 sults of such assessment in the national action plan under
16 subsection (b).

17 (e) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section
19 $1,000,000 for fiscal year 2025, $1,000,000 for fiscal year
20 2026, $1,000,000 for fiscal year 2027, $1,000,000 for fis-
21 cal year 2028, and $1,000,000 for fiscal year 2029.

1 **SEC. 7901A–2. PROVIDING FOR STAFF-ASSISTED HOME DI-**
2 **ALYSIS FOR CERTAIN HEMODIALYSIS AND**
3 **PERITONEAL DIALYSIS PATIENTS.**

4 (a) IN GENERAL.—Section 1881(b)(14) of the Social
5 Security Act (42 U.S.C. 1395rr(b)(14)) is amended by
6 adding at the end the following new subparagraph:

7 ''(J)(i) With respect to staff-assisted home
8 dialysis (as defined in clause (iv)(IV)) furnished
9 on or after the date that is 1 year after the
10 date of the enactment of this subparagraph,
11 subject to the succeeding provisions of this sub-
12 paragraph, the Secretary shall increase the sin-
13 gle payment that would otherwise apply under
14 this paragraph for renal dialysis services by the
15 add-on payment amount established pursuant
16 to clause (iii).

17 ''(ii)(I) Subject to subclause (II), staff-as-
18 sisted home dialysis may only be furnished—

19 ''(aa) with respect to an initializing
20 patient (as defined in clause (iv)(I)) or a
21 returning patient (as defined in clause
22 (iv)(III)), for a period of up to 90 days, re-
23 ferred to as the 'initial period', which may
24 be extended as determined necessary by
25 the care team of the individual in not more
26 than 2 intervals of up to 30 days each,

1 each of which is referred to as an 'ex-
2 tended interval'; and

3 "(bb) with respect to a temporary as-
4 sistance patient (as defined in clause
5 (iv)(V)), for any 30-day period as deter-
6 mined necessary by the care team of the
7 individual, notwithstanding whether such
8 an individual receives any routine dialysis
9 respite care during such period.

10 "(II) Notwithstanding subclause (I), staff-
11 assisted home dialysis may be furnished for as
12 long as the Secretary determines appropriate to
13 an individual who—

14 "(aa) is blind;

15 "(bb) has a cognitive or neurological
16 impairment (including a stroke, Alz-
17 heimer's Disease, dementia, amyotrophic
18 lateral sclerosis, or any other impairment
19 determined by the Secretary); or

20 "(cc) has any other illness or injury
21 that reduces mobility (including cerebral
22 palsy, spinal cord injuries, an injury or ill-
23 ness that requires the individual to be on
24 a ventilator, or any other illness or injury
25 determined by the Secretary).

1 "(iii) The Secretary shall, by regulation,
2 establish an add-on payment amount for staff-
3 assisted home dialysis to determine the
4 amounts payable to a qualified provider (as de-
5 fined in clause (iv)(II)) for assisting in the fur-
6 nishing of staff-assisted home dialysis on a fre-
7 quency as determined by the Secretary and in
8 consultation with clinicians, patients, and care
9 partners to ensure maximum patient choice, ac-
10 cess, and flexibility. In establishing the add-on
11 payment under this clause, the Secretary shall
12 consult with stakeholders, including providers of
13 renal dialysis services, individuals receiving
14 home dialysis, qualified providers, private insur-
15 ance payers, and Medicare Advantage plans
16 under part C.
17 "(iv) In this subparagraph:
18 "(I) The term 'initializing patient'
19 means an individual who initiates a home
20 dialysis modality, including home hemo-
21 dialysis and peritoneal dialysis.
22 "(II) The term 'qualified provider'
23 means a trained professional (as deter-
24 mined by the Secretary, including a reg-

1 istered or licensed practical nurse and a
2 certified patient care technician) who—
3 "(aa) furnishes renal dialysis
4 services;
5 "(bb) meets requirements (as de-
6 termined by the Secretary) that en-
7 sure competency in patient care and
8 modality usage; and
9 "(cc) during a period described
10 in clause (ii)(I), provides in-person as-
11 sistance to an individual for an appro-
12 priate number of dialysis sessions, as
13 determined by the care team of the in-
14 dividual based on the needs of the in-
15 dividual, caregiver availability, pre-
16 scription, and mode of home dialysis.
17 "(III) The term 'returning patient'
18 means an individual who is returning to
19 home dialysis after a period of hospitaliza-
20 tion or other non-home dialysis modality.
21 "(IV)(aa) The term 'staff-assisted
22 home dialysis' means dialysis furnished by
23 the individual in a home, residence, or
24 other approved setting with the assistance
25 of a qualified provider, the frequency of

1 which is determined by the qualified pro-
2 vider in coordination with the individual,
3 the care partner, and the care team of the
4 individual and outlined in a patient plan of
5 care.

6 ''(bb) In this subclause, the term 'care
7 partner' means a friend or family member
8 who is designated by the individual who is
9 trained to assist the individual with the
10 furnishing of home dialysis.

11 ''(cc) In this subclause, the term 'pa-
12 tient plan of care' has the meaning given
13 such term in section 494.90 of title 42,
14 Code of Federal Regulations (or any suc-
15 cessor regulations).

16 ''(V) The term 'temporary assistance
17 patient' means an individual who is receiv-
18 ing home dialysis and is temporarily un-
19 able to perform functions necessary to self-
20 furnish unassisted home dialysis due to ill-
21 ness, injury, caregiver unavailability, or
22 other temporary circumstances not to ex-
23 ceed 30 days.''.

24 (b) PATIENT EDUCATION AND TRAINING RELATING
25 TO STAFF-ASSISTED HOME DIALYSIS.—

1 (1) IN GENERAL.—Section 1881(b)(5) of the
2 Social Security Act (42 U.S.C. 1395rr(b)(5)) is
3 amended—
4 (A) in subparagraph (C), by striking at the
5 end "and";
6 (B) in subparagraph (D), by striking the
7 period at the end and inserting a semicolon;
8 and
9 (C) by adding at the end the following new
10 subparagraphs:
11 "(E) educate individuals on the oppor-
12 tunity to receive staff-assisted home dialysis (as
13 defined in paragraph (14)(J)(iv)(IV)) during
14 the periods described in paragraph (14)(J)(ii);
15 and
16 "(F) provide for registered or licensed
17 nurses, certified patient care technicians, or
18 other qualified providers (as determined by a
19 physician) to train individuals and their care
20 partners in skills and procedures needed to fur-
21 nish staff-assisted home dialysis, including—
22 "(i) in a group-training environment
23 with other individuals and their care part-
24 ners when appropriate and in accordance
25 with Federal regulations (concerning the

1 privacy of individually identifiable health
2 information) promulgated under section
3 264(c) of the Health Insurance Portability
4 and Accountability Act of 1996;

5 ''(ii) via telehealth (following an initial
6 period of in-person competency training, in
7 accordance with standards specified by the
8 Secretary);

9 ''(iii) through interdisciplinary team
10 training (as described in the interpretive
11 guidance relating to tag number V590 of
12 'Advance Copy—End Stage Renal Disease
13 (ESRD) Program Interpretive Guidance
14 Version 1.1' (published on October 3,
15 2008)); and

16 ''(iv) in the home or residence of an
17 individual, in a dialysis facility, in a stand-
18 alone training facility, or the place in
19 which the individual has been approved to
20 perform home dialysis by the care team.''.

21 (2) EFFECTIVE DATE.—The amendments made
22 by this subsection shall take effect on the date that
23 is 1 year after the date of the enactment of this Act.

24 (c) OTHER PROVISIONS.—

1 (1) ANTI-KICKBACK STATUTE.—Section
2 1128B(b)(3) of the Social Security Act (42 U.S.C.
3 1320a–7b(b)(3)) is amended—
4 (A) by moving subparagraphs (J) and (K)
5 2 ems to the left;
6 (B) in subparagraph (K), by striking
7 ''and'' at the end;
8 (C) in subparagraph (L), by striking the
9 period at the end and inserting ''; and''; and
10 (D) by adding at the end the following new
11 subparagraph:
12 ''(M) any remuneration relating to the fur-
13 nishing of staff-assisted home dialysis (as defined in
14 section 1881(b)(14)(J)(iv)(IV)).''.
15 (2) STUDY.—Not later than 2 years after the
16 date of the enactment of this Act, the Secretary of
17 Health and Human Services (in this section referred
18 to as the ''Secretary'') shall submit, to the Com-
19 mittee on Finance of the Senate and the Committees
20 on Energy and Commerce and Ways and Means of
21 the House of Representatives, a report that—
22 (A) examines racial disparities in the utili-
23 zation of home dialysis (as defined in section
24 1881(b)(14)(J)(iv)(IV) of the Social Security
25 Act (42 U.S.C. 1395rr(b)(14)(J)(iv)(IV)), as

1 added by subsection (a)), and makes rec-
2 ommendations on how to improve access to
3 home dialysis for communities of color;
4 (B) examines coverage for, and utilization
5 of, home dialysis in rural communities, and
6 makes recommendations on how to improve ac-
7 cess to home dialysis for such rural commu-
8 nities; and
9 (C) analyzes clinical and quality of life out-
10 comes for patients, disaggregated by geographic
11 and demographic indicators, who receive dif-
12 ferent dialysis modalities, including staff-as-
13 sisted home dialysis, unassisted home dialysis,
14 and dialysis furnished in a facility.
15 (3) PATIENT DECISION TOOL.—Not later than
16 December 31, 2025, for the purposes of section
17 1881(b)(14)(J) of the Social Security Act (42
18 U.S.C. 1395rr(b)(14)(J)), as added by subsection
19 (a), the Secretary shall convene a patient panel to
20 develop a patient-centered decision tool to assist di-
21 alysis patients in evaluating their lifestyle and goals
22 and in choosing the dialysis setting and modality.
23 Such tool shall include an acknowledgment that the
24 patient is capable of home dialysis and wants home
25 dialysis, if that is the modality such patient chooses.

1 (4) PATIENT QUALITY OF LIFE METRIC.—Sec-
2 tion 1881(h)(2)(A)(iv) of the Social Security Act (42
3 U.S.C. 1395rr(h)(2)(A)(iv)) is amended—
4 (A) in subclause (II), by striking "and" at
5 the end;
6 (B) in subclause (III), by striking the pe-
7 riod at the end and inserting "; and"; and
8 (C) by adding at the end the following new
9 subclause:
10 "(IV) patient quality of life for
11 all individuals utilizing dialysis re-
12 gardless of modality, with the intent
13 of measuring and improving patient
14 quality of life on dialysis.".

15 **SEC. 7901A–3. INCREASING KIDNEY TRANSPLANTS IN MI-**
16 **NORITY POPULATIONS.**

17 (a) IN GENERAL.—The Director of the National In-
18 stitutes of Health shall expand, intensify, and support on-
19 going research and other activities with respect to kidney
20 transplants in minority populations.
21 (b) CMS DATA COLLECTION AND REPORTING.—The
22 Centers for Medicare & Medicaid Services shall collect and
23 report annual data on dialysis facility and nephrologist
24 performance on transplant referral, with an emphasis on
25 data relating to patients of color.

1 (c) OPTN DATA COLLECTION AND REPORTING.—
2 The Organ Procurement and Transplantation Network
3 shall collect and the Scientific Registry of Transplant Re-
4 cipients shall report annual data, broken down by demo-
5 graphic and socioeconomic characteristics, on individual
6 transplant center performance as it relates to patients re-
7 ferred, evaluated, waitlisted, and successfully trans-
8 planted.

9 (d) TRANSPLANT CENTER DATA.—Each organ trans-
10 plant center shall report on the percent of appropriate
11 waitlisted patients (including socioeconomic and demo-
12 graphic data) giving and receiving annual informed con-
13 sent for offers for suboptimal kidneys (such as kidneys
14 with a kidney donor profile index of greater than 85 per-
15 cent or kidney age 50 with diabetes, or age greater than
16 60).

17 (e) ORGAN PROCUREMENT ORGANIZATION DATA.—
18 Each organ procurement organization shall report annual
19 data on referrals, refusals (patient or doctor), and accept-
20 ance of organs by hospital, ZIP Code, race, ethnicity, and
21 age strata except as prohibited by need for confidentiality.

22 (f) DATA TRANSPARENCY FOR PATIENTS.—Each
23 organ transplant center shall provide to each patient of
24 such center, on an annual basis—

1 (1) the number of times an organ was offered
2 to the patient, declined, and transplanted into an-
3 other patient from organs within a 500-mile radius;
4 and

5 (2) the number of times an organ was offered
6 to and declined for the patient from a low-risk donor
7 which was subsequently transplanted into another
8 patient.

9 (g) IMPROVED TRANSPLANTATION EDUCATION.—
10 The Centers for Medicare & Medicaid Services shall certify
11 a nonbiased, third-party organization to accredit organ
12 transplant education.

13 (h) RESEARCH.—Research under subsection (a) shall
14 include investigation into—

15 (1) the causes of lower rates of kidney trans-
16 plants in minority populations, including socio-
17 economic, geographic, clinical, environmental, ge-
18 netic, and other factors that may contribute to lower
19 rates of kidney transplants in minority populations;
20 and

21 (2) possible interventions to increase kidney
22 transplants.

23 (i) REPORT; COMPREHENSIVE PLAN.—

24 (1) IN GENERAL.—The Secretary of Health and
25 Human Services shall—

1 (A) prepare and submit to the Congress,
2 not later than 6 months after the date of enact-
3 ment of this section, a report on Federal re-
4 search and public health activities with respect
5 to kidney transplants as a treatment for end-
6 stage renal disease in minority populations; and
7 (B) develop and submit to the Congress,
8 not later than 1 year after the date of enact-
9 ment of this section, an effective and com-
10 prehensive Federal plan (including all appro-
11 priate Federal health programs) to increase the
12 number of kidney transplants in minority popu-
13 lations.
14 (2) CONTENTS.—The report under paragraph
15 (1)(A) shall at a minimum address each of the fol-
16 lowing:
17 (A) Research on kidney transplants in mi-
18 nority populations, including such research on
19 financial, insurance coverage, genetic, behav-
20 ioral, and environmental factors.
21 (B) Surveillance and data collection on
22 kidney transplants in minority populations, in-
23 cluding with respect to—
24 (i) efforts to increase kidney trans-
25 plants among Asian-American and Pacific

1 Islander subgroups with end-stage renal
2 disease; and
3 (ii) efforts to increase kidney trans-
4 plants in the American Indian population.
5 (C) Community-based efforts to increase
6 kidney transplants targeting minority popu-
7 lations, including—
8 (i) the evidence base for such in-
9 creases;
10 (ii) the cultural appropriateness of
11 such increases; and
12 (iii) efforts to educate the public on
13 kidney transplants.
14 (D) Education and training programs for
15 health professionals (including community
16 health workers) on the kidney transplants that
17 are supported by the Health Resources and
18 Services Administration, including such pro-
19 grams supported by the Bureau of Health
20 Workforce, the Bureau of Primary Health Care,
21 and the Health Systems Bureau.

22 **SEC. 7901A–4. ENVIRONMENTAL AND OCCUPATIONAL**
23 **HEALTH PROGRAMS.**

24 The Director of the Centers for Disease Control and
25 Prevention shall—

1 (1) support research into the environmental and
2 occupational causes and biological mechanisms that
3 contribute to kidney disease; and
4 (2) develop and disseminate public health inter-
5 ventions that will lessen the impact of environmental
6 and occupational causes of kidney disease.

7 **SEC. 7901A–5. UNDERSTANDING THE TREATMENT PAT-**
8 **TERNS ASSOCIATED WITH PROVIDING CARE**
9 **AND TREATMENT OF KIDNEY FAILURE IN MI-**
10 **NORITY POPULATIONS.**

11 (a) STUDY.—The Secretary of Health and Human
12 Services (in this section referred to as the ''Secretary'')
13 shall conduct a study on treatment patterns associated
14 with providing care, under the Medicare program under
15 title XVIII of the Social Security Act (42 U.S.C. 1395
16 et seq.), under the Medicaid program under title XIX of
17 such Act (42 U.S.C. 1396 et seq.), and through private
18 health insurance, to minority populations that are dis-
19 proportionately affected by kidney failure.

20 (b) REPORT.—Not later than 1 year after the date
21 of the enactment of this Act, the Secretary shall submit
22 to Congress a report on the study conducted under sub-
23 section (a), together with such recommendations as the
24 Secretary determines to be appropriate.

1 **SEC. 7901A–6. ENCOURAGING KIDNEY CARE WORKFORCE IN**
2 **UNDERSERVED AREAS.**

3 (a) DEFINITION OF PRIMARY HEALTH SERVICES.—
4 Section 331(a)(3)(D) of the Public Health Service Act (42
5 U.S.C. 254d(a)(3)(D)) is amended by inserting ''nephrol-
6 ogy,'' after ''dentistry,''.

7 (b) NATIONAL HEALTH SERVICE CORPS SCHOLAR-
8 SHIP PROGRAM.—Section 338A(a)(2) of the Public Health
9 Service Act (42 U.S.C. 254l(a)(2)) is amended by insert-
10 ing '', which may include kidney health professionals'' be-
11 fore the period at the end.

12 (c) NATIONAL HEALTH SERVICE CORPS LOAN RE-
13 PAYMENT PROGRAM.—Section 338B(a)(2) of the Public
14 Health Service Act (42 U.S.C. 254l–1(a)(2)) is amended
15 by inserting '', which may include kidney health profes-
16 sionals'' before the period at the end.

17 **SEC. 7901A–7. THE JACK REYNOLDS MEMORIAL MEDIGAP**
18 **EXPANSION ACT; MEDIGAP COVERAGE FOR**
19 **BENEFICIARIES WITH END-STAGE RENAL DIS-**
20 **EASE.**

21 (a) GUARANTEED AVAILABILITY OF MEDIGAP POLI-
22 CIES TO ALL ESRD MEDICARE BENEFICIARIES.—

23 (1) IN GENERAL.—Section 1882(s) of the So-
24 cial Security Act (42 U.S.C. 1395ss(s)) is amend-
25 ed—

26 (A) in paragraph (2)—

1 (i) in subparagraph (A), by striking
2 ''is 65'' and all that follows through the
3 period at the end and inserting the fol-
4 lowing: ''is—
5 ''(i) 65 years of age or older and is en-
6 rolled for benefits under part B; or
7 ''(ii) is entitled to benefits under 226A(b)
8 and is enrolled for benefits under part B.''; and
9 (ii) in subparagraph (D), in the mat-
10 ter preceding clause (i), by inserting ''(or
11 is entitled to benefits under 226A(b))''
12 after ''is 65 years of age or older''; and
13 (B) in paragraph (3)(B)—
14 (i) in clause (ii), by inserting ''(or is
15 entitled to benefits under 226A(b))'' after
16 ''is 65 years of age or older''; and
17 (ii) in clause (vi), by inserting ''(or
18 under 226A(b))'' after ''at age 65''.
19 (2) EFFECTIVE DATE.—The amendments made
20 by paragraph (1) shall apply to Medicare supple-
21 mental policies effective on or after January 1,
22 2025.
23 (b) ADDITIONAL ENROLLMENT PERIOD FOR CER-
24 TAIN INDIVIDUALS.—
25 (1) ONE-TIME ENROLLMENT PERIOD.—

1 (A) IN GENERAL.—In the case of an indi-
2 vidual described in paragraph (2), the Secretary
3 of Health and Human Services shall establish a
4 one-time enrollment period during which such
5 an individual may enroll in any Medicare sup-
6 plemental policy under section 1882 of the So-
7 cial Security Act (42 U.S.C. 1395ss) of the in-
8 dividual's choosing.
9 (B) ENROLLMENT PERIOD.—The enroll-
10 ment period established under subparagraph
11 (A) shall begin on January 1, 2025, and shall
12 end June 30, 2025.
13 (2) INDIVIDUAL DESCRIBED.—An individual de-
14 scribed in this paragraph is an individual who—
15 (A) is entitled to hospital insurance bene-
16 fits under part A of title XVIII of the Social
17 Security Act (42 U.S.C. 1395c et seq.) or under
18 section 226A(b) of such Act (42 U.S.C. 426–
19 1(b));
20 (B) is enrolled for benefits under part B of
21 such title XVIII (42 U.S.C. 1395j et seq.); and
22 (C) would not, but for the provisions of,
23 and amendments made by, subsection (a) be eli-
24 gible for the guaranteed issue of a Medicare
25 supplemental policy under paragraph (2) or (3)

1 of section 1882(s) of such Act (42 U.S.C.
2 1395ss(s)).

## 3 Subtitle L—Diversity in Clinical
## 4 Trials

5 **SEC. 7901B. FDA REVIEW OF CLINICAL TRIAL BEST PRAC-**
6 **TICES.**

7 The Commissioner of Food and Drugs shall—

8 (1) aggregate information on the accumulated
9 experience of sponsors of drugs that develop and
10 execute clinical trial diversity plans during drug de-
11 velopment;

12 (2) include in such aggregated information an
13 analysis from the perspectives of the Food and Drug
14 Administration and such sponsors of which actions
15 worked or which did not work to enhance clinical
16 trial diversity;

17 (3) not later than September 30, 2025, convene
18 a public meeting, including representatives from the
19 regulated industry and patient organizations, to dis-
20 cuss findings and recommendations for specific ac-
21 tions that have led to measurable improvements in
22 the representation of racial and ethnic populations
23 in clinical research; and

24 (4) not later than September 30, 2026, update
25 the guidance of the Food and Drug Administration

1 titled "Enhancing the Diversity of Clinical Trial
2 Populations—Eligibility Criteria, Enrollment Prac-
3 tices, and Trial Designs" to align such guidance
4 with findings and recommendations that were dis-
5 cussed at the meeting under paragraph (3).

6 **SEC. 7901B–1. DIVERSIFYING INVESTIGATIONS VIA EQUI-**
7 **TABLE RESEARCH STUDIES FOR EVERYONE**
8 **TRIALS ACT.**

9 (a) ENCOURAGEMENT OF CLINICAL TRIAL ENROLL-
10 MENT BY RACIALLY AND ETHNICALLY DIVERSE POPU-
11 LATIONS.—

12 (1) NO COST PROVISION OF DIGITAL HEALTH
13 TECHNOLOGIES.—The free provision of digital
14 health technologies by drug or device manufacturers
15 to their clinical trial participants shall not be consid-
16 ered a violation of section 1128A of the Social Secu-
17 rity Act (commonly known as the "Civil Monetary
18 Penalties Law") (42 U.S.C. 1320a–7a), section
19 1128B of the Social Security Act (42 U.S.C. 1320a–
20 7b), or sections 3729 through 3733 of title 31,
21 United States Code (commonly known as the "False
22 Claims Act"), provided that—

23 (A) the use of digital health technologies
24 will facilitate in any phase of clinical develop-
25 ment the inclusion of diversity of patient popu-

1 lations, such as underrepresented racial and
2 ethnic minorities, low-income populations, and
3 the elderly;

4 (B) the digital health technologies will fa-
5 cilitate individuals' participation, or are nec-
6 essary to such participation;

7 (C) all features of the digital health tech-
8 nologies that are unrelated to use in the clinical
9 trial are disabled or only allowed to remain acti-
10 vated to model real-world usage of the digital
11 technology; and

12 (D) the clinical trial sponsor requires par-
13 ticipants to return, purchase, or disable the dig-
14 ital health technologies by the conclusion of the
15 trial.

16 (2) GRANTS AND CONTRACTS.—

17 (A) IN GENERAL.—The Secretary of
18 Health and Human Services (in this section re-
19 ferred to as the ''Secretary'') may issue grants
20 to, and enter into contracts with, entities to
21 support community education, outreach, and re-
22 cruitment activities for clinical trials with re-
23 spect to drugs, including vaccines for diseases
24 or conditions which have a disproportionate im-
25 pact on underrepresented populations (including

1 on racial and ethnic minority populations), in-
2 cluding for the diagnosis, prevention, or treat-
3 ment of COVID–19. Such activities may in-
4 clude—
5 (i) working with community clinical
6 trial sites, including community health cen-
7 ters, academic health centers, and other fa-
8 cilities;
9 (ii) training health care personnel in-
10 cluding potential clinical trial investigators,
11 with a focus on significantly increasing the
12 number of underrepresented racial and
13 ethnic minority health care personnel who
14 are clinical trial investigators at the com-
15 munity sites for ongoing clinical trials;
16 (iii) engaging community stakeholders
17 to encourage participation in clinical trials,
18 especially in underrepresented racial and
19 ethnic minority communities; and
20 (iv) fostering partnerships with com-
21 munity-based organizations serving under-
22 represented racial and ethnic minority pop-
23 ulations, including labor organizations and
24 frontline health care workers.

1 (B) PRIORITY FOR GRANT AND CONTRACT
2 AWARDS.—In awarding grants and contracts
3 under this paragraph, the Secretary shall
4 prioritize entities that—
5 (i) develop educational, recruitment,
6 and training materials in multiple lan-
7 guages; or
8 (ii) undertake clinical trial outreach
9 efforts in more diverse racial and ethnic
10 communities that are traditionally under-
11 represented in clinical trials, such as Trib-
12 al areas.
13 (C) AUTHORIZATION OF APPROPRIA-
14 TIONS.—There is authorized to be appropriated
15 for fiscal years 2025 and 2026 such sums as
16 may be necessary to carry out this paragraph.
17 (b) CLARIFICATION THAT CERTAIN REMUNERATION
18 RELATED TO PARTICIPATION IN CLINICAL TRIALS DOES
19 NOT CONSTITUTE REMUNERATION UNDER THE FED-
20 ERAL CIVIL MONEY PENALTIES LAW.—
21 (1) IN GENERAL.—Section 1128A(i)(6)(F) of
22 the Social Security Act (42 U.S.C. 1320a–
23 7a(i)(6)(F)) is amended by inserting "(including re-
24 muneration offered or transferred to an individual to
25 promote the participation in an approved clinical

1 trial, as defined in subsection (d) of the first section
2 2709 of the Public Health Service Act (42 U.S.C.
3 300gg–8) (relating to coverage for individuals par-
4 ticipating in approved clinical trials), as so des-
5 ignated by section 1563(c)(10)(C) of the Patient
6 Protection and Affordable Care Act, that is reg-
7 istered with the database of clinical trials main-
8 tained by the National Library of Medicine (or any
9 successor database), so long as such remuneration
10 facilitates equitable inclusion of patients from all rel-
11 evant demographic and socioeconomic populations
12 and is related to patient participation in the ap-
13 proved clinical trial)'' after ''promotes access to
14 care''.

15 (2) EFFECTIVE DATE.—The amendment made
16 by paragraph (1) shall apply to remuneration pro-
17 vided on or after the date of the enactment of this
18 Act.

19 (c) NATIONAL ACADEMY OF MEDICINE STUDY.—

20 (1) IN GENERAL.—The Secretary shall seek to
21 enter into an arrangement with the National Acad-
22 emy of Medicine under which the National Academy
23 agrees to study and propose a design for a national
24 interoperable data platform to improve access to

1 health data, and other relevant data needs, during
2 public health emergencies.

3 (2) REPORT.—The arrangement under para-
4 graph (1) shall provide that the National Academy
5 of Medicine, not later than 180 days after the date
6 of enactment of this Act, shall submit a report to
7 the Secretary and Congress on the results of the
8 study under paragraph (1) and the design proposed
9 based on such study.

10 **SEC. 7901B–2. CLINICAL TRIAL DIVERSITY.**

11 (a) DIVERSITY REQUIREMENTS FOR APPLICATIONS
12 FOR FEDERAL FUNDING FOR CLINICAL TRIALS.—

13 (1) APPLICATIONS.—Beginning on the date of
14 the enactment of this Act, the Secretary of Health
15 and Human Services, acting through the Director of
16 the National Institutes of Health (in this subsection
17 referred to as the ''Secretary''), shall require that an
18 entity seeking to conduct a clinical trial investigating
19 a drug or device (as those terms are defined in sec-
20 tion 201 of the Federal Food, Drug, and Cosmetic
21 Act (21 U.S.C. 321)) or biological product (as de-
22 fined in section 351(i) of the Public Health Service
23 Act (42 U.S.C. 262(i))) that is funded by the Na-
24 tional Institutes of Health and conducted at any na-
25 tional research institute or national center, submit

1 an application (or renewal thereof) for such funding
2 that includes—
3 (A) clear and measurable goals for the re-
4 cruitment and retention of participants that re-
5 flect—
6 (i) the race, ethnicity, age, and gender
7 or sex of patients with the disease or con-
8 dition being investigated; or
9 (ii) the race, ethnicity, age, and gen-
10 der or sex of the general population of the
11 United States if the prevalence of the dis-
12 ease or condition is not known;
13 (B) a rationale for the goals specified
14 under subparagraph (A) that specifies—
15 (i) how investigators will calculate the
16 number of participants for each population
17 category that reflect the population groups
18 specified in subparagraph (A); and
19 (ii) strategies that will be used to en-
20 roll and retain participants across the dif-
21 ferent racial, ethnic, age, and gender or
22 sex categories;
23 (C) a detailed plan for how the clinical
24 trial will achieve the goals specified under sub-
25 paragraph (A) that specifies—

1 (i) the requirements for researchers,
2 in conducting the trial to analyze the popu-
3 lation groups specified in subparagraph
4 (A) separately;
5 (ii) the role of community partners or
6 community institutional review boards in
7 reviewing the plans; and
8 (iii) how the trial will recruit a study
9 population that is—
10 (I) in proportion to the preva-
11 lence of the disease or condition in
12 such groups relative to the prevalence
13 of the disease or condition in the over-
14 all population of the United States;
15 (II) in sufficient numbers to ob-
16 tain clinically and statistically mean-
17 ingful determinations of the safety
18 and effectiveness of the drug being
19 studied in the respective race, eth-
20 nicity, age, and gender or sex groups;
21 and
22 (III) consistent with the guidance
23 under section 505(b)(1) of the Fed-
24 eral Food, Drug, and Cosmetic Act
25 (21 U.S.C. 355(b)(1)) and guidance

1 issued by the National Institutes of
2 Health on the inclusion of women and
3 minorities in clinical trials;
4 (D) the entity's plan for implementing, or
5 an explanation of why the entity cannot imple-
6 ment, alternative clinical trial follow-up require-
7 ments that are less burdensome for trial partici-
8 pants, such as—
9 (i) requiring fewer follow-up visits;
10 (ii) allowing phone follow-up or home
11 visits by nurse trial coordinators (in lieu of
12 in-person visits by patients);
13 (iii) allowing for online follow-up op-
14 tions;
15 (iv) permitting the patient's primary
16 care provider to perform some of the fol-
17 low-up visit requirements and to reimburse
18 the patient for any out-of-pocket costs in-
19 curred by the patient for such follow-up
20 visits;
21 (v) allowing for weekend hours for re-
22 quired follow-up visits;
23 (vi) allowing virtual or telemedicine
24 visits;

1 (vii) use of wearable technology to
2 record key health parameters; and
3 (viii) use of alternate labs or imaging
4 centers, which may be closer to the resi-
5 dence of the patients participating in the
6 trial; and
7 (E) the entity's education and training re-
8 quirements for researchers and other individ-
9 uals conducting or supporting the clinical trial
10 with respect to diversity and health inequities in
11 underrepresented populations, including a re-
12 quirement to consult with, and review materials
13 made available by, such committees, task forces,
14 and working groups other entities the Secretary
15 determines are appropriate, including the fol-
16 lowing:
17 (i) The Equity Committee of the Na-
18 tional Institutes of Health.
19 (ii) The National Advisory Council on
20 Minority Health and Health Disparities.
21 (iii) The Advisory Committee on Re-
22 search on Women's Health.
23 (iv) The Sexual & Gender Minority
24 Research Coordinating Committee of the
25 National Institutes of Health.

1 (v) The Tribal Health Research Co-
2 ordinating Committee of the National In-
3 stitutes of Health.
4 (2) TERMS.—
5 (A) IN GENERAL.—As a condition on the
6 receipt of funding through the National Insti-
7 tutes of Health, as described in paragraph (1),
8 with respect to a clinical trial, the sponsor of
9 the clinical trial shall agree to terms requiring
10 that—
11 (i) the aggregate demographic infor-
12 mation of trial participants be shared on
13 an annual basis with the Secretary while
14 participant recruitment and data collection
15 in such trial is ongoing, and that such in-
16 formation is provided with respect to—
17 (I) underrepresented populations,
18 including populations grouped by race,
19 ethnicity, age, sex, gender identity
20 and expression, geographic region,
21 primary written and spoken language,
22 disability status, sexual orientation,
23 socioeconomic status, occupation, and
24 other relevant factors; and

1 (II) such populations that reflect
2 the prevalence of the disease or condi-
3 tion that is the subject of the clinical
4 trial involved (as available and as ap-
5 propriate to the scientific objective for
6 the study, as determined by the Direc-
7 tor of the National Institutes of
8 Health);
9 (ii) the sponsor submits to the pro-
10 gram officer and grants management spe-
11 cialist of the specific National Institutes of
12 Health national research institute or na-
13 tional center, as frequently as such officer
14 or specialist determines necessary, the re-
15 tention rate of participants in the clinical
16 trial, disaggregated by race, ethnicity, gen-
17 der or sex, and age;
18 (iii) both the clinical trial researchers
19 and the applicant reviewers complete edu-
20 cation and training programs on diversity
21 in clinical trials; and
22 (iv) at the conclusion of the trial, the
23 sponsor submits to the Secretary the num-
24 ber of participants in the trial,

1 disaggregated by race, ethnicity, age, and
2 gender or sex.
3 (B) PRIVACY PROTECTIONS.—Any data
4 shared under subparagraph (A) may not in-
5 clude any individually identifiable information
6 or protected health information with respect to
7 clinical trial participants and shall only be dis-
8 closed to the extent allowed under Federal pri-
9 vacy laws.
10 (3) EXCEPTION.—In lieu of submitting an ap-
11 plication under paragraph (1) and documentation of
12 goals as required by subparagraph (A) of such para-
13 graph, an applicant may provide reasoning (other
14 than cost) for why the recruitment of each of the
15 population groups specified in subparagraph (A) of
16 paragraph (1) is not necessary and why such re-
17 cruitment is not scientifically justified or possible.
18 (4) PUBLICATION.—The Secretary shall—
19 (A) publish on a public website of the Na-
20 tional Institutes of Health, upon receipt of an
21 application to which paragraph (1) applies or
22 reasoning under paragraph (3)—
23 (i) a summary of the disease being
24 targeted in the clinical trial that is the
25 subject of the application and the preva-

1 lence of such disease across race, ethnicity,
2 gender or sex, age, and clinical trial rep-
3 resentation in each such category;
4 (ii) the goals specified in such applica-
5 tion, as required by paragraph (1)(A); or
6 (iii) the reasoning described in para-
7 graph (3); and
8 (B) ensure that, in publishing information
9 relating to an application or reasoning under
10 subparagraph (A), the design of the study in-
11 volved is not disclosed.
12 (5) REMEDIATION.—
13 (A) IN GENERAL.—In the case of a clinical
14 trial subject to paragraph (1) that fails to meet
15 the condition specified pursuant to paragraph
16 (1) by such date as may be agreed upon by the
17 sponsor of the trial and the program officer and
18 grants management specialist of the specific
19 National Institutes of Health national research
20 institute or national center, the Secretary shall
21 require the sponsor of that clinical trial, not
22 later than 60 days after such date occurs—
23 (i) to develop, in consultation with the
24 Secretary and advocacy and community-
25 based organizations representing individ-

1 uals who are members of relevant demo-
2 graphic groups specified in paragraph
3 (1)(A), a strategic plan to increase partici-
4 pation in such clinical trial of such individ-
5 uals; and
6 (ii) to submit to the Secretary, such
7 strategic plan.
8 (B) PUBLICATION.—The Secretary shall
9 make publicly available on the website of the
10 National Institutes of Health, the strategic plan
11 received under subparagraph (A) as soon as
12 possible after receipt. The Secretary shall en-
13 sure that, in publishing such plan under the
14 preceding sentence, the design of the study in-
15 volved is not disclosed.
16 (C) IMPLEMENTATION.—The sponsor of
17 the clinical trial that is the subject of the stra-
18 tegic plan published under subparagraph (B),
19 shall, not later than 60 days after such date as
20 may be agreed upon by the sponsor of the trial
21 and the appropriate program officer and grants
22 management specialist of the National Insti-
23 tutes of Health, implement the strategic plan.
24 (D) TECHNICAL ASSISTANCE.—The Sec-
25 retary may provide technical assistance to a

1 sponsor of a clinical trial, as necessary for the
2 sponsor to meet the requirements of subpara-
3 graph (C).
4 (6) PENALTIES IN CASE OF FAILURE OF REME-
5 DIATION.—
6 (A) IN GENERAL.—In the case of a clinical
7 trial subject to paragraph (1) that, after the
8 close of the 60-day period specified in para-
9 graph (5)(C), continues to fail to meet the con-
10 dition specified pursuant to paragraph (1)(A),
11 the Secretary shall—
12 (i) hold the noncompeting continu-
13 ation of funding received through the grant
14 involved;
15 (ii) apply specific conditions on the
16 award of funds to such sponsor to conduct
17 such clinical trial; or
18 (iii) terminate such funding.
19 (B) WAIVER.—
20 (i) IN GENERAL.—In the case of a
21 clinical trial subject to the penalty under
22 subparagraph (A) that fails to meet the
23 condition referred to in such subpara-
24 graph, the sponsor of such clinical trial
25 may, prior to the conclusion of the 60-day

1 period referred to in subparagraph (A), 2 submit an application to the relevant pro- 3 gram officer and grants specialist request- 4 ing a waiver of such condition. Such an ap- 5 plication shall specify reasoning for why 6 the recruitment of each of the population 7 groups specified in subparagraph (A) of 8 paragraph (1) is not necessary or why such 9 recruitment is not scientifically justified or 10 possible.

11 (ii) REVIEW.—Not later than 30 days 12 after a date agreed upon by the sponsor of 13 the trial and the appropriate program offi- 14 cer and grants management specialist of 15 the National Institutes of Health, the Sec- 16 retary shall—

17 (I) complete the review of such 18 application; and

19 (II) make a determination to ap- 20 prove or deny the application.

21 (iii) NO ADDITIONAL PENALTIES.—No 22 additional penalties may be applied with 23 respect to a sponsor of a clinical trial 24 under subparagraph (A) during the 30-day 25 period specified in clause (ii).

1 (C) TERMINATION OF FUNDING.—In the
2 case of a clinical trial described in subpara-
3 graph (B)(i), the Secretary may elect to termi-
4 nate funding described in paragraph (1) for the
5 clinical trial if no request for a waiver under
6 subparagraph (B) is received by the conclusion
7 60-day period referred to in subparagraph (A).
8 (7) WAIVER FOR CERTAIN CLINICAL TRIALS.—
9 (A) IN GENERAL.—In the case of a clinical
10 trial that received funding through the National
11 Institutes of Health and is ongoing as of the
12 date of the enactment of this Act, the sponsor
13 of such clinical trial is exempt from the require-
14 ments of (and associated penalties imposed by)
15 this section.
16 (B) REPORT.—The Secretary shall include
17 in the triennial report required to be submitted
18 under section 403 of the Public Health Service
19 Act (42 U.S.C. 283), a list of all clinical trials
20 receiving funding through the National Insti-
21 tutes of Health—
22 (i) that requested and received waiv-
23 ers under this subsection; or

1 (ii) with respect to which funding has
2 been terminated pursuant to this sub-
3 section.

4 (8) NONDISCRIMINATION.—Section 1557 of the
5 Patient Protection and Affordable Care Act (42
6 U.S.C. 18116) shall apply with respect to a clinical
7 trial subject to paragraph (1).

8 (b) ELIMINATING COST BARRIERS.—

9 (1) STUDY ON MODERNIZATION OF HUMAN
10 SUBJECT REGULATIONS.—Not later than 2 years
11 after the date of the enactment of this Act, the Sec-
12 retary of Health and Human Services, acting
13 through the Director of the National Institutes of
14 Health (referred to in this subsection as the "Sec-
15 retary"), shall conduct and complete a study on—

16 (A) the need for review of human subject
17 regulations specified in part 46 of title 45, Code
18 of Federal Regulations (or successor regula-
19 tions), and related guidance;

20 (B) the modernization of such regulations
21 and guidance to establish updated guidelines for
22 reimbursement of out-of-pocket expenses of
23 human subjects, compensation of human sub-
24 jects for time spent participating in the clinical

1 trial, and incentives for recruitment of human
2 subjects; and

3 (C) the need for updated safe harbor rules
4 under section 1001.952 of title 42, Code of
5 Federal Regulations (or successor regulations)
6 and section 1128B of the Social Security Act
7 (commonly referred to as the Federal Anti-
8 Kickback Statute (42 U.S.C. 1320a–7b)) with
9 respect to the assistance provided under this
10 subsection.

11 (2) REIMBURSEMENT FOR COSTS ASSOCIATED
12 WITH CLINICAL TRIAL PARTICIPATION.—As a condi-
13 tion on receipt of any funding provided through the
14 National Institutes of Health to conduct a clinical
15 trial investigating a drug or device (as those terms
16 are defined in section 201 of the Federal Food,
17 Drug, and Cosmetic Act (21 U.S.C. 321)) or biologi-
18 cal product (as defined in section 351(i) of the Pub-
19 lic Health Service Act (42 U.S.C. 262(i))), the Sec-
20 retary shall require that the sponsor of such clinical
21 trial—

22 (A) works with institutional review boards
23 and program officers of the National Institutes
24 of Health to determine when reimbursement for

1 the costs associated with clinical trial participa-
2 tion is warranted; and
3 (B) subject to paragraph (3), provides to
4 clinical trial participants reimbursement for ex-
5 penses (using funds other than funds supplied
6 through the National Institutes of Health) in-
7 curred as a result of that participation, which
8 may include—
9 (i) missed or forgone salary;
10 (ii) language assistance, including in-
11 terpreter services;
12 (iii) food expenses;
13 (iv) childcare expenses;
14 (v) lodging expenses;
15 (vi) transportation expenses; or
16 (vii) other expenses as identified by
17 the participant, subject to review by the
18 clinical trial sponsor, at its discretion, on a
19 case-by-case basis.
20 (3) PROVISION OF COSTS ASSOCIATED WITH
21 CLINICAL TRIAL PARTICIPATION.—
22 (A) APPLICATION AND DOCUMENTA-
23 TION.—
24 (i) IN GENERAL.—A sponsor of a clin-
25 ical trial to which subsection (a)(1) applies,

1 may require that, in order to receive reim-
2 bursement as described in paragraph (2), a
3 participant complete an application and
4 share with the sponsor such documentation
5 of expenses described in such paragraph,
6 as the sponsor may require.

7 (ii) TIMING.—Not later than 30 days
8 after the date on which a sponsor of a clin-
9 ical trial receives an application under
10 clause (i), the sponsor shall—

11 (I) review the application; and

12 (II) provide for reimbursement of
13 eligible expenses documented in such
14 application, as determined at the dis-
15 cretion of the clinical trial sponsor on
16 a case-by-case basis.

17 (B) ENFORCEMENT.—A sponsor of a clin-
18 ical trial to which subsection (a)(1) applies,
19 shall submit on an annual basis, as part of the
20 progress reports submitted to the Secretary
21 pursuant to section 402(j) of the Public Health
22 Service Act (42 U.S.C. 282(j)), during the data
23 collection period of the clinical trial, to the Sec-
24 retary an accounting of the reimbursements

1 made to clinical trial participants under sub-
2 paragraph (A). Such data shall—
3 (i) include relevant aggregate data
4 with respect to each population group spec-
5 ified in subsection (a)(2)(A)(i) when such
6 data will not compromise the identities of
7 study participants and in a manner con-
8 sistent with applicable privacy protections;
9 and
10 (ii) not later than 6 months after re-
11 ceipt by the Secretary, be published on a
12 public website of the National Institutes of
13 Health.
14 (c) PUBLIC AWARENESS AND EDUCATION CAM-
15 PAIGN.—
16 (1) NATIONAL CAMPAIGN.—The Secretary of
17 Health and Human Services, acting through the Di-
18 rector of the National Institutes of Health and the
19 Commissioner of Food and Drugs (referred to in
20 this subsection as the ''Secretary''), in consultation
21 with the stakeholders specified in paragraph (5),
22 shall carry out a national campaign to increase the
23 awareness and knowledge of individuals in the
24 United States with respect to the need for diverse

1 clinical trials among the demographic groups identi-
2 fied pursuant to subsection (a)(1)(A).

3 (2) REQUIREMENTS.—The national campaign
4 conducted shall include—

5 (A) the development and distribution of
6 written educational materials, and the develop-
7 ment and placing of public service announce-
8 ments, that are intended to encourage individ-
9 uals who are members of the demographic
10 groups identified pursuant to subsection
11 (a)(2)(A)(i)(I) to seek to participate in clinical
12 trials;

13 (B) such efforts as are reasonable and nec-
14 essary to ensure meaningful access by con-
15 sumers with limited English proficiency;

16 (C) the development and distribution of
17 best practices and training for recruiting under-
18 represented study populations, including a
19 method for sharing such best practices among
20 clinical trial sponsors, providers, community-
21 based organizations who assist with recruit-
22 ment, and with the public; and

23 (D) the conduct of focus groups to better
24 understand the concerns and fears of certain

1 underrepresented groups who may be reluctant
2 to participate in clinical trials.
3 (3) HEALTH INEQUITIES.—In developing the
4 national campaign under paragraph (1), the Sec-
5 retary shall recognize and address—
6 (A) health inequities among individuals
7 who are members of the population groups
8 specified in subsection (a)(2)(A)(i) with respect
9 to access to care and participation in clinical
10 trials; and
11 (B) any barriers in access to care and par-
12 ticipation in clinical trials that are specific to
13 individuals who are members of such groups.
14 (4) GRANTS.—The Secretary shall establish a
15 program to award grants to nonprofit private enti-
16 ties, including community-based organizations and
17 faith communities, institutions of higher education
18 eligible to receive funds under section 371 of the
19 Higher Education Act of 1965 (20 U.S.C. 1067q)
20 and national organizations that serve underrep-
21 resented populations and community pharmacies to
22 enable such entities—
23 (A) to test alternative outreach and edu-
24 cation strategies to increase the awareness and
25 knowledge of individuals in the United States,

1 with respect to the need for diverse clinical
2 trials that reflect the race, ethnicity, age, and
3 gender or sex of patients with the disease or
4 condition being investigated; and
5 (B) to cover administrative costs of such
6 entities in assisting in diversifying clinical trials
7 subject to subsection (a).
8 (5) STAKEHOLDERS SPECIFIED.—The stake-
9 holders specified in this paragraph are the following:
10 (A) Representatives of the Health Re-
11 sources Services Administration, the Office of
12 Minority Health of the Department of Health
13 and Human Services, the Centers for Disease
14 Control and Prevention, and the National Insti-
15 tutes of Health.
16 (B) Community-based resources and advo-
17 cates.
18 (6) AUTHORIZATION OF APPROPRIATIONS.—
19 There is authorized to be appropriated to carry out
20 this subsection $10,000,000 for each of fiscal years
21 2025 through 2029.
22 (d) DEFINITIONS.—In this section:
23 (1) CLINICAL TRIAL.—The term ''clinical trial''
24 means a research study in which one or more human
25 subjects are prospectively assigned to one or more

1 interventions (which may include placebo or other
2 control) to evaluate the effects of those interventions
3 on health-related biomedical or behavioral outcomes.
4 (2) SPONSOR.—The term ''sponsor'' has the
5 meaning given such term in section 50.3 of title 21,
6 Code of Federal Regulations (or successor regula-
7 tions).

8 **SEC. 7901B–3. PATIENT EXPERIENCE DATA.**

9 (a) POLICY.—Section 569C of the Federal Food,
10 Drug, and Cosmetic Act (21 U.S.C. 360bbb–8c) is amend-
11 ed—
12 (1) by redesignating subsections (b) and (c) as
13 subsections (c) and (d), respectively; and
14 (2) by inserting after subsection (a) the fol-
15 lowing:
16 ''(b) COLLECTION, SUBMISSION, AND USE OF
17 DATA.—
18 ''(1) IN GENERAL.—The Secretary shall—
19 ''(A) for any drug for which an exemption
20 is granted for investigational use under section
21 505(i) of this Act or section 351(a) of the Pub-
22 lic Health Service Act, require the sponsor of
23 the drug to collect standardized patient experi-
24 ence data as part of the clinical trials conducted
25 pursuant to such exemption;

1 "(B) require any application for the ap-
2 proval or licensing of such drug under section
3 505(b) of this Act or section 351(a) of the Pub-
4 lic Health Service Act to include—

5 "(i) the standardized patient experi-
6 ence data so collected; and

7 "(ii) such related information as the
8 Secretary may require; and

9 "(C) consider patient experience data and
10 related information that is submitted pursuant
11 to subparagraph (B) in deciding whether to ap-
12 prove or license, as applicable, the drug in-
13 volved.

14 "(2) APPLICABILITY.—Paragraph (1) applies
15 only with respect to drugs for which a request for
16 an exemption described in paragraph (1)(A) is sub-
17 mitted on or after the date of the enactment of the
18 Health Equity and Accountability Act of 2024, or an
19 application under section 505(b) of this Act or sec-
20 tion 351(a) of the Public Health Service Act is filed,
21 as applicable, on or after the day that is 2 years
22 after the date of the enactment of the Health Equity
23 and Accountability Act of 2024.".

24 (b) REGULATIONS.—Not later than 1 year after the
25 date of the enactment of this Act, the Secretary of Health

1 and Human Services, acting through the Commissioner of
2 Food and Drugs, shall promulgate final regulations to im-
3 plement section 569C(b) of the Federal Food, Drug, and
4 Cosmetic Act, as added by this section.

## 5 Subtitle M—Additional Provisions 6 Addressing High-Impact Minor- 7 ity Diseases

### 8 SEC. 7901C. MEDICARE COVERAGE OF MULTI-CANCER 9 EARLY DETECTION SCREENING TESTS.

10 (a) COVERAGE.—Section 1861 of the Social Security
11 Act (42 U.S.C. 1395x), as amended by sections 2007,
12 4221, 4251, 6101, and 7419, is amended—
13 (1) in subsection (s)(2)—
14 (A) in subparagraph (LL), by striking
15 "and" at the end;
16 (B) by inserting "and" at the end of sub-
17 paragraph (MM); and
18 (C) by adding at the end the following new
19 subparagraph:
20 "(NN) multi-cancer early detection screen-
21 ing tests (as defined in subsection (sss));"; and
22 (2) by adding at the end the following new sub-
23 section:
24 "(sss) MULTI-CANCER EARLY DETECTION SCREEN-
25 ING TESTS.—The term 'multi-cancer early detection

1 screening test' means any of the following tests, approved
2 or cleared by the Food and Drug Administration, fur-
3 nished to an individual for the purpose of early detection
4 of cancer across many cancer types (as categorized in the
5 Annual Report to the Nation on the Status of Cancer
6 issued by the National Cancer Institute):

7 ''(1) A genomic sequencing blood or blood prod-
8 uct test that includes the analysis of cell-free nucleic
9 acids.

10 ''(2) Such other equivalent tests (which are
11 based on urine or another sample of biological mate-
12 rial) as the Secretary determines appropriate.''.

13 (b) PAYMENT AND FREQUENCY LIMIT.—

14 (1) PAYMENT UNDER FEE SCHEDULE.—Section
15 1833(h) of the Social Security Act (42 U.S.C.
16 1395l(h)) is amended—

17 (A) in paragraph (1)(A), by inserting after
18 ''(including'' the following: ''multi-cancer early
19 detection screening tests under section
20 1861(sss) and including''; and

21 (B) by adding at the end the following new
22 paragraph:

23 ''(10) No payment may be made under this
24 part for a multi-cancer early detection screening test
25 (as defined in section 1861(sss)) for an individual if

1 such a test was furnished to the individual during
2 the previous 11 months.''.
3 (2) CONFORMING AMENDMENT.—Section
4 1862(a) of the Social Security Act (42 U.S.C.
5 1395y(a)) is amended—
6 (A) in paragraph (1)—
7 (i) in subparagraph (O), by striking
8 ''and'' at the end;
9 (ii) in subparagraph (P), by striking
10 the semicolon at the end and inserting '',
11 and''; and
12 (iii) by adding at the end the fol-
13 lowing new subparagraph:
14 ''(Q) in the case of multi-cancer early detection
15 screening tests (as defined in section 1861(sss)),
16 which are performed more frequently than is covered
17 under section 1833(h)(10);''; and
18 (B) in paragraph (7), by striking ''or (P)''
19 and inserting ''(P), or (Q)''.
20 (c) RULE OF CONSTRUCTION RELATING TO OTHER
21 CANCER SCREENING TESTS.—Nothing in this section, in-
22 cluding the amendments made by this section, shall be
23 construed—
24 (1) in the case of an individual who undergoes
25 a multi-cancer early detection screening test, to af-

1 fect coverage under part B for other cancer screen-
2 ing tests covered under this section, such as screen-
3 ing tests for breast, cervical, colorectal, lung, or
4 prostate cancer; or
5 (2) in the case of an individual who undergoes
6 another cancer screening test, to affect coverage for
7 a multi-cancer early detection screening test or the
8 use of such a test as a diagnostic or confirmatory
9 test for a result of the other cancer screening test.

10 **SEC. 7901C–1. AMPUTATION REDUCTION AND COMPASSION**
11 **ACT.**

12 (a) PERIPHERAL ARTERY DISEASE EDUCATION PRO-
13 GRAM.—Part P of title III of the Public Health Service
14 Act (42 U.S.C. 280g et seq.), as amended by section 7504,
15 is amended by adding at the end the following:

16 **"SEC. 399V–14. PERIPHERAL ARTERY DISEASE EDUCATION**
17 **PROGRAM.**

18 "(a) ESTABLISHMENT.—The Secretary, acting
19 through the Director of the Centers for Disease Control
20 and Prevention, in collaboration with the Administrator
21 of the Centers for Medicare & Medicaid Services and the
22 Administrator of the Health Resources and Services Ad-
23 ministration, shall establish and coordinate a peripheral
24 artery disease education program to support, develop, and
25 implement educational initiatives and outreach strategies

1 that inform health care professionals and the public about
2 the existence of peripheral artery disease and methods to
3 reduce amputations related to such disease, particularly
4 with respect to at-risk populations.

5 ‘‘(b) AUTHORIZATION OF APPROPRIATIONS.—There
6 is authorized to be appropriated to carry out this section
7 such sums as may be necessary for each of fiscal years
8 2025 through 2029.’’.

9 (b) MEDICARE COVERAGE OF PERIPHERAL ARTERY
10 DISEASE SCREENING TESTS FURNISHED TO AT-RISK
11 BENEFICIARIES WITHOUT IMPOSITION OF COST SHARING
12 REQUIREMENTS.—

13 (1) IN GENERAL.—Section 1861 of the Social
14 Security Act (42 U.S.C. 1395x), as amended by sec-
15 tions 2007, 4221, 4251, 6101, 7419, and 7901C, is
16 amended—

17 (A) in subsection (s)(2)—

18 (i) in subparagraph (MM), by striking
19 ‘‘and’’ at the end;

20 (ii) in subparagraph (NN), by striking
21 the period at the end and inserting ‘‘;
22 and’’; and

23 (iii) by adding at the end the fol-
24 lowing new subparagraph:

1 "(OO) peripheral artery disease screening
2 tests furnished to at-risk beneficiaries (as such
3 terms are defined in subsection (ttt)).''; and
4 (B) by adding at the end the following new
5 subsection:
6 "(ttt) PERIPHERAL ARTERY DISEASE SCREENING
7 TEST; AT-RISK BENEFICIARY.—(1) The term 'peripheral
8 artery disease screening test' means—
9 "(A) noninvasive physiologic studies of extrem-
10 ity arteries (commonly referred to as ankle-brachial
11 index testing);
12 "(B) arterial duplex scans of lower extremity
13 arteries vascular; and
14 "(C) such other items and services as the Sec-
15 retary determines, in consultation with relevant
16 stakeholders, to be appropriate for screening for pe-
17 ripheral artery disease for at-risk beneficiaries.
18 "(2) The term 'at-risk beneficiary' means an indi-
19 vidual entitled to, or enrolled for, benefits under part A
20 and enrolled for benefits under part B—
21 "(A) who is 65 years of age or older;
22 "(B) who is at least 50 years of age but not
23 older than 64 years of age with risk factors for ath-
24 erosclerosis (such as diabetes mellitus, a history of

1 smoking, hyperlipidemia, and hypertension) or a
2 family history of peripheral artery disease;

3 ''(C) who is younger than 50 years of age with
4 diabetes mellitus and 1 additional risk factor for
5 atherosclerosis; or

6 ''(D) with a known atherosclerotic disease in
7 another vascular bed such as coronary, carotid, sub-
8 clavian, renal, or mesenteric artery stenosis, or ab-
9 dominal aortic aneurysm.

10 ''(3) The Secretary shall, in consultation with appro-
11 priate organizations, establish standards regarding the
12 frequency for peripheral artery disease screening tests de-
13 scribed in subsection (s)(2)(OO) for purposes of coverage
14 under this title.''.

15 (2) INCLUSION OF PERIPHERAL ARTERY DIS-
16 EASE SCREENING TESTS IN INITIAL PREVENTIVE
17 PHYSICAL EXAMINATION.—Section 1861(ww)(2) of
18 the Social Security Act (42 U.S.C. 1395x(ww)(2)) is
19 amended—

20 (A) in subparagraph (N), by moving the
21 margins of such subparagraph 2 ems to the
22 left;

23 (B) by redesignating subparagraph (O) as
24 subparagraph (P); and

1 (C) by inserting after subparagraph (N)
2 the following new subparagraph:
3 "(O) Peripheral artery disease screening
4 tests furnished to at-risk beneficiaries (as such
5 terms are defined in subsection (ttt)).".
6 (3) PAYMENT.—
7 (A) IN GENERAL.—Section 1833(a) of the
8 Social Security Act (42 U.S.C. 1395l(a)), as
9 amended by sections 4251(c)(3), 6101(a)(4),
10 and 7419, is amended—
11 (i) in paragraph (1)—
12 (I) in subparagraph (N), by in-
13 serting "and other than peripheral ar-
14 tery disease screening tests furnished
15 to at-risk beneficiaries (as such terms
16 are defined in section 1861(ttt))"
17 after "other than personalized preven-
18 tion plan services (as defined in sec-
19 tion 1861(hhh)(1))";
20 (II) by striking "and" before
21 "(KK)"; and
22 (III) by inserting before the
23 semicolon at the end the following: ",
24 and (LL) with respect to peripheral
25 artery disease screening tests fur-

1 nished to at-risk beneficiaries (as such
2 terms are defined in section
3 1861(ttt)), the amount paid shall be
4 100 percent of the lesser of the actual
5 charge for the services or the amount
6 determined under the payment basis
7 determined under section 1848''; and
8 (ii) in paragraph (2)—
9 (I) in subparagraph (G), by
10 striking "and" at the end;
11 (II) in subparagraph (H), by in-
12 serting " and" at the end; and
13 (III) by inserting after subpara-
14 graph (H) the following new subpara-
15 graph:
16 "(I) with respect to peripheral artery disease
17 screening tests (as defined in paragraph (1) of sec-
18 tion 1861(ttt)) furnished by an outpatient depart-
19 ment of a hospital to at-risk beneficiaries (as defined
20 in paragraph (2) of such section), the amount deter-
21 mined under paragraph (1)(EE),''.
22 (B) NO DEDUCTIBLE.—Section 1833(b) of
23 the Social Security Act (42 U.S.C. 1395l(b)), as
24 amended by section 7419(a)(5)(A)(iii), is
25 amended, in the first sentence—

1 (i) by striking "and" before "(14)";
2 and
3 (ii) by inserting ", and (15) such de-
4 ductible shall not apply with respect to pe-
5 ripheral artery disease screening tests fur-
6 nished to at-risk beneficiaries (as such
7 terms are defined in section 1861(ttt))"
8 before the period at the end.
9 (C) EXCLUSION FROM PROSPECTIVE PAY-
10 MENT SYSTEM FOR HOSPITAL OUTPATIENT DE-
11 PARTMENT SERVICES.—Section
12 1833(t)(1)(B)(iv) of the Social Security Act (42
13 U.S.C. 1395l(t)(1)(B)(iv)) is amended—
14 (i) by striking ", or personalized" and
15 inserting ", personalized"; and
16 (ii) by inserting ", or peripheral ar-
17 tery disease screening tests furnished to
18 at-risk beneficiaries (as such terms are de-
19 fined in section 1861(ttt))" after "person-
20 alized prevention plan services (as defined
21 in section 1861(hhh)(1))".
22 (D) PAYMENT UNDER PHYSICIAN FEE
23 SCHEDULE.—Section 1848(j)(3) of the Social
24 Security Act (42 U.S.C. 1395w–4(j)(3)), as

1 amended by section 4251(c)(4), is amended by
2 inserting ", (2)(OO)," after "(2)(KK)".
3 (4) EXCLUSION FROM COVERAGE AND MEDI-
4 CARE AS SECONDARY PAYER FOR TESTS PERFORMED
5 MORE FREQUENTLY THAN ALLOWED.—Section
6 1862(a)(1) of the Social Security Act (42 U.S.C.
7 1395y(a)(1)), as amended by subsection (b)(2), is
8 amended—
9 (A) in subparagraph (P), by striking
10 "and" at the end;
11 (B) in subparagraph (Q), by striking the
12 semicolon at the end and inserting ", and"; and
13 (C) by adding at the end the following new
14 subparagraph:
15 "(R) in the case of peripheral artery dis-
16 ease screening tests furnished to at-risk bene-
17 ficiaries (as such terms are defined in section
18 1861(ttt)), which are performed more fre-
19 quently than is covered under such section;".
20 (5) AUTHORITY TO MODIFY OR ELIMINATE COV-
21 ERAGE OF CERTAIN PREVENTIVE SERVICES.—Sec-
22 tion 1834(n) of the Social Security Act (42 U.S.C.
23 1395m(n)) is amended—
24 (A) by redesignating subparagraphs (A)
25 and (B) of paragraph (1) as clauses (i) and (ii),

1 respectively, and moving the margins of such
2 clauses, as so redesignated, 2 ems to the right;
3 (B) by redesignating paragraphs (1) and
4 (2) as subparagraphs (A) and (B), respectively,
5 and moving the margins of such subparagraphs,
6 as so redesignated, 2 ems to the right;
7 (C) by striking "CERTAIN PREVENTIVE
8 SERVICES" and all that follows through "any
9 other provision of this title" and inserting:
10 "CERTAIN PREVENTIVE SERVICES.—
11 "(1) IN GENERAL.—Notwithstanding any other
12 provision of this title"; and
13 (D) by adding at the end the following new
14 paragraph:
15 "(2) INAPPLICABILITY.—The Secretarial au-
16 thority described in paragraph (1) shall not apply
17 with respect to preventive services described in sec-
18 tion 1861(ww)(2)(O).".
19 (6) EFFECTIVE DATE.—The amendments made
20 by this subsection shall apply with respect to items
21 and services furnished on or after January 1, 2025.
22 (c) MEDICAID COVERAGE OF PERIPHERAL ARTERY
23 DISEASE SCREENING TESTS FURNISHED TO AT-RISK
24 BENEFICIARIES WITHOUT IMPOSITION OF COST SHARING
25 REQUIREMENTS.—

1 (1) IN GENERAL.—Section 1905 of the Social
2 Security Act (42 U.S.C. 1396d) as amended by sec-
3 tion 7419(a)(3)(A)(ii), is amended—
4 (A) in subsection (a)—
5 (i) by redesignating paragraph (34) as
6 paragraph (35);
7 (ii) in paragraph (33), by striking
8 ''and'' after the semicolon; and
9 (iii) by inserting after paragraph (33)
10 the following new paragraph:
11 ''(34) peripheral artery disease screening tests
12 furnished to at-risk beneficiaries (as such terms are
13 defined in subsection (ss)); and''; and
14 (B) by adding at the end the following new
15 subsection:
16 ''(ss) PERIPHERAL ARTERY DISEASE SCREENING
17 TEST; AT-RISK BENEFICIARY.—
18 ''(1) PERIPHERAL ARTERY DISEASE SCREENING
19 TEST.—The term 'peripheral artery disease screen-
20 ing test' means—
21 ''(A) noninvasive physiologic studies of ex-
22 tremity arteries (commonly referred to as ankle-
23 brachial index testing);
24 ''(B) arterial duplex scans of lower extrem-
25 ity arteries vascular; and

1 "(C) such other items and services as the
2 Secretary determines, in consultation with rel-
3 evant stakeholders, to be appropriate for
4 screening for peripheral artery disease for at-
5 risk beneficiaries.

6 "(2) AT-RISK BENEFICIARY.—The term 'at-risk
7 beneficiary' means an individual enrolled under a
8 State plan (or a waiver of such plan)—

9 "(A) who is 65 years of age or older;

10 "(B) who is at least 50 years of age but
11 not older than 64 years of age with risk factors
12 for atherosclerosis (such as diabetes mellitus, a
13 history of smoking, hyperlipidemia, and hyper-
14 tension) or a family history of peripheral artery
15 disease;

16 "(C) who is younger than 50 years of age
17 with diabetes mellitus and one additional risk
18 factor for atherosclerosis; or

19 "(D) with a known atherosclerotic disease
20 in another vascular bed such as coronary, ca-
21 rotid, subclavian, renal, or mesenteric artery
22 stenosis, or abdominal aortic aneurysm.

23 "(3) FREQUENCY.—The Secretary shall, in con-
24 sultation with appropriate organizations, establish
25 standards regarding the frequency for peripheral ar-

1 tery disease screening tests described in subsection
2 (a)(34) for purposes of coverage under a State plan
3 under this title.''.

4 (2) NO COST SHARING.—

5 (A) IN GENERAL.—Subsections (a)(2) and
6 (b)(2) of section 1916 of the Social Security
7 Act (42 U.S.C. 1396o), as amended by section
8 7305(b)(1), are each amended—

9 (i) in subparagraph (J), by striking
10 ''or'' after the comma at the end;

11 (ii) in subparagraph (K), by striking
12 ''; and'' and inserting '', or''; and

13 (iii) by adding at the end the fol-
14 lowing new subparagraph:

15 ''(L) peripheral artery disease
16 screening tests furnished to at-risk
17 beneficiaries (as such terms are de-
18 fined in section 1905(hh)); and''.

19 (B) APPLICATION TO ALTERNATIVE COST
20 SHARING.—Section 1916A(b)(3)(B) of the So-
21 cial Security Act (42 U.S.C. 1396o–
22 1(b)(3)(B)), as amended by section 7305(b)(2),
23 is amended by adding at the end the following
24 new clause:

1 "(xv) Peripheral artery disease screen-
2 ing tests furnished to at-risk beneficiaries
3 (as such terms are defined in section
4 1905(qq)).".
5 (3) MANDATORY COVERAGE.—Section
6 1902(a)(10)(A) of the Social Security Act (42
7 U.S.C. 1396a(a)(10)(A)), as amended by section
8 2007(d)(2), is amended by striking "and (32)" and
9 inserting "(32), and (34)".
10 (d) REQUIREMENT FOR GROUP HEALTH PLANS AND
11 HEALTH INSURANCE ISSUERS OFFERING GROUP OR IN-
12 DIVIDUAL HEALTH INSURANCE COVERAGE TO PROVIDE
13 COVERAGE FOR PERIPHERAL ARTERY DISEASE SCREEN-
14 ING TESTS FURNISHED TO AT-RISK ENROLLEES WITH-
15 OUT IMPOSITION OF COST SHARING REQUIREMENTS.—
16 (1) IN GENERAL.—Section 2713 of the Public
17 Health Service Act (42 U.S.C. 300gg–13) is amend-
18 ed—
19 (A) by amending subsection (a), as amend-
20 ed by section 7419(a)(1)(A), to read as follows:
21 "(a) COVERAGE OF PREVENTIVE HEALTH SERV-
22 ICES.—
23 "(1) IN GENERAL.—A group health plan and a
24 health insurance issuer offering group or individual
25 health insurance coverage shall, at a minimum, pro-

1 vide coverage for and shall not impose any cost shar-
2 ing requirements for—

3 ‘‘(A) evidence-based items or services that
4 have in effect a rating of ‘A’ or ‘B’ in the cur-
5 rent recommendations of the United States Pre-
6 ventive Services Task Force;

7 ‘‘(B) immunizations that have in effect a
8 recommendation from the Advisory Committee
9 on Immunization Practices of the Centers for
10 Disease Control and Prevention with respect to
11 the individual involved;

12 ‘‘(C) with respect to infants, children, and
13 adolescents, evidence-informed preventive care
14 and screenings provided for in the comprehen-
15 sive guidelines supported by the Health Re-
16 sources and Services Administration;

17 ‘‘(D) with respect to women, such addi-
18 tional preventive care and screenings not de-
19 scribed in subparagraph (A) as provided for in
20 comprehensive guidelines supported by the
21 Health Resources and Services Administration
22 for purposes of this subparagraph;

23 ‘‘(E) any prescription drug approved by
24 the Food and Drug Administration for the pre-
25 vention of HIV (other than a drug subject to

1 preauthorization requirements consistent with
2 section 2729A), administrative fees for such
3 drugs, laboratory and other diagnostic proce-
4 dures associated with the use of such drugs,
5 and clinical follow-up and monitoring, including
6 any related services recommended in current
7 United States Public Health Service clinical
8 practice guidelines, without limitation; and
9 ''(F) with respect to at-risk enrollees, pe-
10 ripheral artery disease screening tests.
11 ''(2) FREQUENCY.—The Secretary, in consulta-
12 tion with appropriate organizations, shall establish
13 standards regarding the frequency for peripheral ar-
14 tery disease screening tests for purposes of coverage
15 under this section.
16 ''(3) CLARIFICATION REGARDING BREAST CAN-
17 CER SCREENING, MAMMOGRAPHY, AND PREVENTION
18 RECOMMENDATIONS.—For the purposes of this Act,
19 and for the purposes of any other provision of law,
20 the current recommendations of the United States
21 Preventive Services Task Force regarding breast
22 cancer screening, mammography, and prevention
23 shall be considered the most current other than
24 those issued in or around November 2009.
25 ''(4) DEFINITIONS.—In this subsection:

1 "(A) AT-RISK ENROLLEE.—The term 'at-
2 risk enrollee' means an individual enrolled in a
3 group health plan or group or individual health
4 insurance coverage—
5 "(i) who is 65 years of age or older;
6 "(ii) who is at least 50 years of age
7 but not older than 64 years of age with
8 risk factors for atherosclerosis (such as di-
9 abetes mellitus, a history of smoking,
10 hyperlipidemia, and hypertension) or a
11 family history of peripheral artery disease;
12 "(iii) who is younger than 50 years of
13 age with diabetes mellitus and one addi-
14 tional risk factor for atherosclerosis; or
15 "(iv) with a known atherosclerotic dis-
16 ease in another vascular bed such as coro-
17 nary, carotid, subclavian, renal, or mesen-
18 teric artery stenosis, or abdominal aortic
19 aneurysm.
20 "(B) PERIPHERAL ARTERY DISEASE
21 SCREENING TEST.—The term 'peripheral artery
22 disease screening test' means—
23 "(i) noninvasive physiologic studies of
24 extremity arteries (commonly referred to
25 as ankle-brachial index testing);

1 "(ii) arterial duplex scans of lower ex-
2 tremity arteries vascular; and
3 "(iii) such other items and services as
4 the Secretary determines, in consultation
5 with relevant stakeholders, to be appro-
6 priate for screening for peripheral artery
7 disease for at-risk enrollees.
8 "(5) RULE OF CONSTRUCTION.—Nothing in
9 this subsection shall be construed to prohibit a plan
10 or issuer from providing coverage for services in ad-
11 dition to those recommended by the United States
12 Preventive Services Task Force or to deny coverage
13 for services that are not recommended by such Task
14 Force."; and
15 (B) in subsection (b)(1)—
16 (i) by striking "subsection (a)(1) or
17 (a)(2) or a guideline under subsection
18 (a)(3)" and inserting "subparagraph (A)
19 or (B) of subsection (a)(1) or a guideline
20 under subparagraph (C) of such sub-
21 section"; and
22 (ii) by striking "described in sub-
23 section (a)" and inserting "described in
24 subsection (a)(1)".

1 (2) EFFECTIVE DATE.—The amendments made
2 by paragraph (1) shall apply with respect to plan
3 years beginning on or after January 1, 2025.

4 (e) DISALLOWANCE OF PAYMENT FOR NONTRAU-
5 MATIC AMPUTATION SERVICES FURNISHED WITHOUT
6 ANATOMICAL TESTING SERVICES.—Section 1834 of the
7 Social Security Act (42 U.S.C. 1395m), as amended by
8 section 4221(b)(2), is amended by adding at the end the
9 following new subsection:

10 ''(bb) DISALLOWANCE OF PAYMENT FOR NONTRAU-
11 MATIC AMPUTATION SERVICES FURNISHED WITHOUT
12 ANATOMICAL TESTING SERVICES.—

13 ''(1) IN GENERAL.—In the case of nontrau-
14 matic amputation services furnished by a supplier on
15 or after January 1, 2025, to an individual entitled
16 to, or enrolled for, benefits under part A and en-
17 rolled for benefits under this part, for which pay-
18 ment is made under this part, payment may only be
19 made under this part if—

20 ''(A) such supplier furnishes anatomical
21 testing services to such individual during the 3-
22 month period preceding the date on which such
23 nontraumatic amputation services is furnished;
24 or

1 "(B) such individual has a pre-existing
2 dysfunctional or unsalvageable limb, life-threat-
3 ening sepsis, intractable infection, extensive
4 gangrene or necrotic tissue loss beyond salvage,
5 a poor functional status, severe dementia, or a
6 short life expectancy after shared decision mak-
7 ing with a health care team and patient, family,
8 or caregiver.

9 "(2) DEFINITIONS.—In this subsection:

10 "(A) ANATOMICAL TESTING SERVICES.—
11 The term 'anatomical testing services' means
12 arterial duplex scanning, computed tomography
13 angiography, and magnetic resonance
14 angiography.

15 "(B) NONTRAUMATIC AMPUTATION SERV-
16 ICES.—The term 'nontraumatic amputation
17 services' means amputations as a result of ath-
18 erosclerotic vascular disease or a related comor-
19 bidity of such disease (including diabetes).".

20 (f) DEVELOPMENT AND IMPLEMENTATION OF QUAL-
21 ITY MEASURES.—

22 (1) DEVELOPMENT.—The Secretary of Health
23 and Human Services (referred to in this subsection
24 as the "Secretary") shall, in consultation with rel-
25 evant stakeholders, develop quality measures for

1 nontraumatic, lower-limb, major amputation that
2 utilize appropriate diagnostic screening (including
3 peripheral artery disease screening) in order to en-
4 courage alternative treatments (including
5 revascularization) in lieu of such an amputation.

6 (2) IMPLEMENTATION.—After appropriate test-
7 ing and validation of the measures developed under
8 paragraph (1), the Secretary shall incorporate such
9 measures in quality reporting programs for appro-
10 priate providers of services and suppliers under the
11 Medicare program under title XVIII of the Social
12 Security Act (42 U.S.C. 1395 et seq.), including for
13 purposes of—

14 (A) the merit-based incentive payment sys-
15 tem under section 1848(q) of such Act (42
16 U.S.C. 1395w–4(q));

17 (B) incentive payments for participation in
18 eligible alternative payment models under sec-
19 tion 1833(z) of such Act (42 U.S.C. 1395l(z));

20 (C) the shared savings program under sec-
21 tion 1899 of such Act (42 U.S.C. 1395jjj);

22 (D) models under section 1115A of such
23 Act (42 U.S.C. 1315a); and

24 (E) such other payment systems or models
25 as the Secretary may specify.

1 **SEC. 7901C–2. ELIMINATING THE COINSURANCE REQUIRE-**
2 **MENT FOR CERTAIN COLORECTAL CANCER**
3 **SCREENING TESTS FURNISHED UNDER THE**
4 **MEDICARE PROGRAM.**

5 Section 1833(dd) of the Social Security Act (42
6 U.S.C. 1395l(dd)) is amended—
7 (1) in paragraph (1), by striking ''and before
8 January 1, 2030,''; and
9 (2) in paragraph (2)—
10 (A) in subparagraph (A), by adding ''and''
11 at the end;
12 (B) in subparagraph (B), by striking
13 ''through 2026'' and inserting ''through 2024'';
14 and
15 (C) by striking subparagraph (C) and in-
16 serting the following:
17 ''(C) for 2025 and each subsequent year,
18 100 percent.''.

19 **SEC. 7901C–3. EXPANDING THE AVAILABILITY OF MEDICAL**
20 **NUTRITION THERAPY SERVICES UNDER THE**
21 **MEDICARE PROGRAM.**

22 (a) IN GENERAL.—Section 1861 of the Social Secu-
23 rity Act (42 U.S.C. 1395x) is amended—
24 (1) in subsection (s)(2)(V), by striking ''in the
25 case of'' and all that follows through ''organiza-
26 tions''; and

1 (2) in subsection (vv)—
2 (A) in paragraph (1)—
3 (i) by striking "disease management"
4 and inserting "the prevention, manage-
5 ment, or treatment of a disease or condi-
6 tion specified in paragraph (4)"; and
7 (ii) by striking "by a physician" and
8 all that follows through the period at the
9 end and inserting the following: "by a—
10 "(A) physician (as defined in subsection
11 (r)(1));
12 "(B) physician assistant;
13 "(C) nurse practitioner;
14 "(D) clinical nurse specialist (as defined in
15 subsection (aa)(5)(B)); or
16 "(E) in the case of such services furnished
17 to manage such a disease or condition that is
18 an eating disorder, a clinical psychologist (as
19 defined by the Secretary).
20 Such term shall not include any services furnished
21 to an individual for the prevention, management, or
22 treatment of a renal disease if such individual is re-
23 ceiving maintenance dialysis for which payment is
24 made under section 1881."; and

1 (B) by adding at the end the following new
2 paragraph:

3 ‘‘(4) For purposes of paragraph (1), the diseases and
4 conditions specified in this paragraph are the following:

5 ‘‘(A) Diabetes and prediabetes.

6 ‘‘(B) A renal disease.

7 ‘‘(C) Obesity (as defined for purposes of sub-
8 section (yy)(2)(C) or as otherwise defined by the
9 Secretary).

10 ‘‘(D) Hypertension.

11 ‘‘(E) Dyslipidemia.

12 ‘‘(F) Malnutrition.

13 ‘‘(G) Eating disorders.

14 ‘‘(H) Cancer.

15 ‘‘(I) Gastrointestinal diseases, including celiac
16 disease.

17 ‘‘(J) HIV.

18 ‘‘(K) AIDS.

19 ‘‘(L) Cardiovascular disease.

20 ‘‘(M) Any other disease or condition—

21 ‘‘(i) specified by the Secretary relating to
22 unintentional weight loss;

23 ‘‘(ii) for which the Secretary determines
24 the services described in paragraph (1) to be
25 medically necessary and appropriate for the

1 prevention, management, or treatment of such
2 disease or condition, consistent with any appli-
3 cable recommendations of the United States
4 Preventive Services Task Force; or
5 ''(iii) for which the Secretary determines
6 the services described in paragraph (1) are
7 medically necessary, consistent with either pro-
8 tocols established by registered dietitians or nu-
9 trition professional organizations or with ac-
10 cepted clinical guidelines identified by the Sec-
11 retary.''.
12 (b) EXCLUSION MODIFICATION.—Section 1862(a)(1)
13 of the Social Security Act (42 U.S.C. 1395y(a)(1)), as
14 amended by sections 7901C(b)(2) and 7901C–1(b)(4), is
15 amended—
16 (1) in subparagraph (Q), by striking ''and'' at
17 the end;
18 (2) in subparagraph (R), by striking the semi-
19 colon at the end and inserting '', and''; and
20 (3) by adding at the end the following new sub-
21 paragraph:
22 ''(S) in the case of medical nutrition therapy
23 services (as defined in section 1861(vv)), which are
24 not furnished for the prevention, management, or

1 treatment of a disease or condition specified in para-
2 graph (4) of such section;''.

3 (c) EFFECTIVE DATE.—The amendments made by
4 this section shall apply with respect to items and services
5 furnished on or after January 1, 2024.

6 **SEC. 7901C–4. ENCOURAGING THE DEVELOPMENT AND USE**
7 **OF DISARM ANTIMICROBIAL DRUGS.**

8 (a) ADDITIONAL PAYMENT FOR DISARM ANTI-
9 MICROBIAL DRUGS UNDER MEDICARE.—

10 (1) IN GENERAL.—Section 1886(d)(5) of the
11 Social Security Act (42 U.S.C. 1395ww(d)(5)) is
12 amended by adding at the end the following new
13 subparagraph:

14 ''(N)(i)(I) Effective for discharges beginning on or
15 after October 1, 2025, or such sooner date as specified
16 by the Secretary, subject to subclause (II), the Secretary
17 shall, after notice and opportunity for public comment (in
18 the publications required by subsection (e)(5) for a fiscal
19 year or otherwise), provide for an additional payment
20 under a mechanism (separate from the mechanism estab-
21 lished under subparagraph (K)), with respect to such dis-
22 charges involving any DISARM antimicrobial drug, in an
23 amount equal to—

1 "(aa) the amount payable under section 1847A
2 for such drug during the calendar quarter in which
3 the discharge occurred; or

4 "(bb) if no amount for such drug is determined
5 under section 1847A, an amount to be determined
6 by the Secretary in a manner similar to the manner
7 in which payment amounts are determined under
8 section 1847A based on information submitted by
9 the manufacturer or sponsor of such drug (as re-
10 quired under clause (v)).

11 "(II) In determining the amount payable under sec-
12 tion 1847A for purposes of items (aa) and (bb) of sub-
13 clause (I), subparagraphs (A) and (B) of subsection (b)(1)
14 of such section shall be applied by substituting '102 per-
15 cent' for '106 percent' each place it appears and para-
16 graph (8)(B) of such section shall be applied by sub-
17 stituting '2 percent' for '6 percent'.

18 "(ii) For purposes of this subparagraph, a DISARM
19 antimicrobial drug is—

20 "(I) a drug—

21 "(aa) that—

22 "(AA) is approved by the Food and
23 Drug Administration;

24 "(BB) is designated by the Food and
25 Drug Administration as a qualified infec-

1 tious disease product under subsection (d)
2 of section 505E of the Federal Food,
3 Drug, and Cosmetic Act (21 U.S.C.
4 355f(d)); and

5 ''(CC) has received an extension of its
6 exclusivity period pursuant to subsection
7 (a) of such section; and

8 ''(bb) that has been designated by the Sec-
9 retary pursuant to the process established
10 under clause (iv)(I)(bb); or

11 ''(II) an antibacterial or antifungal biological
12 product—

13 ''(aa) that is licensed for use, or an anti-
14 bacterial or antifungal biological product for
15 which an indication is first licensed for use, by
16 the Food and Drug Administration on or after
17 June 5, 2014, under section 351(a) of the Pub-
18 lic Health Service Act for human use to treat
19 serious or life-threatening infections, as deter-
20 mined by the Food and Drug Administration,
21 including those caused by, or likely to be caused
22 by—

23 ''(AA) an antibacterial or antifungal
24 resistant pathogen, including novel or
25 emerging infectious pathogens; or

1 "(BB) a qualifying pathogen (as de-
2 fined under section 505E(f) of the Federal
3 Food, Drug, and Cosmetic Act (21 U.S.C.
4 355f(f))); and
5 "(bb) has been designated by the Secretary
6 pursuant to the process established under
7 clause (iv)(I)(bb).
8 "(iii) The mechanism established pursuant to clause
9 (i) shall provide that the additional payment under clause
10 (i) shall—
11 "(I) with respect to a discharge, only be made
12 to a subsection (d) hospital that, as determined by
13 the Secretary—
14 "(aa) is participating in the National
15 Healthcare Safety Network Antimicrobial Use
16 and Resistance Module of the Centers for Dis-
17 ease Control and Prevention; and
18 "(bb) has an antimicrobial stewardship
19 program that aligns with the Core Elements of
20 Hospital Antibiotic Stewardship Programs of
21 the Centers for Disease Control and Prevention
22 or the Antimicrobial Stewardship Standard set
23 by the Joint Commission; and
24 "(II) apply to discharges occurring on or after
25 October 1 of the year in which the drug or biological

1 product is designated by the Secretary as a DIS-
2 ARM antimicrobial drug.

3 For purposes of this clause, in the case of a similar report-
4 ing program described in item (aa), a subsection (d) hos-
5 pital shall be treated as participating in such a program
6 if the entity maintaining such program identifies to the
7 Secretary such hospital as so participating.

8 ''(iv)(I) The mechanism established pursuant to
9 clause (i) shall provide for a process for—

10 ''(aa) a manufacturer or sponsor of a drug or
11 biological product to request the Secretary to des-
12 ignate the drug or biological product as a DISARM
13 antimicrobial drug; and

14 ''(bb) the designation (and removal of such des-
15 ignation) by the Secretary of drugs and biological
16 products as DISARM antimicrobial drugs.

17 ''(II) A designation of a drug or biological product
18 as a DISARM antimicrobial drug may be revoked by the
19 Secretary if the Secretary determines that—

20 ''(aa) the drug or biological product no longer
21 meets the requirements for a DISARM antimicrobial
22 drug under clause (ii);

23 ''(bb) the request for such designation con-
24 tained an untrue statement of material fact; or

1 "(cc) clinical or other information that was not
2 available to the Secretary at the time such designa-
3 tion was made shows that—

4 "(AA) such drug or biological product is
5 unsafe for use or not shown to be safe for use
6 for individuals who are entitled to benefits
7 under part A; or

8 "(BB) an alternative to such drug or bio-
9 logical product is an advance that substantially
10 improves the diagnosis or treatment of such in-
11 dividuals.

12 "(III) Not later than October 1, 2024, the Secretary
13 shall publish in the Federal Register a list of the DISARM
14 antimicrobial drugs designated under this subparagraph
15 pursuant to the process established under subclause
16 (I)(bb). The Secretary shall annually update such list.

17 "(v)(I) For purposes of determining additional pay-
18 ment amounts under clause (i), a manufacturer or sponsor
19 of a drug or biological product that submits a request de-
20 scribed in clause (iv)(I)(aa) shall submit to the Secretary
21 information described in section 1927(b)(3)(A)(iii).

22 "(II) The penalties for failure to provide timely infor-
23 mation under clause (i) of subparagraph (C) section
24 1927(b)(3) and for providing false information under
25 clause (ii) of such subparagraph shall apply to manufac-

1 turers and sponsors of a drug or biological product under
2 this section with respect to information under subclause
3 (I) in the same manner as such penalties apply to manu-
4 facturers under such clauses with respect to information
5 under subparagraph (A) of such section.

6 ''(vi)(I) The mechanism established pursuant to
7 clause (i) shall provide that—

8 ''(aa) except as provided in item (bb), no addi-
9 tional payment shall be made under this subpara-
10 graph for discharges involving a DISARM anti-
11 microbial drug if any additional payments have been
12 made for discharges involving such drug as a new
13 medical service or technology under subparagraph
14 (K);

15 ''(bb) additional payments may be made under
16 this subparagraph for discharges involving a DIS-
17 ARM antimicrobial drug if any additional payments
18 have been made for discharges occurring prior to the
19 date of enactment of this subparagraph involving
20 such drug as a new medical service or technology
21 under subparagraph (K); and

22 ''(cc) no additional payment shall be made
23 under subparagraph (K) for discharges involving a
24 DISARM antimicrobial drug as a new medical serv-
25 ice or technology if any additional payments for dis-

1 charges involving such drug have been made under
2 this subparagraph.''.

3 (2) CONFORMING AMENDMENT.—Section
4 1886(d)(5)(K)(ii)(III) of the Social Security Act (42
5 U.S.C. 1395ww(d)(5)(K)(ii)(III)) is amended by
6 striking ''provide'' and inserting ''subject to sub-
7 paragraph (N)(vi), provide''.

8 (b) AUTHORIZATION OF APPROPRIATIONS FOR THE
9 CENTERS FOR DISEASE CONTROL AND PREVENTION.—
10 There is authorized to be appropriated to the Centers for
11 Disease Control and Prevention $500,000,000, to remain
12 available until expended, to support the establishment and
13 implementation of antimicrobial stewardship programs
14 and data reporting capabilities to the Antimicrobial Use
15 and Resistance option of the CDC National Healthcare
16 Safety Network, especially in critical access hospitals,
17 rural hospitals, and community hospitals, to support de-
18 tection, surveillance, containment, and prevention of re-
19 sistant pathogens in the United States and overseas.

20 (c) STUDY AND REPORTS ON REMOVING BARRIERS
21 TO THE DEVELOPMENT OF DISARM ANTIMICROBIAL
22 DRUGS.—

23 (1) STUDY.—The Comptroller General of the
24 United States (in this subsection referred to as the
25 ''Comptroller General''), in consultation with the Di-

1 rector of the National Institutes of Health, the Com-
2 missioner of Food and Drugs, the Administrator of
3 the Centers for Medicare & Medicaid Services, and
4 the Director of the Centers for Disease Control and
5 Prevention, shall conduct a study over a 5-year pe-
6 riod of the barriers that prevent the development of
7 DISARM antimicrobial drugs (as defined in section
8 1886(d)(5)(N)(ii) of the Social Security Act, as
9 added by subsection (a)), including—
10 (A) patient outcomes in conjunction with
11 the use of DISARM drugs, including—
12 (i) duration of stay in the intensive
13 care unit;
14 (ii) recidivism within 30 days; and
15 (iii) measures of additional follow-up
16 care;
17 (B) the effectiveness of antimicrobial stew-
18 ardship and surveillance programs, including—
19 (i) changes in the percentage of hos-
20 pitals in the United States with an anti-
21 microbial stewardship program in place
22 that aligns with the Core Elements of Hos-
23 pital Antibiotic Stewardship Programs, as
24 outlined by the Centers for Disease Control
25 and Prevention;

1 (ii) changes in inpatient care of
2 clostridioides difficile infection; and
3 (iii) changes in inpatient rates of re-
4 sistance to key pathogens; and
5 (C) considerations relating to Medicare
6 payment reform, including—
7 (i) changes in the number of qualified
8 antimicrobial products approved;
9 (ii) changes in wholesale acquisition
10 cost of individual qualified antimicrobial
11 products over time;
12 (iii) changes in year-over-year volume
13 of individual qualified antimicrobial prod-
14 ucts sold; and
15 (iv) the overall cost of qualified anti-
16 microbial products to the Medicare pro-
17 gram as a proportion of total Medicare
18 part A spending.
19 (2) REPORT.—Not later than 5 years after the
20 date of the enactment of this section, the Comp-
21 troller General shall submit to Congress a report
22 containing the results of the study conducted under
23 paragraph (1), together with recommendations for
24 such legislation and administrative action as the
25 Comptroller General determines appropriate.

1 **SEC. 7901C–5. TREAT AND REDUCE OBESITY ACT.**

2 (a) AUTHORITY TO EXPAND HEALTH CARE PRO-
3 VIDERS QUALIFIED TO FURNISH INTENSIVE BEHAVIORAL
4 THERAPY.—Section 1861(ddd) of the Social Security Act
5 (42 U.S.C. 1395x(ddd)) is amended by adding at the end
6 the following new paragraph:

7 ‘‘(4)(A) Subject to subparagraph (B), the Sec-
8 retary may, in addition to qualified primary care
9 physicians and other primary care practitioners,
10 cover intensive behavioral therapy for obesity fur-
11 nished by any of the following:

12 ‘‘(i) A physician (as defined in subsection
13 (r)(1)) who is not a qualified primary care phy-
14 sician.

15 ‘‘(ii) Any other appropriate health care
16 provider (including a physician assistant, nurse
17 practitioner, or clinical nurse specialist (as
18 those terms are defined in subsection (aa)(5)),
19 a clinical psychologist, a registered dietitian or
20 nutrition professional (as defined in subsection
21 (vv))).

22 ‘‘(iii) An evidence-based, community-based
23 lifestyle counseling program approved by the
24 Secretary.

25 ‘‘(B) In the case of intensive behavioral therapy
26 for obesity furnished by a provider described in

1 clause (ii) or (iii) of subparagraph (A), the Secretary
2 may only cover such therapy if such therapy is fur-
3 nished—

4 ''(i) upon referral from, and in coordina-
5 tion with, a physician or primary care practi-
6 tioner operating in a primary care setting or
7 any other setting specified by the Secretary;
8 and

9 ''(ii) in an office setting, a hospital out-
10 patient department, a community-based site
11 that complies with the Federal regulations con-
12 cerning the privacy of individually identifiable
13 health information promulgated under section
14 264(c) of the Health Insurance Portability and
15 Accountability Act of 1996, or another setting
16 specified by the Secretary.

17 ''(C) In order to ensure a collaborative effort,
18 the coordination described in subparagraph (B)(i)
19 shall include the health care provider or lifestyle
20 counseling program communicating to the referring
21 physician or primary care practitioner any rec-
22 ommendations or treatment plans made regarding
23 the therapy.''.

24 (b) MEDICARE PART D COVERAGE OF OBESITY
25 MEDICATION.—

1 (1) IN GENERAL.—Section 1860D–2(e)(2)(A)
2 of the Social Security Act (42 U.S.C. 1395w–
3 102(e)(2)(A)) is amended, in the first sentence—
4 (A) by striking ''and other than'' and in-
5 serting ''other than''; and
6 (B) by inserting after ''benzodiazepines),''
7 the following: ''and other than subparagraph
8 (A) of such section if the drug is used for the
9 treatment of obesity (as defined in section
10 1861(yy)(2)(C)) or for weight loss management
11 for an individual who is overweight (as defined
12 in section 1861(yy)(2)(F)(i)) and has 1 or more
13 related comorbidities,''.
14 (2) EFFECTIVE DATE.—The amendments made
15 by paragraph (1) shall apply to plan years beginning
16 on or after the date that is 2 years after the date
17 of the enactment of this section.
18 (c) REPORT TO CONGRESS.—
19 (1) IN GENERAL.—Not later than the date that
20 is 1 year after the date of the enactment of this sec-
21 tion, and every 2 years thereafter, the Secretary of
22 Health and Human Services shall submit a report to
23 Congress describing the steps the Secretary has
24 taken to implement the provisions of, and amend-
25 ments made by, this section.

1 (2) RECOMMENDATIONS.—Such report shall
2 also include recommendations for better coordination
3 and leveraging of programs within the Department
4 of Health and Human Services and other Federal
5 agencies that relate in any way to supporting appro-
6 priate research and clinical care (such as any inter-
7 actions between physicians and other health care
8 providers and their patients) to treat, reduce, and
9 prevent obesity in the adult population.

10 **SEC. 7901C–6. INCENTIVES, IMPROVEMENTS, AND OUT-**
11 **REACH TO INCREASE DIVERSITY IN ALZ-**
12 **HEIMER'S DISEASE RESEARCH.**

13 (a) IMPROVING ACCESS FOR AND OUTREACH TO
14 UNDERREPRESENTED POPULATIONS.—
15 (1) EXPANDING ACCESS TO ALZHEIMER'S RE-
16 SEARCH CENTERS.—
17 (A) IN GENERAL.—Section 445(a)(1) of
18 the Public Health Service Act (42 U.S.C. 285e–
19 2(a)(1)) is amended—
20 (i) by striking ''(a)(1) The Director of
21 the Institute may'' and inserting the fol-
22 lowing:
23 ''(a)(1) The Director of the Institute—
24 ''(A) may'';

1 (ii) by striking ‘‘disease.’’ and inserting ‘‘disease; and’’; and

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

5 ‘‘(B) beginning January 1, 2024, shall enter into cooperative agreements and make grants to public or private nonprofit entities under this subsection for the planning, establishment, and operation of new such centers that are located in areas with a higher concentration of minority groups (as determined under section 444(d)(3)(D)), such as entities that are historically Black colleges and universities, Hispanic-serving institutions, Tribal colleges and universities, or centers of excellence for other minority populations.’’.

16 (B) USE OF FUNDING FOR CLINICS TO OPERATE CLINICAL TRIALS.—Section 445(b) of the Public Health Service Act (42 U.S.C. 285e–2(b)) is amended by adding at the end the following:

21 ‘‘(3) Federal payments made under a cooperative agreement or grant under subsection (a) from funds made available under section 7901C–6(g) of the Health Equity and Accountability Act of 2024 shall, with respect to Alz-

1 heimer's disease, be used in part to establish and operate
2 diagnostic and treatment clinics designed—

3 "(A) to meet the special needs of minority and
4 rural populations and other underserved populations;
5 and

6 "(B) to operate clinical trials.".

7 (2) OUTREACH.—

8 (A) ALZHEIMER'S DISEASE CENTERS.—
9 Section 445(b) of the Public Health Service Act
10 (42 U.S.C. 285e–2(b)), as amended by para-
11 graph (1)(B), is amended by adding at the end
12 the following:

13 "(4) Federal payments made under a cooperative
14 agreement or grant under subsection (a) shall be used to
15 establish engagement centers to carry out public outreach,
16 education efforts, and dissemination of information for
17 members of minority groups about clinical trial participa-
18 tion. Activities funded pursuant to the preceding sentence
19 shall include—

20 "(A) using established mechanisms to encour-
21 age members of minority groups to participate in
22 clinical trials on Alzheimer's disease;

23 "(B) expanding education efforts to make mem-
24 bers of minority groups aware of ongoing clinical
25 trials;

1 "(C) working with trial sponsors to increase the
2 number of recruitment events for members of minor-
3 ity groups;

4 "(D) conducting outreach to national, State,
5 and local physician professional organizations, espe-
6 cially for members of such organizations who are
7 primary care physicians or physicians who specialize
8 in dementia, to increase awareness of clinical re-
9 search opportunities for members of minority
10 groups; and

11 "(E) using community-based participatory re-
12 search methodologies to engage with minority popu-
13 lations.".

14 (B) RESOURCE CENTERS FOR MINORITY
15 AGING RESEARCH.—Section 444(c) of the Pub-
16 lic Health Service Act (42 U.S.C. 285e–1(c)) is
17 amended—

18 (i) by striking "(c) The Director" and
19 inserting "(c)(1) The Director"; and

20 (ii) by adding at the end the following
21 new paragraph:

22 "(2) The Director of the Institute, acting through the
23 Resource Centers for Minority Aging Research of the In-
24 stitute, shall carry out public outreach, education efforts,
25 and dissemination of information for members of minority

1 groups about participation in clinical research on Alz-
2 heimer's disease carried out or supported under this sub-
3 part.''.

4 (b) INCENTIVES TO INCREASE DIVERSITY IN ALZ-
5 HEIMER'S DISEASE RESEARCH THROUGH PRINCIPAL IN-
6 VESTIGATORS AND RESEARCHERS FROM UNDERREP-
7 RESENTED POPULATIONS.—

8 (1) ALZHEIMER'S CLINICAL RESEARCH AND
9 TRAINING AWARDS.—Section 445I of the Public
10 Health Service Act (42 U.S.C. 285e–10a) is amend-
11 ed by adding at the end the following:

12 ''(d) ENHANCING THE PARTICIPATION OF PRINCIPAL
13 INVESTIGATORS AND RESEARCHERS WHO ARE MEMBERS
14 OF UNDERREPRESENTED POPULATIONS.—

15 ''(1) IN GENERAL.—The Director of the Insti-
16 tute shall enhance diversity in the conduct or sup-
17 port of clinical research on Alzheimer's disease
18 under this subpart by encouraging the participation
19 of individuals from groups that are underrepresented
20 in the biomedical, clinical, behavioral, and social
21 sciences as principal investigators of such clinical re-
22 search, as researchers for such clinical research, or
23 both.

24 ''(2) TRAINING FOR PRINCIPAL INVESTIGA-
25 TORS.—The Director of the Institute shall provide

1 training for principal investigators who are members
2 of a minority group with respect to skills for—
3 ''(A) the design and conduct of clinical re-
4 search and clinical protocols;
5 ''(B) applying for grants for clinical re-
6 search; and
7 ''(C) such other areas as the Director of
8 the Institute determines to be appropriate.''.
9 (2) SENIOR RESEARCHER AWARDS.—Section
10 445B(a) of the Public Health Service Act (42
11 U.S.C. 285e–4(a)) is amended by inserting '', in-
12 cluding senior researchers who are members of a mi-
13 nority group'' before the period at the end of the
14 first sentence.
15 (c) INCENTIVES TO INCREASE DIVERSITY IN ALZ-
16 HEIMER'S DISEASE RESEARCH THROUGH TRIAL SITES.—
17 Section 444(d) of the Public Health Service Act (42
18 U.S.C. 285e–1(d)) is amended—
19 (1) by striking ''(d) The Director'' and insert-
20 ing ''(d)(1) The Director''; and
21 (2) by adding at the end the following:
22 ''(2) In conducting or supporting clinical research on
23 Alzheimer's disease for purposes of this subpart, in addi-
24 tion to requirements otherwise imposed under this title,
25 including under section 492B, the Director of the Institute

1 shall increase the participation of members of minority
2 groups in such clinical research through one or more of
3 the activities described in paragraph (3).

4 ''(3)(A) The Director of the Institute shall provide
5 incentives for the support of clinical research on Alz-
6 heimer's disease with clinical trial sites established in
7 areas with a higher concentration of minority groups, in-
8 cluding rural areas if practicable.

9 ''(B) In determining whether to conduct or support
10 clinical research on Alzheimer's disease, the Director of
11 the Institute shall encourage the conduct of clinical re-
12 search with clinical trial sites in areas described in sub-
13 paragraph (A) as a higher-level priority criterion among
14 the criteria established to evaluate whether to conduct or
15 support clinical research.

16 ''(C) In determining the amount of funding to be pro-
17 vided for the conduct or support of such clinical research,
18 the Director of the Institute shall provide additional fund-
19 ing for the conduct of such clinical research with clinical
20 trial sites in areas described in subparagraph (A).

21 ''(D) In determining whether an area is an area with
22 a higher concentration of minority groups, the Director
23 of the Institute—

24 ''(i) shall consider the most recent data col-
25 lected by the Bureau of the Census; and

1 ‘‘(ii) may also consider—
2 ‘‘(I) data from the Centers for Medicare &
3 Medicaid Services on the incidence of Alz-
4 heimer's disease in the United States by region;
5 and
6 ‘‘(II) such other data as the Director de-
7 termines appropriate.
8 ‘‘(4) In order to facilitate the participation of mem-
9 bers of minority groups in clinical research supported
10 under this subpart, in addition to activities described in
11 paragraph (3), the Director of the Institute shall—
12 ‘‘(A) ensure that such clinical research uses
13 community-based participatory research methodolo-
14 gies; and
15 ‘‘(B) encourage the use of remote health tech-
16 nologies, including telehealth, remote patient moni-
17 toring, and mobile technologies, that reduce or elimi-
18 nate barriers to participation of members of minor-
19 ity groups in such clinical research.
20 ‘‘(5)(A) Clinical research on Alzheimer's disease con-
21 ducted or supported under this subpart shall ensure that
22 such research includes outreach activities designed to in-
23 crease the participation of members of minority groups in
24 such research.

1 "(B)(i) Each applicant for a grant under this subpart
2 for clinical research on Alzheimer's disease shall submit
3 to the Director of the Institute in the application for such
4 grant—

5 "(I) a budget for outreach activities to members
6 of minority populations with respect to participation
7 in such clinical research; and

8 "(II) a description of the plan to conduct such
9 outreach.

10 "(ii) The Director of the Institute shall encourage ap-
11 plicants for, and recipients of, grants under this subpart
12 to conduct clinical research on Alzheimer's disease to en-
13 gage with community-based organizations to increase par-
14 ticipation of minority populations in such research.

15 "(6) For purposes of this subpart:

16 "(A) The term 'clinical research' includes a
17 clinical trial.

18 "(B) The term 'minority group' has the mean-
19 ing given such term under section 492B(g).".

20 (d) PARTICIPANT ELIGIBILITY CRITERIA.—Section
21 445I of the Public Health Service Act (42 U.S.C. 285e–
22 10a), as amended by subsection (b)(1), is amended by
23 adding at the end the following:

24 "(e) PARTICIPANT ELIGIBILITY CRITERIA.—The Di-
25 rector of the Institute shall take such actions as are nec-

1 essary to ensure that clinical research on Alzheimer's dis-
2 ease conducted or supported under this subpart is de-
3 signed with eligibility criteria that ensure the clinical trial
4 population reflects the diversity of the prospective patient
5 population. Such actions may include the following:

6 "(1) EXAMINATION OF CRITERIA.—

7 "(A) IN GENERAL.—An examination of
8 each exclusion criterion to determine if the cri-
9 terion is necessary to ensure the safety of trial
10 participants or to achieve the study objectives.

11 "(B) MODIFICATION OF CRITERIA.—In the
12 case of an exclusion criterion that is not nec-
13 essary to ensure the safety of trial participants
14 or to achieve the study objectives—

15 "(i) encouraging the modification or
16 elimination of the criterion; or

17 "(ii) encouraging tailoring the cri-
18 terion as narrowly as possible to avoid un-
19 necessary limits to the population of the
20 clinical study.

21 "(2) REQUIREMENT FOR STRONG JUSTIFICA-
22 TION FOR EXCLUSION.—A review of each exclusion
23 criterion to ensure that populations are included in
24 clinical trials, such as older adults, individuals with
25 a mild form of disease, individuals at the extremes

1 of the weight range, or children, unless there is a
2 strong clinical or scientific justification to exclude
3 them.

4 "(3) USE OF ADAPTIVE DESIGN.—Encouraging
5 the use of an adaptive clinical trial design that—

6 "(A) starts with a defined population
7 where there are concerns about safety; and

8 "(B) may expand to a broader population
9 based on initial data from the trial and external
10 data.".

11 (e) RESOURCE CENTER FOR SUCCESSFUL STRATE-
12 GIES TO INCREASE PARTICIPATION OF UNDERREP-
13 RESENTED POPULATIONS IN ALZHEIMER'S DISEASE
14 CLINICAL RESEARCH.—Section 444 of the Public Health
15 Service Act (42 U.S.C. 285e–1) is amended by adding at
16 the end the following:

17 "(e)(1) The Director of the Institute, acting through
18 the Office of Special Populations and in consultation with
19 the Division of Extramural Activities, shall support re-
20 source information and technical assistance to grantees
21 under section 445 (relating to Alzheimer's disease cen-
22 ters), other grantees, and prospective grantees, designed
23 to increase the participation of minority populations in
24 clinical research on Alzheimer's disease conducted or sup-
25 ported under this subpart.

1 "(2) The resource information and technical assist-
2 ance provided under paragraph (1) shall include the main-
3 tenance of a central resource library in order to collect,
4 prepare, analyze, and disseminate information relating to
5 strategies and best practices used by recipients of grants
6 under this subpart and other researchers in the develop-
7 ment of the clinical research designed to increase the par-
8 ticipation of minority populations in such clinical re-
9 search.".

10 (f) ANNUAL REPORTS.—Section 444 of the Public
11 Health Service Act (42 U.S.C. 285e–1), as amended by
12 subsection (e), is amended by adding at the end the fol-
13 lowing:

14 "(f)(1)(A) The Director of the Institute shall submit
15 annual reports to the Congress on the impact of the
16 amendments made to this subpart by the Health Equity
17 and Accountability Act of 2024.

18 "(B) The Secretary shall transmit a copy of each
19 such report to the Advisory Council on Alzheimer's Re-
20 search, Care, and Services established under section 2(e)
21 of the National Alzheimer's Project Act.

22 "(2) In each report under paragraph (1), the Director
23 of the Institute shall include information and data on the
24 following matters with respect to clinical trials on Alz-
25 heimer's disease conducted during the preceding year:

1 "(A) The number of participants who are mem-
2 bers of a minority group in such clinical trials.
3 "(B) The number of such clinical trials for
4 which incentives under subsection (d)(3) were made
5 available, the nature of such incentives, the amount
6 of increased funding (if any) made available for re-
7 search on Alzheimer's disease, and the training pro-
8 vided to principal investigators who are members of
9 a minority group and the amount of funding (if any)
10 for such training.
11 "(C) The number of such clinical trials for
12 which the principal investigator is a member of a mi-
13 nority group.
14 "(D) The number of such clinical trials for
15 which a significant percentage of researchers are
16 members of a minority group.
17 "(E) Modifications to patient eligibility criteria
18 in clinical trial designs under section 445I(e).
19 "(F) Outreach and education efforts conducted
20 under section 445(b)(4).
21 "(3) The Director of the Institute shall make each
22 report under paragraph (1) available to the public, includ-
23 ing through posting on the appropriate website of the De-
24 partment of Health and Human Services.".

1 (g) AUTHORIZATION OF APPROPRIATIONS.—For each
2 of fiscal years 2025 through 2029, there is authorized to
3 be appropriated to the Secretary of Health and Human
4 Services $60,000,000 to carry out the amendments made
5 by this section, to remain available until expended.

# 6 TITLE VIII—HEALTH 7 INFORMATION TECHNOLOGY

8 **SEC. 8001. DEFINITIONS.**

9 In this title:

10 (1) ACCESS.—The term ''access'', with respect
11 to health information, means access described in sec-
12 tion 164.524 of title 45, Code of Federal Regula-
13 tions (or any successor regulations).

14 (2) CERTIFIED ELECTRONIC HEALTH RECORD
15 TECHNOLOGY.—The term ''certified EHR tech-
16 nology''—

17 (A) has the meaning given such term in
18 section 3000 of the Public Health Service Act
19 (42 U.S.C. 300jj);

20 (B) includes the health information infra-
21 structure for interoperability, access, exchange,
22 and use of electronic health information re-
23 quired under title XXX of the Public Health
24 Service Act (42 U.S.C. 300jj et seq.); and

1 (C) is not limited to electronic health
2 records maintained by doctors.
3 (3) EHR.—The term ''EHR''—
4 (A) means an electronic health record;
5 (B) includes the health information infra-
6 structure for interoperability, access, exchange,
7 and use of electronic health information re-
8 quired under title XXX of the Public Health
9 Service Act (42 U.S.C. 300jj et seq.); and
10 (C) is not limited to electronic health
11 records maintained by doctors.
12 (4) INTEROPERABILITY.—The term ''interoper-
13 ability'' has the meaning given such term in section
14 3000 of the Public Health Service Act (42 U.S.C.
15 300jj).

## 16 Subtitle A—Reducing Health
## 17 Disparities Through Health IT

### 18 SEC. 8101. HRSA ASSISTANCE TO HEALTH CENTERS FOR
### 19 PROMOTION OF HEALTH IT.

20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services, acting through the Administrator of the
22 Health Resources and Services Administration, shall ex-
23 pand and intensify the programs and activities of the Ad-
24 ministration (directly or through grants or contracts) to
25 provide technical assistance and resources to health cen-

ters (as defined in section 330(a) of the Public Health Service Act (42 U.S.C. 254b(a))) to adopt and meaningfully use certified EHR technology for the management of chronic diseases and health conditions and reduction of health disparities.

(b) FUNDING INITIATIVES.—The activities under subsection (a) may include funding initiatives, including establishing basic connectivity such as 5G internet for telemedicine capabilities, grant funding to implement the next generation of EHR, and funding for technology hardware.

**SEC. 8102. ASSESSMENT OF IMPACT OF HEALTH IT ON RACIAL AND ETHNIC MINORITY COMMUNITIES; OUTREACH AND ADOPTION OF HEALTH IT IN SUCH COMMUNITIES.**

(a) NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY.—

(1) IN GENERAL.—Not later than 18 months after the date of enactment of this Act, the National Coordinator for Health Information Technology (referred to in this title as the ''National Coordinator'') shall—

(A) conduct an evaluation of the level of interoperability, access, use, and accessibility of electronic health records in racial and ethnic

1 minority communities, focusing on whether pa-
2 tients in such communities have providers who
3 use electronic health records, and the degree to
4 which patients in such communities can access,
5 exchange, and use without special effort their
6 health information in those electronic health
7 records;
8 (B) include in such evaluation an indica-
9 tion of whether such providers—
10 (i) are participating in the Medicare
11 program under title XVIII of the Social
12 Security Act (42 U.S.C. 1395 et seq.) or
13 a State plan under title XIX of such Act
14 (42 U.S.C. 1396 et seq.) (or a waiver of
15 such plan);
16 (ii) have received incentive payments
17 or incentive payment adjustments under
18 Medicare and Medicaid Electronic Health
19 Records Incentive Programs (as defined in
20 subsection (c)(2));
21 (iii) are MIPS eligible professionals,
22 as defined in paragraph (1)(C) of section
23 1848(q) of the Social Security Act (42
24 U.S.C. 1395w–4(q)), for purposes of the

1 Merit-Based Incentive Payment System
2 under such section; or
3 (iv) have been recruited by any of the
4 Health Information Technology Regional
5 Extension Centers established under sec-
6 tion 3012 of the Public Health Service Act
7 (42 U.S.C. 300jj–32); and
8 (C) publish the results of such evaluation
9 including the indications under subparagraph
10 (B), the race and ethnicity of such providers,
11 and the populations served by such providers.
12 (2) EVALUATION OF INTEROPERABILITY.—The
13 evaluation of the level of interoperability described in
14 paragraph (1)(A) shall consider exchange of elec-
15 tronic health information, usability of exchanged
16 electronic health information, effective application
17 and use of the exchanged electronic health informa-
18 tion, and impact on outcomes of interoperability.
19 (3) CERTIFICATION CRITERION.—Not later
20 than 1 year after the date of enactment of this Act,
21 the National Coordinator shall—
22 (A) promulgate a certification criterion and
23 module of certified EHR technology that strati-
24 fies quality measures for purposes of the Merit-
25 Based Incentive Payment System by disparity

1 characteristics, including race, ethnicity, lan-
2 guage, gender, gender identity, sexual orienta-
3 tion, socio-economic status, and disability sta-
4 tus, as such characteristics are defined for pur-
5 poses of certified EHR technology; and
6 (B) report to the Centers for Medicare &
7 Medicaid Services the quality measures strati-
8 fied by race and at least 2 other disparity char-
9 acteristics.
10 (b) NATIONAL CENTER FOR HEALTH STATISTICS.—
11 Not later than one year after the date of enactment of
12 this Act, the Director of the National Center for Health
13 Statistics shall provide to Congress a report that details
14 the adoption of certified electronic health record systems
15 and electronic information sharing in physicians' offices
16 in communities of color and rural communities during fis-
17 cal years 2017 through 2020.
18 (c) CENTERS FOR MEDICARE & MEDICAID SERV-
19 ICES.—
20 (1) IN GENERAL.—As part of the process of
21 collecting information, with respect to a provider, at
22 registration and attestation for purposes of Medicare
23 and Medicaid Electronic Health Records Incentive
24 Programs (as defined in paragraph (2)) or the
25 Merit-Based Incentive Payment System under sec-

1 tion 1848(q) of the Social Security Act (42 U.S.C.
2 1395w–4(q)), the Secretary of Health and Human
3 Services shall collect the race and ethnicity of such
4 provider.

5 (2) MEDICARE AND MEDICAID ELECTRONIC
6 HEALTH RECORDS INCENTIVE PROGRAMS DE-
7 FINED.—For purposes of paragraph (1), the term
8 ''Medicare and Medicaid Electronic Health Records
9 Incentive Programs'' means the incentive programs
10 under the following:

11 (A) Subsection (l)(3) of section 1814(l)(3)
12 of the Social Security Act (42 U.S.C. 1395f).

13 (B) Subsections (a)(7) and (o) of section
14 1848 of such Act (42 U.S.C. 1395w–4).

15 (C) Subsections (l) and (m) of section
16 1853 of such Act (42 U.S.C. 1395w–23).

17 (D) Subsections (b)(3)(B)(ix)(I) and (n) of
18 section 1886 of such Act (42 U.S.C. 1395ww).

19 (E) Subsections (a)(3)(F) and (t) of sec-
20 tion 1903 such Act (42 U.S.C. 1396b).

21 (d) NATIONAL COORDINATOR'S ASSESSMENT OF IM-
22 PACT OF HIT.—Section 3001(c)(6)(C) of the Public
23 Health Service Act (42 U.S.C. 300jj–11(c)(6)(C)) is
24 amended—

1 (1) in the heading by inserting ", RACIAL AND
2 ETHNIC MINORITY COMMUNITIES," after "HEALTH
3 DISPARITIES";
4 (2) by inserting ", in communities with a high
5 proportion of individuals from racial and ethnic mi-
6 nority groups (as defined in section 1707(g)), in-
7 cluding people with disabilities in such groups,"
8 after "communities with health disparities";
9 (3) by striking "The National Coordinator" and
10 inserting the following:
11 "(i) IN GENERAL.—The National Co-
12 ordinator"; and
13 (4) by adding at the end the following:
14 "(ii) CRITERIA.—In any publication
15 under clause (i), the National Coordinator
16 shall include best practices for encouraging
17 partnerships between the Federal Govern-
18 ment, States, private entities, national
19 nonprofit intermediaries, and community-
20 based organizations to expand outreach
21 and education for and the adoption of cer-
22 tified EHR technology in communities with
23 a high proportion of individuals from racial
24 and ethnic minority groups (as defined in
25 section 1707(g)), while also maintaining

1 the accessibility requirements of section
2 508 of the Rehabilitation Act of 1973 to
3 encourage patient involvement in patient
4 health care. The National Coordinator
5 shall—

6 ''(I) not later than 6 months
7 after the submission of the report re-
8 quired under section 8302(b) of the
9 Health Equity and Accountability Act
10 of 2024, establish criteria for evalu-
11 ating the impact of health information
12 technology on communities with a
13 high proportion of individuals from
14 racial and ethnic minority groups (as
15 so defined) taking into account the
16 findings in such report; and

17 ''(II) not later than 1 year after
18 the submission of such report, publish
19 the results of an evaluation of such
20 impact.''.

21 **SEC. 8103. NONDISCRIMINATION AND HEALTH EQUITY IN**
22 **HEALTH INFORMATION TECHNOLOGY.**

23 (a) IN GENERAL.—Covered entities shall ensure that
24 electronic and information technology in their health pro-
25 grams or activities does not exclude individuals from par-

1 ticipation in, deny individuals the benefits of, or subject
2 individuals to discrimination under any health program or
3 activity on the basis of race, color, national origin, sex,
4 age, or disability.

5 (b) COVERED ENTITIES.—In this section, the term
6 "covered entity" means—

7 (1) an entity that operates a health program or
8 activity, any part of which receives Federal financial
9 assistance;

10 (2) an entity established under title I of the Pa-
11 tient Protection and Affordable Care Act (Public
12 Law 114–148) that administers a health program or
13 activity; or

14 (3) the Department of Health and Human
15 Services.

16 **SEC. 8104. LANGUAGE ACCESS IN HEALTH INFORMATION**
17 **TECHNOLOGY.**

18 The National Coordinator shall—

19 (1) not later than 18 months after the date of
20 enactment of this Act, propose a rule for providing
21 access to patients, through certified EHR tech-
22 nology, to their personal health information in a
23 computable format, including using patient portals
24 or third-party applications (as described in section
25 3009(e) of the Public Health Service Act (42 U.S.C.

300jj–19(e))), in the 10 most common non-English languages;

(2) hold a public hearing to identify best practices for carrying out paragraph (1); and

(3) not later than 6 months after the public hearing under paragraph (2), promulgate a final regulation with respect to paragraph (1).

## Subtitle B—Modifications To Achieve Parity in Existing Programs

### SEC. 8201. EXTENDING FUNDING TO STRENGTHEN THE HEALTH IT INFRASTRUCTURE IN RACIAL AND ETHNIC MINORITY COMMUNITIES.

Section 3011 of the Public Health Service Act (42 U.S.C. 300jj–31) is amended—

(1) in subsection (a), in the matter preceding paragraph (1), by inserting '', including with respect to communities with a high proportion of individuals from racial and ethnic minority groups (as defined in section 1707(g))'' before the colon at the end; and

(2) by adding at the end the following new subsection:

''(e) ANNUAL REPORT ON EXPENDITURES.—The National Coordinator shall report annually to Congress on activities and expenditures under this section.''.

1 **SEC. 8202. EXTENDING COMPETITIVE GRANTS FOR THE DE-**
2 **VELOPMENT OF LOAN PROGRAMS TO FACILI-**
3 **TATE ADOPTION OF CERTIFIED EHR TECH-**
4 **NOLOGY BY PROVIDERS SERVING RACIAL**
5 **AND ETHNIC MINORITY GROUPS.**

6 Section 3014(e) of the Public Health Service Act (42
7 U.S.C. 300jj–34(e)) is amended, in the matter preceding
8 paragraph (1), by inserting '', including with respect to
9 communities with a high proportion of individuals from
10 racial and ethnic minority groups (as defined in section
11 1707(g))'' after ''health care provider to''.

12 **SEC. 8203. AUTHORIZATION OF APPROPRIATIONS.**

13 Section 3018 of the Public Health Service Act (42
14 U.S.C. 300jj–38) is amended by striking ''fiscal years
15 2009 through 2013'' and inserting ''fiscal years 2025
16 through 2030''.

## 17 Subtitle C—Additional Research 18 and Studies

19 **SEC. 8301. DATA COLLECTION AND ASSESSMENTS CON-**
20 **DUCTED IN COORDINATION WITH MINORITY-**
21 **SERVING INSTITUTIONS.**

22 Section 3001(c)(6) of the Public Health Service Act
23 (42 U.S.C. 300jj–11(c)(6)) is amended by adding at the
24 end the following new subparagraph:

1 "(F) DATA COLLECTION AND ASSESS-
2 MENTS CONDUCTED IN COORDINATION WITH
3 MINORITY-SERVING INSTITUTIONS.—
4 "(i) IN GENERAL.—In carrying out
5 subparagraph (C) with respect to commu-
6 nities with a high proportion of individuals
7 from racial and ethnic minority groups (as
8 defined in section 1707(g)), the National
9 Coordinator shall, to the greatest extent
10 possible, coordinate with an entity de-
11 scribed in clause (ii).
12 "(ii) MINORITY-SERVING INSTITU-
13 TIONS.—For purposes of clause (i), an en-
14 tity described in this clause is a historically
15 Black college or university, a Hispanic-
16 serving institution, a Tribal College or
17 University, or an Asian-American-, Native
18 American-, or Pacific Islander-serving in-
19 stitution with an accredited public health,
20 health policy, or health services research
21 program.".

1 **SEC. 8302. STUDY OF HEALTH INFORMATION TECHNOLOGY**
2 **IN MEDICALLY UNDERSERVED COMMU-**
3 **NITIES.**

4 (a) IN GENERAL.—Not later than 2 years after the
5 date of enactment of this Act, the Secretary of Health and
6 Human Services shall—
7 (1) enter into an agreement with the National
8 Academies of Sciences, Engineering, and Medicine to
9 conduct a study on the development, implementa-
10 tion, and effectiveness of health information tech-
11 nology within medically underserved areas; and
12 (2) submit a report to Congress describing the
13 results of such study, including any recommenda-
14 tions for legislative or administrative action.
15 (b) STUDY.—The study described in subsection
16 (a)(1) shall—
17 (1) identify barriers to successful implementa-
18 tion of health information technology in medically
19 underserved areas;
20 (2) survey a cross-section of individuals in
21 medically underserved areas and report their opin-
22 ions about the various topics of study;
23 (3) examine the degree of interoperability
24 among health information technology and users of
25 health information technology in medically under-
26 served areas, including patients, providers, and com-

1 munity services, which such examination shall con-
2 sider the exchange of electronic health information,
3 usability of exchanged electronic health information,
4 effective application and use of the exchanged elec-
5 tronic health information, and impact on outcomes
6 of interoperability;

7 (4) examine the impact of health information
8 technology on providing quality care and reducing
9 the cost of care to individuals in such areas, includ-
10 ing the impact of such technology on improved
11 health outcomes for individuals, including which
12 technology worked for which population and how it
13 improved health outcomes for that population;

14 (5) examine the impact of health information
15 technology on improving health care-related deci-
16 sions by both patients and providers in such areas;

17 (6) identify specific best practices for using
18 health information technology to foster the con-
19 sistent provision of accessibility and reasonable pol-
20 icy accommodations in health care to individuals
21 with disabilities in such areas;

22 (7) assess the feasibility and costs associated
23 with the use of health information technology in
24 such areas;

1 (8) evaluate whether the adoption and use of
2 qualified electronic health records (as defined in sec-
3 tion 3000 of the Public Health Service Act (42
4 U.S.C. 300jj)) is effective in reducing health dispari-
5 ties, including analysis of clinical quality measures
6 reported by providers who are participating in the
7 Medicare program under title XVIII of the Social
8 Security Act (42 U.S.C. 1395 et seq.) or a State
9 plan under title XIX of such Act (42 U.S.C. 1396
10 et seq.) (or a waiver of such plan), pursuant to pro-
11 grams to encourage the adoption and use of certified
12 EHR technology;
13 (9) identify providers in medically underserved
14 areas that are not electing to adopt and use elec-
15 tronic health records and determine what barriers
16 are preventing those providers from adopting and
17 using such records; and
18 (10) examine urban and rural community
19 health systems and determine the impact that health
20 information technology may have on the capacity of
21 primary health providers in those systems.
22 (c) MEDICALLY UNDERSERVED AREA.—In this sec-
23 tion, the term ''medically underserved area'' means—
24 (1) a population that has been designated as a
25 medically underserved population under section

1 330(b)(3) of the Public Health Service Act (42
2 U.S.C. 254b(b)(3));
3 (2) an area that has been designated as a
4 health professional shortage area under section 332
5 of the Public Health Service Act (42 U.S.C. 254e);
6 (3) an area or population that has been des-
7 ignated as a medically underserved community under
8 section 799B of the Public Health Service Act (42
9 U.S.C. 295p); or
10 (4) another area or population that—
11 (A) experiences significant barriers to ac-
12 cessing quality health services; and
13 (B) has a high prevalence of diseases or
14 conditions described in title VII, with such dis-
15 eases or conditions having a disproportionate
16 impact on racial and ethnic minority groups (as
17 defined in section 1707(g) of the Public Health
18 Service Act (42 U.S.C. 300u–6(g))) or a sub-
19 group of people with disabilities who have spe-
20 cific functional impairments.

21 **SEC. 8303. ASSESSMENT OF USE AND MISUSE OF DE-IDEN-**
22 **TIFIED HEALTH DATA.**

23 (a) IN GENERAL.—Not later than 18 months after
24 the date of enactment of this Act, the Secretary of Health
25 and Human Services shall—

1 (1) enter into an agreement with the Office of
2 the National Coordinator of Health Information
3 Technology to conduct a study, in consultation with
4 relevant stakeholders, on the impact of digital health
5 technology on medically underserved areas (as de-
6 fined in section 8302(c)); and
7 (2) submit a report to Congress describing the
8 results of such study, including any recommenda-
9 tions for legislative or administrative action.
10 (b) STUDY.—The study described in subsection
11 (a)(1) shall—
12 (1) examine the overall prevalence, and histor-
13 ical and existing practices and their respective preva-
14 lence, of use and misuse of de-identified protected
15 health information to discriminate against or benefit
16 medically underserved areas;
17 (2) identify best practices and tools to leverage
18 the benefits and prevent misuse of de-identified pro-
19 tected health information to discriminate against
20 medically underserved areas;
21 (3) examine the overall prevalence, and histor-
22 ical and existing practices and their respective preva-
23 lence, of use and misuse of de-identified personal
24 health information other than protected health infor-

1 mation to discriminate against or benefit medically
2 underserved areas; and
3 (4) identify best practices and tools to leverage
4 the benefits and prevent misuse of de-identified per-
5 sonal health information other than protected health
6 information to discriminate against medically under-
7 served areas.
8 (c) DEFINITION OF PROTECTED HEALTH INFORMA-
9 TION.—In this section, the term ''protected health infor-
10 mation'' has the meaning given such term in section
11 160.103, title 45, Code of Federal Regulations (or any
12 successor regulations).

## 13 Subtitle D—Closing Gaps in 14 Funding To Adopt Certified EHRs

### 15 SEC. 8401. EXTENDING MEDICAID EHR INCENTIVE PAY- 16 MENTS TO REHABILITATION FACILITIES, 17 LONG-TERM CARE FACILITIES, AND HOME 18 HEALTH AGENCIES.

19 (a) IN GENERAL.—Section 1903(t)(2)(B) of the So-
20 cial Security Act (42 U.S.C. 1396b(t)(2)(B)) is amend-
21 ed—
22 (1) in clause (i), by striking '', or'' and insert-
23 ing a semicolon;
24 (2) in clause (ii), by striking the period at the
25 end and inserting a semicolon; and

1 (3) by inserting after clause (ii) the following
2 new clauses:
3 "(iii) a rehabilitation facility (as defined in sec-
4 tion 1886(j)(1)) that furnishes acute or subacute re-
5 habilitation services;
6 "(iv) a long-term care hospital described in sec-
7 tion 1886(d)(1)(B)(iv); or
8 "(v) a home health agency (as defined in sec-
9 tion 1861(o)).".
10 (b) EFFECTIVE DATE.—The amendments made by
11 subsection (a) shall apply with respect to amounts ex-
12 pended under section 1903(a)(3)(F) of the Social Security
13 Act (42 U.S.C. 1396b(a)(3)(F)) for calendar quarters be-
14 ginning on or after the date of the enactment of this Act.

15 **SEC. 8402. EXTENDING PHYSICIAN ASSISTANT ELIGIBILITY**
16 **FOR MEDICAID ELECTRONIC HEALTH**
17 **RECORD INCENTIVE PAYMENTS.**

18 (a) IN GENERAL.—Section 1903(t)(3)(B)(v) of the
19 Social Security Act (42 U.S.C. 1396b(t)(3)(B)(v)) is
20 amended to read as follows:
21 "(v) physician assistant.".
22 (b) EFFECTIVE DATE.—The amendment made by
23 subsection (a) shall apply with respect to amounts ex-
24 pended under section 1903(a)(3)(F) of the Social Security

1 Act (42 U.S.C. 1396b(a)(3)(F)) for calendar quarters be-
2 ginning on or after the date of the enactment of this Act.

## 3 Subtitle E—Expanding Access to 4 Telehealth Services

### 5 SEC. 8501. REMOVING GEOGRAPHIC REQUIREMENTS FOR 6 TELEHEALTH SERVICES.

7 Section 1834(m)(4)(C) of the Social Security Act (42
8 U.S.C. 1395m(m)(4)(C)) is amended—

9 (1) in clause (i), in the matter preceding sub-
10 clause (I), by striking ''clause (iii)'' and inserting
11 ''clauses (iii) and (iv)''; and

12 (2) by adding at the end the following new
13 clause:

14 ''(iv) REMOVAL OF GEOGRAPHIC RE-
15 QUIREMENTS.—The geographic require-
16 ments described in clause (i) shall not
17 apply with respect to telehealth services
18 furnished on or after the first day after the
19 end of the period for which clause (iii) ap-
20 plies.''.

### 21 SEC. 8502. EXPANDING ORIGINATING SITES.

22 (a) EXPANDING THE HOME AS AN ORIGINATING
23 SITE.—Section 1834(m)(4)(C)(ii)(X) of the Social Secu-
24 rity Act (42 U.S.C. 1395m(m)(4)(C)(ii)(X)) is amended
25 to read as follows:

1 “(X)(aa) Prior to the date de-
2 scribed in item (bb), the home of an
3 individual but only for purposes of
4 section 1881(b)(3)(B) or telehealth
5 services described in paragraph (7) or
6 clause (iii).
7 “(bb) On or after the first day
8 after the end of the period for which
9 clause (iii) applies, the home of an in-
10 dividual.”.
11 (b) ALLOWING ADDITIONAL ORIGINATING SITES.—
12 Section 1834(m)(4)(C)(ii) of the Social Security Act (42
13 U.S.C. 1395m(m)(4)(C)(ii)) is amended by adding at the
14 end the following new subclause:
15 “(XII) Any other site determined
16 appropriate by the Secretary at which
17 an eligible telehealth individual is lo-
18 cated at the time a telehealth service
19 is furnished via a telecommunications
20 system.”.
21 (c) PARAMETERS FOR NEW ORIGINATING SITES.—
22 Section 1834(m)(4)(C) of the Social Security Act (42
23 U.S.C. 1395m(m)(4)(C)), as amended by section 8501, is
24 amended by adding at the end the following new clause:

1 "(v) REQUIREMENTS FOR NEW
2 SITES.—
3 "(I) IN GENERAL.—The Sec-
4 retary may establish requirements for
5 the furnishing of telehealth services at
6 sites described in clause (ii)(XII) to
7 provide for beneficiary and program
8 integrity protections.
9 "(II) CLARIFICATION.—Nothing
10 in this clause shall be construed to
11 preclude the Secretary from estab-
12 lishing requirements for other origi-
13 nating sites described in clause (ii).".
14 (d) NO ORIGINATING SITE FACILITY FEE FOR NEW
15 SITES.—Section 1834(m)(2)(B)(ii) of the Social Security
16 Act (42 U.S.C. 1395m(m)(2)(B)(ii)) is amended—
17 (1) in the heading, by striking "IF ORIGINATING
18 SITE IS THE HOME" and inserting "FOR CERTAIN
19 SITES"; and
20 (2) by striking "paragraph (4)(C)(ii)(X)" and
21 inserting "subclause (X) or (XII) of paragraph
22 (4)(C)".

# TITLE IX—ACCOUNTABILITY AND EVALUATION

**SEC. 9001. PROHIBITION ON DISCRIMINATION IN FEDERAL ASSISTED HEALTH CARE SERVICES AND RESEARCH ON THE BASIS OF SEX (INCLUDING SEXUAL ORIENTATION, GENDER IDENTITY, AND PREGNANCY, INCLUDING TERMINATION OF PREGNANCY), RACE, COLOR, NATIONAL ORIGIN, MARITAL STATUS, FAMILIAL STATUS, OR DISABILITY STATUS.**

(a) IN GENERAL.—No person in the United States shall, on the basis of sex (including sexual orientation, gender identity, and pregnancy, including termination of pregnancy), race, color, national origin, marital status, familial status, sexual orientation, gender identity, or disability status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under—

(1) any health program or activity, including any health research program or activity, receiving Federal financial assistance, including credits, subsidies, or contracts of insurance; or

(2) any health program or activity that is administered by an executive agency.

(b) DEFINITION.—In this section, the term ''familial status'' means, with respect to one or more individuals—

1 (1) being domiciled with any individual related
2 by blood or affinity whose close association with the
3 individual is the equivalent of a family relationship;
4 (2) being in the process of securing legal cus-
5 tody of any individual; or
6 (3) being pregnant.

7 **SEC. 9002. TREATMENT OF MEDICARE PAYMENTS UNDER**
8 **TITLE VI OF THE CIVIL RIGHTS ACT OF 1964.**

9 For the purposes of title VI of the Civil Rights Act
10 of 1964 (42 U.S.C. 2000d et seq.), a payment made under
11 part A, B, C, or D of title XVIII of the Social Security
12 Act (42 U.S.C. 1395 et seq.) to a provider of services,
13 physician, or other supplier (including a payment made
14 to a subcontractor of the provider of services, physician,
15 or other supplier) shall be deemed a grant, not a contract
16 of insurance or guaranty.

17 **SEC. 9003. ACCOUNTABILITY AND TRANSPARENCY WITHIN**
18 **THE DEPARTMENT OF HEALTH AND HUMAN**
19 **SERVICES.**

20 Title XXXIV of the Public Health Service Act, as
21 amended by titles I, II, III, and IV of this Act, is further
22 amended by inserting after subtitle D the following:

1 # "Subtitle E—Strengthening
2 # Accountability

3 **"SEC. 3451. ELEVATION OF THE OFFICE FOR CIVIL RIGHTS**
4 **AND HEALTH EQUITY.**

5 ''(a) IN GENERAL.—

6 ''(1) NAME OF OFFICE.—Beginning on the date
7 of enactment of this subtitle, the Office for Civil
8 Rights of the Department of Health and Human
9 Services shall be known as the 'Office for Civil
10 Rights and Health Equity' of the Department of
11 Health and Human Services. Any reference to the
12 Office for Civil Rights of the Department of Health
13 and Human Services in any law, regulation, map,
14 document, record, or other paper of the United
15 States shall be deemed to be a reference to the Of-
16 fice for Civil Rights and Health Equity.

17 ''(2) HEAD OF OFFICE.—The head of the Office
18 for Civil Rights and Health Equity shall be the Di-
19 rector for Civil Rights and Health Equity, to be ap-
20 pointed by the President. Any reference to the Di-
21 rector of the Office for Civil Rights of the Depart-
22 ment of Health and Human Services in any law,
23 regulation, map, document, record, or other paper of
24 the United States shall be deemed to be a reference
25 to the Director for Civil Rights and Health Equity.

1 "(b) PURPOSE.—The Director for Civil Rights and
2 Health Equity shall ensure that the health programs, ac-
3 tivities, policies, projects, procedures, and operations of
4 health entities that receive Federal financial assistance are
5 in compliance with title VI of the Civil Rights Act of 1964
6 (42 U.S.C. 2000d et seq.), including through the following
7 activities:

8 "(1) The development and implementation of
9 an action plan to address racial and ethnic health
10 care disparities. Such plan shall—

11 "(A) address concerns relating to the Of-
12 fice for Civil Rights and Health Equity as re-
13 leased by the United States Commission on
14 Civil Rights in the report entitled 'Health Care
15 Challenge: Acknowledging Disparity, Con-
16 fronting Discrimination, and Ensuring Equity'
17 (September 1999), in conjunction with existing
18 and future reports of the National Academy of
19 Medicine (formerly known as the Institute of
20 Medicine) including the reports titled 'Unequal
21 Treatment: Confronting Racial and Ethnic Dis-
22 parities in Health Care', 'Crossing the Quality
23 Chasm: A New Health System for the 21st
24 Century', 'In the Nation's Compelling Interest:
25 Ensuring Diversity in the Health Care Work-

1 force', 'The National Partnership for Action to
2 End Health Disparities', and 'The Health of
3 Lesbian, Gay, Bisexual, and Transgender Peo-
4 ple', and other related reports of the National
5 Academies of Sciences, Engineering, and Medi-
6 cine;

7 "(B) be issued in proposed form for public
8 review and comment; and

9 "(C) be finalized taking into consideration
10 any comments or concerns that are received by
11 the Office.

12 "(2) Investigative and enforcement actions
13 against intentional or in effect discrimination and
14 policies and practices that have a disparate impact
15 on racial and ethnic minority groups and commu-
16 nities of color pursuant to section 9007 of the
17 Health Equity and Accountability Act of 2024.

18 "(3) The review of racial, ethnic, gender iden-
19 tity, sexual orientation, sex, disability status, socio-
20 economic status, and primary language health data
21 collected by Federal health agencies to assess health
22 care disparities related to intentional discrimination
23 and policies and practices that have a disparate im-
24 pact on minorities. Such review shall include an as-

1 sessment of health disparities in communities with a
2 combination of these classes.

3 ‘‘(4) Outreach and education activities relating
4 to compliance with title VI of the Civil Rights Act
5 of 1964, including the process of filing a complaint
6 in accordance with section 9007 of the Health Eq-
7 uity and Accountability Act of 2024.

8 ‘‘(5) The provision of technical assistance for
9 health entities to facilitate compliance with title VI
10 of the Civil Rights Act of 1964.

11 ‘‘(6) Coordination and oversight of activities of
12 the civil rights compliance offices established under
13 section 3452.

14 ‘‘(7) Ensuring—

15 ‘‘(A) at a minimum, compliance with the
16 most recent version of the Office of Manage-
17 ment and Budget statistical policy directive en-
18 titled ‘Standards for Maintaining, Collecting,
19 and Presenting Federal Data on Race and Eth-
20 nicity’; and

21 ‘‘(B) consideration of available data and
22 language standards such as—

23 ‘‘(i) the standards for collecting, mon-
24 itoring, and reporting data under section
25 3101; and

1 “(ii) the National Standards on Cul-
2 turally and Linguistically Appropriate
3 Services of the Office of Minority Health.
4 “(c) FUNDING AND STAFF.—The Secretary shall en-
5 sure the effectiveness of the Office for Civil Rights and
6 Health Equity by ensuring that the Office is provided
7 with—
8 “(1) adequate funding to enable the Office to
9 carry out its duties under this section; and
10 “(2) staff with expertise in—
11 “(A) epidemiology;
12 “(B) statistics;
13 “(C) health quality assurance;
14 “(D) minority health and health dispari-
15 ties;
16 “(E) health equity;
17 “(F) cultural and linguistic competency;
18 “(G) civil rights; and
19 “(H) social, political, mental, behavioral,
20 economic, and related determinants of health,
21 including education access and quality, health
22 care access and quality, neighborhood and built
23 environment, and social and community context.
24 “(d) ADVISORY BOARD.—

1 "(1) ESTABLISHMENT.—The Secretary, in col-
2 laboration with the Director Civil Rights and Health
3 Equity and the Deputy Assistant Secretary for Mi-
4 nority Health, shall establish an advisory board (in
5 this subsection referred to as the 'advisory board')
6 to report in accordance with paragraph (2).
7 "(2) REPORTS TO CONGRESS.—Not later than
8 December 31, 2025, and annually thereafter, the ad-
9 visory board shall publish and submit to the Office,
10 other Federal agencies, and the Congress a report
11 that includes—
12 "(A) the number of complaints filed in ac-
13 cordance with section 9007 of the Health Eq-
14 uity and Accountability Act of 2024 during the
15 reporting period under title VI of the Civil
16 Rights Act of 1964, broken down by category;
17 "(B) the number of such complaints inves-
18 tigated and closed by the Office;
19 "(C) the outcomes of such complaints in-
20 vestigated;
21 "(D) the staffing levels of the Office, in-
22 cluding staff credentials;
23 "(E) the number of such complaints that
24 are pending (including backlogged complaints)
25 in which civil rights inequities can be dem-

1 onstrated and an explanation of why such com-
2 plaints remain pending; and
3 ‘‘(F) trends among filed complaints and
4 other systemic patterns or themes, including an
5 analysis from the Department of Justice about
6 litigation concerning such complaints.
7 ‘‘(3) COMPOSITION.—The members of the advi-
8 sory board shall include—
9 ‘‘(A) representatives of stakeholders; and
10 ‘‘(B) subject matter- and disciplinary-ap-
11 propriate experts.
12 ‘‘(e) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to carry out this section
14 such sums as may be necessary for each of fiscal years
15 2025 through 2029.
16 **‘‘SEC. 3452. ESTABLISHMENT OF HEALTH PROGRAM OF-**
17 **FICES FOR CIVIL RIGHTS WITHIN AGENCIES**
18 **OF DEPARTMENT OF HEALTH AND HUMAN**
19 **SERVICES.**
20 ‘‘(a) IN GENERAL.—The Secretary shall establish
21 civil rights compliance offices in each agency within the
22 Department of Health and Human Services that admin-
23 isters health programs.
24 ‘‘(b) PURPOSE OF OFFICES.—Each office established
25 under subsection (a) shall ensure that recipients of Fed-

1 eral financial assistance under Federal health programs
2 administer programs, and determine and implement poli-
3 cies, services, and activities, in a manner that—

4 ‘‘(1) does not discriminate, either intentionally
5 or in effect, on the basis of race, color, national ori-
6 gin, language, ethnicity, sex, age, disability status,
7 sexual orientation, or gender identity; and

8 ‘‘(2) promotes the reduction and elimination of
9 disparities in health and health care based on race,
10 color, national origin, language, ethnicity, sex, age,
11 disability status, sexual orientation, or gender iden-
12 tity.

13 ‘‘(c) POWERS AND DUTIES.—The offices established
14 in subsection (a) shall, with respect to the applicable agen-
15 cy, have the following powers and duties:

16 ‘‘(1) The establishment of compliance and pro-
17 gram participation standards for recipients of Fed-
18 eral financial assistance under each program admin-
19 istered by the agency, including the establishment of
20 disparity reduction standards to encompass dispari-
21 ties in health and health care related to race, color,
22 national origin, language, ethnicity, sex, age, dis-
23 ability, sexual orientation, or gender identity.

24 ‘‘(2) The development and implementation of
25 policies, procedures, and program-specific guidelines

1 that interpret and apply Department of Health and
2 Human Services guidance under title VI of the Civil
3 Rights Act of 1964 and section 1557 of the Patient
4 Protection and Affordable Care Act to each Federal
5 health program administered by the agency.

6 "(3) The development of a disparity-reduction
7 impact analysis methodology that shall—

8 "(A) be applied to every rule issued by the
9 agency and published as part of the formal
10 rulemaking process under sections 555, 556,
11 and 557 of title 5, United States Code; and

12 "(B) include an analysis of the intersecting
13 forms of discrimination.

14 "(4) Oversight of data collection, reporting,
15 analysis, and publication requirements for all recipi-
16 ents of Federal financial assistance under each Fed-
17 eral health program administered by the agency,
18 compliance with, at a minimum, the most recent
19 version of the Office of Management and Budget
20 statistical policy directive entitled 'Standards for
21 Maintaining, Collecting, and Presenting Federal
22 Data on Race and Ethnicity', and consideration of
23 available data and language standards such as—

24 "(A) the standards for collecting and re-
25 porting data under section 3101;

1 "(B) the National Standards on Culturally
2 and Linguistically Appropriate Services of the
3 Office of Minority Health; and
4 "(C) the disaggregation of all health and
5 health care data by racial and ethnic minority
6 group.
7 "(5) The conduct of publicly available studies
8 regarding discrimination within Federal health pro-
9 grams administered by the agency as well as dis-
10 parity reduction initiatives by recipients of Federal
11 financial assistance under Federal health programs.
12 "(6) Annual reports to the Committee on
13 Health, Education, Labor, and Pensions and the
14 Committee on Finance of the Senate and the Com-
15 mittee on Energy and Commerce and the Committee
16 on Ways and Means of the House of Representatives
17 on the progress in reducing disparities in health and
18 health care through the Federal programs adminis-
19 tered by the agency.
20 "(d) RELATIONSHIP TO OFFICE FOR CIVIL RIGHTS
21 IN THE DEPARTMENT OF JUSTICE.—
22 "(1) DEPARTMENT OF HEALTH AND HUMAN
23 SERVICES.—The Office for Civil Rights of the De-
24 partment of Health and Human Services shall pro-
25 vide standard-setting and compliance review inves-

1 tigation support services to each civil rights compli-
2 ance office established under subsection (a), subject
3 to paragraph (2).

4 "(2) DEPARTMENT OF JUSTICE.—The Office
5 for Civil Rights of the Department of Justice may,
6 as appropriate, institute formal proceedings when a
7 civil rights compliance office established under sub-
8 section (a) determines that a recipient of Federal fi-
9 nancial assistance is not in compliance with the dis-
10 parity reduction standards of the applicable agency.

11 "(e) DEFINITION.—In this section, the term 'Federal
12 health programs' mean programs—

13 "(1) under the Social Security Act (42 U.S.C.
14 301 et seq.) that pay for health care and services;
15 and

16 "(2) under this Act that—

17 "(A) provide Federal financial assistance
18 for health care, biomedical research, or health
19 services research; or

20 "(B) are designed to improve the public's
21 health, including health service programs.".

22 **SEC. 9004. UNITED STATES COMMISSION ON CIVIL RIGHTS.**

23 (a) COORDINATION WITHIN DEPARTMENT OF JUS-
24 TICE OF ACTIVITIES REGARDING HEALTH DISPARI-

1 TIES.—Section 3(a) of the Civil Rights Commission Act
2 of 1983 (42 U.S.C. 1975a(a)) is amended—
3 (1) in paragraph (1), by striking ''and'' at the
4 end;
5 (2) in paragraph (2), by striking the period at
6 the end and inserting ''; and''; and
7 (3) by adding at the end the following:
8 ''(3) shall, with respect to activities carried out
9 in health care and correctional facilities, toward the
10 goal of eliminating health disparities between the
11 general population and members of minority groups
12 based on race or color, promote coordination of such
13 activities of—
14 ''(A) the Office of Justice Programs of the
15 Department of Justice, including the Office for
16 Civil Rights within that Office;
17 ''(B) the Office for Civil Rights within the
18 Department of Health and Human Services;
19 and
20 ''(C) the Office of Minority Health within
21 the Department of Health and Human Serv-
22 ices.''.
23 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
24 5 of the Civil Rights Commission Act of 1983 (42 U.S.C.
25 1975c) is amended by striking the first sentence and in-

1 serting the following: ''For the purpose of carrying out
2 this Act, there are authorized to be appropriated
3 $30,000,000 for fiscal year 2025, and such sums as may
4 be necessary for each of the fiscal years 2026 through
5 2030.''.

6 **SEC. 9005. SENSE OF CONGRESS CONCERNING FULL FUND-**
7 **ING OF ACTIVITIES TO ELIMINATE RACIAL**
8 **AND ETHNIC HEALTH DISPARITIES.**

9 It is the sense of the Congress that—
10 (1) health disparities negatively impact out-
11 comes for health and human security of the Nation;
12 (2) reducing racial, ethnic, age, sexual, and
13 gender disparities in prevention and treatment are
14 unique civil and human rights challenges and, as
15 such, Federal agencies and health care entities and
16 systems receiving Federal funds should be account-
17 able for their role in causing disparities and in-
18 equity;
19 (3) funding for the National Institute on Mi-
20 nority Health and Health Disparities, the Office of
21 Civil Rights in the Department of Health and
22 Human Services, the National Institute of Nursing
23 Research, and the Office of Minority Health should
24 be doubled by fiscal year 2025, to effectively address
25 racial and ethnic disparities elimination in health

1 and health care as a matter of health and national
2 security;
3 (4) adequate funding by fiscal year 2025, and
4 subsequent funding increases, should be provided for
5 health and human service professions training pro-
6 grams, the Racial and Ethnic Approaches to Com-
7 munity Health Initiative at the Centers for Disease
8 Control and Prevention, the Minority HIV/AIDS
9 Initiative, the Excellence Centers to Eliminate Eth-
10 nic/Racial Disparities Program at the Agency for
11 Healthcare Research and Quality, and the National
12 Health Service Corps Scholarship Program initia-
13 tives, programs, policies, projects, and activities that
14 are the backbone of the Nation's agenda to eliminate
15 racial and ethnic health disparities and inequities;
16 (5) adequate funding for fiscal year 2025 and
17 increased funding for future years should be pro-
18 vided for the Racial and Ethnic Approaches to Com-
19 munity Health Initiative's United States Risk Fac-
20 tor Survey to ensure adequate data collection to
21 track health disparities, and there should be appro-
22 priate avenues provided to disseminate findings to
23 the general public;
24 (6) current and newly created health disparity
25 elimination incentives, programs, agencies, and de-

1 partments under this Act (and the amendments
2 made by this Act) should receive adequate staffing
3 and funding by fiscal year 2025; and
4 (7) stewardship and accountability should be
5 provided to the Congress and the President for
6 measurable and sustainable progress toward health
7 disparity elimination under programs under this Act,
8 including increased data collection and reporting, ca-
9 pacity building for impacted communities, technical
10 assistance, training programs, and avenues to dis-
11 seminate program details and successes to the public
12 and to policymakers.

13 **SEC. 9006. GAO AND NIH REPORTS.**

14 (a) GAO REPORT ON NIH GRANT RACIAL AND ETH-
15 NIC DIVERSITY.—
16 (1) IN GENERAL.—The Comptroller General of
17 the United States shall conduct a study on the racial
18 and ethnic diversity among the following groups:
19 (A) All applicants for grants, contracts,
20 and cooperative agreements awarded by the Na-
21 tional Institutes of Health during the period be-
22 ginning on January 1, 2025, and ending De-
23 cember 31, 2034.

1 (B) All recipients of such grants, con-
2 tracts, and cooperative agreements during such
3 period.

4 (C) All members of the peer review panels
5 of such applicants and recipients, respectively.

6 (2) REPORT.—Not later than 6 months after
7 the date of enactment of this Act, the Comptroller
8 General shall complete the study under paragraph
9 (1) and submit to Congress a report containing the
10 results of such study.

11 (b) NIH REPORT ON CERTAIN AUTHORITY OF NA-
12 TIONAL INSTITUTE ON MINORITY HEALTH AND HEALTH
13 DISPARITIES.—Not later than 6 months after the date of
14 enactment of this Act, and biennially thereafter, the Direc-
15 tor of the National Institutes of Health, in collaboration
16 with the Director of the National Institute on Minority
17 Health and Health Disparities, shall submit to Congress
18 a report that details and evaluates—

19 (1) the steps taken during the applicable report
20 period by the Director of the National Institutes of
21 Health to plan, coordinate, review, and evaluate all
22 minority health and health disparity research that is
23 conducted or supported by the institutes and centers
24 at the National Institutes of Health; and

25 (2) the outcomes of such steps.

1 (c) GAO REPORT RELATED TO RECIPIENTS OF
2 PPACA FUNDING.—Not later than one year after the
3 date of enactment of this Act and biennially thereafter,
4 the Comptroller General of the United States shall submit
5 to Congress a report that identifies—

6 (1) the racial and ethnic diversity of commu-
7 nity-based organizations that applied for Federal en-
8 rollment funding provided pursuant to the Patient
9 Protection and Affordable Care Act (Public Law
10 111–148) (including the amendments made by such
11 Act);

12 (2) the percentage of such organizations that
13 were awarded such funding; and

14 (3) the impact of such community-based organi-
15 zations' enrollment efforts on the insurance status of
16 their communities.

17 (d) ANNUAL REPORT ON ACTIVITIES OF NATIONAL
18 INSTITUTE ON MINORITY HEALTH AND HEALTH DIS-
19 PARITIES.—The Director of the National Institute on Mi-
20 nority Health and Health Disparities shall prepare an an-
21 nual report on the activities carried out or to be carried
22 out by such institute, and shall submit each such report
23 to the Committee on Health, Education, Labor, and Pen-
24 sions of the Senate, the Committee on Energy and Com-
25 merce of the House of Representatives, the Secretary of

1 Health and Human Services, and the Director of the Na-
2 tional Institutes of Health. With respect to the fiscal year
3 involved, the report shall—

4 (1) describe and evaluate the progress made in
5 health disparities research conducted or supported
6 by institutes and centers of the National Institutes
7 of Health;

8 (2) summarize and analyze expenditures made
9 for activities with respect to health disparities re-
10 search conducted or supported by the National Insti-
11 tutes of Health;

12 (3) include a separate statement applying the
13 requirements of paragraphs (1) and (2) specifically
14 to minority health disparities research; and

15 (4) contain such recommendations as the Direc-
16 tor of the Institute considers appropriate.

17 **SEC. 9007. INVESTIGATIVE AND ENFORCEMENT ACTIONS.**

18 (a) IN GENERAL.—In carrying out the investigative
19 and enforcement actions of section 3451(b)(2) of the Pub-
20 lic Health Service Act, as added by section 9003 of this
21 Act, the Director for Civil Rights and Health Equity (re-
22 ferred to in this section as the ''Director'') shall pursue
23 such investigative and enforcement actions pursuant to
24 this section.

1 (b) ADMINISTRATIVE COMPLAINT AND CONCILIATION
2 PROCESS.—
3 (1) COMPLAINTS AND ANSWERS.—
4 (A) IN GENERAL.—An aggrieved person
5 may, not later than 1 year after an alleged vio-
6 lation of subsection (a) has occurred or con-
7 cluded, file a complaint with the Director alleg-
8 ing inequitable provision of health care by a
9 provider described in subsection (a).
10 (B) COMPLAINT.—A complaint submitted
11 pursuant to subparagraph (A) shall be in writ-
12 ing and shall contain such information and be
13 in such form as the Director requires.
14 (C) OATH OR AFFIRMATION.—The com-
15 plaint and any answer made under this sub-
16 section shall be made under oath or affirmation,
17 and may be reasonably and fairly modified at
18 any time.
19 (2) RESPONSE TO COMPLAINTS.—
20 (A) IN GENERAL.—Upon the filing of a
21 complaint under this subsection, the following
22 procedures shall apply:
23 (i) COMPLAINANT NOTICE.—The Di-
24 rector shall serve notice upon the com-
25 plainant acknowledging receipt of such fil-

1 ing and advising the complainant of the
2 time limits and procedures provided under
3 this section.

4 (ii) RESPONDENT NOTICE.—The Di-
5 rector shall, not later than 30 days after
6 receipt of such filing—

7 (I) serve on the respondent a no-
8 tice of the complaint, together with a
9 copy of the original complaint; and

10 (II) advise the respondent of the
11 procedural rights and obligations of
12 respondents under this section.

13 (iii) ANSWER.—The respondent may
14 file, not later than 60 days after receipt of
15 the notice from the Director, an answer to
16 such complaint.

17 (iv) INVESTIGATIVE DUTIES.—The Di-
18 rector shall—

19 (I) make an investigation of the
20 alleged inequitable provision of health
21 care; and

22 (II) complete such investigation
23 within 180 days (unless it is impracti-
24 cable to complete such investigation

1 within 180 days) after the filing of
2 the complaint.
3 (B) INVESTIGATIONS.—
4 (i) PATTERN OR PRACTICE.—In the
5 course of investigating the complaint, the
6 Director may seek records of care provided
7 to patients other than the complainant if
8 necessary to demonstrate or disprove an
9 allegation of inequitable provision of health
10 care or to determine whether there is a
11 pattern or practice of such care.
12 (ii) ACCOUNTING FOR SOCIAL DETER-
13 MINANTS OF HEALTH.—In investigating
14 the complaint and reaching a determina-
15 tion on the validity of the complaint, the
16 Director shall account for social deter-
17 minants of health and the effect of such
18 social determinants on health care out-
19 comes.
20 (iii) INABILITY TO COMPLETE INVES-
21 TIGATION.—If the Director is unable to
22 complete (or finds it is impracticable to
23 complete) the investigation within 180
24 days after the filing of the complaint (or,
25 if the Secretary takes further action under

1 paragraph (6)(B) with respect to a com-
2 plaint, within 180 days after the com-
3 mencement of such further action), the Di-
4 rector shall notify the complainant and re-
5 spondent in writing of the reasons in-
6 volved.
7 (C) REPORT.—
8 (i) FINAL REPORT.—On completing
9 each investigation under this paragraph,
10 the Director shall prepare a final investiga-
11 tive report.
12 (ii) MODIFICATION OF REPORT.—A
13 final report under this subparagraph may
14 be modified if additional evidence is later
15 discovered.
16 (3) CONCILIATION.—
17 (A) IN GENERAL.—During the period be-
18 ginning on the date on which a complaint is
19 filed under this subsection and ending on the
20 date of final disposition of such complaint (in-
21 cluding during an investigation under para-
22 graph (2)(B)), the Director shall, to the extent
23 feasible, engage in conciliation with respect to
24 such complaint.

1 (B) CONCILIATION AGREEMENT.—A con-
2 ciliation agreement arising out of such concilia-
3 tion shall be an agreement between the re-
4 spondent and the complainant, and shall be
5 subject to approval by the Director.

6 (C) RIGHTS PROTECTED.—The Director
7 shall approve a conciliation agreement only if
8 the agreement protects the rights of the com-
9 plainant and other persons similarly situated.

10 (D) PUBLICLY AVAILABLE AGREEMENT.—

11 (i) IN GENERAL.—Subject to clause
12 (ii), the Secretary shall make available to
13 the public a copy of a conciliation agree-
14 ment entered into pursuant to this sub-
15 section unless the complainant and re-
16 spondent otherwise agree, and the Sec-
17 retary determines, that disclosure is not re-
18 quired to further the purposes of this sub-
19 section.

20 (ii) LIMITATION.—A conciliation
21 agreement that is made available to the
22 public pursuant to clause (i) may not dis-
23 close individually identifiable health infor-
24 mation.

1 (4) FAILURE TO COMPLY WITH CONCILIATION
2 AGREEMENT.—Whenever the Director has reason-
3 able cause to believe that a respondent has breached
4 a conciliation agreement, the Director shall refer the
5 matter to the Attorney General to consider filing a
6 civil action to enforce such agreement.
7 (5) WRITTEN CONSENT FOR DISCLOSURE OF
8 INFORMATION.—Nothing said or done in the course
9 of conciliation under this subsection may be made
10 public, or used as evidence in a subsequent pro-
11 ceeding under this subsection, without the written
12 consent of the parties to the conciliation.
13 (6) PROMPT JUDICIAL ACTION.—
14 (A) IN GENERAL.—If the Director deter-
15 mines at any time following the filing of a com-
16 plaint under this subsection that prompt judi-
17 cial action is necessary to carry out the pur-
18 poses of this subsection, the Director may rec-
19 ommend that the Attorney General promptly
20 commence a civil action under subsection (d).
21 (B) IMMEDIATE SUIT.—If the Director de-
22 termines at any time following the filing of a
23 complaint under this subsection that the public
24 interest would be served by allowing the com-
25 plainant to bring a civil action under subsection

1 (c) in a State or Federal court immediately, the
2 Director shall certify that the administrative
3 process has concluded and that the complainant
4 may file such a suit immediately.
5 (7) ANNUAL REPORT.—Not later than 1 year
6 after the date of enactment of this Act, and annually
7 thereafter, the Director shall make publicly available
8 a report detailing the activities of the Office for Civil
9 Rights and Health Equity under this subsection, in-
10 cluding—
11 (A) the number of complaints filed and the
12 basis on which the complaints were filed;
13 (B) the number of investigations under-
14 taken as a result of such complaints; and
15 (C) the disposition of all such investiga-
16 tions.
17 (c) ENFORCEMENT BY PRIVATE PERSONS.—
18 (1) IN GENERAL.—
19 (A) CIVIL ACTION.—
20 (i) IN SUIT.—A complainant under
21 subsection (b) may commence a civil action
22 to obtain appropriate relief with respect to
23 an alleged violation of subsection (a), or
24 for breach of a conciliation agreement
25 under subsection (b), in an appropriate

1 district court of the United States or State
2 court—
3 (I) not sooner than the earliest
4 of—
5 (aa) the date a conciliation
6 agreement is reached under sub-
7 section (b);
8 (bb) the date of a final dis-
9 position of a complaint under
10 subsection (b); or
11 (cc) 180 days after the first
12 day of the alleged violation; and
13 (II) not later than 2 years after
14 the final day of the alleged violation.
15 (ii) STATUTE OF LIMITATIONS.—The
16 computation of such 2-year period shall
17 not include any time during which an ad-
18 ministrative proceeding (including inves-
19 tigation or conciliation) under subsection
20 (b) was pending with respect to a com-
21 plaint under such subsection.
22 (B) BARRING SUIT.—If the Director has
23 obtained a conciliation agreement under sub-
24 section (b) regarding an alleged violation of
25 subsection (a), no action may be filed under

1 this paragraph by the complainant involved
2 with respect to the alleged violation except for
3 the purpose of enforcing the terms of such an
4 agreement.
5 (2) RELIEF WHICH MAY BE GRANTED.—
6 (A) IN GENERAL.—In a civil action under
7 paragraph (1), if the court finds that a viola-
8 tion of subsection (a) or breach of a conciliation
9 agreement has occurred, the court may award
10 to the plaintiff actual and punitive damages,
11 and may grant as relief, as the court deter-
12 mines to be appropriate, any permanent or tem-
13 porary injunction, temporary restraining order,
14 or other order (including an order enjoining the
15 defendant from engaging in a practice violating
16 subsection (a) or ordering such affirmative ac-
17 tion as may be appropriate).
18 (B) FEES AND COSTS.—In a civil action
19 under paragraph (1), the court, in its discre-
20 tion, may allow the prevailing party, other than
21 the United States, a reasonable attorney's fee
22 and costs. The United States shall be liable for
23 such fees and costs to the same extent as a pri-
24 vate person.

1 (3) INTERVENTION BY ATTORNEY GENERAL.—
2 Upon timely application, the Attorney General may
3 intervene in a civil action under paragraph (1), if
4 the Attorney General certifies that the case is of
5 general public importance.
6 (d) ENFORCEMENT BY THE ATTORNEY GENERAL.—
7 (1) COMMENCEMENT OF ACTIONS.—
8 (A) PATTERN OR PRACTICE CASES.—The
9 Attorney General may commence a civil action
10 in any appropriate district court of the United
11 States if the Attorney General has reasonable
12 cause to believe that any health care provider
13 covered by subsection (a)—
14 (i) is engaged in a pattern or practice
15 that violates such subsection; or
16 (ii) is engaged in a violation of such
17 subsection that raises an issue of signifi-
18 cant public importance.
19 (B) CASES BY REFERRAL.—The Director
20 may determine, based on a pattern of com-
21 plaints, a pattern of violations, a review of data
22 reported by a health care provider covered by
23 subsection (a), or any other means, that there
24 is reasonable cause to believe a health care pro-
25 vider is engaged in a pattern or practice that

1 violates subsection (a). If the Director makes
2 such a determination, the Director shall refer
3 the related findings to the Attorney General. If
4 the Attorney General finds that such reasonable
5 cause exists, the Attorney General may com-
6 mence a civil action in any appropriate district
7 court of the United States.

8 (2) ENFORCEMENT OF SUBPOENAS.—The At-
9 torney General, on behalf of the Director, or another
10 party at whose request a subpoena is issued under
11 this subsection, may enforce such subpoena in ap-
12 propriate proceedings in the district court of the
13 United States for the district in which the person to
14 whom the subpoena was addressed resides, was
15 served, or transacts business.

16 (3) RELIEF WHICH MAY BE GRANTED IN CIVIL
17 ACTIONS.—

18 (A) IN GENERAL.—In a civil action under
19 paragraph (1), the court—

20 (i) may award such preventive relief,
21 including a permanent or temporary in-
22 junction, temporary restraining order, or
23 other order against the person responsible
24 for a violation of subsection (a) as is nec-

1 essary to assure the full enjoyment of the
2 rights granted by this subsection;
3 (ii) may award such other relief as the
4 court determines to be appropriate, includ-
5 ing monetary damages, to aggrieved per-
6 sons; and
7 (iii) may, to vindicate the public inter-
8 est, assess punitive damages against the
9 respondent—
10 (I) in an amount not exceeding
11 $500,000, for a first violation; and
12 (II) in an amount not exceeding
13 $1,000,000, for any subsequent viola-
14 tion.
15 (B) FEES AND COSTS.—In a civil action
16 under this subsection, the court, in its discre-
17 tion, may allow the prevailing party, other than
18 the United States, a reasonable attorney's fee
19 and costs. The United States shall be liable for
20 such fees and costs to the extent provided by
21 section 2412 of title 28, United States Code.
22 (4) INTERVENTION IN CIVIL ACTIONS.—Upon
23 timely application, any person may intervene in a
24 civil action commenced by the Attorney General
25 under paragraphs (1) and (2) if the action involves

1 an alleged violation of subsection (a) with respect to
2 which such person is an aggrieved person (including
3 a person who is a complainant under subsection (b))
4 or a conciliation agreement to which such person is
5 a party.

6 **SEC. 9008. FEDERAL HEALTH EQUITY COMMISSION.**

7 (a) ESTABLISHMENT OF COMMISSION.—
8 (1) IN GENERAL.—There is established the
9 Federal Health Equity Commission (hereinafter in
10 this section referred to as the ‘‘Commission’’).
11 (2) MEMBERSHIP.—
12 (A) IN GENERAL.—The Commission shall
13 be composed of—
14 (i) 8 voting members appointed under
15 subparagraph (B); and
16 (ii) the nonvoting, ex officio members
17 listed in subparagraph (C).
18 (B) VOTING MEMBERS.—Not more than 4
19 of the members described in subparagraph
20 (A)(i) shall at any one time be of the same po-
21 litical party. Such members shall have recog-
22 nized expertise in and personal experience with
23 racial and ethnic health inequities, health care
24 needs of vulnerable and marginalized popu-
25 lations, and health equity as a vehicle for im-

1 proving health status and health outcomes.
2 Such members shall be appointed to the Com-
3 mission as follows:
4 (i) Four members of the Commission
5 shall be appointed by the President.
6 (ii) Two members of the Commission
7 shall be appointed by the President pro
8 tempore of the Senate, upon the rec-
9 ommendations of the majority leader and
10 the minority leader of the Senate. Each
11 member appointed to the Commission
12 under this clause shall be appointed from
13 a different political party.
14 (iii) Two members of the Commission
15 shall be appointed by the Speaker of the
16 House of Representatives upon the rec-
17 ommendations of the majority leader and
18 the minority leader of the House of Rep-
19 resentatives. Each member appointed to
20 the Commission under this clause shall be
21 appointed from a different political party.
22 (C) EX OFFICIO MEMBER.—The Commis-
23 sion shall have the following nonvoting, ex offi-
24 cio members:

1 (i) The Director for Civil Rights and
2 Health Equity of the Department of
3 Health and Human Services.

4 (ii) The Deputy Assistant Secretary
5 for Minority Health of the Department of
6 Health and Human Services.

7 (iii) The Director of the National In-
8 stitute on Minority Health and Health Dis-
9 parities.

10 (iv) The Chairperson of the Advisory
11 Committee on Minority Health established
12 under section 1707(c) of the Public Health
13 Service Act (42 U.S.C. 300u–6(c)).

14 (3) TERMS.—The term of office of each mem-
15 ber appointed under paragraph (2)(B) of the Com-
16 mission shall be 6 years.

17 (4) CHAIRPERSON; VICE CHAIRPERSON.—

18 (A) CHAIRPERSON.—The President shall,
19 with the concurrence of a majority of the mem-
20 bers of the Commission appointed under para-
21 graph (2)(B), designate a Chairperson from
22 among the members of the Commission ap-
23 pointed under such paragraph.

24 (B) VICE CHAIRPERSON.—

1 (i) DESIGNATION.—The Speaker of
2 the House of Representatives shall, in con-
3 sultation with the majority leaders and the
4 minority leaders of the Senate and the
5 House of Representatives and with the
6 concurrence of a majority of the members
7 of the Commission appointed under para-
8 graph (2)(B), designate a Vice Chairperson
9 from among the members of the Commis-
10 sion appointed under such paragraph. The
11 Vice Chairperson may not be a member of
12 the same political party as the Chair-
13 person.
14 (ii) DUTY.—The Vice Chairperson
15 shall act in place of the Chairperson in the
16 absence of the Chairperson.
17 (5) REMOVAL OF MEMBERS.—The President
18 may remove a member of the Commission only for
19 neglect of duty or malfeasance in office.
20 (6) QUORUM.—A majority of members of the
21 Commission appointed under paragraph (2)(B) shall
22 constitute a quorum of the Commission, but a lesser
23 number of members may hold hearings.
24 (b) DUTIES OF THE COMMISSION.—
25 (1) IN GENERAL.—The Commission shall—

1 (A) monitor and report on the implementa-
2 tion of this Act; and
3 (B) investigate, monitor, and report on
4 progress towards health equity and the elimi-
5 nation of health disparities.
6 (2) ANNUAL REPORT.—The Commission
7 shall—
8 (A) submit to the President and Congress
9 at least one report annually on health equity
10 and health disparities; and
11 (B) include in such report—
12 (i) a description of actions taken by
13 the Department of Health and Human
14 Services and any other Federal agency re-
15 lated to health equity or health disparities;
16 and
17 (ii) recommendations on ensuring eq-
18 uitable health care and eliminating health
19 disparities.
20 (c) POWERS.—
21 (1) HEARINGS.—
22 (A) IN GENERAL.—The Commission or, at
23 the direction of the Commission, any sub-
24 committee or member of the Commission, may,
25 for the purpose of carrying out this section, as

1 the Commission or the subcommittee or mem-
2 ber considers advisable—
3 (i) hold such hearings, meet and act
4 at such times and places, take such testi-
5 mony, receive such evidence, and admin-
6 ister such oaths; and
7 (ii) require, by subpoena or otherwise,
8 the attendance and testimony of such wit-
9 nesses and the production of such books,
10 records, correspondence, memoranda, pa-
11 pers, documents, tapes, and materials.
12 (B) LIMITATION ON HEARINGS.—The
13 Commission may hold a hearing under subpara-
14 graph (A)(i) only if the hearing is approved—
15 (i) by a majority of the members of
16 the Commission appointed under sub-
17 section (a)(2)(B); or
18 (ii) by a majority of such members
19 present at a meeting when a quorum is
20 present.
21 (2) ISSUANCE AND ENFORCEMENT OF SUB-
22 POENAS.—
23 (A) ISSUANCE.—A subpoena issued under
24 paragraph (1) shall—

1 (i) bear the signature of the Chair-
2 person of the Commission; and
3 (ii) be served by any person or class
4 of persons designated by the Chairperson
5 for that purpose.
6 (B) ENFORCEMENT.—In the case of contu-
7 macy or failure to obey a subpoena issued
8 under paragraph (1), the United States district
9 court for the district in which the subpoenaed
10 person resides, is served, or may be found may
11 issue an order requiring the person to appear at
12 any designated place to testify or to produce
13 documentary or other evidence.
14 (C) NONCOMPLIANCE.—Any failure to
15 obey the order of the court may be punished by
16 the court as a contempt of court.
17 (3) WITNESS ALLOWANCES AND FEES.—
18 (A) IN GENERAL.—Section 1821 of title
19 28, United States Code, shall apply to a witness
20 requested or subpoenaed to appear at a hearing
21 of the Commission.
22 (B) EXPENSES.—The per diem and mile-
23 age allowances for a witness shall be paid from
24 funds available to pay the expenses of the Com-
25 mission.

1 (4) POSTAL SERVICES.—The Commission may
2 use the United States mails in the same manner and
3 under the same conditions as other agencies of the
4 Federal Government.
5 (5) GIFTS.—The Commission may accept, use,
6 and dispose of gifts or donations of services or prop-
7 erty.
8 (d) ADMINISTRATIVE PROVISIONS.—
9 (1) STAFF.—
10 (A) DIRECTOR.—There shall be a full-time
11 staff director for the Commission who shall—
12 (i) serve as the administrative head of
13 the Commission; and
14 (ii) be appointed by the Chairperson
15 with the concurrence of the Vice Chair-
16 person.
17 (B) OTHER PERSONNEL.—The Commis-
18 sion may—
19 (i) appoint such other personnel as it
20 considers advisable, subject to the provi-
21 sions of title 5, United States Code, gov-
22 erning appointments in the competitive
23 service, and the provisions of chapter 51
24 and subchapter III of chapter 53 of that

1 title relating to classification and General
2 Schedule pay rates; and

3 (ii) may procure temporary and inter-
4 mittent services under section 3109(b) of
5 title 5, United States Code, at rates for in-
6 dividuals not in excess of the daily equiva-
7 lent paid for positions at the maximum
8 rate for GS–15 of the General Schedule
9 under section 5332 of title 5, United
10 States Code.

11 (2) COMPENSATION OF MEMBERS.—

12 (A) NON-FEDERAL EMPLOYEES.—Each
13 member of the Commission who is not an offi-
14 cer or employee of the Federal Government
15 shall be compensated at a rate equal to the
16 daily equivalent of the annual rate of basic pay
17 prescribed for level IV of the Executive Sched-
18 ule under section 5315 of title 5, United States
19 Code, for each day (including travel time) dur-
20 ing which the member is engaged in the per-
21 formance of the duties of the Commission.

22 (B) FEDERAL EMPLOYEES.—Each member
23 of the Commission who is an officer or em-
24 ployee of the Federal Government shall serve
25 without compensation in addition to the com-

1 pensation received for the services of the mem-
2 ber as an office or employee of the Federal
3 Government.

4 (C) TRAVEL EXPENSES.—A member of the
5 Commission shall be allowed travel expenses, in-
6 cluding per diem in lieu of subsistence, at rates
7 authorized for an employee of an agency under
8 subchapter I of chapter 57 of title 5, United
9 States Code, while away from the home or reg-
10 ular place of business of the member in the per-
11 formance of the duties of the Commission.

12 (3) COOPERATION.—The Commission may se-
13 cure directly from any Federal department or agency
14 such information as the Commission considers nec-
15 essary to carry out this Act. Upon request of the
16 Chairman of the Commission, the head of such de-
17 partment or agency shall furnish such information to
18 the Commission.

19 (e) PERMANENT COMMISSION.—Section 14 of the
20 Federal Advisory Committee Act (5 U.S.C. App.) shall not
21 apply to the Commission.

22 (f) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated for fiscal year 2025 and
24 each fiscal year thereafter such sums as may be necessary
25 to carry out the duties of the Commission.

# TITLE X—ADDRESSING SOCIAL DETERMINANTS AND IMPROVING ENVIRONMENTAL JUSTICE

## Subtitle A—In General

### SEC. 10001. DEFINITIONS.

In this title:

(1) ADMINISTRATOR.—The term ''Administrator'' means the Administrator of the Environmental Protection Agency.

(2) AGENCY.—The term ''Agency'' means the Environmental Protection Agency.

(3) BUILT ENVIRONMENT.—The term ''built environment'' means the components of the environment, and the location of those components in a geographically defined space, that are created or modified by individuals to form the physical and social characteristics of a community or enhance quality of human life, including—

(A) homes, schools, and places of work and worship;

(B) parks, recreation areas, and greenways;

(C) transportation systems;

1 (D) business, industry, and agriculture;
2 and
3 (E) land-use plans, projects, and policies
4 that impact the physical or social characteris-
5 tics of a community, including access to services
6 and amenities.
7 (4) DETERMINANTS OF HEALTH.—The term
8 ''determinants of health''—
9 (A) means the range of nonclinical factors
10 inclusive of personal, social, economic, and envi-
11 ronmental factors that directly influence health
12 status; and
13 (B) includes social determinants of health.
14 (5) ECONOMIC DETERMINANTS OF HEALTH.—
15 The term ''economic determinants of health'' means
16 income and social status.
17 (6) ENVIRONMENTAL DETERMINANTS OF
18 HEALTH.—The term ''environmental determinants
19 of health'' means the broad physical (including man-
20 made and natural), psychological, social, spiritual,
21 cultural, and aesthetic environment.
22 (7) PERSONAL DETERMINANTS OF HEALTH.—
23 The term ''personal determinants of health'' means
24 an individual's behavior, biology, and genetics.

1 (8) SECRETARY.—The term ''Secretary'' means
2 the Secretary of Health and Human Services.
3 (9) SOCIAL DETERMINANTS OF HEALTH.—The
4 term ''social determinants of health''—
5 (A) means a subset of determinants of the
6 health of individuals and environments (such as
7 communities, neighborhoods, and societies) that
8 describe an individual's or group of people's so-
9 cial identity, describe the social and economic
10 resources to which such individual or group has
11 access, and describe the conditions in which an
12 individual or group of people works, lives, and
13 plays; and
14 (B) are sometimes referred to as ''social
15 and economic determinants of health'', ''socio-
16 economic determinants of health'', ''environ-
17 mental determinants of health'', ''social drivers
18 of inequality'', or ''personal determinants of
19 health''.

20 **SEC. 10002. HEALTH IMPACT ASSESSMENTS.**

21 Part P of title III of the Public Health Service Act
22 (42 U.S.C. 280g et seq.), as amended by section 7901C–
23 1(a), is further amended by adding at the end the fol-
24 lowing:

1 **“SEC. 399V–15. HEALTH IMPACT ASSESSMENTS.**

2 ‘‘(a) DEFINITIONS.—In this section:

3 ‘‘(1) ADMINISTRATOR.—The term ‘Adminis-
4 trator’ means the Administrator of the Environ-
5 mental Protection Agency.

6 ‘‘(2) DIRECTOR.—The term ‘Director’ means
7 the Director of the Centers for Disease Control and
8 Prevention.

9 ‘‘(3) HEALTH IMPACT ASSESSMENT.—The term
10 ‘health impact assessment’ means a systematic proc-
11 ess that uses an array of data sources and analytic
12 methods and considers input from stakeholders to
13 determine the potential effects of a proposed policy,
14 plan, program, or project on the health of a popu-
15 lation and the distribution of those effects within the
16 population. Such term includes identifying and rec-
17 ommending appropriate actions on monitoring and
18 maximizing potential benefits and minimizing poten-
19 tial harms.

20 ‘‘(4) HEALTH INEQUITY.—The term ‘health in-
21 equity’ means a particular type of health difference
22 that is closely linked with social, economic, or envi-
23 ronmental disadvantage and that adversely affects
24 groups of people who have systematically experi-
25 enced greater obstacles to health based on their—

26 ‘‘(A) racial or ethnic group;

1 "(B) religion;
2 "(C) socioeconomic status;
3 "(D) gender;
4 "(E) age;
5 "(F) mental health;
6 "(G) cognitive, sensory, or physical dis-
7 ability;
8 "(H) sexual orientation or gender identity;
9 "(I) geographic location;
10 "(J) citizenship status; or
11 "(K) other characteristics historically
12 linked to discrimination or exclusion.
13 "(b) ESTABLISHMENT.—The Secretary, acting
14 through the Director and in collaboration with the Admin-
15 istrator, shall—
16 "(1) in consultation with the Director of the
17 National Center for Chronic Disease Prevention and
18 Health Promotion and the heads of relevant offices
19 within the Department of Housing and Urban De-
20 velopment, the Department of Transportation, and
21 the Department of Agriculture, establish a program
22 at the National Center for Environmental Health of
23 the Centers for Disease Control and Prevention fo-
24 cused on advancing the field of health impact assess-
25 ment that includes—

1 "(A) collecting and disseminating best
2 practices;
3 "(B) administering capacity building
4 grants to States, Indian Tribes, and Tribal or-
5 ganizations to support subgrantees in initiating
6 health impact assessments, in accordance with
7 subsection (d);
8 "(C) providing technical assistance;
9 "(D) developing training tools and pro-
10 viding training on conducting a health impact
11 assessment and the implementation of built en-
12 vironment and health indicators;
13 "(E) making information available, as ap-
14 propriate, regarding the existence of other com-
15 munity healthy living tools, checklists, and indi-
16 ces that help connect public health to other sec-
17 tors, and tools to help examine the effect of the
18 indoor built environment and building codes on
19 population health;
20 "(F) conducting research and evaluations
21 of health impact assessments; and
22 "(G) awarding competitive extramural re-
23 search grants;

1 “(2) develop guidance and guidelines to conduct
2 health impact assessments in accordance with sub-
3 section (c); and

4 “(3) establish a grant program to allow States,
5 Indian Tribes, and Tribal organizations to award
6 subgrants to eligible entities to conduct health im-
7 pact assessments.

8 “(c) GUIDANCE.—

9 “(1) IN GENERAL.—Not later than 1 year after
10 the date of enactment of the Health Equity and Ac-
11 countability Act of 2024, the Secretary, acting
12 through the Director, shall issue final guidance for
13 conducting health impact assessments. In developing
14 such guidance, the Secretary shall—

15 “(A) consult with the Director of the Na-
16 tional Center for Environmental Health, the Di-
17 rector of the National Center for Chronic Dis-
18 ease Prevention and Health Promotion, and the
19 heads of relevant offices within the Department
20 of Housing and Urban Development, the De-
21 partment of Transportation, and the Depart-
22 ment of Agriculture; and

23 “(B) consider available international health
24 impact assessment guidance, North American
25 health impact assessment practice standards,

1 and recommendations from the National Acad-
2 emy of Sciences.
3 ‘‘(2) CONTENT.—The guidance under this sub-
4 section shall include—
5 ‘‘(A) background on national and inter-
6 national efforts to bridge urban planning, cli-
7 mate forecasting, and public health institutions
8 and disciplines, including a review of health im-
9 pact assessment best practices internationally;
10 ‘‘(B) evidence-based direct and indirect
11 pathways that link land-use planning, transpor-
12 tation, and housing policy and objectives to
13 human health outcomes;
14 ‘‘(C) data resources and quantitative and
15 qualitative forecasting methods to evaluate both
16 the status of health determinants and health ef-
17 fects, including identification of existing pro-
18 grams that can disseminate these resources;
19 ‘‘(D) best practices for inclusive public in-
20 volvement in conducting health impact assess-
21 ments; and
22 ‘‘(E) technical assistance for other agen-
23 cies seeking to develop their own guidelines and
24 procedures for health impact assessment.
25 ‘‘(d) GRANT PROGRAM.—

1 "(1) IN GENERAL.—The Secretary, acting
2 through the Director and in collaboration with the
3 Administrator, shall—
4 "(A) award grants to States, Indian
5 Tribes, and Tribal organizations to award sub-
6 grants to eligible entities for capacity building
7 or to prepare health impact assessments; and
8 "(B) ensure that States, Indian Tribes,
9 and Tribal organizations receiving a grant
10 under this subsection further support training
11 and technical assistance for subgrantees under
12 subparagraph (A) by funding and overseeing
13 appropriate experts on health impact assess-
14 ments from local, State, and Tribal govern-
15 ments, the Federal Government, institutions of
16 higher education, and nonprofit organizations
17 to provide such training and technical assist-
18 ance.
19 "(2) APPLICATIONS FOR SUBGRANTS.—
20 "(A) IN GENERAL.—To be eligible to re-
21 ceive a subgrant under this subsection, an eligi-
22 ble entity shall—
23 "(i) be a community-based organiza-
24 tion serving individuals or populations, the

1 health of which are, or will be, affected by
2 an activity or a proposed activity; and
3 "(ii) submit to the grantee an applica-
4 tion in accordance with this subsection, at
5 such time, in such manner, and containing
6 such additional information as the Sec-
7 retary (acting through the Director and in
8 collaboration with the Administrator) and
9 the grantee may require.
10 "(B) INCLUSION.—An application for a
11 subgrant under this subsection shall include—
12 "(i) a list of proposed activities that
13 require or would benefit from conducting a
14 health impact assessment by not later than
15 180 days after receiving the subgrant;
16 "(ii) supporting documentation, in-
17 cluding letters of support, from potential
18 conductors of health impact assessments
19 for the listed proposed activities;
20 "(iii) an assessment by the applicant
21 of the health of the population to be served
22 through the subgrant; and
23 "(iv) a description of potential adverse
24 or positive effects on health that the pro-
25 posed activities may create.

1 "(C) PREFERENCE.—In awarding sub-
2 grants under this subsection, a State may give
3 preference to eligible entities that demonstrate
4 the potential to significantly improve population
5 health or lower health care costs as a result of
6 potential health impact assessment work.
7 "(3) USE OF FUNDS.—
8 "(A) IN GENERAL.—A State, Indian Tribe,
9 or Tribal organization receiving a grant under
10 this subsection shall use such grant to conduct
11 health impact assessment capacity building in
12 support of a subgrantee conducting a health im-
13 pact assessment for a proposed activity in ac-
14 cordance with this subsection.
15 "(B) PURPOSES.—The purposes of a
16 health impact assessment under this subsection
17 are—
18 "(i) to facilitate the involvement of
19 Tribal, State, and local public health offi-
20 cials in community planning, transpor-
21 tation, housing, and land use decisions and
22 other decisions affecting the built environ-
23 ment to identify any potential health con-
24 cern or health benefit relating to an activ-
25 ity or proposed activity;

1 "(ii) to provide for an investigation of
2 any health-related issue of concern raised
3 in a planning process, an environmental
4 impact assessment process, or policy ap-
5 praisal relating to a proposed activity;
6 "(iii) to describe and compare alter-
7 natives (including no-action alternatives) to
8 a proposed activity to provide clarification
9 with respect to the potential health out-
10 comes associated with the proposed activity
11 and, where appropriate, to the related ben-
12 efit-cost or cost-effectiveness of the pro-
13 posed activity and alternatives;
14 "(iv) to contribute, when applicable,
15 to the findings of a planning process, pol-
16 icy appraisal, or an environmental impact
17 statement with respect to the terms and
18 conditions of implementing a proposed ac-
19 tivity or related mitigation recommenda-
20 tions, as necessary;
21 "(v) to ensure that the dispropor-
22 tionate distribution of negative impacts
23 among vulnerable populations is minimized
24 as much as possible;

1 "(vi) to engage affected community
2 members and ensure adequate opportunity
3 for public comment on all stages of the
4 health impact assessment;

5 "(vii) where appropriate, to consult
6 with local and county health departments
7 and appropriate organizations, including
8 planning, transportation, and housing or-
9 ganizations, and provide them information
10 and tools regarding how to conduct and in-
11 tegrate health impact assessment into their
12 work; and

13 "(viii) to inspect homes, water sys-
14 tems, and other elements that pose risks to
15 lead exposure, with an emphasis on areas
16 that pose a higher risk to children.

17 "(4) ASSESSMENTS.—Health impact assess-
18 ments carried out using funds under this section
19 shall—

20 "(A) take appropriate health factors into
21 consideration as early as practicable during the
22 planning, review, or decision-making processes;

23 "(B) assess the effect on the health of in-
24 dividuals and populations of proposed policies,

1 projects, or plans that result in modifications to
2 the built environment; and
3 ‘‘(C) assess the distribution of health ef-
4 fects across various factors, such as race, in-
5 come, ethnicity, age, disability status, gender,
6 and geography.
7 ‘‘(5) ELIGIBLE ACTIVITIES.—
8 ‘‘(A) IN GENERAL.—A State, Indian Tribe,
9 or Tribal organization receiving a grant under
10 this section shall conduct an evaluation of any
11 activity proposed to be funded through the
12 grant, including through a subgrant, to deter-
13 mine whether such activity will have a signifi-
14 cant adverse or positive effect on the health of
15 the affected population to be served, based on
16 the criteria described in subparagraph (B).
17 ‘‘(B) CRITERIA.—The criteria described in
18 this subparagraph include, as applicable to the
19 proposed activity, the following:
20 ‘‘(i) Any substantial adverse effect or
21 significant health benefit on health out-
22 comes or factors known to influence health,
23 including the following:
24 ‘‘(I) Physical activity.
25 ‘‘(II) Injury.

1 "(III) Mental health.

2 "(IV) Accessibility to health-pro-
3 moting goods and services.

4 "(V) Respiratory health.

5 "(VI) Chronic disease.

6 "(VII) Nutrition.

7 "(VIII) Land use changes that
8 promote local, sustainable food
9 sources.

10 "(IX) Infectious disease.

11 "(X) Health inequities.

12 "(XI) Existing air quality,
13 ground or surface water quality or
14 quantity, or noise levels.

15 "(XII) Lead exposure.

16 "(XIII) Drinking water quality
17 and accessibility.

18 "(ii) Other factors that may be con-
19 sidered, including—

20 "(I) the potential for a proposed
21 activity to result in systems failure
22 that leads to a public health emer-
23 gency;

24 "(II) the probability that the pro-
25 posed activity will result in a signifi-

1 cant increase in tourism, economic de-
2 velopment, or employment in the pop-
3 ulation to be served;
4 "(III) any other significant po-
5 tential hazard or enhancement to
6 human health, as determined by the
7 grantee; or
8 "(IV) whether the evaluation of a
9 proposed activity would duplicate an-
10 other analysis or study being under-
11 taken in conjunction with the pro-
12 posed activity.
13 "(C) FACTORS FOR CONSIDERATION.—In
14 evaluating a proposed activity under subpara-
15 graph (A), a grantee may take into consider-
16 ation any reasonable, direct, indirect, or cumu-
17 lative effect that can be clearly related to poten-
18 tial health effects and that is related to the pro-
19 posed activity, including the effect of any action
20 that is—
21 "(i) included in the long-range plan
22 relating to the proposed activity;
23 "(ii) likely to be carried out in coordi-
24 nation with the proposed activity;

1 "(iii) dependent on the occurrence of
2 the proposed activity; or
3 "(iv) likely to have a disproportionate
4 impact on high-risk or vulnerable popu-
5 lations.
6 "(6) REQUIREMENTS.—A health impact assess-
7 ment prepared with funds awarded under this sub-
8 section shall incorporate the following, after con-
9 ducting the screening phase (identifying projects or
10 policies for which a health impact assessment would
11 be valuable and feasible) through the application
12 process:
13 "(A) SCOPING.—Identifying which health
14 effects to consider and the research methods to
15 be utilized.
16 "(B) ASSESSING RISKS AND BENEFITS.—
17 Assessing the baseline health status and factors
18 known to influence the health status in the af-
19 fected community, which may include aggre-
20 gating and synthesizing existing health assess-
21 ment evidence and data from the community.
22 "(C) DEVELOPING RECOMMENDATIONS.—
23 Suggesting changes to proposals to promote
24 positive or mitigate adverse health effects.

1 "(D) REPORTING.—Synthesizing the as-
2 sessment and recommendations and commu-
3 nicating the results to decision makers.
4 "(E) MONITORING AND EVALUATING.—
5 Tracking the decision and implementation effect
6 on health determinants and health status.
7 "(7) PLAN.—A subgrantee under this sub-
8 section shall develop and implement a plan, to be ap-
9 proved by the Secretary (acting through the Director
10 and in collaboration with the Administrator) and the
11 grantee, for meaningful and inclusive stakeholder in-
12 volvement in all phases of the health impact assess-
13 ment. Stakeholders may include community leaders,
14 community-based organizations, youth-serving orga-
15 nizations, planners, public health experts, State and
16 local public health departments and officials, health
17 care experts or officials, housing experts or officials,
18 and transportation experts or officials.
19 "(8) SUBMISSION OF FINDINGS.—A grantee
20 under this subsection shall submit the findings of
21 any funded health impact assessment activities to
22 the Secretary and make these findings publicly avail-
23 able.
24 "(9) ASSESSMENT OF IMPACTS.—A subgrantee
25 under this subsection shall ensure the assessment of

1 the distribution of health impacts (related to the
2 proposed activity) across race, ethnicity, income,
3 age, gender, disability status, and geography.

4 "(10) CONDUCT OF ASSESSMENT.—To the
5 greatest extent feasible, a health impact assessment
6 shall be conducted under this section in a manner
7 that respects the needs and timing of the decision-
8 making process such assessment evaluates.

9 "(11) METHODOLOGY.—In preparing a health
10 impact assessment funded under this subsection, a
11 subgrantee under this subsection shall follow the
12 guidance published under subsection (c).

13 "(e) HEALTH IMPACT ASSESSMENT DATABASE.—
14 The Secretary, acting through the Director and in collabo-
15 ration with the Administrator, shall establish, maintain,
16 and make publicly available a health impact assessment
17 database, including—

18 "(1) a catalog of health impact assessments re-
19 ceived under this section;

20 "(2) an inventory of tools used by subgrantees
21 to conduct health impact assessments; and

22 "(3) guidance for subgrantees with respect to
23 the selection of appropriate tools described in para-
24 graph (2).

1 "(f) EVALUATION OF GRANTEE ACTIVITIES.—The
2 Secretary shall award competitive grants to Prevention
3 Research Centers, or nonprofit organizations or academic
4 institutions with expertise in health impact assessments,
5 to—

6 "(1) assist grantees and subgrantees with the
7 provision of training and technical assistance in the
8 conducting of health impact assessments;

9 "(2) evaluate the activities carried out with
10 grants and subgrants under subsection (d); and

11 "(3) assist the Secretary in disseminating evi-
12 dence, best practices, and lessons learned from
13 grantees and subgrantees.

14 "(g) REPORT TO CONGRESS.—Not later than 1 year
15 after the date of enactment of the Health Equity and Ac-
16 countability Act of 2024, the Secretary shall submit to
17 Congress a report concerning the evaluation of the pro-
18 grams under this section, including recommendations as
19 to how lessons learned from such programs can be incor-
20 porated into future guidance documents developed and
21 provided by the Secretary and other Federal agencies, as
22 appropriate.

23 "(h) AUTHORIZATION OF APPROPRIATIONS.—There
24 are authorized to be appropriated to carry out this section
25 such sums as may be necessary.

1 **"SEC. 399V–16. IMPLEMENTATION OF RESEARCH FINDINGS
2 TO IMPROVE HEALTH OUTCOMES THROUGH
3 THE BUILT ENVIRONMENT.**

4 "(a) RESEARCH GRANT PROGRAM.—The Secretary,
5 in collaboration with the Administrator of the Environ-
6 mental Protection Agency (referred to in this section as
7 the 'Administrator'), shall award grants to public agencies
8 or private nonprofit institutions to implement evidence-
9 based programming to improve human health through im-
10 provements to the built environment and subsequently
11 human health, by addressing—

12 "(1) levels of physical activity;
13 "(2) consumption of nutritional foods;
14 "(3) rates of crime;
15 "(4) air, water, and soil quality;
16 "(5) risk or rate of injury;
17 "(6) accessibility to health-promoting goods and
18 services;
19 "(7) chronic disease rates;
20 "(8) community design;
21 "(9) housing;
22 "(10) transportation options; and
23 "(11) other factors as the Secretary determines
24 appropriate.

25 "(b) APPLICATIONS.—A public agency or private
26 nonprofit institution desiring a grant under this section

1 shall submit to the Secretary an application at such time,
2 in such manner, and containing such agreements, assur-
3 ances, and information as the Secretary, in consultation
4 with the Administrator, may require.

5 ''(c) RESEARCH.—The Secretary, in consultation
6 with the Administrator, shall support, through grants
7 awarded under this section, research that—

8 ''(1) uses evidence-based research to improve
9 the built environment and human health;

10 ''(2) examines—

11 ''(A) the scope and intensity of the impacts
12 that the built environment (including the var-
13 ious characteristics of the built environment)
14 has on human health; or

15 ''(B) the distribution of such impacts by—

16 ''(i) location; and

17 ''(ii) population subgroup;

18 ''(3) is used to develop—

19 ''(A) measures and indicators to address
20 health impacts and the connection of health to
21 the built environment;

22 ''(B) efforts to link the measures to trans-
23 portation, land use, and health databases; and

24 ''(C) efforts to enhance the collection of
25 built environment surveillance data;

1 "(4) distinguishes carefully between personal
2 attitudes and choices and external influences on be-
3 havior to determine how much the association be-
4 tween the built environment and the health of resi-
5 dents, versus the lifestyle preferences of the people
6 that choose to live in the neighborhood, reflects the
7 physical characteristics of the neighborhood; and

8 "(5)(A) identifies or develops effective interven-
9 tion strategies focusing on enhancements to the built
10 environment that promote increased use, physical ac-
11 tivity, access to nutritious foods, or other health-pro-
12 moting activities by residents; and

13 "(B) in developing the intervention strategies
14 under subparagraph (A), ensures that the interven-
15 tion strategies will reach out to high-risk or vulner-
16 able populations, including low-income urban and
17 rural communities and aging populations, in addi-
18 tion to the general population.

19 "(d) SURVEYS.—The Secretary may allow recipients
20 of grants under this section to use such grant funds to
21 support the expansion of national surveys and data track-
22 ing systems to provide more detailed information about
23 the connection between the built environment and health.

1 "(e) PRIORITY.—In awarding grants under this sec-
2 tion, the Secretary and the Administrator shall give pri-
3 ority to entities with programming that incorporates—
4 "(1) interdisciplinary approaches; or
5 "(2) the expertise of the public health, physical
6 activity, urban planning, land use, and transpor-
7 tation research communities in the United States
8 and abroad.
9 "(f) AUTHORIZATION OF APPROPRIATIONS.—There
10 are authorized to be appropriated such sums as may be
11 necessary to carry out this section. The Secretary may al-
12 locate not more than 20 percent of the amount so appro-
13 priated for a fiscal year for purposes of conducting re-
14 search under subsection (c).".

15 **SEC. 10003. GRANT PROGRAM TO CONDUCT ENVIRON-**
16 **MENTAL HEALTH IMPROVEMENT ACTIVITIES**
17 **AND TO IMPROVE SOCIAL DETERMINANTS OF**
18 **HEALTH.**

19 (a) DEFINITIONS.—In this section:
20 (1) DIRECTOR.—The term "Director" means
21 the Director of the Centers for Disease Control and
22 Prevention, acting in collaboration with the Adminis-
23 trator and the Director of the National Institute of
24 Environmental Health Sciences.

1 (2) ELIGIBLE ENTITY.—The term ''eligible enti-
2 ty'' means a State, Indian Tribe, Tribal organiza-
3 tion, or local community that—
4 (A) bears a disproportionate burden of ex-
5 posure to environmental health hazards;
6 (B) bears a disproportionate burden of ex-
7 posure to unhealthy living conditions, low
8 standard housing conditions, low socioeconomic
9 status, poor nutrition, less opportunity for edu-
10 cational attainment, disproportionately high un-
11 employment rates, or lower literacy levels and
12 access to information;
13 (C) has established a coalition—
14 (i) with not less than 1 community-
15 based organization or demonstration pro-
16 gram; and
17 (ii) with not less than 1—
18 (I) public health entity;
19 (II) health care provider organi-
20 zation;
21 (III) academic institution, includ-
22 ing any minority-serving institution
23 described in section 371(a) of the
24 Higher Education Act of 1965 (20
25 U.S.C. 1067q(a));

1 (IV) child-serving institution; or
2 (V) landlord or housing provider
3 working on lead remediation;
4 (D) ensures planned activities and funding
5 streams are coordinated to improve community
6 health; and
7 (E) submits an application in accordance
8 with subsection (c).
9 (b) ESTABLISHMENT.—The Director shall establish a
10 grant program under which eligible entities shall receive
11 grants to conduct environmental health improvement ac-
12 tivities and to improve social determinants of health.
13 (c) APPLICATION.—To receive a grant under this sec-
14 tion, an eligible entity shall submit an application to the
15 Director at such time, in such manner, and accompanied
16 by such information as the Director may require.
17 (d) USE OF GRANT FUNDS.—An eligible entity may
18 use a grant under this section—
19 (1) to promote environmental health;
20 (2) to address environmental health inequities
21 among all populations, including children; and
22 (3) to address racial and ethnic inequities in so-
23 cial determinants of health.
24 (e) AMOUNT OF GRANTS.—The Director shall award
25 grants to eligible entities at the following 3 funding levels:

1 (1) LEVEL 1 GRANTS.—

2 (A) IN GENERAL.—An eligible entity
3 awarded a grant under this paragraph shall use
4 the funds to identify environmental health prob-
5 lems and solutions by—

6 (i) establishing a planning and
7 prioritizing council in accordance with sub-
8 paragraph (B); and

9 (ii) conducting an environmental
10 health assessment in accordance with sub-
11 paragraph (C).

12 (B) PLANNING AND PRIORITIZING COUN-
13 CIL.—

14 (i) IN GENERAL.—A planning and
15 prioritizing council established under sub-
16 paragraph (A)(i) (referred to in this para-
17 graph as a "PPC") shall assist the envi-
18 ronmental health assessment process and
19 environmental health promotion activities
20 of the eligible entity.

21 (ii) MEMBERSHIP.—Membership of a
22 PPC shall consist of representatives from
23 various organizations within public health,
24 planning, development, and environmental
25 services and shall include stakeholders

1 from vulnerable groups such as children,
2 the elderly, disabled, and minority ethnic
3 groups that are often not actively involved
4 in democratic or decision-making proc-
5 esses.

6 (iii) DUTIES.—A PPC shall—

7 (I) identify key stakeholders and
8 engage and coordinate potential part-
9 ners in the planning process;

10 (II) establish a formal advisory
11 group to plan for the establishment of
12 services;

13 (III) conduct an in-depth review
14 of the nature and extent of the need
15 for an environmental health assess-
16 ment, including a local epidemiological
17 profile, an evaluation of the service
18 provider capacity of the community,
19 and a profile of any target popu-
20 lations; and

21 (IV) define the components of
22 care and form essential programmatic
23 linkages with related providers in the
24 community.

1 (C) ENVIRONMENTAL HEALTH ASSESS-
2 MENT.—
3 (i) IN GENERAL.—A PPC shall carry
4 out an environmental health assessment to
5 identify environmental health concerns.
6 (ii) ASSESSMENT PROCESS.—The
7 PPC shall—
8 (I) define the goals of the assess-
9 ment;
10 (II) generate the environmental
11 health issue list;
12 (III) analyze issues with a sys-
13 tems framework;
14 (IV) develop appropriate commu-
15 nity environmental health indicators;
16 (V) rank the environmental
17 health issues;
18 (VI) set priorities for action;
19 (VII) develop an action plan;
20 (VIII) implement the plan; and
21 (IX) evaluate progress and plan-
22 ning for the future.
23 (D) EVALUATION.—Each eligible entity
24 that receives a grant under this paragraph shall

1 evaluate, report, and disseminate program find-
2 ings and outcomes.
3 (E) TECHNICAL ASSISTANCE.—The Direc-
4 tor may provide such technical and other non-
5 financial assistance to eligible entities as the
6 Director determines to be necessary.
7 (2) LEVEL 2 GRANTS.—
8 (A) ELIGIBILITY.—
9 (i) IN GENERAL.—The Director shall
10 award grants under this paragraph to eli-
11 gible entities that have already—
12 (I) established broad-based col-
13 laborative partnerships; and
14 (II) completed environmental as-
15 sessments.
16 (ii) NO LEVEL 1 REQUIREMENT.—To
17 be eligible to receive a grant under this
18 paragraph, an eligible entity is not re-
19 quired to have successfully completed a
20 Level 1 grant (as described in paragraph
21 (1)).
22 (B) USE OF GRANT FUNDS.—An eligible
23 entity awarded a grant under this paragraph
24 shall use the funds to further activities to carry

1 out environmental health improvement activi-
2 ties, including—
3 (i) addressing community environ-
4 mental health priorities in accordance with
5 paragraph (1)(C)(ii), including—
6 (I) geography;
7 (II) the built environment;
8 (III) air quality;
9 (IV) water quality;
10 (V) land use;
11 (VI) solid waste;
12 (VII) housing;
13 (VIII) violence;
14 (IX) socioeconomic status;
15 (X) ethnicity, social construct,
16 and language preference;
17 (XI) educational attainment;
18 (XII) employment;
19 (XIII) food safety, accessibility,
20 and affordability;
21 (XIV) nutrition;
22 (XV) health care services; and
23 (XVI) injuries;
24 (ii) building partnerships between
25 planning, public health, and other sectors,

1 including child-serving institutions, to ad-
2 dress how the built environment impacts
3 food availability and access and physical
4 activity to promote healthy behaviors and
5 lifestyles and reduce overweight and obe-
6 sity, musculoskeletal diseases, respiratory
7 conditions, infectious diseases, dental, oral,
8 and mental health conditions, poverty, and
9 related co-morbidities;
10 (iii) establishing programs to ad-
11 dress—
12 (I) how environmental and social
13 conditions of work and living choices
14 influence physical activity and dietary
15 intake; or
16 (II) how the conditions described
17 in subclause (I) influence the concerns
18 and needs of people who have im-
19 paired mobility and use assistance de-
20 vices, including wheelchairs, lower
21 limb prostheses, and hip, knee, and
22 other joint replacements; and
23 (iv) convening intervention and dem-
24 onstration programs that examine the role
25 of the social environment in connection

1 with the physical and chemical environ-
2 ment in—
3 (I) determining access to nutri-
4 tional food;
5 (II) improving physical activity to
6 reduce overweight, obesity, and co-
7 morbidities and increase quality of
8 life; and
9 (III) location and access to med-
10 ical facilities.
11 (3) LEVEL 3 GRANTS.—
12 (A) IN GENERAL.—An eligible entity
13 awarded a grant under this paragraph shall use
14 the funds to identify and address racial and
15 ethnic inequities in social determinants of
16 health by creating demonstration programs that
17 assess the feasibility of establishing a federally
18 funded comprehensive program and describe
19 key outcomes that address racial and ethnic in-
20 equities in social determinants of health.
21 (B) PROGRAM DESIGN.—
22 (i) EVALUATION.—Not later than 1
23 year after the date of enactment of this
24 Act, the Director shall evaluate the best
25 practices of existing programs from the

1 private, public, community-based, and aca-
2 demically supported initiatives focused on
3 reducing inequities in the social deter-
4 minants of health for racial and ethnic
5 populations.

6 (ii) DEMONSTRATION PROJECTS.—
7 Not later than 2 years after the date of en-
8 actment of this Act, the Director shall im-
9 plement at least 12 demonstration
10 projects, including at least one project for
11 each major racial and ethnic minority
12 group, each of which is unique to the cul-
13 tural and linguistic needs of each of the
14 following groups:

15 (I) Native Americans and Alaska
16 Natives.

17 (II) Asian Americans.

18 (III) African Americans/Blacks.

19 (IV) Hispanic/Latino-Americans.

20 (V) Native Hawaiians and Pacific
21 Islanders.

22 (VI) Middle Eastern and North-
23 ern African communities.

24 (iii) REPORT TO CONGRESS.—No later
25 than 2 years after the implementation of

1 the initial demonstration projects under
2 this paragraph, the Director shall submit
3 to Congress a report that includes—
4 (I) a description of each dem-
5 onstration project and design;
6 (II) an evaluation of the cost-ef-
7 fectiveness of each project's preven-
8 tion and treatment efforts;
9 (III) an evaluation of the cultural
10 and linguistic appropriateness of each
11 project by racial and ethnic group;
12 and
13 (IV) an evaluation of the bene-
14 ficiary's health status improvement
15 under the demonstration project.
16 (iv) ANY OTHER INFORMATION DE-
17 TERMINED APPROPRIATE BY THE DIREC-
18 TOR.—The Director shall require eligible
19 entities awarded a grant under this para-
20 graph to report any other information the
21 Director determines appropriate to be
22 shared by or developed by such entity, in-
23 cluding the following:
24 (I) Developing models and evalu-
25 ating methods that improve the cul-

1 tural and linguistically appropriate
2 services provided through the Centers
3 for Disease Control and Prevention to
4 target individuals impacted by health
5 inequities based on their race, eth-
6 nicity, gender, or sexual orientation.
7 (II) Promoting the collaboration
8 between primary and specialty care
9 health care providers and patients, to
10 ensure patients impacted by health in-
11 equities based on race, ethnicity, gen-
12 der, or sexual orientation are receiving
13 comprehensive and organized treat-
14 ment and care.
15 (III) Educating health care pro-
16 fessionals on the causes and effects of
17 inequities in the social determinants
18 of health in relation to minority and
19 racial and ethnic communities and the
20 need for culturally and linguistically
21 appropriate care in the prevention and
22 treatment of high-impact diseases.
23 (IV) Encouraging collaboration
24 among community- and patient-based
25 organizations that work to address in-

1 equities in the social determinants of
2 health in relation to high-impact dis-
3 eases in minority and racial and eth-
4 nic populations.

5 (f) AUTHORIZATION OF APPROPRIATIONS.—There
6 are authorized to be appropriated to carry out this sec-
7 tion—

8 (1) $25,000,000 for fiscal year 2025; and

9 (2) such sums as may be necessary for fiscal
10 years 2026 through 2028.

11 **SEC. 10004. ADDITIONAL RESEARCH ON THE RELATION-**
12 **SHIP BETWEEN THE BUILT ENVIRONMENT**
13 **AND THE HEALTH OF COMMUNITY RESI-**
14 **DENTS.**

15 (a) DEFINITION OF ELIGIBLE INSTITUTION.—In this
16 section, the term ‘‘eligible institution’’ means a public or
17 private nonprofit institution that submits to the Secretary
18 and the Administrator an application for a grant under
19 the grant program authorized under subsection (b)(2) at
20 such time, in such manner, and containing such agree-
21 ments, assurances, and information as the Secretary and
22 Administrator may require.

23 (b) RESEARCH GRANT PROGRAM.—

24 (1) DEFINITION OF HEALTH.—In this section,
25 the term ‘‘health’’ includes—

1 (A) levels of physical activity;
2 (B) degree of mobility due to factors such
3 as musculoskeletal diseases, arthritis, and obe-
4 sity;
5 (C) consumption of nutritional foods;
6 (D) rates of crime;
7 (E) air, water, and soil quality;
8 (F) risk of injury;
9 (G) accessibility to health care services;
10 (H) levels of educational attainment; and
11 (I) other indicators as determined appro-
12 priate by the Secretary.
13 (2) GRANTS.—The Secretary, in collaboration
14 with the Administrator, shall provide grants to eligi-
15 ble institutions to conduct and coordinate research
16 on the built environment and its influence on indi-
17 vidual and population-based health.
18 (3) RESEARCH.—The Secretary shall support
19 research that—
20 (A) investigates and defines the causal
21 links between all aspects of the built environ-
22 ment and the health of residents;
23 (B) examines—
24 (i) the extent of the impact of the
25 built environment (including the various

1 characteristics of the built environment) on
2 the health of residents;
3 (ii) the variation in the health of resi-
4 dents by—
5 (I) location (such as inner cities,
6 inner suburbs, outer suburbs, reserva-
7 tions, and rural areas); and
8 (II) population subgroup (includ-
9 ing children, young adults, the elderly,
10 the disadvantaged); or
11 (iii) the importance of the built envi-
12 ronment to the total health of residents,
13 which is the primary variable of interest
14 from a public health perspective;
15 (C) is used to develop—
16 (i) measures to address health and the
17 connection of health to the built environ-
18 ment; and
19 (ii) efforts to link the measures to
20 travel and health databases;
21 (D) distinguishes carefully between per-
22 sonal attitudes and choices and external influ-
23 ences on observed behavior to determine how
24 much an observed association between the built
25 environment and the health of residents, versus

1 the lifestyle preferences of the people that
2 choose to live in the neighborhood, reflects the
3 physical characteristics of the neighborhood;
4 and

5 (E)(i) identifies or develops effective inter-
6 vention strategies to promote better health
7 among residents with a focus on behavioral
8 interventions and enhancements of the built en-
9 vironment that promote increased use by resi-
10 dents; and

11 (ii) in developing the intervention strate-
12 gies under clause (i), ensures that the interven-
13 tion strategies will reach out to high-risk popu-
14 lations, including racial and ethnic minorities,
15 low-income urban and rural communities, and
16 children.

17 (4) PRIORITY.—In providing assistance under
18 the grant program authorized under paragraph (2),
19 the Secretary and the Administrator shall give pri-
20 ority to research that incorporates—

21 (A) minority-serving institutions as grant-
22 ees;

23 (B) interdisciplinary approaches; or

24 (C) the expertise of the public health,
25 physical activity, nutrition and health care (in-

cluding child health), urban planning, and transportation research communities in the United States and abroad.

**SEC. 10005. ENVIRONMENT AND PUBLIC HEALTH RESTORATION.**

(a) STATEMENT OF POLICY.—It is the policy of the Federal Government to work in conjunction with States, territories, Tribal governments, international organizations, and foreign governments as a steward of the environment for the benefit of public health, to maintain air quality and water quality, to sustain the diversity of plant and animal species, to combat global climate change, and to protect the environment for future generations.

(b) STUDY AND REPORT ON PUBLIC HEALTH OR ENVIRONMENTAL IMPACT OF REVISED RULES, REGULATIONS, LAWS, OR OTHER AGENCY DECISIONS.—

(1) STUDY.—Not later than 30 days after the date of enactment of this Act, the President shall seek to enter into an arrangement under which the National Academy of Sciences shall conduct a study to determine the effects on public health, air quality, water quality, wildlife, and the environment of the following regulations, laws, and other agency decisions:

(A) CLEAN WATER.—

1 (i) The final rule of the Environ-
2 mental Protection Agency and the Corps of
3 Engineers entitled ''Final Revisions to the
4 Clean Water Act Regulatory Definitions of
5 'Fill Material' and 'Discharge of Fill Mate-
6 rial' '' and published in the Federal Reg-
7 ister on May 9, 2002 (67 Fed. Reg.
8 31129).

9 (ii) The final rule of the Environ-
10 mental Protection Agency entitled ''Na-
11 tional Pollutant Discharge Elimination
12 System Permit Regulation for Con-
13 centrated Animal Feeding Operations: Re-
14 moval of Vacated Elements in Response to
15 2011 Court Decision'' and published in the
16 Federal Register on July 30, 2012 (77
17 Fed. Reg. 44494).

18 (iii) The final rule of the Environ-
19 mental Protection Agency entitled ''With-
20 drawal of Revisions to the Water Quality
21 Planning and Management Regulation and
22 Revisions to the National Pollutant Dis-
23 charge Elimination System Program in
24 Support of Revisions to the Water Quality
25 Planning and Management Regulation''

1 and published in the Federal Register on
2 March 19, 2003 (68 Fed. Reg. 13608).
3 (iv) The final rule of the Environ-
4 mental Protection Agency entitled ''Con-
5 solidated Permit Regulations: RCRA Haz-
6 ardous Waste; SDWA Underground Injec-
7 tion Control; CWA National Pollutant Dis-
8 charge Elimination System; CWA Section
9 404 Dredge or Fill Programs; and CAA
10 Prevention of Significant Deterioration''
11 and published in the Federal Register on
12 May 19, 1980 (45 Fed. Reg. 33290), with
13 respect to the definition of the ''waters of
14 the United States''.
15 (v) The final rule of the Corps of En-
16 gineers and the Environmental Protection
17 Agency entitled ''Definition of 'Waters of
18 the United States'—Recodification of Pre-
19 Existing Rules'' and published in the Fed-
20 eral Register on October 22, 2019 (84
21 Fed. Reg. 56626).
22 (vi) The final rule of the Corps of En-
23 gineers and the Environmental Protection
24 Agency entitled ''The Navigable Waters
25 Protection Rule: Definition of 'Waters of

1 the United States'" and published in the
2 Federal Register on April 21, 2020 (85
3 Fed. Reg. 22250).

4 (B) FORESTS AND LAND MANAGEMENT.—

5 (i) The Healthy Forests Restoration
6 Act of 2003 (16 U.S.C. 6501 et seq.).

7 (ii) The application of section 553(e)
8 of title 5, United States Code, such that a
9 State may petition for a special rule for
10 the inventoried roadless areas within Na-
11 tional Forest System land within the State.

12 (iii) The final rules of the Forest
13 Service entitled "National Forest System
14 Land Management Planning" (77 Fed.
15 Reg. 21162), "National Forest System
16 Land Management Planning; Correction"
17 (78 Fed. Reg. 23491), and "National For-
18 est System Land Management Planning"
19 (81 Fed. Reg. 90723), published on April
20 9, 2012, April 19, 2013, and December 15,
21 2016, respectively.

22 (iv) The final rule of the Bureau of
23 Land Management entitled "Oil Shale
24 Management—General" and published on
25 November 18, 2008 (73 Fed. Reg. 69414).

1 (v) The record of decision described in
2 the notice of availability of the Bureau of
3 Land Management entitled ''Notice of
4 Availability of Approved Land Use Plan
5 Amendments/Record of Decision for Allo-
6 cation of Oil Shale and Tar Sands Re-
7 sources on Lands Administered by the Bu-
8 reau of Land Management in Colorado,
9 Utah, and Wyoming and Final Pro-
10 grammatic Environmental Impact State-
11 ment'' and published on April 1, 2013 (78
12 Fed. Reg. 19518).
13 (C) SCIENTIFIC REVIEW.—The final rule
14 of the United States Fish and Wildlife Service
15 and the National Oceanic and Atmospheric Ad-
16 ministration entitled ''Interagency Cooperation
17 Under the Endangered Species Act'' and pub-
18 lished on December 16, 2008 (73 Fed. Reg.
19 76272), as amended by the final rule of the
20 United States Fish and Wildlife Service and the
21 National Oceanic and Atmospheric Administra-
22 tion entitled ''Endangered and Threatened
23 Wildlife and Plants; Regulations for Inter-
24 agency Cooperation'' and published on August
25 27, 2019 (84 Fed. Reg. 44976).

1 (2) METHOD.—In conducting the study under
2 paragraph (1), the National Academy of Sciences
3 may use and compare existing scientific studies re-
4 garding the regulations, laws, and other agency deci-
5 sions described in paragraph (1).

6 (3) REPORT.—Not later than 270 days after
7 the date on which the President enters into the ar-
8 rangement under paragraph (1), the National Acad-
9 emy of Sciences shall make publicly available and
10 shall submit to Congress and to the head of each de-
11 partment and agency of the Federal Government
12 that issued, implements, or would implement a regu-
13 lation, law, or other agency decision described in
14 paragraph (1), a report that includes—

15 (A) a description of the effects of each reg-
16 ulation, law, or other agency decision described
17 in paragraph (1) on public health, air quality,
18 water quality, wildlife, and the environment,
19 compared to the impact of preexisting regula-
20 tions, laws, or other agency decisions in effect,
21 as applicable, including—

22 (i) any negative impacts to air quality
23 or water quality;

24 (ii) any negative impacts to wildlife;

1 (iii) any delays in hazardous waste
2 cleanup that are projected to be hazardous
3 to public health; and
4 (iv) any other negative impact on pub-
5 lic health or the environment; and
6 (B) any recommendations that the Na-
7 tional Academy of Sciences considers appro-
8 priate to maintain, restore, or improve in whole
9 or in part protections for public health, air
10 quality, water quality, wildlife, and the environ-
11 ment for each of the regulations, laws, and
12 other agency decisions described in paragraph
13 (1), which may include recommendations for
14 the adoption of any regulation or law in place
15 or proposed prior to January 1, 2001.
16 (c) DEPARTMENT AND AGENCY REVISION OF EXIST-
17 ING RULES, REGULATIONS, OR LAWS.—Not later than
18 180 days after the date on which the report is submitted
19 pursuant to subsection (b)(3), the head of each depart-
20 ment or agency that has issued or implemented a regula-
21 tion, law, or other agency decision described in subsection
22 (b)(1) shall submit to Congress a plan describing the steps
23 the department or agency will take, or has taken, to re-
24 store or improve protections for public health and the envi-
25 ronment in whole or in part that were in existence prior

1 to the issuance of the applicable regulation, law, or other
2 agency decision.

3 **SEC. 10006. GAO REPORT ON HEALTH EFFECTS OF DEEP-**
4 **WATER HORIZON OIL RIG EXPLOSION IN THE**
5 **GULF COAST.**

6 (a) STUDY.—The Comptroller General of the United
7 States shall conduct a study on the type and scope of
8 health care services administered through the Department
9 of Health and Human Services addressing the provision
10 of health care to racial and ethnic minorities, including
11 residents, cleanup workers, and volunteers, affected by the
12 blowout and explosion of the mobile offshore drilling unit
13 Deepwater Horizon that occurred on April 20, 2010, and
14 resulting hydrocarbon releases into the environment.

15 (b) SPECIFIC COMPONENTS.—In carrying out sub-
16 section (a), the Comptroller General of the United States
17 shall—

18 (1) assess the type, size, and scope of programs
19 administered by the Secretary that focus on the pro-
20 vision of health care to communities on the Gulf
21 Coast;

22 (2) identify the merits and disadvantages asso-
23 ciated with each of the programs;

24 (3) perform an analysis of the costs and bene-
25 fits of the programs; and

1 (4) determine whether there is any duplication
2 of programs.

3 (c) REPORT.—Not later than 180 days after the date
4 of enactment of this Act, the Comptroller General of the
5 United States shall submit to Congress a report that in-
6 cludes—

7 (1) the findings of the study conducted under
8 subsection (a); and

9 (2) recommendations for improving access to
10 health care for racial and ethnic minorities.

11 **SEC. 10007. ESTABLISH AN INTERAGENCY COUNCIL AND**
12 **GRANT PROGRAMS ON SOCIAL DETER-**
13 **MINANTS OF HEALTH.**

14 (a) PURPOSES.—The purposes of this section are as
15 follows:

16 (1) To establish effective, coordinated Federal
17 technical assistance to help State and local govern-
18 ments to improve outcomes and cost-effectiveness of,
19 and return on investment from, health and social
20 services programs.

21 (2) To build a pipeline of State and locally de-
22 signed, cross-sector interventions and strategies that
23 generate rigorous evidence about how to improve
24 health and social outcomes, and increase the cost-ef-
25 fectiveness of, and return on investment from, Fed-

1 eral, State, local, and Tribal health and social serv-
2 ices programs.
3 (3) To enlist State and local governments and
4 the service providers of such governments as part-
5 ners in identifying Federal statutory, regulatory, and
6 administrative challenges in improving the health
7 and social outcomes of, cost-effectiveness of, and re-
8 turn on investment from, Federal spending on indi-
9 viduals enrolled in Medicaid.
10 (4) To develop strategies to improve health and
11 social outcomes without denying services to, or re-
12 stricting the eligibility of, vulnerable populations.
13 (b) SOCIAL DETERMINANTS ACCELERATOR COUN-
14 CIL.—
15 (1) ESTABLISHMENT.—The Secretary, in co-
16 ordination with the Administrator of the Centers for
17 Medicare & Medicaid Services (referred to in this
18 section as the ‘‘Administrator’’), shall establish an
19 interagency council, to be known as the Social De-
20 terminants Accelerator Interagency Council (referred
21 to in this section as the ‘‘Council’’) to achieve the
22 purposes listed in subsection (a).
23 (2) MEMBERSHIP.—

1 (A) FEDERAL COMPOSITION.—The Council
2 shall be composed of at least one designee from
3 each of the following Federal agencies:
4 (i) The Office of Management and
5 Budget.
6 (ii) The Department of Agriculture.
7 (iii) The Department of Education.
8 (iv) The Indian Health Service.
9 (v) The Department of Housing and
10 Urban Development.
11 (vi) The Department of Labor.
12 (vii) The Department of Transpor-
13 tation.
14 (viii) Any other Federal agency the
15 Chair of the Council determines necessary.
16 (B) DESIGNATION.—
17 (i) IN GENERAL.—The head of each
18 agency specified in subparagraph (A) shall
19 designate at least one employee described
20 in clause (ii) to serve as a member of the
21 Council.
22 (ii) RESPONSIBILITIES.—An employee
23 described in this clause shall be a senior
24 employee of the agency—

1 (I) whose responsibilities relate
2 to authorities, policies, and procedures
3 with respect to the health and well-
4 being of individuals receiving medical
5 assistance under a State plan (or a
6 waiver of such plan) under title XIX
7 of the Social Security Act (42 U.S.C.
8 1396 et seq.); or

9 (II) who has authority to imple-
10 ment and evaluate transformative ini-
11 tiatives that harness data or conduct
12 rigorous evaluation to improve the im-
13 pact and cost-effectiveness of federally
14 funded services and benefits.

15 (C) HHS REPRESENTATION.—In addition
16 to the designees under subparagraph (A), the
17 Council shall include designees from at least 3
18 agencies within the Department of Health and
19 Human Services, including the Centers for
20 Medicare & Medicaid Services, at least one of
21 whom shall meet the criteria under subpara-
22 graph (B)(ii).

23 (D) OMB ROLE.—The Director of the Of-
24 fice of Management and Budget shall facilitate
25 the timely resolution of Federal Government-

1 wide and multiagency issues to help the Council
2 achieve consensus recommendations described
3 under this section.

4 (E) NON-FEDERAL COMPOSITION.—The
5 Comptroller General of the United States may
6 designate up to 6 Council designees—

7 (i) who have relevant subject matter
8 expertise, including expertise implementing
9 and evaluating transformative initiatives
10 that harness data and conduct evaluations
11 to improve the impact and cost-effective-
12 ness of Federal Government services; and

13 (ii) that each represent—

14 (I) State, local, and Tribal health
15 and human services agencies;

16 (II) public housing authorities or
17 State housing finance agencies;

18 (III) State and local government
19 budget offices;

20 (IV) State Medicaid agencies; or

21 (V) national consumer advocacy
22 organizations.

23 (F) CHAIR.—

1 (i) IN GENERAL.—The Secretary shall
2 select the Chair of the Council from among
3 the members of the Council.
4 (ii) INITIATING GUIDANCE.—The
5 Chair, on behalf of the Council, shall iden-
6 tify and invite individuals from diverse en-
7 tities to provide the Council with advice
8 and information pertaining to addressing
9 social determinants of health, including—
10 (I) individuals from State and
11 local government health and human
12 services agencies;
13 (II) individuals from State Med-
14 icaid agencies;
15 (III) individuals from State and
16 local government budget offices;
17 (IV) individuals from public
18 housing authorities or State housing
19 finance agencies;
20 (V) individuals from nonprofit or-
21 ganizations, small businesses, and
22 philanthropic organizations;
23 (VI) advocates;
24 (VII) researchers; and

1 (VIII) any other individuals the
2 Chair determines to be appropriate.
3 (3) DUTIES.—The duties of the Council are—
4 (A) to make recommendations to the Sec-
5 retary and the Administrator regarding the cri-
6 teria for making awards under this section;
7 (B) to identify Federal authorities and op-
8 portunities for use by States or local govern-
9 ments to improve coordination of funding and
10 administration of Federal programs, the bene-
11 ficiaries of whom include individuals, and which
12 may be unknown or underutilized, and to make
13 information on such authorities and opportuni-
14 ties publicly available;
15 (C) to provide targeted technical assistance
16 to States developing a social determinants ac-
17 celerator plan under this section, including
18 identifying potential statutory or regulatory
19 pathways for implementation of the plan and
20 assisting in identifying potential sources of
21 funding to implement the plan;
22 (D) to report to Congress annually on the
23 subjects set forth in this section;
24 (E) to develop and disseminate evaluation
25 guidelines and standards that can be used to

1 reliably assess the impact of an intervention or
2 approach that may be implemented pursuant to
3 this section on outcomes and cost-effectiveness
4 of, and return on investment from, Federal,
5 State, local, and Tribal governments, and to fa-
6 cilitate technical assistance, where needed, to
7 help to improve State and local evaluation de-
8 signs and implementation;

9 (F) to seek feedback from State, local, and
10 Tribal governments, including through an an-
11 nual survey by an independent third party, on
12 how to improve the technical assistance the
13 Council provides to better equip State, local,
14 and Tribal governments to coordinate health
15 and social service programs;

16 (G) to solicit applications for grants under
17 subsection (c); and

18 (H) to coordinate with other cross-agency
19 initiatives focused on improving the health and
20 well-being of low-income and at-risk populations
21 in order to prevent unnecessary duplication be-
22 tween agency initiatives.

23 (4) SCHEDULE.—Not later than 60 days after
24 the date of enactment of this Act, the Council shall
25 convene to develop a schedule and plan for carrying

1 out the duties described in this section, including so-
2 licitation of applications for the grants under this
3 section.
4 (5) REPORT TO CONGRESS.—The Council shall
5 submit an annual report to Congress, which shall in-
6 clude—
7 (A) a list of the Council members;
8 (B) activities and expenditures of the
9 Council;
10 (C) summaries of the interventions and ap-
11 proaches that will be supported by State, local,
12 and Tribal governments that received a grant
13 under this section, including—
14 (i) the best practices and evidence-
15 based approaches such governments plan
16 to employ to achieve the purposes listed in
17 this section; and
18 (ii) a description of how the practices
19 and approaches will impact the outcomes
20 and cost-effectiveness of, and return on in-
21 vestment from, Federal, State, local, and
22 Tribal governments with respect to such
23 purposes;
24 (D) the feedback received from State and
25 local governments on ways to improve the tech-

1 nical assistance of the Council, including find-
2 ings from a third-party survey and actions the
3 Council plans to take in response to such feed-
4 back; and
5 (E) the major statutory, regulatory, and
6 administrative challenges identified by State,
7 local, and Tribal governments that received a
8 grant under subsection (c), and the actions that
9 Federal agencies are taking to address such
10 challenges.
11 (6) FACA INAPPLICABILITY.—Chapter 10 of
12 title 5, United States Code, shall not apply to the
13 Council.
14 (7) COUNCIL PROCEDURES.—The Secretary, in
15 consultation with the Comptroller General of the
16 United States and the Director of the Office of Man-
17 agement and Budget, shall establish procedures for
18 the Council to—
19 (A) ensure that adequate resources are
20 available to effectively execute the responsibil-
21 ities of the Council;
22 (B) effectively coordinate with other rel-
23 evant advisory bodies and working groups to
24 avoid unnecessary duplication;

1 (C) create transparency to the public and
2 Congress with regard to Council membership,
3 costs, and activities, including through use of
4 modern technology and social media to dissemi-
5 nate information; and
6 (D) avoid conflicts of interest that would
7 jeopardize the ability of the Council to make de-
8 cisions and provide recommendations.
9 (c) SOCIAL DETERMINANTS ACCELERATOR GRANTS
10 TO STATES OR LOCAL GOVERNMENTS.—
11 (1) GRANTS TO STATES, LOCAL GOVERNMENTS,
12 AND TRIBES.—Not later than 180 days after the
13 date of enactment of this Act, the Administrator, in
14 consultation with the Secretary and the Council,
15 shall award on a competitive basis not more than 25
16 grants to eligible applicants described in this sub-
17 section, for the development of social determinants
18 accelerator plans, as described in this subsection.
19 (2) ELIGIBLE APPLICANT.—An eligible appli-
20 cant described in this subsection is a State, local, or
21 Tribal health or human services agency that—
22 (A) demonstrates the support of relevant
23 parties across relevant State, local, or Tribal ju-
24 risdictions; and

1 (B) in the case of an applicant that is a
2 local government agency, provides to the Sec-
3 retary a letter of support from the lead State
4 health or human services agency for the State
5 in which the local government is located.

6 (3) AMOUNT OF GRANT.—The Administrator,
7 in coordination with the Council, shall determine the
8 total amount that the Administrator will make avail-
9 able to each grantee under this subsection.

10 (4) APPLICATION.—An eligible applicant seek-
11 ing a grant under this subsection shall include in the
12 application the following information:

13 (A) The target population (or populations)
14 that would benefit from implementation of the
15 social determinants accelerator plan proposed to
16 be developed by the applicant.

17 (B) A description of the objective or objec-
18 tives and outcome goals of such proposed plan,
19 which shall include at least one health outcome
20 and at least one other important social out-
21 come.

22 (C) The sources and scope of inefficiencies
23 that, if addressed by the plan, could result in
24 improved cost-effectiveness of or return on in-

1 vestment from Federal, State, local, and Tribal
2 governments.

3 (D) A description of potential interventions
4 that could be designed or enabled using such
5 proposed plan.

6 (E) The State, local, and Tribal govern-
7 ments, academic institutions, nonprofit organi-
8 zations, community-based organizations, and
9 other public and private sector partners that
10 would participate in the development of the pro-
11 posed plan and subsequent implementation of
12 programs or initiatives included in such pro-
13 posed plan.

14 (F) Such other information as the Admin-
15 istrator, in consultation with the Secretary and
16 the Council, determines necessary to achieve the
17 purposes of this section.

18 (5) USE OF FUNDS.—A recipient of a grant
19 under this subsection may use funds received
20 through the grant for the following purposes:

21 (A) To convene and coordinate with rel-
22 evant government entities and other stake-
23 holders across sectors to assist in the develop-
24 ment of a social determinant accelerator plan.

1 (B) To identify populations of individuals
2 receiving medical assistance under a State plan
3 (or a waiver of such plan) under title XIX of
4 the Social Security Act (42 U.S.C. 1396 et
5 seq.) who may benefit from the proposed ap-
6 proaches to improving the health and well-being
7 of such individuals through the implementation
8 of the proposed social determinants accelerator
9 plan.

10 (C) To engage qualified research experts to
11 advise on relevant research and to design a pro-
12 posed evaluation plan, in accordance with the
13 standards and guidelines issued by the Admin-
14 istrator.

15 (D) To collaborate with the Council to sup-
16 port the development of social determinants ac-
17 celerator plans.

18 (E) To prepare and submit a final social
19 determinants accelerator plan to the Council.

20 (6) CONTENTS OF PLANS.—A social deter-
21 minant accelerator plan developed under this sub-
22 section shall include the following:

23 (A) A description of the target population
24 (or populations) that would benefit from imple-
25 mentation of the social determinants accelerator

1 plan, including an analysis describing the pro-
2 jected impact on the well-being of individuals
3 described in paragraph (5)(B).

4 (B) A description of the interventions or
5 approaches designed under the social deter-
6 minants accelerator plan and the evidence for
7 selecting such interventions or approaches.

8 (C) The objectives and outcome goals of
9 such interventions or approaches, including at
10 least one health outcome and at least one other
11 important social outcome.

12 (D) A plan for accessing and linking rel-
13 evant data to enable coordinated benefits and
14 services for the jurisdictions described in this
15 section and an evaluation of the proposed inter-
16 ventions and approaches.

17 (E) A description of the State, local, and
18 Tribal governments, academic institutions, non-
19 profit organizations, or any other public or pri-
20 vate sector organizations that would participate
21 in implementing the proposed interventions or
22 approaches, and the role each would play to
23 contribute to the success of the proposed inter-
24 ventions or approaches.

1 (F) The identification of the funding
2 sources that would be used to finance the pro-
3 posed interventions or approaches.
4 (G) A description of any financial incen-
5 tives that may be provided, including outcome-
6 focused contracting approaches to encourage
7 service providers and other partners to improve
8 outcomes of, cost-effectiveness of, and return on
9 investment from, Federal, State, local, or Tribal
10 government spending.
11 (H) The identification of the applicable
12 Federal, State, local, or Tribal statutory and
13 regulatory authorities, including waiver authori-
14 ties, to be leveraged to implement the proposed
15 interventions or approaches.
16 (I) A description of potential consider-
17 ations that would enhance the impact,
18 scalability, or sustainability of the proposed
19 interventions or approaches and the actions the
20 grant awardee would take to address such con-
21 siderations.
22 (J) A proposed evaluation plan, to be car-
23 ried out by an independent evaluator, to meas-
24 ure the impact of the proposed interventions or
25 approaches on the outcomes of, cost-effective-

1 ness of, and return on investment from, Fed-
2 eral, State, local, and Tribal governments.
3 (K) Precautions for ensuring that vulner-
4 able populations will not be denied access to
5 Medicaid or other essential services as a result
6 of implementing the proposed plan.
7 (d) FUNDING.—
8 (1) IN GENERAL.—Out of any money in the
9 Treasury not otherwise appropriated, there is appro-
10 priated to carry out this section $25,000,000, to re-
11 main available for obligation until the date that is
12 5 years after the date of enactment of this section.
13 (2) RESERVATION OF FUNDS.—
14 (A) IN GENERAL.—Of the funds made
15 available under paragraph (1), the Secretary
16 shall reserve not less than 20 percent to award
17 grants to eligible applicants for the development
18 of social determinants accelerator plans under
19 this section intended to serve rural populations.
20 (B) EXCEPTION.—In the case of a fiscal
21 year for which the Secretary determines that
22 there are not sufficient eligible applicants to
23 award up to 25 grants under subsection (c)
24 that are intended to serve rural populations and
25 the Secretary cannot satisfy the 20-percent re-

1 quirement, the Secretary may reserve an
2 amount that is less than 20 percent of amounts
3 made available under paragraph (1) to award
4 grants for such purpose.

5 (3) RULE OF CONSTRUCTION.—Nothing in this
6 section shall prevent Federal agencies represented
7 on the Council from contributing additional funding
8 from other sources to support activities to improve
9 the effectiveness of the Council.

10 **SEC. 10008. CORRECTING HURTFUL AND ALIENATING**
11 **NAMES IN GOVERNMENT EXPRESSION**
12 **(CHANGE).**

13 (a) SHORT TITLE.—This section may be cited as the
14 ''Correcting Hurtful and Alienating Names in Government
15 Expression Act'' or the ''CHANGE Act''.

16 (b) DEFINITIONS.—In this section:

17 (1) EMPLOYEE.—The term ''employee'' has the
18 meaning given the term in section 2105 of title 5,
19 United States Code.

20 (2) EXECUTIVE AGENCY.—The term ''Executive
21 agency'' has the meaning given the term in section
22 105 of title 5, United States Code.

23 (3) OFFICER.—The term ''officer'' has the
24 meaning given the term in section 2104 of title 5,
25 United States Code.

1 (4) PROHIBITED TERM.—The term ''prohibited
2 term'' means—
3 (A) the term ''alien'', when used to refer to
4 an individual who is not a citizen or national of
5 the United States; and
6 (B) the term ''illegal alien'', when used to
7 refer to an individual who—
8 (i) is unlawfully present in the United
9 States; or
10 (ii) lacks a lawful immigration status
11 in the United States.
12 (c) MODERNIZATION OF LANGUAGE REFERRING TO
13 INDIVIDUALS WHO ARE NOT CITIZENS OR NATIONALS OF
14 THE UNITED STATES.—
15 (1) IN GENERAL.—Except as provided in para-
16 graph (2), on and after the date of enactment of this
17 Act, an Executive agency may not use a prohibited
18 term in any proposed or final rule, regulation, inter-
19 pretation, publication, other document, display, or
20 sign issued by the Executive agency.
21 (2) EXCEPTION.—An Executive agency may use
22 a prohibited term under paragraph (1) if the Execu-
23 tive agency uses the prohibited term while quoting
24 or reproducing text written by a source that is not
25 an officer or employee of the Executive agency.

1 (d) UNIFORM DEFINITION.—

2 (1) IN GENERAL.—Chapter 1 of title 1, United
3 States Code, is amended by adding at the end the
4 following:

5 **“§ 9. Definition of ‘foreign national’**

6 ‘‘In determining the meaning of any Act of Congress
7 or any ruling, regulation, or interpretation of an adminis-
8 trative bureau or agency of the United States, the term
9 ‘foreign national’ means any individual who is not an indi-
10 vidual who—

11 ‘‘(1) is a citizen of the United States; or

12 ‘‘(2) though not a citizen of the United States,
13 owes permanent allegiance to the United States.’’.

14 (2) TECHNICAL AMENDMENT.—The table of
15 sections for chapter 1 of title 1, United States Code,
16 is amended by adding at the end the following:

‘‘9. Definition of ‘foreign national’.’’.

17 (e) REFERENCES.—Any reference in any Federal
18 statute, rule, regulation, Executive order, publication, or
19 other document of the United States—

20 (1) to the term ‘‘alien’’, when used to refer to
21 an individual who is not a citizen or national of the
22 United States, is deemed to refer to the term ‘‘for-
23 eign national’’; and

1 (2) to the term ''illegal alien'' is deemed to
2 refer to the term ''undocumented foreign national'',
3 when used to refer to an individual who—
4 (A) is unlawfully present in the United
5 States; or
6 (B) lacks a lawful immigration status in
7 the United States.

8 **SEC. 10009. ANDREW KEARSE ACCOUNTABILITY FOR DE-**
9 **NIAL OF MEDICAL CARE.**

10 (a) IN GENERAL.—Chapter 13 of title 18, United
11 States Code, is amended by adding at the end the fol-
12 lowing:

13 **''§ 251. Medical attention for individuals in Federal**
14 **custody displaying medical distress**

15 ''(a) DEFINITIONS.—In this section—
16 ''(1) the term 'appropriate Inspector General',
17 with respect to a covered official, means—
18 ''(A) the Inspector General of the Federal
19 agency that employs the covered official; or
20 ''(B) in the case of a covered official em-
21 ployed by a Federal agency that does not have
22 an Inspector General, the Inspector General of
23 the Department of Justice;
24 ''(2) the term 'covered official' means—

1 ''(A) a Federal law enforcement officer (as
2 defined in section 115);
3 ''(B) an officer or employee of the Bureau
4 of Prisons; or
5 ''(C) an officer or employee of the United
6 States Marshals Service; and
7 ''(3) the term 'medical distress' includes breath-
8 ing difficulties.
9 ''(b) REQUIREMENT.—
10 ''(1) OFFENSE.—It shall be unlawful for a cov-
11 ered official to negligently fail to obtain or provide
12 immediate medical attention to an individual in Fed-
13 eral custody who displays medical distress in the
14 presence of the covered official if the individual suf-
15 fers unnecessary pain, injury, or death as a result of
16 that failure.
17 ''(2) PENALTY.—A covered official who violates
18 paragraph (1) shall be fined under this title, impris-
19 oned for not more than 1 year, or both.
20 ''(3) STATE CIVIL ENFORCEMENT.—Whenever
21 an attorney general of a State has reasonable cause
22 to believe that a resident of the State has been ag-
23 grieved by a violation of paragraph (1) by a covered
24 official, the attorney general, or another official,
25 agency, or entity designated by the State, may bring

1 a civil action in any appropriate district court of the
2 United States to obtain appropriate equitable and
3 declaratory relief.

4 ''(c) INSPECTOR GENERAL INVESTIGATION.—

5 ''(1) IN GENERAL.—The appropriate Inspector
6 General shall investigate any instance in which—

7 ''(A) a covered official fails to obtain or
8 provide immediate medical attention to an indi-
9 vidual in Federal custody who displays medical
10 distress in the presence of the covered official;
11 and

12 ''(B) the individual suffers unnecessary
13 pain, injury, or death as a result of the failure
14 to obtain or provide immediate medical atten-
15 tion.

16 ''(2) REFERRAL FOR PROSECUTION.—If an ap-
17 propriate Inspector General, in conducting an inves-
18 tigation under paragraph (1), concludes that the
19 covered official acted negligently in failing to obtain
20 or provide immediate medical attention to the indi-
21 vidual in Federal custody, the appropriate Inspector
22 General shall refer the case to the Attorney General
23 for prosecution under this section.

24 ''(3) CONFIDENTIAL COMPLAINT PROCESS.—
25 The Inspector General of a Federal agency that em-

1 ploys covered officials shall establish a process under
2 which an individual may confidentially submit a
3 complaint to the Inspector General regarding an in-
4 cident described in paragraph (1) involving a covered
5 official employed by the Federal agency (or, in the
6 case of the Inspector General of the Department of
7 Justice, involving a covered official employed by a
8 Federal agency that does not have an Inspector Gen-
9 eral).

10 "(d) TRAINING.—The head of an agency that em-
11 ploys covered officials shall provide training to each such
12 covered official on obtaining or providing medical assist-
13 ance to individuals in medical distress.".

14 (b) TECHNICAL AND CONFORMING AMENDMENT.—
15 The table of sections for chapter 13 of title 18, United
16 States Code, is amended by adding at the end the fol-
17 lowing:

"251. Medical attention for individuals in Federal custody displaying medical distress.".

18 **SEC. 10010. INVESTING IN COMMUNITY HEALING.**

19 (a) SENSE OF CONGRESS.—It is the sense of Con-
20 gress that it is imperative that a comprehensive public
21 health approach to addressing trauma and mental health
22 care be focused on care delivery that is culturally sensitive
23 and competent.

1 (b) RESEARCH ON ADVERSE HEALTH EFFECTS AS-
2 SOCIATED WITH INTERACTIONS WITH LAW ENFORCE-
3 MENT.—
4 (1) IN GENERAL.—The Secretary, acting
5 through the Director of the Office of Minority
6 Health of the Centers for Disease Control and Pre-
7 vention (established pursuant to section 1707A of
8 the Public Health Service Act (42 U.S.C. 300u–
9 6a)), shall conduct research on the adverse health
10 effects associated with interactions with law enforce-
11 ment.
12 (2) EFFECTS AMONG RACIAL AND ETHNIC MI-
13 NORITIES.—The research under paragraph (1) shall
14 include research on—
15 (A) the health consequences, both indi-
16 vidual and community-wide, of trauma related
17 to violence committed by law enforcement
18 among racial and ethnic minorities; and
19 (B) the disproportionate burden of mor-
20 bidity and mortality associated with such trau-
21 ma.
22 (3) REPORT.—Not later than 1 year after the
23 date of enactment of this Act, the Secretary shall—
24 (A) complete the research under this sub-
25 section; and

1 (B) submit to Congress a report on the
2 findings, conclusions, and recommendations re-
3 sulting from such research.

4 (c) GRANTS FOR INCREASING RACIAL AND ETHNIC
5 MINORITY ACCESS TO HIGH-QUALITY TRAUMA SUPPORT
6 SERVICES AND MENTAL HEALTH CARE.—

7 (1) IN GENERAL.—The Secretary, acting
8 through the Assistant Secretary for Mental Health
9 and Substance Use, shall award grants to eligible
10 entities to establish or expand programs for the pur-
11 pose of increasing racial and ethnic minority access
12 to high-quality trauma support services and mental
13 health care.

14 (2) ELIGIBLE ENTITIES.—To seek a grant
15 under this subsection, an entity shall be a commu-
16 nity-based program or organization that—

17 (A) provides culturally competent pro-
18 grams and resources that are aligned with evi-
19 dence-based practices for trauma-informed care;
20 and

21 (B) has demonstrated expertise in serving
22 communities of color or can partner with a pro-
23 gram that has such demonstrated expertise.

24 (3) USE OF FUNDS.—As a condition on receipt
25 of a grant under this subsection, a grantee shall

1 agree to use the grant to increase racial and ethnic
2 minority access to high-quality trauma support serv-
3 ices and mental health care, such as by—
4 (A) establishing and maintaining commu-
5 nity-based programs providing evidence-based
6 services in trauma-informed care and culturally
7 specific services and other resources;
8 (B) developing innovative culturally spe-
9 cific strategies and projects to enhance access
10 to trauma-informed care and resources for ra-
11 cial and ethnic minorities who face obstacles to
12 using more traditional services and resources
13 (such as obstacles in geographic access to pro-
14 viders, insurance coverage, and access to audio
15 and video technologies);
16 (C) working with State and local govern-
17 ments and social service agencies to develop and
18 enhance effective strategies to provide culturally
19 specific services to racial and ethnic minorities;
20 (D) increasing communities' capacity to
21 provide culturally specific resources and support
22 for communities of color;
23 (E) working in cooperation with the com-
24 munity to develop education and prevention
25 strategies highlighting culturally specific issues

1 and resources regarding racial and ethnic mi-
2 norities;
3 (F) providing culturally specific programs
4 for racial and ethnic minorities exposed to law
5 enforcement violence; and
6 (G) examining the dynamics of culture and
7 its impact on victimization and healing.
8 (4) PRIORITY.—In awarding grants under this
9 subsection, the Secretary shall give priority to eligi-
10 ble entities proposing to serve communities that have
11 faced high rates of community trauma, including
12 from exposure to law enforcement violence, intergen-
13 erational poverty, civil unrest, discrimination, or op-
14 pression.
15 (5) GRANT PERIOD.—The period of a grant
16 under this subsection shall be 4 years.
17 (6) EVALUATION.—Not later than 6 months
18 after the end of the period of all grants under this
19 subsection, the Secretary shall—
20 (A) conduct an evaluation of the programs
21 funded by a grant under this subsection;
22 (B) include in such evaluation an assess-
23 ment of the outcomes of each such program;
24 and

1 (C) submit a report on the results of such
2 evaluation to Congress.
3 (7) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this subsection, there is authorized to be
5 appropriated $20,000,000 for each of fiscal years
6 2025 through 2029.
7 (d) BEHAVIORAL AND MENTAL HEALTH OUTREACH
8 EDUCATION STRATEGY.—
9 (1) IN GENERAL.—The Secretary, in coordina-
10 tion with advocacy and behavioral and mental health
11 organizations serving racial and ethnic minority
12 groups, shall develop and implement an outreach
13 and education strategy to promote behavioral and
14 mental health, and reduce stigma associated with
15 mental health conditions, among racial and ethnic
16 minorities.
17 (2) DESIGN.—The strategy under this sub-
18 section shall be designed to—
19 (A) meet the diverse cultural and language
20 needs of racial and ethnic minority groups;
21 (B) provide information on evidence-based,
22 culturally and linguistically appropriate and
23 adapted interventions and treatments;

1 (C) increase awareness of symptoms of
2 mental illness among racial and ethnic minority
3 groups; and

4 (D) ensure full participation of, and en-
5 gage, both consumers and community members
6 in the development and implementation of ma-
7 terials.

8 (3) REPORT.—Not later than 1 year after the
9 date of enactment of this Act, the Secretary shall
10 submit to Congress, and make publicly available, a
11 report detailing the outreach and education strategy
12 that is developed and implemented under this sub-
13 section and the results of such implementation.

14 **SEC. 10011. ENVIRONMENTAL JUSTICE MAPPING AND DATA**
15 **COLLECTION.**

16 (a) DEFINITIONS.—In this section:

17 (1) ADVISORY COUNCIL.—The term ''advisory
18 council'' means the advisory council established
19 under subsection (b)(4)(B)(i).

20 (2) COMMITTEE.—The term ''Committee''
21 means the Environmental Justice Mapping Com-
22 mittee established by subsection (b)(1).

23 (3) ENVIRONMENTAL JUSTICE.—The term ''en-
24 vironmental justice'' means the fair treatment and
25 meaningful involvement of all people regardless of

1 race, color, culture, national origin, or income, with
2 respect to the development, implementation, and en-
3 forcement of environmental laws, regulations, and
4 policies to ensure that each person enjoys—
5 (A) the same degree of protection from en-
6 vironmental and health hazards; and
7 (B) equal access to any Federal agency ac-
8 tion relating to the development, implementa-
9 tion, and enforcement of environmental laws,
10 regulations, and policies for the purpose of hav-
11 ing a healthy environment in which to live,
12 learn, work, and recreate.
13 (4) ENVIRONMENTAL JUSTICE COMMUNITY.—
14 The term ''environmental justice community'' means
15 a community with significant representation of com-
16 munities of color, low-income communities, or Tribal
17 and indigenous communities, that experiences, or is
18 at risk of experiencing, higher or more adverse
19 human health or environmental effects, as compared
20 to other communities.
21 (5) GROUND-TRUTHING.—The term ''ground-
22 truthing'' means a community fact-finding process
23 by which residents of a community supplement tech-
24 nical information with local knowledge for the pur-
25 pose of better informing policy and project decisions.

1 (6) RELEVANT STAKEHOLDER.—The term ''rel-
2 evant stakeholder'' means—
3 (A) a representative of a regional, State,
4 Tribal, or local government agency;
5 (B) a representative of a nongovernmental
6 organization with experience in areas that may
7 include Tribal relations, environmental con-
8 servation, city and regional planning, and public
9 health;
10 (C) a representative of a labor union;
11 (D) a representative or member of—
12 (i) an environmental justice commu-
13 nity; or
14 (ii) a community-based organization
15 for an environmental justice community;
16 (E) an individual with expertise in cumu-
17 lative impacts, geospatial data, and environ-
18 mental justice, particularly such an individual
19 from an academic or research institution; and
20 (F) an advocate with experience in envi-
21 ronmental justice who represents an environ-
22 mental justice community.
23 (b) ESTABLISHMENT OF COMMITTEE.—

1 (1) IN GENERAL.—There is established a com-
2 mittee, to be known as the "Environmental Justice
3 Mapping Committee".
4 (2) MEMBERSHIP.—
5 (A) IN GENERAL.—The Committee shall be
6 composed of not fewer than 1 representative of
7 each of the following:
8 (i) Of the Environmental Protection
9 Agency—
10 (I) the Office of Air and Radi-
11 ation;
12 (II) the Office of Chemical Safety
13 and Pollution Prevention;
14 (III) the Office of International
15 and Tribal Affairs;
16 (IV) the Office of Land and
17 Emergency Management;
18 (V) the Office of Water;
19 (VI) the Office of Environmental
20 Justice and External Civil Rights;
21 (VII) the Office of Research and
22 Development; and
23 (VIII) the Office of Public En-
24 gagement and Environmental Edu-
25 cation.

1 (ii) The Council on Environmental
2 Quality.
3 (iii) Of the Department of Com-
4 merce—
5 (I) the Office of Oceanic and At-
6 mospheric Research of the National
7 Oceanic and Atmospheric Administra-
8 tion, including not fewer than 1 rep-
9 resentative of the Climate Program
10 Office;
11 (II) the Bureau of Economic
12 Analysis; and
13 (III) the National Institute of
14 Standards and Technology.
15 (iv) Of the Department of Health and
16 Human Services—
17 (I) the Centers for Disease Con-
18 trol and Prevention, not including the
19 Agency for Toxic Substances and Dis-
20 ease Registry;
21 (II) the Agency for Toxic Sub-
22 stances and Disease Registry;
23 (III) the Administration for Chil-
24 dren and Families;

1 (IV) of the National Institutes of
2 Health—
3 (aa) the National Institute
4 of Environmental Health
5 Sciences;
6 (bb) the National Institute
7 of Mental Health; and
8 (cc) the National Institute
9 on Minority Health and Health
10 Disparities; and
11 (V) the Office for Civil Rights.
12 (v) Of the Department of the Inte-
13 rior—
14 (I) the Bureau of Indian Affairs;
15 (II) the Office of Diversity, In-
16 clusion, and Civil Rights; and
17 (III) the United States Geologi-
18 cal Survey.
19 (vi) The Forest Service.
20 (vii) The Department of Housing and
21 Urban Development.
22 (viii) The Department of Energy.
23 (ix) The Department of Transpor-
24 tation.
25 (x) The Department of Justice.

1 (xi) The Federal Energy Regulatory
2 Commission.
3 (xii) The Department of the Treasury.
4 (xiii) Such other Federal departments,
5 agencies, and offices as the Administrator
6 determines to be appropriate, particularly
7 offices relating to public engagement.
8 (B) SELECTION OF REPRESENTATIVES.—
9 The head of a department or agency described
10 in subparagraph (A) shall, in appointing to the
11 Committee a representative of the department
12 or agency, select a representative—
13 (i) of a component of the department
14 or agency that is among the components
15 that are the most relevant to the respon-
16 sibilities of the Committee; or
17 (ii) who has expertise in areas rel-
18 evant to those responsibilities, such as de-
19 mographic indicators relating to socio-
20 economic hardship, environmental justice,
21 public engagement, public health, exposure
22 to pollution, future climate and extreme
23 weather mapping, affordable energy, sus-
24 tainable transportation, and access to
25 water, food, and green space.

1 (C) CO-CHAIRS.—
2 (i) IN GENERAL.—The members of
3 the Committee shall select 3 members to
4 serve as co-chairs of the Committee—
5 (I) 1 of whom shall be a rep-
6 resentative of the Environmental Pro-
7 tection Agency;
8 (II) 1 of whom shall be a rep-
9 resentative of the Council on Environ-
10 mental Quality; and
11 (III) 1 of whom shall have sub-
12 stantial experience in public engage-
13 ment.
14 (ii) TERMS.—Each co-chair shall
15 serve for a term of not more than 3 years.
16 (iii) RESPONSIBILITIES OF CO-
17 CHAIRS.—The co-chairs of the Committee
18 shall—
19 (I) determine the agenda of the
20 Committee, in consultation with other
21 members of the Committee;
22 (II) direct the work of the Com-
23 mittee, including the oversight of a
24 meaningful public engagement proc-
25 ess; and

1 (III) convene meetings of the
2 Committee not less frequently than
3 once each fiscal quarter.
4 (3) ADMINISTRATIVE SUPPORT.—
5 (A) IN GENERAL.—The Administrator
6 shall provide technical and administrative sup-
7 port to the Committee.
8 (B) FUNDING.—The Administrator may
9 carry out subparagraph (A) using, in addition
10 to any amounts made available under sub-
11 section (e), amounts authorized to be appro-
12 priated to the Administrator before the date of
13 enactment of this Act and available for obliga-
14 tion as of that date of enactment.
15 (4) CONSULTATION.—
16 (A) IN GENERAL.—In carrying out the du-
17 ties of the Committee, the Committee shall con-
18 sult with relevant stakeholders.
19 (B) ADVISORY COUNCIL.—
20 (i) IN GENERAL.—The Committee
21 shall establish an advisory council com-
22 posed of a balanced proportion of relevant
23 stakeholders, at least ½ of whom shall
24 represent environmental justice commu-
25 nities.

1 (ii) CHAIR.—The advisory council
2 shall be chaired by an environmental jus-
3 tice advocate or other relevant stakeholder
4 with substantial experience in environ-
5 mental justice.

6 (iii) REQUIREMENTS.—Consultation
7 described in subparagraph (A) shall in-
8 clude—

9 (I) early and regular engagement
10 with the advisory council, including in
11 carrying out public engagement under
12 subparagraph (C); and

13 (II) consideration of the rec-
14 ommendations of the advisory council.

15 (iv) RECOMMENDATIONS NOT USED.—
16 If the Committee does not use a rec-
17 ommendation of the advisory council, not
18 later than 60 days after the date on which
19 the Committee receives notice of the rec-
20 ommendation, the Committee shall—

21 (I) make available to the public
22 on an internet website of the Environ-
23 mental Protection Agency a written
24 report describing the rationale of the

1 Committee for not using the rec-
2 ommendation; and
3 (II) submit the report described
4 in subclause (I) to the Committee on
5 Environment and Public Works of the
6 Senate and the Committee on Energy
7 and Commerce of the House of Rep-
8 resentatives.
9 (v) OUTREACH.—The advisory council
10 may carry out public outreach activities
11 using amounts made available under sub-
12 section (e) to supplement public engage-
13 ment carried out by the Committee under
14 subparagraph (C).
15 (C) PUBLIC ENGAGEMENT.—
16 (i) IN GENERAL.—The Committee
17 shall, throughout the process of carrying
18 out the duties of the Committee described
19 in subsection (c)—
20 (I) meaningfully engage with rel-
21 evant stakeholders, particularly—
22 (aa) members and represent-
23 atives of environmental justice
24 communities;

1 (bb) environmental justice
2 advocates; and
3 (cc) individuals with exper-
4 tise in cumulative impacts and
5 geospatial data; and
6 (II) ensure that the input of the
7 stakeholders described in subclause (I)
8 is central to the activities of the Com-
9 mittee.
10 (ii) PLAN.—
11 (I) IN GENERAL.—In carrying
12 out clause (i), the Committee shall de-
13 velop a plan, in consultation with the
14 advisory council, for comprehensive
15 public engagement with, and incorpo-
16 ration of feedback from, environ-
17 mental justice advocates and members
18 of environmental justice communities.
19 (II) STRATEGIES TO OVERCOME
20 BARRIERS TO PUBLIC ENGAGE-
21 MENT.—The plan developed under
22 subclause (I) shall include strategies
23 to overcome barriers to public engage-
24 ment, including—
25 (aa) language barriers;

1 (bb) transportation barriers;
2 (cc) economic barriers; and
3 (dd) lack of internet access.
4 (III) CONSIDERATION.—In devel-
5 oping the plan under subclause (I),
6 the Committee shall consider the di-
7 verse and varied experiences of envi-
8 ronmental justice communities relat-
9 ing to the scope and types of environ-
10 mental hazards and socioeconomic in-
11 justices.
12 (iii) CONSULTATION AND SOLICITA-
13 TION OF PUBLIC COMMENT.—
14 (I) IN GENERAL.—In carrying
15 out clause (i), not less frequently than
16 once each fiscal quarter, the Com-
17 mittee shall consult with the advisory
18 council and solicit meaningful public
19 comment, particularly from relevant
20 stakeholders, on the activities of the
21 Committee.
22 (II) REQUIREMENTS.—The Com-
23 mittee shall carry out subclause (I)
24 through means including—

1 (aa) public notice of a meeting of the Committee occurring
3 during the applicable fiscal quarter, which shall include—
5 (AA) notice in publications relevant to environmental justice communities;
8 (BB) notification to environmental justice communities through direct means, such as community centers and schools; and
13 (CC) direct outreach to known environmental justice groups;
16 (bb) public broadcast of that meeting, including soliciting and receiving comments by virtual means; and
20 (cc) public availability of a transcript of that meeting through publication on an accessible website.
24 (III) LANGUAGES.—The Committee shall provide each notice, noti-

1 fication, direct outreach, broadcast,
2 and transcript described in subclause
3 (II) in each language commonly used
4 in the applicable environmental justice
5 community, including through oral in-
6 terpretation, if applicable.

7 (iv) FUNDING.—Of amounts made
8 available under subsection (e), the Admin-
9 istrator shall make available to the Com-
10 mittee such sums as are necessary for par-
11 ticipation by relevant stakeholders in pub-
12 lic engagement under this paragraph, as
13 determined by the Administrator, in con-
14 sultation with the advisory council.

15 (c) DUTIES OF COMMITTEE.—

16 (1) IN GENERAL.—The Committee shall—

17 (A) establish a tool described in paragraph
18 (2) to identify environmental justice commu-
19 nities, including the identification of—

20 (i) criteria to be used in the tool; and

21 (ii) a methodology to determine the
22 cumulative impacts of those criteria;

23 (B) assess and address data gaps in ac-
24 cordance with paragraph (4); and

1 (C) collect data for the environmental jus-
2 tice data repository established under sub-
3 section (d).
4 (2) ESTABLISHMENT OF TOOL.—
5 (A) IN GENERAL.—The Committee, in con-
6 sultation with relevant stakeholders and the ad-
7 visory council, shall establish an interactive,
8 transparent, integrated, and Federal Govern-
9 ment-wide tool for assessing and mapping envi-
10 ronmental justice communities based on the cu-
11 mulative impacts of all indicators selected by
12 the Committee to be integrated into the tool.
13 (B) REQUIREMENTS.—In establishing the
14 tool under subparagraph (A), the Committee
15 shall—
16 (i) integrate into the tool multiple
17 data layers of indicators that fall into cat-
18 egories including—
19 (I) demographics, particularly re-
20 lating to socioeconomic hardship and
21 social stressors, such as—
22 (aa) race and ethnicity;
23 (bb) low income;
24 (cc) high unemployment;

1 (dd) low levels of home own-
2 ership;
3 (ee) high rent burden;
4 (ff) high transportation bur-
5 den;
6 (gg) low levels of educational
7 attainment;
8 (hh) linguistic isolation;
9 (ii) energy insecurity or high
10 utility rate burden;
11 (jj) food insecurity;
12 (kk) health insurance status
13 and access to health care; and
14 (ll) membership in an Indian
15 Tribe;
16 (II) public health, particularly
17 data that are indicative of sensitive
18 populations, such as—
19 (aa) rates of asthma;
20 (bb) rates of cardiovascular
21 disease;
22 (cc) childhood leukemia or
23 other cancers that correlate with
24 environmental hazards;
25 (dd) low birth weight;

1 (ee) maternal mortality;
2 (ff) rates of lead poisoning;
3 and
4 (gg) rates of diabetes;
5 (III) pollution burdens, such as
6 pollution burdens created by—
7 (aa) toxic chemicals;
8 (bb) air pollutants;
9 (cc) water pollutants;
10 (dd) soil contaminants; and
11 (ee) perfluoroalkyl and
12 polyfluoroalkyl substances; and
13 (IV) environmental effects, such
14 as effects created by proximity to—
15 (aa) risk management plan
16 sites;
17 (bb) hazardous waste facili-
18 ties;
19 (cc) sites on the National
20 Priorities List developed by the
21 President in accordance with sec-
22 tion 105(a)(8)(B) of the Com-
23 prehensive Environmental Re-
24 sponse, Compensation, and Li-

1 ability Act of 1980 (42 U.S.C.
2 9605(a)(8)(B)); and
3 (dd) fossil fuel infrastruc-
4 ture;
5 (ii) investigate how further indicators
6 of vulnerability to the impacts of climate
7 change (including proximity and exposure
8 to sea level rise, wildfire smoke, flooding,
9 drought, rising average temperatures, ex-
10 treme storms, and extreme heat, and fi-
11 nancial burdens from flood and fire insur-
12 ance) should be incorporated into the tool
13 as an additional set of layers;
14 (iii) identify and consider the effects
15 of other indicators relating to environ-
16 mental justice for integration into the tool
17 as layers, including—
18 (I) safe, sufficient, and affordable
19 drinking water, sanitation, and
20 stormwater services;
21 (II) access to and the quality
22 of—
23 (aa) green space and tree
24 canopy cover;
25 (bb) healthy food;

1 (cc) affordable energy and
2 water;
3 (dd) transportation;
4 (ee) reliable communication
5 systems, such as broadband
6 internet;
7 (ff) child care;
8 (gg) high-quality public
9 schools, early childhood edu-
10 cation, and child care; and
11 (hh) health care facilities;
12 (III) length of commute;
13 (IV) indoor air quality in multi-
14 unit dwellings;
15 (V) mental health;
16 (VI) labor market categories,
17 particularly relating to essential work-
18 ers; and
19 (VII) each type of utility expense;
20 (iv) consider the implementation of
21 specific regional indicators, with the poten-
22 tial—
23 (I) to create regionally and lo-
24 cally downscaled maps in addition to a
25 national map;

1 (II) to provide incentives for
2 States to collect data and conduct ad-
3 ditional analyses to capture conditions
4 specific to their localities;
5 (III) to provide resources for and
6 engage in ground-truthing to identify
7 and verify important data with com-
8 munity members; and
9 (IV) to develop companion re-
10 sources for, and provide technical sup-
11 port to, regional, State, local, or Trib-
12 al governments to create their own
13 maps and environmental justice scores
14 with relevant regional, State, local,
15 and Tribal data;
16 (v) identify a methodology to account
17 for the cumulative impacts of all indicators
18 selected by the Committee under clause (i),
19 in addition to other indicators as the Com-
20 mittee determines to be necessary, to pro-
21 vide relative environmental justice scores
22 for regions that are—
23 (I) as small as practicable to
24 identify communities; and

1 (II) not larger than a census
2 tract;
3 (vi) ensure that the tool is capable of
4 providing maps of environmental justice
5 communities based on environmental jus-
6 tice scores described in clause (v);
7 (vii) ensure that users of the tool are
8 able to map available layers together or
9 independently as desired;
10 (viii) implement a method for users of
11 the tool to generate a map and environ-
12 mental justice score based on a subset of
13 indicators, particularly for the purpose of
14 using the tool in addressing various policy
15 needs, permitting processes, and invest-
16 ment goals;
17 (ix) make the tool customizable to ad-
18 dress specific policy needs, permitting
19 processes, and investment goals;
20 (x) account for conditions that are not
21 captured by the quantitative data used to
22 develop the 1 or more maps and environ-
23 mental justice scores comprising the tool,
24 by—

1 (I) developing and executing a
2 plan to perform outreach to relevant
3 communities; and
4 (II) establishing a mechanism by
5 which communities can self-identify as
6 environmental justice communities to
7 be included in the tool, which may in-
8 clude citing qualitative data on condi-
9 tions for which quantitative data are
10 lacking, such as cultural loss in Tribal
11 communities;
12 (xi) consider that the tool—
13 (I) will be used across the Fed-
14 eral Government in screening Federal
15 policies, permitting processes, and in-
16 vestments for environmental and cli-
17 mate justice impacts; and
18 (II) may be used to assess com-
19 munities for pollution reduction pro-
20 grams; and
21 (xii) carry out such other activities as
22 the Committee determines to be appro-
23 priate.
24 (3) TRANSPARENCY AND UPDATES.—
25 (A) IN GENERAL.—

1 (i) NOTICE AND COMMENT.—The
2 Committee shall establish the tool de-
3 scribed in paragraph (2) after providing
4 notice and an opportunity for public com-
5 ment.

6 (ii) HEARINGS.—In carrying out
7 clause (i), the Committee shall hold hear-
8 ings, which shall be time and language ap-
9 propriate, in communities affected by envi-
10 ronmental justice issues in geographically
11 disparate States and Tribal areas.

12 (B) UPDATES.—

13 (i) ANNUAL UPDATES.—The Com-
14 mittee shall update the tool described in
15 paragraph (2) not less frequently than an-
16 nually to account for data sets that are up-
17 dated annually.

18 (ii) OTHER UPDATES.—Not less fre-
19 quently than once every 3 years, the Com-
20 mittee shall—

21 (I) update the indicators, meth-
22 odology, or both for the tool described
23 in paragraph (2); and

1 (II) reevaluate data submitted by
2 Federal departments and agencies
3 that is used for the tool.
4 (iii) REPORTS.—After the initial es-
5 tablishment of the tool described in para-
6 graph (2) and each update under clause (i)
7 or (ii), the Committee shall publish a re-
8 port describing—
9 (I) the process for identifying in-
10 dicators relating to environmental jus-
11 tice in the development of the tool;
12 (II) the methodology described in
13 paragraph (2)(B)(v); and
14 (III) the use of public input and
15 community engagement in that proc-
16 ess.
17 (C) TRAINING TUTORIALS AND SES-
18 SIONS.—
19 (i) IN GENERAL.—The Committee
20 shall—
21 (I) develop virtual training tuto-
22 rials and sessions for environmental
23 justice communities for the use of the
24 tool described in paragraph (2); and

1 (II) where practicable, provide in-
2 person training sessions for environ-
3 mental justice communities for the
4 use of that tool.
5 (ii) LANGUAGES.—The tutorials and
6 sessions under clause (i) shall be made
7 available in each language commonly used
8 in the applicable environmental justice
9 community.
10 (D) PUBLIC AVAILABILITY.—
11 (i) IN GENERAL.—The Committee
12 shall make available to the public on an
13 internet website of the Environmental Pro-
14 tection Agency—
15 (I) the tool described in para-
16 graph (2);
17 (II) each update under clauses (i)
18 and (ii) of subparagraph (B);
19 (III) each report under subpara-
20 graph (B)(iii); and
21 (IV) the training tutorials and
22 sessions developed under subpara-
23 graph (C)(i)(I).
24 (ii) ACCESSIBILITY.—The Committee
25 shall make the tool, updates, and reports

1 described in clause (i) accessible to the
2 public by publication in relevant languages
3 and with accessibility functions, as appro-
4 priate.
5 (iii) REQUIREMENT.—In carrying out
6 clause (i)(I), the Committee shall take
7 measures to prevent the tool from being
8 misused to discriminate against environ-
9 mental justice communities, such as by
10 providing safeguards against the use of
11 downscaled data that may enable the iden-
12 tification of individuals.
13 (4) DATA GAP AUDIT.—
14 (A) IN GENERAL.—In establishing the tool
15 described in paragraph (2), the Committee shall
16 direct relevant Federal departments and agen-
17 cies to conduct an audit of data collected by the
18 department or agency to identify any data that
19 are relevant to environmental justice concerns,
20 including data relating to—
21 (i) public health metrics;
22 (ii) toxic chemicals;
23 (iii) socioeconomic demographics;
24 (iv) air quality;
25 (v) water quality; and

1 (vi) killings of individuals by law en-
2 forcement officers.
3 (B) REQUIREMENTS.—An audit described
4 in subparagraph (A) shall—
5 (i) examine the granularity and acces-
6 sibility of the data;
7 (ii) address the need for improved air
8 quality monitoring; and
9 (iii) include recommendations to other
10 Federal departments and agencies on
11 means to improve the quality, granularity,
12 and transparency of, and public involve-
13 ment in, data collection and dissemination.
14 (C) IMPROVEMENTS.—The Committee
15 shall direct a Federal department or agency, in
16 conducting an audit under subparagraph (A), to
17 address gaps in existing data collection that will
18 assist the Committee in establishing and oper-
19 ating the tool described in paragraph (2), in-
20 cluding by providing to the department or agen-
21 cy—
22 (i) benchmarks to meet in addressing
23 the gaps;
24 (ii) instructions for consistency in
25 data formatting that will allow for inclu-

1 sion of data in the environmental justice
2 data repository described in subsection (d);
3 and

4 (iii) best practices for collecting data
5 in collaboration with local organizations
6 and partners, such as engaging in ground-
7 truthing.

8 (D) REPORTS.—Not later than 180 days
9 after a Federal department or agency has con-
10 ducted an audit under subparagraph (A), the
11 Committee shall—

12 (i) make available to the public on an
13 internet website of the Environmental Pro-
14 tection Agency a report describing the
15 findings and conclusions of the audit, in-
16 cluding the progress made by the Federal
17 department or agency in addressing envi-
18 ronmental justice data gaps; and

19 (ii) submit the report described in
20 clause (i) to—

21 (I) the Committee on Environ-
22 ment and Public Works of the Senate;

23 (II) the Committee on Health,
24 Education, Labor, and Pensions of
25 the Senate;

1 (III) the Committee on Energy
2 and Commerce of the House of Rep-
3 resentatives; and
4 (IV) the Committee on Education
5 and the Workforce of the House of
6 Representatives.
7 (d) ENVIRONMENTAL JUSTICE DATA REPOSITORY.—
8 (1) IN GENERAL.—The Administrator shall es-
9 tablish an environmental justice data repository to
10 maintain—
11 (A) the data collected by the Committee
12 through the establishment of the tool described
13 in subsection (c)(2) and the audits conducted
14 under subsection (c)(4)(A); and
15 (B) any subnational data collected under
16 paragraph (3)(B).
17 (2) UPDATES.—The Administrator shall update
18 the data in the data repository described in para-
19 graph (1) as frequently as practicable, including
20 every year if practicable, but not less frequently than
21 once every 3 years.
22 (3) AVAILABILITY; INCLUSION OF SUBNATIONAL
23 DATA.—The Administrator—

(A) shall make the data repository described in paragraph (1) available to regional, State, local, and Tribal governments; and

(B) may collaborate with the governments described in subparagraph (A) to include within that data repository subnational data in existence before the establishment of the tool described in subsection (c)(2) and the completion of the audits under subsection (c)(4)(A).

(4) REQUIREMENT.—The Administrator shall take measures to prevent the data in the data repository described in paragraph (1) from being misused to discriminate against environmental justice communities, such as by providing safeguards against the use of downscaled data that may enable the identification of individuals.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Administrator to carry out this section, including any necessary administrative costs of the Committee—

(1) $20,000,000 for each of fiscal years 2025 and 2026; and

(2) $18,000,000 for each of fiscal years 2027 through 2029.

1 (f) EFFECT.—Nothing in any provision of this section
2 relating to the tool described in subsection (c)(2) prohibits
3 a State from developing a map relating to environmental
4 justice or pollution burden that relies on different data,
5 or analyzes data differently, than that tool.

6 **SEC. 10012. ANTIRACISM IN PUBLIC HEALTH.**

7 (a) PUBLIC HEALTH RESEARCH AND INVESTMENT
8 IN DISMANTLING STRUCTURAL RACISM.—Part B of title
9 III of the Public Health Service Act (42 U.S.C. 243 et
10 seq.), as amended by section 5201(e), is further amended
11 by adding at the end the following:

12 **“SEC. 320D. NATIONAL CENTER ON ANTIRACISM AND**
13 **HEALTH.**

14 “(a) IN GENERAL.—

15 “(1) NATIONAL CENTER.—There is established
16 within the Centers for Disease Control and Preven-
17 tion a center to be known as the ‘National Center
18 on Antiracism and Health’ (referred to in this sec-
19 tion as the ‘Center’). The Director of the Centers for
20 Disease Control and Prevention shall appoint a di-
21 rector to head the Center who has experience living
22 in and working with racial and ethnic minority com-
23 munities. The Center shall promote public health
24 by—

1 "(A) declaring racism a public health crisis
2 and naming racism as an historical and present
3 threat to the physical and mental health and
4 well-being of the United States and world;
5 "(B) aiming to develop new knowledge in
6 the science and practice of antiracism, including
7 by identifying the mechanisms by which racism
8 operates in the provision of health care and in
9 systems that impact health and well-being;
10 "(C) transferring that knowledge into
11 practice, including by developing interventions
12 that dismantle the mechanisms of racism and
13 replace such mechanisms with equitable struc-
14 tures, policies, practices, norms, and values so
15 that a healthy society can be realized; and
16 "(D) contributing to a national and global
17 conversation regarding the impacts of racism on
18 the health and well-being of the United States
19 and world.
20 "(2) GENERAL DUTIES.—The Secretary, acting
21 through the Center, shall undertake activities to
22 carry out the mission of the Center as described in
23 paragraph (1), such as the following:
24 "(A) Conduct research into, collect, ana-
25 lyze and make publicly available data on, and

1 provide leadership and coordination for the
2 science and practice of antiracism, the public
3 health impacts of structural racism, and the ef-
4 fectiveness of intervention strategies to address
5 these impacts. Topics of research and data col-
6 lection under this subparagraph may include
7 identifying and understanding—

8 ''(i) policies and practices that have a
9 disparate impact on the health and well-
10 being of communities of color;

11 ''(ii) the public health impacts of im-
12 plicit racial bias, White supremacy, weath-
13 ering, xenophobia, discrimination, and
14 prejudice;

15 ''(iii) the social determinants of health
16 resulting from structural racism, including
17 poverty, housing, employment, political
18 participation, and environmental factors;
19 and

20 ''(iv) the intersection of racism and
21 other systems of oppression, including as
22 related to age, sexual orientation, gender
23 identity, and disability status.

24 ''(B) Award noncompetitive grants and co-
25 operative agreements to eligible public and non-

1 profit private entities, including State, local,
2 territorial, and Tribal health agencies and orga-
3 nizations, for the research and collection, anal-
4 ysis, and reporting of data on the topics de-
5 scribed in subparagraph (A).

6 ‘‘(C) Establish, through grants or coopera-
7 tive agreements, at least 3 regional centers of
8 excellence, located in racial and ethnic minority
9 communities, in antiracism for the purpose of
10 developing new knowledge in the science and
11 practice of antiracism in health by researching,
12 understanding, and identifying the mechanisms
13 by which racism operates in the health space,
14 racial and ethnic inequities in health care ac-
15 cess and outcomes, the history of successful
16 antiracist movements in health, and other
17 antiracist public health work.

18 ‘‘(D) Establish a clearinghouse within the
19 Centers for Disease Control and Prevention for
20 the collection and storage of data generated
21 under the programs implemented under this
22 section for which there is not an otherwise ex-
23 isting surveillance system at the Centers for
24 Disease Control and Prevention. Such data
25 shall—

1 "(i) be comprehensive and
2 disaggregated, to the extent practicable, by
3 including racial, ethnic, primary language,
4 sex, gender identity, sexual orientation,
5 age, socioeconomic status, and disability
6 disparities;
7 "(ii) be made publicly available;
8 "(iii) protect the privacy of individuals
9 whose information is included in such data;
10 and
11 "(iv) comply with privacy protections
12 under the regulations promulgated under
13 section 264(c) of the Health Insurance
14 Portability and Accountability Act of 1996.
15 "(E) Provide information and education to
16 the public on the public health impacts of struc-
17 tural racism and on antiracist public health
18 interventions.
19 "(F) Consult with other Centers and Na-
20 tional Institutes within the Centers for Disease
21 Control and Prevention, including the Office of
22 Health Equity, the Office of Tribal Affairs and
23 Strategic Alliances, the Office of Rural Health,
24 and the Office of Island Affairs, to ensure that
25 scientific and programmatic activities initiated

1 by the agency consider structural racism in
2 their designs, conceptualizations, and execu-
3 tions, which shall include—
4 ''(i) putting measures of racism in
5 population-based surveys;
6 ''(ii) establishing a Federal Advisory
7 Committee on racism and health for the
8 Centers for Disease Control and Preven-
9 tion;
10 ''(iii) developing training programs,
11 curricula, and seminars for the purposes of
12 training public health professionals and re-
13 searchers around issues of race, racism,
14 and antiracism;
15 ''(iv) providing standards and best
16 practices for programming and grant re-
17 cipient compliance with Federal data col-
18 lection standards, including section 3101
19 of the Public Health Service Act; and
20 ''(v) establishing leadership and stake-
21 holder councils with experts and leaders in
22 racism and public health disparities.
23 ''(G) Coordinate with the Indian Health
24 Service and with the Tribal Advisory Committee
25 of the Centers for Disease Control and Preven-

1 tion to ensure meaningful Tribal consultation,
2 the gathering of information from Tribal au-
3 thorities, and respect for Tribal data sov-
4 ereignty.

5 ''(H) Engage in government to government
6 consultation with Indian Tribes and Tribal or-
7 ganizations.

8 ''(I) At least every 2 years, produce and
9 publicly post on the Centers for Disease Control
10 and Prevention's website a report on antiracist
11 activities completed by the Center, which may
12 include newly identified antiracist public health
13 practices.

14 ''(b) DEFINITIONS.—In this section:

15 ''(1) ANTIRACISM.—The term 'antiracism' is a
16 collection of antiracist policies that lead to racial eq-
17 uity, and are substantiated by antiracist ideas.

18 ''(2) ANTIRACIST.—The term 'antiracist' is any
19 measure that produces or sustains racial equity be-
20 tween racial groups.

21 ''(c) AUTHORIZATION OF APPROPRIATIONS.—There
22 is authorized to be appropriated such sums as may be nec-
23 essary to carry out this section.''.

24 (b) PUBLIC HEALTH RESEARCH AND INVESTMENT
25 IN POLICE VIOLENCE.—

1 (1) IN GENERAL.—The Secretary shall establish
2 within the National Center for Injury Prevention
3 and Control of the Centers for Disease Control and
4 Prevention (referred to in this subsection as the
5 "Center") a law enforcement violence prevention
6 program.

7 (2) GENERAL DUTIES.—In implementing the
8 program under paragraph (1), the Center shall con-
9 duct research into, and provide leadership and co-
10 ordination for—

11 (A) the understanding and promotion of
12 knowledge about the public health impacts of
13 uses of force by law enforcement, including po-
14 lice brutality and violence;

15 (B) developing public health interventions
16 and perspectives for eliminating deaths, injury,
17 trauma, and negative mental health effects
18 from police presence and interactions, including
19 police brutality and violence; and

20 (C) ensuring comprehensive data collection,
21 analysis, and reporting regarding police violence
22 and misconduct, in consultation with the De-
23 partment of Justice and independent research-
24 ers.

1 (3) FUNCTIONS.—Under the program under
2 paragraph (1), the Center shall—
3 (A) summarize and enhance the knowledge
4 of the distribution, status, and characteristics
5 of law enforcement-related death, trauma, and
6 injury;
7 (B) conduct research and prepare, with the
8 assistance of State public health departments—
9 (i) statistics on law enforcement-re-
10 lated death, injury, and brutality;
11 (ii) studies of the factors, including
12 legal, socioeconomic, discrimination, and
13 other factors that correlate with or influ-
14 ence police brutality;
15 (iii) public information about uses of
16 force by law enforcement, including police
17 brutality and violence, for the practical use
18 of the public health community, including
19 publications that synthesize information
20 relevant to the national goal of under-
21 standing police violence and methods for
22 its control;
23 (iv) information to identify socio-
24 economic groups, communities, and geo-
25 graphic areas in need of study, and a stra-

1 tegic plan for research necessary to com-
2 prehend the extent and nature of police
3 uses of force by law enforcement, including
4 police brutality and violence, and deter-
5 mine what options exist to reduce or eradi-
6 cate death and injury that result; and
7 (v) best practices in police violence
8 prevention in other countries;
9 (C) award grants, contracts, and coopera-
10 tive agreements to provide for the conduct of
11 epidemiologic research on uses of force by law
12 enforcement, including police brutality and vio-
13 lence, by Federal, State, local, and private
14 agencies, institutions, organizations, and indi-
15 viduals;
16 (D) award grants, contracts, and coopera-
17 tive agreements to community groups, inde-
18 pendent research organizations, academic insti-
19 tutions, and other entities to support, execute,
20 or conduct research on interventions to reduce
21 or eliminate uses of force by law enforcement,
22 including police brutality and violence;
23 (E) coordinate with the Department of
24 Justice and other Federal, State, and local
25 agencies on the standardization of data collec-

1 tion, storage, and retrieval necessary to collect,
2 evaluate, analyze, and disseminate information
3 about the extent and nature of uses of force by
4 law enforcement, including police brutality and
5 violence, as well as options for the eradication
6 of such practices;

7 (F) submit an annual report to Congress
8 on research findings with recommendations to
9 improve data collection and standardization and
10 to disrupt processes in policing that preserve
11 and reinforce racism and racial disparities in
12 public health;

13 (G) conduct primary research and explore
14 uses of force by law enforcement, including po-
15 lice brutality and violence, and options for its
16 control; and

17 (H) study alternatives to law enforcement
18 response as a method of reducing police vio-
19 lence.

20 (4) AUTHORIZATION OF APPROPRIATIONS.—
21 There is authorized to be appropriated such sums as
22 may be necessary to carry out this subsection.

23 **SEC. 10013. LGBTQ ESSENTIAL DATA.**

24 (a) IMPROVING DATA COLLECTION ON THE SEXUAL
25 ORIENTATION AND GENDER IDENTITY OF DECEASED IN-

1 DIVIDUALS THROUGH THE NATIONAL VIOLENT DEATH
2 REPORTING SYSTEM.—
3 (1) COLLECTION OF SEXUAL ORIENTATION AND
4 GENDER IDENTITY DATA.—
5 (A) IN GENERAL.—Not later than 120
6 days after the date of enactment of this Act,
7 the Director of the Centers for Disease Control
8 and Prevention shall take measures to improve
9 the incidence of the collection of information on
10 the sexual orientation and gender identity of de-
11 ceased individuals through the National Violent
12 Death Reporting System or any successor pro-
13 grams.
14 (B) CONFIDENTIALITY.—Any information
15 collected relating to the sexual orientation or
16 gender identity of a decedent shall be main-
17 tained in accordance with the confidentiality
18 and privacy standards and policies for the pro-
19 tection of individuals applicable to all other
20 data collected for purposes of the National Vio-
21 lent Death Reporting System.
22 (2) DEFINITIONS.—In this subsection:
23 (A) GENDER IDENTITY.—The term ''gen-
24 der identity'' means an individual's sense of
25 being male, female, transgender, or another

1 gender, as distinct from the individual's sex as-
2 signed at birth.
3 (B) SEXUAL ORIENTATION.—The term
4 "sexual orientation" means how a person iden-
5 tifies in terms of their emotional, romantic, or
6 sexual attractions, and includes identification as
7 straight, heterosexual, gay, lesbian, or bisexual,
8 among other terms.
9 (3) AUTHORIZATION.—There is authorized to
10 be appropriated $25,000,000 for fiscal year 2025 to
11 carry out this subsection.
12 (b) SENSE OF CONGRESS.—It is the sense of Con-
13 gress that—
14 (1) the Centers for Disease Control and Preven-
15 tion has made significant efforts to encourage States
16 and other jurisdictions to collect data on sexual ori-
17 entation and gender identity through the National
18 Violent Death Reporting System; and
19 (2) jurisdictions that participate in the collec-
20 tion of such data through the National Violent
21 Death Reporting System should be commended for
22 their participation.
23 **SEC. 10014. SOCIAL DETERMINANTS ACCELERATOR.**
24 (a) PURPOSES.—The purposes of this section are as
25 follows:

1 (1) To establish effective, coordinated Federal
2 technical assistance to help State and local govern-
3 ments to improve outcomes and cost-effectiveness of,
4 and return on investment from, health and social
5 services programs.

6 (2) To build a pipeline of State and locally de-
7 signed, cross-sector interventions and strategies that
8 generate rigorous evidence about how to improve
9 health and social outcomes, and increase the cost-ef-
10 fectiveness of, and return on investment from, Fed-
11 eral, State, local, and Tribal health and social serv-
12 ices programs.

13 (3) To enlist State and local governments and
14 the service providers of such governments as part-
15 ners in identifying Federal statutory, regulatory, and
16 administrative challenges in improving the health
17 and social outcomes of, cost-effectiveness of, and re-
18 turn on investment from, Federal spending on indi-
19 viduals enrolled in the Medicaid program under title
20 XIX of the Social Security Act (42 U.S.C. 1396 et
21 seq.).

22 (4) To develop strategies to improve health and
23 social outcomes without denying services to, or re-
24 stricting the eligibility of, vulnerable populations.

1 (b) SOCIAL DETERMINANTS ACCELERATOR COUN-
2 CIL.—

3 (1) ESTABLISHMENT.—The Secretary, in co-
4 ordination with the Administrator of the Centers for
5 Medicare & Medicaid Services (referred to in this
6 section as the ''Administrator''), shall establish an
7 interagency council, to be known as the Social De-
8 terminants Accelerator Interagency Council (referred
9 to in this section as the ''Council''), to achieve the
10 purposes listed in subsection (a).

11 (2) MEMBERSHIP.—

12 (A) FEDERAL COMPOSITION.—The Council
13 shall be composed of at least one designee from
14 each of the following Federal agencies:

15 (i) The Office of Management and
16 Budget.

17 (ii) The Department of Agriculture.

18 (iii) The Department of Education.

19 (iv) The Indian Health Service.

20 (v) The Department of Housing and
21 Urban Development.

22 (vi) The Department of Labor.

23 (vii) The Department of Transpor-
24 tation.

1 (viii) Any other Federal agency the
2 Chair of the Council determines necessary.
3 (B) DESIGNATION.—
4 (i) IN GENERAL.—The head of each
5 agency specified in subparagraph (A) shall
6 designate at least one employee described
7 in clause (ii) to serve as a member of the
8 Council.
9 (ii) RESPONSIBILITIES.—An employee
10 described in this clause shall be a senior
11 employee of the agency—
12 (I) whose responsibilities relate
13 to authorities, policies, and procedures
14 with respect to the health and well-
15 being of individuals receiving medical
16 assistance under a State plan (or a
17 waiver of such plan) under title XIX
18 of the Social Security Act (42 U.S.C.
19 1396 et seq.); or
20 (II) who has authority to imple-
21 ment and evaluate transformative ini-
22 tiatives that harness data or conducts
23 rigorous evaluation to improve the im-
24 pact and cost-effectiveness of federally
25 funded services and benefits.

1 (C) HHS REPRESENTATION.—In addition
2 to the designees under subparagraph (A), the
3 Council shall include designees from at least
4 three agencies within the Department of Health
5 and Human Services, including the Centers for
6 Medicare & Medicaid Services, at least one of
7 whom shall meet the criteria under subpara-
8 graph (B)(ii).
9 (D) OMB ROLE.—The Director of the Of-
10 fice of Management and Budget shall facilitate
11 the timely resolution of Government-wide and
12 multiagency issues to help the Council achieve
13 consensus recommendations described under
14 paragraph (3)(A).
15 (E) NON-FEDERAL COMPOSITION.—The
16 Comptroller General of the United States may
17 designate up to 6 Council designees—
18 (i) who have relevant subject matter
19 expertise, including expertise implementing
20 and evaluating transformative initiatives
21 that harness data and conduct evaluations
22 to improve the impact and cost-effective-
23 ness of Federal Government services; and
24 (ii) that each represent—

1 (I) State, local, and Tribal health
2 and human services agencies;
3 (II) public housing authorities or
4 State housing finance agencies;
5 (III) State and local government
6 budget offices;
7 (IV) State Medicaid agencies; or
8 (V) national consumer advocacy
9 organizations.
10 (F) CHAIR.—
11 (i) IN GENERAL.—The Secretary shall
12 select the Chair of the Council from among
13 the members of the Council.
14 (ii) INITIATING GUIDANCE.—The
15 Chair, on behalf of the Council, shall iden-
16 tify and invite individuals from diverse en-
17 tities to provide the Council with advice
18 and information pertaining to addressing
19 social determinants of health, including—
20 (I) individuals from State and
21 local government health and human
22 services agencies;
23 (II) individuals from State Med-
24 icaid agencies;

1 (III) individuals from State and
2 local government budget offices;
3 (IV) individuals from public
4 housing authorities or State housing
5 finance agencies;
6 (V) individuals from nonprofit or-
7 ganizations, small businesses, and
8 philanthropic organizations;
9 (VI) advocates;
10 (VII) researchers; and
11 (VIII) any other individuals the
12 Chair determines to be appropriate.
13 (3) DUTIES.—The duties of the Council are—
14 (A) to make recommendations to the Sec-
15 retary and the Administrator regarding the cri-
16 teria for making awards under subsection (b);
17 (B) to identify Federal authorities and op-
18 portunities for use by States or local govern-
19 ments to improve coordination of funding and
20 administration of Federal programs, the bene-
21 ficiaries of whom include individuals described
22 in subsection (a), and which may be unknown
23 or underutilized and to make information on
24 such authorities and opportunities publicly
25 available;

1 (C) to provide targeted technical assistance
2 to States developing a social determinants ac-
3 celerator plan under subsection (c), including
4 identifying potential statutory or regulatory
5 pathways for implementation of the plan and
6 assisting in identifying potential sources of
7 funding to implement the plan;

8 (D) to report to Congress annually on the
9 subjects set forth in paragraph (5);

10 (E) to develop and disseminate evaluation
11 guidelines and standards that can be used to
12 reliably assess the impact of an intervention or
13 approach that may be implemented pursuant to
14 this section on outcomes, cost-effectiveness of,
15 and return on investment from Federal, State,
16 local, and Tribal governments, and to facilitate
17 technical assistance, where needed, to help to
18 improve State and local evaluation designs and
19 implementation;

20 (F) to seek feedback from State, local, and
21 Tribal governments, including through an an-
22 nual survey by an independent third party, on
23 how to improve the technical assistance the
24 Council provides to better equip State, local,

1 and Tribal governments to coordinate health
2 and social service programs;
3 (G) to solicit applications for grants under
4 subsection (c); and
5 (H) to coordinate with other cross-agency
6 initiatives focused on improving the health and
7 well-being of low-income and at-risk populations
8 in order to prevent unnecessary duplication be-
9 tween agency initiatives.
10 (4) SCHEDULE.—Not later than 60 days after
11 the date of enactment of this Act, the Council shall
12 convene to develop a schedule and plan for carrying
13 out the duties described in paragraph (3), including
14 solicitation of applications for the grants under sub-
15 section (c).
16 (5) REPORT TO CONGRESS.—The Council shall
17 submit an annual report to Congress, which shall in-
18 clude—
19 (A) a list of the Council members;
20 (B) a description of the activities and ex-
21 penditures of the Council;
22 (C) summaries of the interventions and ap-
23 proaches that will be supported by State, local,
24 and Tribal governments that received a grant
25 under subsection (c), including—

1 (i) the best practices and evidence-
2 based approaches such governments plan
3 to employ to achieve the purposes listed in
4 subsection (a); and
5 (ii) a description of how the practices
6 and approaches will impact the outcomes,
7 cost-effectiveness of, and return on invest-
8 ment from, Federal, State, local, and Trib-
9 al governments with respect to such pur-
10 poses;
11 (D) the feedback received from State and
12 local governments on ways to improve the tech-
13 nical assistance of the Council, including find-
14 ings from a third-party survey and actions the
15 Council plans to take in response to such feed-
16 back; and
17 (E) the major statutory, regulatory, and
18 administrative challenges identified by State,
19 local, and Tribal governments that received a
20 grant under subsection (c), and the actions that
21 Federal agencies are taking to address such
22 challenges.
23 (6) FACA APPLICABILITY.—Chapter 10 of title
24 5, United States Code, shall not apply to the Coun-
25 cil.

1 (7) COUNCIL PROCEDURES.—The Secretary, in
2 consultation with the Comptroller General of the
3 United States and the Director of the Office of Man-
4 agement and Budget, shall establish procedures for
5 the Council to—
6 (A) ensure that adequate resources are
7 available to effectively execute the responsibil-
8 ities of the Council;
9 (B) effectively coordinate with other rel-
10 evant advisory bodies and working groups to
11 avoid unnecessary duplication;
12 (C) create transparency to the public and
13 Congress with regard to Council membership,
14 costs, and activities, including through use of
15 modern technology and social media to dissemi-
16 nate information; and
17 (D) avoid conflicts of interest that would
18 jeopardize the ability of the Council to make de-
19 cisions and provide recommendations.
20 (c) SOCIAL DETERMINANTS ACCELERATOR GRANTS
21 TO STATES OR LOCAL GOVERNMENTS.—
22 (1) GRANTS TO STATES, LOCAL GOVERNMENTS,
23 AND TRIBES.—Not later than 180 days after the
24 date of enactment of this Act, the Administrator, in
25 consultation with the Secretary and the Council,

1 shall award on a competitive basis not more than 25
2 grants to eligible applicants described in paragraph
3 (2), for the development of social determinants ac-
4 celerator plans, as described in paragraph (6).

5 (2) ELIGIBLE APPLICANT.—An eligible appli-
6 cant described in this subsection is a State, local, or
7 Tribal health or human services agency that—

8 (A) demonstrates the support of relevant
9 parties across relevant State, local, or Tribal ju-
10 risdictions; and

11 (B) in the case of an applicant that is a
12 local government agency, provides to the Sec-
13 retary a letter of support from the lead State
14 health or human services agency for the State
15 in which the local government is located.

16 (3) AMOUNT OF GRANT.—The Administrator,
17 in coordination with the Council, shall determine the
18 total amount that the Administrator will make avail-
19 able to each grantee under this subsection.

20 (4) APPLICATION.—An eligible applicant seek-
21 ing a grant under this subsection shall include in the
22 application the following information:

23 (A) The target population (or populations)
24 that would benefit from implementation of the

1 social determinants accelerator plan proposed to
2 be developed by the applicant.
3 (B) A description of the objective or objec-
4 tives and outcome goals of such proposed plan,
5 which shall include at least one health outcome
6 and at least one other important social out-
7 come.
8 (C) The sources and scope of inefficiencies
9 that, if addressed by the plan, could result in
10 improved cost-effectiveness of or return on in-
11 vestment from Federal, State, local, and Tribal
12 governments.
13 (D) A description of potential interventions
14 that could be designed or enabled using such
15 proposed plan.
16 (E) The State, local, Tribal, academic,
17 nonprofit, community-based organizations, and
18 other private sector partners that would partici-
19 pate in the development of the proposed plan
20 and subsequent implementation of programs or
21 initiatives included in such proposed plan.
22 (F) Such other information as the Admin-
23 istrator, in consultation with the Secretary and
24 the Council, determines necessary to achieve the
25 purposes of this section.

1 (5) USE OF FUNDS.—A recipient of a grant
2 under this subsection may use funds received
3 through the grant for the following purposes:
4 (A) To convene and coordinate with rel-
5 evant government entities and other stake-
6 holders across sectors to assist in the develop-
7 ment of a social determinants accelerator plan.
8 (B) To identify populations of individuals
9 receiving medical assistance under a State plan
10 (or a waiver of such plan) under title XIX of
11 the Social Security Act (42 U.S.C. 1396 et
12 seq.) who may benefit from the proposed ap-
13 proaches to improving the health and well-being
14 of such individuals through the implementation
15 of the proposed social determinants accelerator
16 plan.
17 (C) To engage qualified research experts to
18 advise on relevant research and to design a pro-
19 posed evaluation plan, in accordance with the
20 standards and guidelines issued by the Admin-
21 istrator.
22 (D) To collaborate with the Council to sup-
23 port the development of social determinants ac-
24 celerator plans.

1 (E) To prepare and submit a final social
2 determinants accelerator plan to the Council.
3 (6) CONTENTS OF PLANS.—A social deter-
4 minants accelerator plan developed under this sub-
5 section shall include the following:
6 (A) A description of the target population
7 (or populations) that would benefit from imple-
8 mentation of the social determinants accelerator
9 plan, including an analysis describing the pro-
10 jected impact on the well-being of individuals
11 described in paragraph (5)(B).
12 (B) A description of the interventions or
13 approaches designed under the social deter-
14 minants accelerator plan and the evidence for
15 selecting such interventions or approaches.
16 (C) The objectives and outcome goals of
17 such interventions or approaches, including at
18 least one health outcome and at least one other
19 important social outcome.
20 (D) A plan for accessing and linking rel-
21 evant data to enable coordinated benefits and
22 services for the jurisdictions described in para-
23 graph (2)(A) and an evaluation of the proposed
24 interventions and approaches.

1 (E) A description of the State, local, Trib-
2 al, academic, nonprofit, or community-based or-
3 ganizations, or any other private sector organi-
4 zations that would participate in implementing
5 the proposed interventions or approaches, and
6 the role each would play to contribute to the
7 success of the proposed interventions or ap-
8 proaches.
9 (F) The identification of the funding
10 sources that would be used to finance the pro-
11 posed interventions or approaches.
12 (G) A description of any financial incen-
13 tives that may be provided, including outcome-
14 focused contracting approaches to encourage
15 service providers and other partners to improve
16 outcomes of, cost-effectiveness of, and return on
17 investment from, Federal, State, local, or Tribal
18 government spending.
19 (H) The identification of the applicable
20 Federal, State, local, or Tribal statutory and
21 regulatory authorities, including waiver authori-
22 ties, to be leveraged to implement the proposed
23 interventions or approaches.
24 (I) A description of potential consider-
25 ations that would enhance the impact,

1 scalability, or sustainability of the proposed
2 interventions or approaches and the actions the
3 grant awardee would take to address such con-
4 siderations.

5 (J) A proposed evaluation plan, to be car-
6 ried out by an independent evaluator, to meas-
7 ure the impact of the proposed interventions or
8 approaches on the outcomes of, cost-effective-
9 ness of, and return on investment from, Fed-
10 eral, State, local, and Tribal governments.

11 (K) Precautions for ensuring that vulner-
12 able populations will not be denied access to
13 Medicaid or other essential services as a result
14 of implementing the proposed plan.

15 (d) FUNDING.—

16 (1) IN GENERAL.—Out of any money in the
17 Treasury not otherwise appropriated, there is appro-
18 priated to carry out this section $25,000,000 for the
19 period of fiscal years 2025 through 2029, of which
20 up to $5,000,000 may be used to carry out this sec-
21 tion, to remain available for obligation until the date
22 that is 5 years after the date of enactment of this
23 Act.

24 (2) RESERVATION OF FUNDS.—

1 (A) IN GENERAL.—Of the funds made
2 available under paragraph (1), the Secretary
3 shall reserve not less than 20 percent to award
4 grants to eligible applicants for the development
5 of social determinants accelerator plans under
6 subsection (c) intended to serve rural popu-
7 lations.

8 (B) EXCEPTION.—In the case of a fiscal
9 year for which the Secretary determines that
10 there are not sufficient eligible applicants for
11 grants under subsection (c) that are intended to
12 serve rural populations and the Secretary can-
13 not satisfy the 20-percent requirement, the Sec-
14 retary may reserve an amount that is less than
15 20 percent of amounts made available under
16 paragraph (1) to award grants for such pur-
17 pose.

18 (3) RULE OF CONSTRUCTION.—Nothing in this
19 section shall prevent Federal agencies represented
20 on the Council from contributing additional funding
21 from other sources to support activities to improve
22 the effectiveness of the Council.

1 **SEC. 10015. IMPROVING SOCIAL DETERMINANTS OF**
2 **HEALTH.**
3 (a) SOCIAL DETERMINANTS OF HEALTH PRO-
4 GRAM.—
5 (1) PROGRAM.—To the extent and in the
6 amounts made available in advance in appropriations
7 Acts, the Director of the Centers for Disease Control
8 and Prevention (in this section referred to as the
9 ''Director'') shall carry out a program, to be known
10 as the Social Determinants of Health Program (in
11 this section referred to as the ''Program''), to
12 achieve the following goals:
13 (A) Improve health outcomes and reduce
14 health inequities by coordinating social deter-
15 minants of health activities across the Centers
16 for Disease Control and Prevention.
17 (B) Improve the capacity of public health
18 agencies and community organizations to ad-
19 dress social determinants of health in commu-
20 nities.
21 (2) ACTIVITIES.—To achieve the goals listed in
22 paragraph (1), the Director shall carry out activities
23 including the following:
24 (A) Coordinating across the Centers for
25 Disease Control and Prevention to ensure that
26 relevant programs consider and incorporate so-

1 cial determinants of health in grant awards and
2 other activities.
3 (B) Awarding grants under subsection (b)
4 to State, local, territorial, and Tribal health
5 agencies and organizations, and to other eligible
6 entities, to address social determinants of
7 health in target communities.
8 (C) Awarding grants under subsection (c)
9 to nonprofit organizations and public or other
10 nonprofit institutions of higher education—
11 (i) to conduct research on best prac-
12 tices to improve social determinants of
13 health;
14 (ii) to provide technical assistance,
15 training, and evaluation assistance to
16 grantees under subsection (b); and
17 (iii) to disseminate best practices to
18 grantees under subsection (b).
19 (D) Coordinating, supporting, and aligning
20 activities of the Centers for Disease Control and
21 Prevention related to social determinants of
22 health with activities of other Federal agencies
23 related to social determinants of health, includ-
24 ing such activities of agencies in the Depart-

1 ment of Health and Human Services such as
2 the Centers for Medicare & Medicaid Services.
3 (E) Collecting and analyzing data related
4 to the social determinants of health.
5 (b) GRANTS TO ADDRESS SOCIAL DETERMINANTS
6 OF HEALTH.—
7 (1) IN GENERAL.—The Director, as part of the
8 Program, shall award grants to eligible entities to
9 address social determinants of health in their com-
10 munities.
11 (2) ELIGIBILITY.—To be eligible to apply for a
12 grant under this subsection, an entity shall be—
13 (A) a State, local, territorial, or Tribal
14 health agency or organization;
15 (B) a qualified nongovernmental entity, as
16 defined by the Director; or
17 (C) a consortium of entities that includes
18 a State, local, territorial, or Tribal health agen-
19 cy or organization.
20 (3) USE OF FUNDS.—
21 (A) IN GENERAL.—A grant under this sub-
22 section shall be used to address social deter-
23 minants of health in a target community by de-
24 signing and implementing innovative, evidence-
25 based, cross-sector strategies.

1 (B) TARGET COMMUNITY.—For purposes
2 of this subsection, a target community shall be
3 a State, county, city, or other municipality.
4 (4) PRIORITY.—In awarding grants under this
5 subsection, the Director shall prioritize applicants
6 proposing to serve target communities with signifi-
7 cant unmet health and social needs, as defined by
8 the Director.
9 (5) APPLICATION.—To seek a grant under this
10 subsection, an eligible entity shall—
11 (A) submit an application at such time, in
12 such manner, and containing such information
13 as the Director may require;
14 (B) propose a set of activities to address
15 social determinants of health through evidence-
16 based, cross-sector strategies, which activities
17 may include—
18 (i) collecting quantifiable data from
19 health care, social services, and other enti-
20 ties regarding the most significant gaps in
21 health-promoting social, economic, and en-
22 vironmental needs;
23 (ii) identifying evidence-based ap-
24 proaches to meeting the nonmedical, social
25 needs of populations identified by data col-

1 lection described in clause (i), such as un-
2 stable housing or food insecurity;
3 (iii) developing scalable methods to
4 meet patients' social needs identified in
5 clinical settings or other sites;
6 (iv) convening entities such as local
7 and State governmental and nongovern-
8 mental organizations, health systems,
9 payors, and community-based organiza-
10 tions to review, plan, and implement com-
11 munity-wide interventions and strategies to
12 advance health-promoting social conditions;
13 (v) monitoring and evaluating the im-
14 pact of activities funded through the grant
15 on the health and well-being of the resi-
16 dents of the target community and on the
17 cost of health care; and
18 (vi) such other activities as may be
19 specified by the Director;
20 (C) demonstrate how the eligible entity will
21 collaborate with—
22 (i) health systems;
23 (ii) payors, including, as appropriate,
24 Medicaid managed care organizations (as
25 defined in section 1903(m)(1)(A) of the

1 Social Security Act (42 U.S.C.
2 1396b(m)(1)(A))), Medicare Advantage
3 plans under part C of title XVIII of such
4 Act (42 U.S.C. 1395w–21 et seq.), and
5 health insurance issuers and group health
6 plans (as such terms are defined in section
7 2791 of the Public Health Service Act (42
8 U.S.C. 300gg–91));

9 (iii) other relevant stakeholders and
10 initiatives in areas of need, such as the Ac-
11 countable Health Communities Model of
12 the Centers for Medicare & Medicaid Serv-
13 ices, health homes under the Medicaid pro-
14 gram under title XIX of the Social Secu-
15 rity Act (42 U.S.C. 1396 et seq.), commu-
16 nity-based organizations, and human serv-
17 ices organizations;

18 (iv) other non-health care sector orga-
19 nizations, including organizations focusing
20 on transportation, housing, or food access;
21 and

22 (v) local employers; and

23 (D) identify key health inequities in the
24 target community and demonstrate how the

1 proposed efforts of the eligible entity would ad-
2 dress such inequities.

3 (6) MONITORING AND EVALUATION.—As a con-
4 dition of receipt of a grant under this subsection, a
5 grantee shall agree to submit an annual report to
6 the Director describing the activities carried out
7 through the grant and the outcomes of such activi-
8 ties.

9 (7) INDEPENDENT NATIONAL EVALUATION.—

10 (A) IN GENERAL.—Not later than 5 years
11 after the first grants are awarded under this
12 subsection, the Director shall provide for the
13 commencement of an independent national eval-
14 uation of the program under this subsection.

15 (B) REPORT TO CONGRESS.—Not later
16 than 60 days after receiving the results of such
17 independent national evaluation, the Director
18 shall report such results to Congress.

19 (c) RESEARCH AND TRAINING.—The Director, as
20 part of the Program—

21 (1) shall award grants to nonprofit organiza-
22 tions and public or other nonprofit institutions of
23 higher education—

24 (A) to conduct research on best practices
25 to improve social determinants of health;

1 (B) to provide technical assistance, train-
2 ing, and evaluation assistance to grantees under
3 subsection (b); and
4 (C) to disseminate best practices to grant-
5 ees under subsection (b); and
6 (2) may require a grantee under paragraph (1)
7 to provide technical assistance and capacity building
8 to entities that are eligible entities under subsection
9 (b) but not receiving funds through such subsection.
10 (d) FUNDING.—
11 (1) IN GENERAL.—There is authorized to be
12 appropriated to carry out this section, $50,000,000
13 for each of fiscal years 2025 through 2030.
14 (2) ALLOCATION.—Of the amount made avail-
15 able to carry out this section for a fiscal year, not
16 less than 75 percent shall be used for grants under
17 subsections (b) and (c).

18 **SEC. 10016. NOTIFICATION REGARDING SNAP FOR STU-**
19 **DENTS RECEIVING FEDERAL WORK-STUDY**
20 **ASSISTANCE.**

21 Section 443 of the Higher Education Act of 1965 (20
22 U.S.C. 1087–53) is amended by adding at the end the fol-
23 lowing:
24 ‘‘(f) NOTIFICATION REGARDING SNAP.—

1 "(1) IN GENERAL.—An institution receiving a
2 grant under this part shall send a notification (by
3 email or other electronic means) to each eligible stu-
4 dent informing the student of their potential eligi-
5 bility for participation in SNAP and the process for
6 obtaining more information, confirming eligibility,
7 and accessing benefits under that program. The no-
8 tification shall be developed by the Secretary of Edu-
9 cation in consultation with the Secretary of Agri-
10 culture, and shall include details on eligibility re-
11 quirements for participation in SNAP that a student
12 must satisfy. The notification shall be, to the extent
13 practicable, specific to the student's State of resi-
14 dence and shall provide contact information for the
15 local office where an application for SNAP may be
16 made.

17 "(2) EVIDENCE OF PARTICIPATION IN FEDER-
18 ALLY FINANCED WORK-STUDY PROGRAM.—The noti-
19 fication under paragraph (1) shall include an official
20 document confirming that the recipient is an eligible
21 student sufficient for purposes of demonstrating that
22 the exclusion from ineligibility for participation in
23 SNAP under section 6(e)(4) of the Food and Nutri-
24 tion Act of 2008 (7 U.S.C. 2015(e)(4)) applies to
25 the student.

1 "(3) GUIDANCE.—The Secretary of Education,
2 in consultation with the Secretary of Agriculture,
3 shall provide guidance to States and institutions of
4 higher education on how to identify and commu-
5 nicate with students who are likely to be eligible for
6 SNAP, including those eligible for a State or feder-
7 ally financed work-study program.

8 "(4) DEFINITIONS.—For purposes of this sub-
9 section:

10 "(A) The term 'eligible student' means a
11 student receiving work-study assistance under
12 this part.

13 "(B) The term 'SNAP' means the supple-
14 mental nutrition assistance program (as defined
15 in section 3(t) of the Food and Nutrition Act
16 of 2008 (7 U.S.C. 2012(t)))."

## 17 Subtitle B—Gun Violence

### 18 SEC. 10101. REAFFIRMING RESEARCH AUTHORITY OF THE
19 CENTERS FOR DISEASE CONTROL AND PRE-
20 VENTION.

21 (a) IN GENERAL.—Section 391 of the Public Health
22 Service Act (42 U.S.C. 280b) is amended—

23 (1) in subsection (a)(1), by striking "research
24 relating to the causes, mechanisms, prevention, diag-
25 nosis, treatment of injuries, and rehabilitation from

injuries;'' and inserting the following: ''research, including data collection, relating to—

''(A) the causes, mechanisms, prevention, diagnosis, and treatment of injuries, including with respect to gun violence; and

''(B) rehabilitation from such injuries;''; and

(2) by adding at the end the following:

''(c) NO ADVOCACY OR PROMOTION OF GUN CONTROL.—Nothing in this section shall be construed to—

''(1) authorize the Secretary to give assistance, make grants, or enter into cooperative agreements or contracts for the purpose of advocating or promoting gun control; or

''(2) permit a recipient of any assistance, grant, cooperative agreement, or contract under this section to use such assistance, grant, agreement, or contract for the purpose of advocating or promoting gun control.''.

**SEC. 10102. NATIONAL VIOLENT DEATH REPORTING SYSTEM.**

The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall improve the National Violent Death Reporting System (as authorized by sections 301(a) and 391(a) of the Public Service

1 Health Act (42 U.S.C. 241(a), 280b(a)), particularly
2 through the inclusion of additional States and activities
3 to increase the quality, type, and timeliness of reported
4 data. Participation in the System by the States shall be
5 voluntary.

6 **SEC. 10103. REPORT ON EFFECTS OF GUN VIOLENCE ON**
7 **PUBLIC HEALTH.**

8 Not later than one year after the date of enactment
9 of this Act, and annually thereafter, the Surgeon General
10 shall submit to Congress a report on the effects on public
11 health, including mental health, of gun violence in the
12 United States during the preceding year, and the status
13 of actions taken to address such effects.

14 **SEC. 10104. REPORT ON EFFECTS OF GUN VIOLENCE ON**
15 **MENTAL HEALTH IN MINORITY COMMU-**
16 **NITIES.**

17 Not later than one year after the date of enactment
18 of this Act, the Deputy Assistant Secretary for Minority
19 Health shall submit to Congress a report on the effects
20 of gun violence on public health, including mental health,
21 in minority communities in the United States, and the sta-
22 tus of actions taken to address such effects.

1 **Subtitle C—Nutrition for Women,**
2 **Children, Families**

3 **CHAPTER 1—SENIOR HUNGER**
4 **PREVENTION**

5 **SEC. 10201. SHORT TITLE.**

6 This chapter may be cited as the ‘‘Senior Hunger
7 Prevention Act of 2024’’.

8 **SEC. 10202. IMPROVING SNAP EFFICACY.**

9 (a) CERTIFICATION PERIOD.—Section 3(f) of the
10 Food and Nutrition Act of 2008 (7 U.S.C. 2012(f)) is
11 amended, in the second sentence, by striking ‘‘24’’ and
12 inserting ‘‘36’’.

13 (b) STANDARD MEDICAL EXPENSE DEDUCTION.—
14 Section 5(e)(5) of the Food and Nutrition Act of 2008
15 (7 U.S.C. 2014(e)(5)) is amended—

16 (1) in the paragraph heading, by striking ‘‘EX-
17 CESS MEDICAL’’ and inserting ‘‘MEDICAL’’;

18 (2) in subparagraph (A), by striking ‘‘an excess
19 medical’’ and all that follows through the period at
20 the end and inserting ‘‘a standard medical deduction
21 or a medical expense deduction of actual costs for
22 the allowable medical expenses incurred by the elder-
23 ly or disabled member, exclusive of special diets.’’;

24 (3) in subparagraph (B)(i), by striking ‘‘ex-
25 cess’’; and

1 (4) by adding at the end the following:
2 "(D) STANDARD MEDICAL EXPENSE DE-
3 DUCTION AMOUNT.—
4 "(i) IN GENERAL.—Except as pro-
5 vided in clause (ii), the standard medical
6 expense deduction shall be equal to—
7 "(I) for fiscal year 2024, $155;
8 and
9 "(II) for each subsequent fiscal
10 year, the applicable amount for the
11 immediately preceding fiscal year, as
12 adjusted to reflect changes for the 12-
13 month period ending the preceding
14 June 30 in the Consumer Price Index
15 for All Urban Consumers: Medical
16 Care published by the Bureau of
17 Labor Statistics of the Department of
18 Labor.
19 "(ii) EXCEPTION.—For any fiscal
20 year, a State agency may establish a great-
21 er standard medical expense deduction
22 than the deduction described in clause (i)
23 if the greater deduction satisfies the appli-
24 cable cost-neutrality standards established
25 by the Secretary for that fiscal year.".

1 (c) VALUE OF ALLOTMENT.—Section 8(a) of the
2 Food and Nutrition Act of 2008 (7 U.S.C. 2017(a)) is
3 amended, in the proviso, by striking "8 percent" and in-
4 serting "⅓".

5 **SEC. 10203. STREAMLINING NUTRITION ACCESS FOR**
6 **OLDER ADULTS AND ADULTS WITH DISABIL-**
7 **ITIES.**

8 (a) DEFINITION OF ELDERLY AND DISABLED.—Sec-
9 tion 3(j) of the Food and Nutrition Act of 2008 (7 U.S.C.
10 2012(j)) is amended—

11 (1) in the matter preceding paragraph (1), by
12 striking the subsection designation and all that fol-
13 lows through "who" and inserting the following:

14 "(j) ELDERLY OR DISABLED.—The term 'elderly or
15 disabled', with respect to an individual or member of a
16 household, means that the individual or member of the
17 household"; and

18 (2) in paragraph (2)(B), by inserting "(which
19 includes medical assistance provided to an individual
20 described in section 1902(e)(14)(D)(i)(III) of that
21 Act (42 U.S.C. 1396a(e)(14)(D)(i)(III)))" after
22 "(42 U.S.C. 1396 et seq.)".

23 (b) ELDERLY SIMPLIFIED APPLICATION PRO-
24 GRAM.—The Food and Nutrition Act of 2008 (7 U.S.C.

1 2011 et seq.) is amended by adding at the end the fol-
2 lowing:

3 **"SEC. 31. ELDERLY SIMPLIFIED APPLICATION PROGRAM.**

4 "(a) IN GENERAL.—Not later than 180 days after
5 the date of enactment of this section, the Secretary shall
6 establish a program, to be known as the 'elderly simplified
7 application program' (referred to in this section as
8 'ESAP'), under which a State, in carrying out the supple-
9 mental nutrition assistance program, may elect to imple-
10 ment a streamlined application and certification process
11 for households in which all adult members—

12 "(1) are elderly or disabled members; and

13 "(2) have no earned income.

14 "(b) CERTIFICATION PERIOD.—The certification pe-
15 riod for participants in ESAP shall be 36 months.

16 "(c) INCOME AND OTHER DATA VERIFICATION.—

17 "(1) IN GENERAL.—A State agency deter-
18 mining the eligibility for an applicant household
19 under ESAP shall, notwithstanding section
20 11(e)(3)—

21 "(A) to the maximum extent practicable,
22 use data matching for income verification and
23 household size; and

24 "(B)(i) allow self-declaration by the appli-
25 cant of the information required under section

1 273.2(f) of title 7, Code of Federal Regulations
2 (or a successor regulation); but
3 ''(ii) verify, prior to certification of the
4 household, factors of eligibility provided by the
5 applicant that the State agency determines are
6 questionable.
7 ''(2) ACCOUNTABILITY AND FRAUD PREVEN-
8 TION.—In carrying out paragraph (1), a State agen-
9 cy shall establish accountability and fraud protection
10 measures to deter fraud and ensure the integrity of
11 ESAP and the supplemental nutrition assistance
12 program.
13 ''(d) INTERVIEWS.—
14 ''(1) IN GENERAL.—Notwithstanding section
15 11(e)(6)(A), for recertification of a household under
16 ESAP, a State agency shall not require an interview
17 unless requested by the household.
18 ''(2) VIRTUAL INTERVIEWS.—An interview
19 under paragraph (1) may be conducted virtually.
20 ''(e) GUIDANCE.—Prior to the establishment of
21 ESAP under subsection (a), the Administrator of the
22 Food and Nutrition Service shall develop guidance for
23 States, including by consulting with States, to carry out
24 ESAP, which shall include—
25 ''(1) general implementation guidelines;

1 "(2) reporting requirements;
2 "(3) quality control requirements; and
3 "(4) best practices.".
4 (c) COMBINED APPLICATION PROGRAM.—The Food
5 and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.) (as
6 amended by subsection (b)) is amended by adding at the
7 end the following:

8 **"SEC. 32. COMBINED APPLICATION PROGRAM.**

9 "(a) IN GENERAL.—Not later than 180 days after
10 the date of enactment of this section, the Secretary, in
11 coordination with the Commissioner of Social Security,
12 shall establish a program, to be known as the 'combined
13 application program' (referred to in this section as 'CAP'),
14 under which a State, in carrying out the supplemental nu-
15 trition assistance program, may elect to implement a
16 streamlined application process for households in which all
17 adult members are applicants for or recipients of benefits
18 under title II of the Social Security Act (42 U.S.C. 401
19 et seq.) on the basis of a disability or supplemental secu-
20 rity income under title XVI of that Act (42 U.S.C. 1381
21 et seq.).
22 "(b) PURPOSES.—The purposes of CAP are—
23 "(1) to reduce the need for households de-
24 scribed in subsection (a) to have in-person interviews

1 with State offices administering the supplemental
2 nutrition assistance program; and
3 ‘‘(2) to increase participation in the supple-
4 mental nutrition assistance program by simplifying
5 the application process for the supplemental nutri-
6 tion assistance program through increased automa-
7 tion and simplified calculation of benefits.
8 ‘‘(c) CAP MODELS.—The Secretary, in coordination
9 with the Commissioner of the Social Security Administra-
10 tion, shall offer, at a minimum, each of the following mod-
11 els for States to implement CAP:
12 ‘‘(1) STANDARD MODEL.—
13 ‘‘(A) IN GENERAL.—Under the standard
14 model, the Commissioner of the Social Security
15 Administration and the State agency admin-
16 istering the supplemental nutrition assistance
17 program shall coordinate—
18 ‘‘(i) to develop a simplified joint appli-
19 cation process for the supplemental nutri-
20 tion assistance program that uses stand-
21 ardized benefit amounts or standardized
22 shelter expenses, in accordance with this
23 paragraph; and
24 ‘‘(ii) to conduct outreach to adult
25 members receiving supplemental security

1 income under title XVI of the Social Secu-
2 rity Act (42 U.S.C. 1381 et seq.) that are
3 not receiving benefits under the supple-
4 mental nutrition assistance program.
5 ‘‘(B) STANDARDIZED BENEFIT
6 AMOUNTS.—
7 ‘‘(i) IN GENERAL.—Under the stand-
8 ardized model described in subparagraph
9 (A), applicants shall receive a standardized
10 or automated benefit level under the sup-
11 plemental nutrition assistance program
12 based on the shelter expenses and other in-
13 come of the applicants.
14 ‘‘(ii) MINIMUM STANDARDIZED BEN-
15 EFIT LEVELS.—At a minimum, there shall
16 be in effect 2 standardized benefit levels
17 under clause (i), including, as determined
18 by the State—
19 ‘‘(I) a level for participants with
20 low shelter expenses; and
21 ‘‘(II) a level for participants with
22 high shelter expenses.
23 ‘‘(iii) COMPARABLE AMOUNT.—A
24 State shall ensure that the amount pro-
25 vided under a standardized benefit level

1 under clause (i) is comparable to an
2 amount that a participant would otherwise
3 receive under the supplemental nutrition
4 assistance program.

5 ''(iv) REFERRAL.—A State shall refer
6 a household described in subsection (a) to
7 the supplemental nutrition assistance pro-
8 gram instead of enrolling that household in
9 CAP if the standardized amount that the
10 household would receive under CAP would
11 be significantly less than the amount of
12 benefits that the household would receive
13 under the supplemental nutrition assist-
14 ance program.

15 ''(C) STANDARDIZED SHELTER EX-
16 PENSES.—In computing an excess shelter ex-
17 pense deduction under section 5(e)(6), a State
18 agency may use a standard utility allowance in
19 accordance with regulations promulgated by the
20 Secretary.

21 ''(2) MODIFIED MODEL.—Under the modified
22 model, a State agency administering the supple-
23 mental nutrition assistance program shall—

24 ''(A) conduct outreach to prospective par-
25 ticipants in the supplemental nutrition assist-

1 ance program using information from the Social
2 Security Administration to identify households
3 described in subsection (a) that are not partici-
4 pants in the supplemental nutrition assistance
5 program; and

6 ''(B) send to those households simplified
7 application forms for the supplemental nutrition
8 assistance program.''.

9 **SEC. 10204. ENROLLMENT AND OUTREACH PILOT PRO-**
10 **GRAM FOR OLDER ADULTS, KINSHIP FAMI-**
11 **LIES, AND ADULTS WITH DISABILITIES.**

12 The Food and Nutrition Act of 2008 (7 U.S.C. 2011
13 et seq.) (as amended by section 10203(c)) is amended by
14 adding at the end the following:

15 **''SEC. 33. ENROLLMENT AND OUTREACH PILOT PROGRAM**
16 **FOR OLDER ADULTS, KINSHIP FAMILIES, AND**
17 **ADULTS WITH DISABILITIES.**

18 ''(a) DEFINITIONS.—In this section:

19 ''(1) DISABILITY.—The term 'disability' has the
20 meaning given the term in section 3 of the Ameri-
21 cans with Disabilities Act of 1990 (42 U.S.C.
22 12102).

23 ''(2) ELIGIBLE ENTITY.—The term 'eligible en-
24 tity' means—

25 ''(A) a State or local government agency;

1 "(B) an Indian tribe or Tribal organiza-
2 tion;
3 "(C) a nonprofit organization, including a
4 public or nonprofit provider of services;
5 "(D) a community-based organization; and
6 "(E) an educational provider.
7 "(3) KINSHIP FAMILY.—The term 'kinship fam-
8 ily' means a family in which a child resides with,
9 and is being raised by, a grandparent, another ex-
10 tended family member, or an adult with whom the
11 child has a close family-like relationship, such as a
12 godparent or a close family friend.
13 "(4) OLDER ADULT.—The term 'older adult'
14 has the meaning given the term 'older individual' in
15 section 102 of the Older Americans Act of 1965 (42
16 U.S.C. 3002).
17 "(5) PILOT PROGRAM.—The term 'pilot pro-
18 gram' means the Enrollment and Outreach Pilot
19 Program for Older Adults, Kinship Families, and
20 Adults with Disabilities established under subsection
21 (b).
22 "(b) ESTABLISHMENT.—Not later than 180 days
23 after the date of enactment of this section, the Secretary
24 shall establish a pilot program, to be known as the 'Enroll-
25 ment and Outreach Pilot Program for Older Adults, Kin-

1 ship Families, and Adults with Disabilities', under which
2 the Secretary shall award grants to eligible entities—
3 ''(1) to raise awareness among older adults,
4 kinship families, and adults with disabilities of the
5 availability, eligibility requirements, application pro-
6 cedures, and benefits of the supplemental nutrition
7 assistance program; and
8 ''(2) to support older adults, kinship families,
9 and adults with disabilities in enrolling in the sup-
10 plemental nutrition assistance program.
11 ''(c) PRIORITY.—In awarding grants under the pilot
12 program, the Secretary shall give priority to—
13 ''(1) eligible entities that—
14 ''(A) provide services to older adults or
15 adults with disabilities;
16 ''(B) provide services to kinship families,
17 including kinship navigator programs;
18 ''(C) have experience implementing pro-
19 grams that receive funding under the Older
20 Americans Act of 1965 (42 U.S.C. 3001 et
21 seq.);
22 ''(D) have experience implementing pro-
23 grams administered by the Food and Nutrition
24 Service; or

1 “(E) receive, plan to receive, or dem-
2 onstrate an ability to partner with a program
3 that receives, funding under—
4 “(i) the Older Americans Act of 1965
5 (42 U.S.C. 3001 et seq.);
6 “(ii) the Americans with Disabilities
7 Act of 1990 (42 U.S.C. 12101 et seq.); or
8 “(iii) 1 or more nutrition programs
9 administered by the Secretary; and
10 “(2) projects that will—
11 “(A) serve communities with—
12 “(i) high rates of food insecurity or
13 malnutrition; or
14 “(ii) low food access;
15 “(B) serve rural communities, indigenous
16 communities, or communities of color;
17 “(C) serve members of the lesbian, gay, bi-
18 sexual, transgender, and queer community;
19 “(D) serve adults with limited English pro-
20 ficiency;
21 “(E) serve veterans;
22 “(F) serve residents in federally subsidized
23 housing, including federally subsidized housing
24 units for older adults and adults with disabil-
25 ities;

1 ‘‘(G) serve residents living in housing serv-
2 ing kinship families; and
3 ‘‘(H) incorporate nutrition education ac-
4 tivities that promote healthy eating and active
5 lifestyles.
6 ‘‘(d) ELIGIBLE ACTIVITIES.—An eligible entity re-
7 ceiving a grant under the pilot program shall use the grant
8 to carry out 1 or more of the following activities:
9 ‘‘(1) Application assistance, including—
10 ‘‘(A) eligibility prescreening;
11 ‘‘(B) assistance in completing an applica-
12 tion for the supplemental nutrition assistance
13 program;
14 ‘‘(C) assistance in obtaining application
15 verification documents;
16 ‘‘(D) medical expense deduction coun-
17 seling; and
18 ‘‘(E) translation of materials and bilingual
19 accommodation.
20 ‘‘(2) Tailored dissemination of information re-
21 lating to the supplemental nutrition assistance pro-
22 gram, including through—
23 ‘‘(A) community-based outreach workshops
24 and events;

1 ‘‘(B) a toll-free hotline to provide informa-
2 tion relating to Federal, State, and local food
3 resources;
4 ‘‘(C) informational websites and other so-
5 cial media sites; and
6 ‘‘(D) printed or digital informational con-
7 tent.
8 ‘‘(3) Transportation, including—
9 ‘‘(A) transportation to or from a local of-
10 fice of the supplemental nutrition assistance
11 program; and
12 ‘‘(B) administration of vouchers or similar
13 items for the transportation described in sub-
14 paragraph (A).
15 ‘‘(4) Identification, implementation, analysis,
16 and dissemination of replicable and scalable models
17 for increasing enrollment in the supplemental nutri-
18 tion assistance program among older adults, kinship
19 families, and adults with disabilities.
20 ‘‘(e) GRANTS.—
21 ‘‘(1) MAXIMUM AMOUNT.—A grant awarded
22 under the pilot program to an eligible entity for a
23 fiscal year shall be—
24 ‘‘(A) not less than $50,000; and
25 ‘‘(B) not more than $250,000.

1 "(2) DURATION.—An eligible entity may be
2 awarded a grant under the pilot program for not
3 more than 5 years.
4 "(f) EVALUATION.—Not later than 2 years after the
5 date of establishment of the pilot program, the Secretary
6 shall conduct an evaluation of the pilot program.
7 "(g) FUNDING.—
8 "(1) IN GENERAL.—In addition to amounts
9 otherwise available, there is appropriated, out of any
10 funds in the Treasury not otherwise appropriated,
11 $12,250,000, to remain available until expended, to
12 carry out the pilot program, of which not more than
13 $250,000 shall be used to carry out the evaluation
14 under subsection (f).
15 "(2) ADMINISTRATIVE COSTS.—Of the amounts
16 made available under paragraph (1) (excluding the
17 amount made available to carry out subsection (f)),
18 not more than 3 percent may be used by the Sec-
19 retary for administrative costs.".

20 **SEC. 10205. FOOD DELIVERY UNDER SUPPLEMENTAL NU-**
21 **TRITION ASSISTANCE PROGRAM.**

22 The Food and Nutrition Act of 2008 (7 U.S.C. 2011
23 et seq.) (as amended by section 10204) is amended by
24 adding at the end the following:

1 **“SEC. 34. FOOD DELIVERY.**

2 ‘‘(a) DEFINITIONS.—In this section:

3 ‘‘(1) COVERED RETAIL FOOD STORE.—The
4 term ‘covered retail food store’ means a retail food
5 store, a public or private nonprofit meal delivery
6 service, or a public or nonprofit meal delivery pro-
7 vider participating in the supplemental nutrition as-
8 sistance program that is unable to cover the cost of
9 food delivery for participants of the supplemental
10 nutrition assistance program.

11 ‘‘(2) EMPLOYEE.—The term ‘employee’ has the
12 meaning given the term in section 3 of the Fair
13 Labor Standards Act of 1938 (29 U.S.C. 203).

14 ‘‘(b) PROGRAM MODIFICATIONS.—

15 ‘‘(1) IN GENERAL.—In carrying out the supple-
16 mental nutrition assistance program, the Secretary
17 shall—

18 ‘‘(A) notify retail food stores participating
19 in the supplemental nutrition assistance pro-
20 gram of existing opportunities through which
21 the retail food stores can deliver food to pro-
22 gram participants, including by—

23 ‘‘(i) allowing an EBT card to be
24 swiped with a mobile device on delivery of
25 food to the home; and

26 ‘‘(ii) preparing food for pickup;

1 "(B) authorize public-private partnerships
2 between the Department of Agriculture, retail
3 food stores participating in the supplemental
4 nutrition assistance program, and community-
5 based organizations to provide free or low-cost
6 food delivery, including through the use of pri-
7 vate funds;

8 "(C) in the case of a covered retail food
9 store, use funds made available under subpara-
10 graph (E) of paragraph (3) to provide, in ac-
11 cordance with that paragraph, free grocery de-
12 livery for participants in the supplemental nu-
13 trition assistance program who are older adults
14 or adults with disabilities (as those terms are
15 defined in section 33(a)) who are unable to
16 shop for food or lack safe and accessible trans-
17 portation options to the covered retail food
18 store; and

19 "(D) require each State to submit to the
20 Secretary a plan that describes the methods by
21 which the State will—

22 "(i) work with retail food stores par-
23 ticipating in the supplemental nutrition as-
24 sistance program and other community-

1 based partners to establish a process for
2 food delivery for program participants;
3 ''(ii) administer the reimbursements
4 described in paragraph (3), including tim-
5 ing, eligibility, and distribution processes;
6 and
7 ''(iii) ensure that retail food stores
8 participating in the supplemental nutrition
9 assistance program that are reimbursed for
10 delivery costs under paragraph (3) adhere
11 to the requirements described in subpara-
12 graph (B) of that paragraph.
13 ''(2) STATE PLANS.—Not later than 10 days
14 after the date on which the Secretary receives a
15 State plan under paragraph (1)(D), the Secretary
16 shall—
17 ''(A) determine whether to approve or dis-
18 approve the State plan; and
19 ''(B) make publicly available on the
20 website of the Department of Agriculture—
21 ''(i) the State plan;
22 ''(ii) the determination made under
23 subparagraph (A) with respect to that
24 plan; and

1 "(iii) any guidance issued to the State
2 with respect to that plan.
3 "(3) REIMBURSEMENT OF COVERED RETAIL
4 FOOD STORES.—
5 "(A) IN GENERAL.—Notwithstanding any
6 other provision of law (including sections
7 274.7(f) and 278.2(b) of title 7, Code of Fed-
8 eral Regulations (or successor regulations), and
9 any other regulations), subject to the avail-
10 ability of funds, a State agency shall reimburse
11 a covered retail food store for the cost of food
12 delivery to participants described in paragraph
13 (1)(C) if—
14 "(i) the covered retail food store
15 meets the requirements under subpara-
16 graph (B); and
17 "(ii) the majority of the number of
18 food items delivered by the covered retail
19 food store are eligible for redemption using
20 benefits under the supplemental nutrition
21 assistance program, regardless of whether
22 the delivery includes nonfood items, subject
23 to the condition that those nonfood items
24 shall be of de minimis value.

1 "(B) REQUIREMENTS.—A covered retail
2 food store may receive reimbursement for the
3 cost of food delivery to participants described in
4 paragraph (1)(C) if the following requirements
5 are met:

6 "(i) Food delivery is performed by
7 employees of the covered retail food store
8 or employees of an entity contracted by the
9 covered retail food store to perform deliv-
10 eries.

11 "(ii) Before any employee described in
12 clause (i) begins making food deliveries,
13 that employee receives employer-provided
14 health and safety training that reflects the
15 most recent guidelines of the Centers for
16 Disease Control and Prevention.

17 "(iii) All employees described in
18 clause (i) performing deliveries are paid at
19 a rate that is not less than the greater
20 of—

21 "(I) the minimum wage rate es-
22 tablished under section 6(a)(1) of the
23 Fair Labor Standards Act of 1938
24 (29 U.S.C. 206(a)(1)); and

1 "(II) the minimum wage rate es-
2 tablished by the applicable State or lo-
3 cality in which the employee works.
4 "(iv) The covered retail food store
5 meets the size standard determined by the
6 Small Business Administration for a super-
7 market or other grocery retailer or a con-
8 venience retailer under section 121.201 of
9 title 13, Code of Federal Regulations (or a
10 successor regulation).
11 "(v) The covered retail food store does
12 not—
13 "(I) charge the supplemental nu-
14 trition assistance program participant
15 for delivery costs for which the cov-
16 ered retail food store will be reim-
17 bursed;
18 "(II) require minimum purchase
19 thresholds in order to provide free de-
20 livery;
21 "(III) restrict delivery times to
22 least-favorable windows for those par-
23 ticipants; or
24 "(IV) charge surge pricing.

1 "(C) REIMBURSABLE COSTS.—Reimburs-
2 able costs under subparagraph (A) include costs
3 associated with purchasing point-of-sale devices
4 or receiving technical assistance relating to
5 point-of-sale devices.
6 "(D) MAXIMUM REIMBURSEMENT PER DE-
7 LIVERY.—The maximum amount of reimburse-
8 ment under subparagraph (A) for a food deliv-
9 ery fee shall be $10 per delivery, which may be
10 adjusted by the Secretary for inflation.
11 "(E) AUTHORIZATION OF APPROPRIA-
12 TIONS.—There is authorized to be appropriated
13 to the Secretary $500,000,000 for fiscal year
14 2025, and each fiscal year thereafter, to remain
15 available until expended, to cover the cost of
16 food delivery described in paragraph (1)(C), to
17 be distributed among States to fund reimburse-
18 ments by States under subparagraph (A).
19 "(4) REPORT.—Not later than April 30, 2026,
20 and April 30 of each year thereafter, the Secretary
21 shall submit to the Committee on Agriculture, Nutri-
22 tion, and Forestry of the Senate and the Committee
23 on Agriculture of the House of Representatives a re-
24 port that describes, for the period covered by the re-
25 port, as applicable—

1 "(A) the number of supplemental nutrition
2 assistance program participants using food de-
3 livery services, including the percentage of those
4 participants that are older adults and adults
5 with disabilities (as those terms are defined in
6 section 33(a));
7 "(B) the covered retail food stores that
8 were reimbursed under paragraph (3), including
9 the amount of each reimbursement;
10 "(C) any complications or difficulties expe-
11 rienced by States in administering reimburse-
12 ments under paragraph (3); and
13 "(D) recommendations or best practices to
14 assist States in implementing food delivery pro-
15 grams similar to the program under this sec-
16 tion.".

17 **SEC. 10206. COMMODITY SUPPLEMENTAL FOOD PROGRAM.**

18 (a) FUNDS.—Section 4 of the Agriculture and Con-
19 sumer Protection Act of 1973 (7 U.S.C. 612c note; Public
20 Law 93–86) is amended—
21 (1) in subsection (a), in the first sentence, by
22 striking "2023" and inserting "2028"; and
23 (2) by adding at the end the following:
24 "(d) FUNDS.—In addition to amounts otherwise
25 available, there is appropriated, out of any funds in the

1 Treasury not otherwise appropriated, to carry out the pro-
2 gram under this section $10,000,000 for each of fiscal
3 years 2024 through 2028.''.

4 (b) ADULTS WITH DISABILITIES.—Section 5 of the
5 Agriculture and Consumer Protection Act of 1973 (7
6 U.S.C. 612c note; Public Law 93–86) is amended—

7 (1) by striking ''2023'' each place it appears
8 and inserting ''2028'';

9 (2) in subsection (g)—

10 (A) in paragraph (1), by striking ''to low-
11 income persons aged 60 and older.'' and insert-
12 ing the following: ''to—

13 ''(A) low-income persons aged 60 and
14 older; and

15 ''(B) low-income adults with disabilities (as
16 defined in section 3 of the Americans with Dis-
17 abilities Act of 1990 (42 U.S.C. 12102)).'';

18 (B) by redesignating paragraph (2) as
19 paragraph (3);

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

22 ''(2) INCOME ELIGIBILITY.—For purposes of
23 paragraph (1), a low-income individual described in
24 subparagraph (A) or (B) of that paragraph shall

1 have a gross income level that is less than 185 per-
2 cent of the Federal poverty line.''; and
3 (D) in subparagraph (B) of paragraph (3)
4 (as so redesignated), in the matter preceding
5 clause (i), by striking ''of—'' and all that fol-
6 lows through the period at the end of clause (ii)
7 and inserting ''of 36 months.''; and
8 (3) in subsection (i), in the matter preceding
9 paragraph (1)—
10 (A) by inserting ''or low-income adults
11 with disabilities described in subsection
12 (g)(1)(B)'' after ''elderly persons''; and
13 (B) by striking ''to each elderly participant
14 in, or applicant for, the commodity supple-
15 mental food program for the elderly'' and in-
16 serting ''to each participant in, or applicant for,
17 such a program''.

18 **SEC. 10207. SENIORS FARMERS' MARKET NUTRITION PRO-**
19 **GRAM.**

20 (a) IN GENERAL.—Section 4402 of the Farm Secu-
21 rity and Rural Investment Act of 2002 (7 U.S.C. 3007)
22 is amended—
23 (1) in subsection (a)—
24 (A) by striking ''Of the funds'' and insert-
25 ing the following:

1 "(1) MANDATORY FUNDING.—Of the funds";
2 (B) in paragraph (1) (as so designated), by
3 inserting "(referred to in this section as the
4 'Secretary')" after "Agriculture"; and
5 (C) by adding at the end the following:
6 "(2) AUTHORIZATION OF APPROPRIATIONS.—
7 There are authorized to be appropriated to the Sec-
8 retary to carry out and expand the seniors farmers'
9 market nutrition program—
10 "(A) not less than $60,000,000 for fiscal
11 year 2024;
12 "(B) not less than $70,000,000 for fiscal
13 year 2025; and
14 "(C) not less than $100,000,000 for each
15 of fiscal years 2026 through 2028.";
16 (2) in subsection (b)(1), by inserting "and
17 adults with disabilities (as defined in section 3 of the
18 Americans with Disabilities Act of 1990 (42 U.S.C.
19 12102))" before the semicolon at the end;
20 (3) by redesignating subsections (c) through (f)
21 as subsections (f) through (i), respectively; and
22 (4) by inserting after subsection (b) the fol-
23 lowing:
24 "(c) BENEFIT AMOUNTS.—Under the seniors farm-
25 ers' market nutrition program—

1 "(1) the minimum individual benefit shall be
2 $35; and
3 "(2) the maximum individual benefit shall be
4 $80.
5 "(d) CERTIFICATION PERIOD.—The certification pe-
6 riod for participants in the seniors farmers' market nutri-
7 tion program shall be 36 months.
8 "(e) MODERNIZATION GRANTS.—
9 "(1) IN GENERAL.—Not later than 180 days
10 after the date of enactment of the Senior Hunger
11 Prevention Act of 2024, the Secretary shall establish
12 a grant program under which the Secretary shall
13 award grants to State agencies, including Tribal or-
14 ganizations (as defined in section 3 of the Food and
15 Nutrition Act of 2008 (7 U.S.C. 2012)) and terri-
16 tories, that administer the senior farmers' market
17 nutrition program to modernize program operations,
18 including—
19 "(A) by transitioning from paper-based
20 coupons to an electronic transaction technology,
21 such as a web-based service or installable soft-
22 ware; and
23 "(B) by increasing benefit use at farmers'
24 markets.
25 "(2) GRANT AMOUNT.—

1 "(A) IN GENERAL.—The amount of a
2 grant awarded under paragraph (1) shall not
3 exceed $350,000.
4 "(B) SUPPLIES.—Not more than $25,000
5 may be used to carry out subparagraph (F) of
6 paragraph (3).
7 "(3) ELIGIBLE EXPENSES.—An entity receiving
8 a grant under paragraph (1) may use the grant
9 for—
10 "(A) costs associated with the procurement
11 of electronic transaction technology;
12 "(B) planning costs, including personnel
13 costs, relating to electronic transaction tech-
14 nology procurement and implementation;
15 "(C) costs associated with evaluating the
16 impact of transitioning from coupon-based oper-
17 ations to an electronic transaction technology;
18 "(D) training, outreach, and promotional
19 material costs, including the costs associated
20 with translating materials;
21 "(E) maintenance and operation of elec-
22 tronic transaction technology procured using
23 the grant during the period of performance of
24 the grant;

1 "(F) subject to paragraph (2)(B), the pur-
2 chase of supplies needed to perform electronic
3 transactions onsite; and

4 "(G) additional costs associated with mod-
5 ernizing program operations, as determined ap-
6 propriate by the Secretary.

7 "(4) REPORTS.—Each entity that receives a
8 grant under paragraph (1) shall submit to the Sec-
9 retary and the Administrator of the Food and Nutri-
10 tion Service quarterly performance progress reports
11 on the use of the grant.

12 "(5) AUTHORIZATION OF APPROPRIATIONS.—
13 There is authorized to be appropriated to the Sec-
14 retary to carry out this subsection $15,000,000 for
15 fiscal year 2024 and each fiscal year thereafter.".

16 (b) INCOME GUIDELINES.—The Secretary of Agri-
17 culture shall revise section 249.6(a)(3) of title 7, Code of
18 Federal Regulations, to ensure that income eligibility
19 under that section is at or below 200 percent of the pov-
20 erty income guidelines.

1 **SEC. 10208. INFRASTRUCTURE FUNDING FOR FARMERS'**
2 **MARKETS; LOCAL PROCUREMENT PILOT**
3 **PROGRAM.**

4 The Farm Security and Rural Investment Act of
5 2002 is amended by inserting after section 4402 (7 U.S.C.
6 3007) the following:

7 **"SEC. 4403. INFRASTRUCTURE FUNDING FOR FARMERS'**
8 **MARKETS; LOCAL PROCUREMENT PILOT**
9 **PROGRAM.**

10 ''(a) DEFINITIONS.—In this section:
11 ''(1) DISABILITY.—The term 'disability' has the
12 meaning given the term in section 3 of the Ameri-
13 cans with Disabilities Act of 1990 (42 U.S.C.
14 12102).
15 ''(2) OLDER ADULT.—The term 'older adult'
16 has the meaning given the term 'older individual' in
17 section 102 of the Older Americans Act of 1965 (42
18 U.S.C. 3002).
19 ''(3) SECRETARY.—The term 'Secretary' means
20 the Secretary of Agriculture.
21 ''(b) INFRASTRUCTURE FUNDING FOR FARMERS'
22 MARKETS.—
23 ''(1) DEFINITION OF ELIGIBLE ENTITY.—In
24 this subsection, the term 'eligible entity' means an
25 entity that—
26 ''(A) is—

1 "(i) an agricultural cooperative or
2 other agricultural business entity or a pro-
3 ducer network or association, including a
4 community-supported agriculture network
5 or association;
6 "(ii) a local or Tribal government;
7 "(iii) a nonprofit corporation;
8 "(iv) a public benefit corporation;
9 "(v) an economic development cor-
10 poration;
11 "(vi) a regional farmers' market au-
12 thority;
13 "(vii) a food council; or
14 "(viii) any other entity as determined
15 by the Secretary; and
16 "(B) can demonstrate financial need, as
17 determined by the Secretary.
18 "(2) ESTABLISHMENT.—Not later than 180
19 days after the date of enactment of the Senior Hun-
20 ger Prevention Act of 2024, the Secretary shall es-
21 tablish a program under which the Secretary shall
22 provide financial assistance, in the form of loans,
23 loan guarantees, and grants, to eligible entities for—
24 "(A) the establishment of new farmers'
25 markets;

1 “(B) the improvement or rehabilitation of
2 existing farmers’ markets, including by adding
3 or improving payment technologies used in
4 those farmers’ markets; and
5 “(C) the expansion of community sup-
6 ported agriculture to serve older adults and
7 adults with disabilities.
8 “(3) REQUIREMENTS.—An eligible entity that
9 receives financial assistance under paragraph (2)
10 shall be required—
11 “(A) to host farmers’ markets or related
12 activities at locations accessible—
13 “(i) by public transportation;
14 “(ii) by paratransit; or
15 “(iii) through transportation services
16 provided under the Older Americans Act of
17 1965 (42 U.S.C. 3001 et seq.); and
18 “(B) to reserve not less than 50 percent of
19 the floor area of an applicable farmers’ market
20 for the sale of products that are produced lo-
21 cally, as determined by the Secretary, by—
22 “(i) farmers, ranchers, or aquaculture,
23 mariculture, or fisheries operators; or

1 "(ii) associations of farmers, ranchers,
2 or aquaculture, mariculture, or fisheries
3 operators.

4 "(4) COST SHARING.—The non-Federal share
5 of a grant provided under this subsection shall be 20
6 percent of the amount of the grant, which may com-
7 prise transportation costs, volunteer contributions,
8 and in-kind staffing.

9 "(5) FUNDING.—Of the funds of the Com-
10 modity Credit Corporation, the Secretary shall use
11 to carry out this subsection $50,000,000 for each of
12 fiscal years 2024 through 2028.

13 "(c) LOCAL PROCUREMENT PILOT PROGRAM.—

14 "(1) DEFINITIONS.—In this subsection:

15 "(A) AGRICULTURAL PRODUCER.—The
16 term 'agricultural producer' includes—

17 "(i) an agricultural cooperative;

18 "(ii) a person engaged in farming,
19 ranching, or aquaculture;

20 "(iii) a person engaged in the packing
21 of a food product; and

22 "(iv) a person engaged in the minimal
23 processing of a food product, as deter-
24 mined by the Secretary.

1 "(B) ELIGIBLE ENTITY.—The term 'eligi-
2 ble entity' means an entity that—
3 "(i)(I) coordinates enrollment in, and
4 distribution of, benefits under the seniors
5 farmers' market nutrition program; or
6 "(II) demonstrates an ability to part-
7 ner with an entity that coordinates enroll-
8 ment in and distribution of benefits under
9 the seniors farmers' market nutrition pro-
10 gram; and
11 "(ii) is—
12 "(I) a public or nonprofit pro-
13 vider of nutrition services or support
14 to older adults or adults with disabil-
15 ities, including—
16 "(aa) an Aging and Dis-
17 ability Resource Center (as de-
18 fined in section 102 of the Older
19 Americans Act of 1965 (42
20 U.S.C. 3002));
21 "(bb) an area agency on
22 aging (as defined in that section);
23 "(cc) a State health insur-
24 ance program;
25 "(dd) a State unit on aging;

1 "(ee) a center for inde-
2 pendent living;
3 "(ff) a community health
4 center;
5 "(gg) a multipurpose senior
6 center; and
7 "(hh) federally subsidized
8 housing, including federally sub-
9 sidized housing units for older
10 adults and adults with disabil-
11 ities; or
12 "(II) a local, State, or national
13 parks and recreation department.
14 "(2) ESTABLISHMENT.—Not later than 180
15 days after the date of enactment of the Senior Hun-
16 ger Prevention Act of 2024, the Secretary shall es-
17 tablish a pilot program under which the Secretary
18 shall award grants to eligible entities to contract
19 with agricultural producers that will grow produce to
20 support the local procurement and contracting of
21 produce for eligible entities.
22 "(3) PRIORITY.—In awarding grants under
23 paragraph (2), the Secretary shall give priority to an
24 eligible entity that will use grant funds to benefit
25 underserved communities, including communities

1 that are located in areas of concentrated poverty
2 with limited access to fresh locally or regionally
3 grown food.

4 "(4) METHODS.—Under a contract described in
5 paragraph (2), an agricultural producer may grow
6 produce through traditional or controlled environ-
7 mental agriculture.

8 "(5) EVALUATION.—Not later than 2 years
9 after the date of establishment of the pilot program
10 under paragraph (2), the Secretary shall conduct an
11 evaluation of the pilot program.

12 "(6) FUNDING.—

13 "(A) IN GENERAL.—Of the funds of the
14 Commodity Credit Corporation, the Secretary
15 shall use to carry out this subsection $350,000
16 for each of fiscal years 2024 through 2028.

17 "(B) ADMINISTRATIVE COSTS.—Of the
18 amounts made available under subparagraph
19 (A) for a fiscal year, not more than 5 percent
20 may be used for administrative costs.

21 "(C) EVALUATION.—In addition to
22 amounts made available under subparagraph
23 (A), there is appropriated to the Secretary, out
24 of any funds in the Treasury not otherwise ap-

1 propriated, $25,000 to carry out paragraph
2 (5).''.

## 3 CHAPTER 2—CLOSING THE MEAL GAP

### 4 SEC. 10211. ELIMINATION OF TIME LIMIT.

5 (a) IN GENERAL.—Section 6 of the Food and Nutri-
6 tion Act of 2008 (7 U.S.C. 2015) is amended—
7 (1) by striking subsection (o); and
8 (2) by redesignating subsections (p) through (s)
9 as subsections (o) through (r), respectively.
10 (b) CONFORMING AMENDMENTS.—
11 (1) Section 5(a) of the Food and Nutrition Act
12 of 2008 (7 U.S.C. 2014(a)) is amended, in the sec-
13 ond sentence, by striking ''(r)'' and inserting ''(q)''.
14 (2) Section 6(d)(4) of the Food and Nutrition
15 Act of 2008 (7 U.S.C. 2015(d)(4)) is amended—
16 (A) in subparagraph (B)(ii)(I)(bb)(DD),
17 by striking ''or subsection (o)''; and
18 (B) in subparagraph (N), by striking ''or
19 subsection (o)'' each place it appears.
20 (3) Section 7(i)(1) of the Food and Nutrition
21 Act of 2008 (7 U.S.C. 2016(i)(1)) is amended by
22 striking ''section 6(o)(2) of this Act or''.
23 (4) Section 16(h) of the Food and Nutrition
24 Act of 2008 (7 U.S.C. 2025(h)) is amended—
25 (A) in paragraph (1)—

1 (i) in subparagraph (B), in the matter
2 preceding clause (i), by striking ''that—''
3 and all that follows through the period at
4 the end of clause (ii) and inserting ''that
5 is determined and adjusted by the Sec-
6 retary.'';
7 (ii) by striking subparagraph (E);
8 (iii) by redesignating subparagraph
9 (F) as subparagraph (E); and
10 (iv) in clause (ii)(III)(ee)(AA) of sub-
11 paragraph (E) (as so redesignated), by
12 striking '', individuals subject to the re-
13 quirements under section 6(o),''; and
14 (B) in paragraph (5)(C)—
15 (i) in clause (ii), by adding ''and'' at
16 the end;
17 (ii) in clause (iii), by striking ''; and''
18 and inserting a period; and
19 (iii) by striking clause (iv).
20 (5) Section 51(d)(8)(A)(ii) of the Internal Rev-
21 enue Code of 1986 is amended—
22 (A) in subclause (I), by striking '', or'' at
23 the end and inserting a period;
24 (B) in the matter preceding subclause (I),
25 by striking ''family—'' and all that follows

1 through ''receiving'' in subclause (I) and insert-
2 ing ''family receiving''; and
3 (C) by striking subclause (II).
4 (6) Section 103(a)(2) of the Workforce Innova-
5 tion and Opportunity Act (29 U.S.C. 3113) is
6 amended—
7 (A) by striking subparagraph (D); and
8 (B) by redesignating subparagraphs (E)
9 through (K) as subparagraphs (D) through (J),
10 respectively.
11 (7) Section 121(b)(2)(B) of the Workforce In-
12 novation and Opportunity Act (29 U.S.C. 3151) is
13 amended—
14 (A) by striking clause (iv); and
15 (B) by redesignating clauses (v) through
16 (vii) as clauses (iv) through (vi), respectively.

17 **SEC. 10212. INCLUSION OF PUERTO RICO IN SUPPLE-**
18 **MENTAL NUTRITIONAL ASSISTANCE PRO-**
19 **GRAM.**

20 (a) DEFINITIONS.—Section 3 of the Food and Nutri-
21 tion Act of 2008 (7 U.S.C. 2012) is amended—
22 (1) in subsection (r), by inserting ''the Com-
23 monwealth of Puerto Rico,'' after ''Guam,''; and
24 (2) in subsection (u)(3), by inserting ''the Com-
25 monwealth of Puerto Rico,'' after ''Guam,''.

1 (b) ELIGIBLE HOUSEHOLDS.—Section 5 of the Food
2 and Nutrition Act of 2008 (7 U.S.C. 2014) is amended—
3 (1) in subsection (b), in the first sentence, by
4 inserting "the Commonwealth of Puerto Rico," after
5 "Guam,";
6 (2) in subsection (c)—
7 (A) in paragraph (1), by striking "and
8 Guam," and inserting "Guam, and the Com-
9 monwealth of Puerto Rico,"; and
10 (B) in the undesignated matter at the end,
11 by striking "States or Guam" and inserting
12 "States, Guam, or the Commonwealth of Puer-
13 to Rico"; and
14 (3) in subsection (e)—
15 (A) in paragraph (1)(A), by inserting "the
16 Commonwealth of Puerto Rico," after "Ha-
17 waii," each place it appears; and
18 (B) in paragraph (6)(B), in the matter
19 preceding clause (i), by inserting "the Common-
20 wealth of Puerto Rico," after "Guam,".
21 (c) EFFECTIVE DATE.—
22 (1) IN GENERAL.—The amendments made by
23 subsections (a) and (b) shall be effective with re-
24 spect to the Commonwealth of Puerto Rico on the
25 date described in paragraph (2) if the Secretary of

1 Agriculture submits to Congress a certification
2 under subsection (f)(2)(C) of section 19 of the Food
3 and Nutrition Act of 2008 (7 U.S.C. 2028) (as
4 added by subsection (d)).

5 (2) DATE DESCRIBED.—The date referred to in
6 paragraph (1) is the date established by the Com-
7 monwealth of Puerto Rico in the applicable plan of
8 operation submitted to the Secretary of Agriculture
9 under subsection (f)(1) of section 19 of the Food
10 and Nutrition Act of 2008 (7 U.S.C. 2028) (as
11 added by subsection (d)).

12 (d) TRANSITION OF PUERTO RICO TO SUPPLE-
13 MENTAL NUTRITION ASSISTANCE PROGRAM.—Section 19
14 of the Food and Nutrition Act of 2008 (7 U.S.C. 2028)
15 is amended by adding at the end the following:

16 "(f) TRANSITION OF PUERTO RICO TO SUPPLE-
17 MENTAL NUTRITION ASSISTANCE PROGRAM.—

18 "(1) REQUEST FOR PARTICIPATION.—The Com-
19 monwealth of Puerto Rico may submit to the Sec-
20 retary a request to participate in the supplemental
21 nutrition assistance program, which shall include a
22 plan of operation described in section 11(d), includ-
23 ing a description of the date on which the Common-
24 wealth of Puerto Rico intends to begin participation
25 in the supplemental nutrition assistance program.

1 "(2) CERTIFICATION BY SECRETARY.—
2 "(A) IN GENERAL.—On submission of a
3 request by the Commonwealth of Puerto Rico
4 under paragraph (1), the Secretary shall certify
5 the Commonwealth of Puerto Rico as qualified
6 to participate in the supplemental nutrition as-
7 sistance program if the Secretary—
8 "(i) approves the plan of operation
9 submitted with the request, in accordance
10 with this subsection; and
11 "(ii) approves the applications de-
12 scribed in paragraph (4) in accordance
13 with that paragraph.
14 "(B) DEADLINE.—The Secretary shall cer-
15 tify or deny the request of the Commonwealth
16 of Puerto Rico under paragraph (1) not later
17 than 90 days after the date on which the Sec-
18 retary receives the request.
19 "(C) SUBMISSION TO CONGRESS.—The
20 Secretary shall submit a certification under
21 subparagraph (A) to Congress.
22 "(3) DETERMINATION OF PLAN OF OPER-
23 ATION.—
24 "(A) APPROVAL.—The Secretary shall ap-
25 prove a plan of operation submitted with a re-

1 quest under paragraph (1) if the plan satisfies
2 the requirements under this Act.
3 ‘‘(B) DISAPPROVAL.—If the Secretary does
4 not approve a plan of operation submitted with
5 a request under paragraph (1), the Secretary
6 shall provide a statement that describes each
7 requirement under this Act that is not satisfied
8 by the plan.
9 ‘‘(4) APPROVAL OF RETAIL FOOD STORES.—If
10 the Secretary approves a plan of operation under
11 paragraph (3)(A) for the Commonwealth of Puerto
12 Rico, the Secretary shall accept applications from re-
13 tail food stores located in the Commonwealth of
14 Puerto Rico to be authorized under section 9 to par-
15 ticipate in the supplemental nutrition assistance pro-
16 gram.
17 ‘‘(5) FAMILY MARKET PROGRAM.—Notwith-
18 standing subsection (g), the Secretary shall allow the
19 Commonwealth of Puerto Rico to continue to carry
20 out under the supplemental nutrition assistance pro-
21 gram the Family Market Program established pur-
22 suant to this section.
23 ‘‘(6) TEMPORARY FUNDING.—If the Common-
24 wealth of Puerto Rico has a request under para-
25 graph (1) pending before the Secretary (including a

1 plan of operation pending under paragraph (3)), the
2 Commonwealth of Puerto Rico shall receive block
3 grants under this section, in amounts determined by
4 the Secretary, until the date on which the Secretary
5 certifies the Commonwealth of Puerto Rico under
6 paragraph (2)(B).

7 "(7) AUTHORIZATION OF APPROPRIATIONS.—
8 There are authorized to be appropriated to the Sec-
9 retary such sums as are necessary to carry out this
10 subsection for fiscal year 2024, to remain available
11 until expended.

12 "(g) TECHNICAL INFRASTRUCTURE IMPLEMENTA-
13 TION.—

14 "(1) IN GENERAL.—The Commonwealth of
15 Puerto Rico may request from the Secretary a 1-
16 time grant to pay for the cost of the technology in-
17 frastructure necessary to implement the supple-
18 mental nutrition assistance program, including the
19 cost of information technology, information tech-
20 nology personnel, and training relating to program
21 implementation.

22 "(2) APPLICATION.—In making a request under
23 paragraph (1), the Commonwealth of Puerto Rico
24 shall submit to the Secretary an application at such

1 time, in such manner, and containing such informa-
2 tion as the Secretary may require, including—
3 ''(A) a description of the costs to be paid
4 for by the grant; and
5 ''(B) a plan for implementing the tech-
6 nology infrastructure described in paragraph
7 (1)—
8 ''(i) within 1 year of receiving the
9 grant; and
10 ''(ii) that is reasonably cost efficient,
11 as determined by the Secretary.
12 ''(3) DETERMINATION.—
13 ''(A) TIME LIMIT.—The Secretary shall
14 approve or deny an application submitted under
15 paragraph (2) not later than 90 days after the
16 date on which the application is submitted.
17 ''(B) DENIAL.—If the Secretary denies an
18 application submitted under paragraph (2), the
19 Commonwealth of Puerto Rico may amend the
20 plan described in subparagraph (B) of that
21 paragraph, in coordination with the Secretary,
22 to resubmit to the Secretary for approval.
23 ''(4) FUNDING.—
24 ''(A) IN GENERAL.—There is appropriated
25 to the Secretary, out of funds in the Treasury

1 not otherwise appropriated, $112,500,000 to
2 carry out this subsection, to remain available
3 until 3 years after the date of enactment of this
4 subsection.

5 ''(B) REVERSION OF FUNDS.—Any funds
6 appropriated to the Secretary under subpara-
7 graph (A) that remain available by the date de-
8 scribed in that subparagraph shall revert to the
9 Treasury.

10 ''(h) TERMINATION OF EFFECTIVENESS.—

11 ''(1) IN GENERAL.—Subsections (a) through (e)
12 shall cease to be effective with respect to the Com-
13 monwealth of Puerto Rico on the date described in
14 paragraph (2) if the Secretary submits to Congress
15 a certification under subsection (f)(2)(C) for the
16 Commonwealth of Puerto Rico.

17 ''(2) DATE DESCRIBED.—The date referred to
18 in paragraph (1) is the date established by the Com-
19 monwealth of Puerto Rico in the applicable plan of
20 operation submitted to the Secretary under sub-
21 section (f)(1).''.

## 22 Subtitle D—Universal School Meals

23 **SEC. 10301. SHORT TITLE.**

24 This subtitle may be cited as the ''Universal School
25 Meals Program Act of 2024''.

1 **SEC. 10302. EFFECTIVE DATE.**

2 Except as otherwise provided, this subtitle, and the
3 amendments made by this subtitle, take effect on the date
4 that is 1 year after the date of enactment of this Act.

# 5 CHAPTER 1—SCHOOL BREAKFAST
# 6 PROGRAM

7 **SEC. 10311. FREE SCHOOL BREAKFAST PROGRAM.**

8 (a) IN GENERAL.—Section 4(a) of the Child Nutri-
9 tion Act of 1966 (42 U.S.C. 1773(a)) is amended, in the
10 first sentence—

11 (1) by striking ‘‘is hereby’’ and inserting ‘‘are’’;
12 and

13 (2) by inserting ‘‘to provide free breakfast to all
14 children enrolled at those schools’’ before ‘‘in accord-
15 ance’’.

16 (b) APPORTIONMENT TO STATES.—Section 4(b) of
17 the Child Nutrition Act of 1966 (42 U.S.C. 1773(b)) is
18 amended—

19 (1) in paragraph (1)—

20 (A) in subparagraph (A)(i), by striking
21 subclause (II) and inserting the following:

22 ‘‘(II) the national average pay-
23 ment for free breakfasts, as specified
24 in subparagraph (B).’’;

25 (B) by striking subparagraph (B) and in-
26 serting the following:

1 "(B) PAYMENT AMOUNTS.—
2 "(i) IN GENERAL.—The national aver-
3 age payment for each free breakfast shall
4 be $2.80, adjusted annually for inflation in
5 accordance with clause (ii) and rounded in
6 accordance with clause (iii).
7 "(ii) INFLATION ADJUSTMENT.—
8 "(I) IN GENERAL.—The annual
9 inflation adjustment under clause (i)
10 shall reflect changes in the cost of op-
11 erating the free breakfast program
12 under this section, as indicated by the
13 change in the Consumer Price Index
14 for food away from home for all urban
15 consumers.
16 "(II) BASIS.—Each inflation an-
17 nual adjustment under clause (i) shall
18 reflect the changes in the Consumer
19 Price Index for food away from home
20 for the most recent 12-month period
21 for which those data are available.
22 "(iii) ROUNDING.—On July 1, 2024,
23 and annually thereafter, the national aver-
24 age payment rate for free breakfast shall
25 be—

1 "(I) adjusted to the nearest
2 lower-cent increment; and
3 "(II) based on the unrounded
4 amounts for the preceding 12-month
5 period.";
6 (C) by striking subparagraphs (C) and
7 (E); and
8 (D) by redesignating subparagraph (D) as
9 subparagraph (C);
10 (2) by striking paragraphs (2) and (3);
11 (3) by redesignating paragraphs (4) and (5) as
12 paragraphs (2) and (3), respectively; and
13 (4) in paragraph (3) (as so redesignated), by
14 striking "paragraph (3) or (4)" and inserting "para-
15 graph (2)".
16 (c) STATE DISBURSEMENT TO SCHOOLS.—Section 4
17 of the Child Nutrition Act of 1966 (42 U.S.C. 1773) is
18 amended by striking subsection (c) and inserting the fol-
19 lowing:
20 "(c) STATE DISBURSEMENT TO SCHOOLS.—Funds
21 apportioned and paid to any State for the purpose of this
22 section shall be disbursed by the State educational agency
23 to schools selected by the State educational agency to as-
24 sist those schools in operating a breakfast program.".
25 (d) NO COLLECTION OF DEBT.—

1 (1) IN GENERAL.—Notwithstanding any other
2 provision of the Child Nutrition Act of 1966 (42
3 U.S.C. 1771 et seq.) or any other provision of law,
4 effective beginning on the date of enactment of this
5 Act, as a condition of participation in the breakfast
6 program under section 4 of that Act (42 U.S.C.
7 1773), a school—
8 (A) shall not collect any debt owed to the
9 school for unpaid meal charges; and
10 (B) shall continue to accrue debt for un-
11 paid meal charges—
12 (i) for the purpose of receiving reim-
13 bursement under section 10332; and
14 (ii) until the effective date specified in
15 section 10302.
16 (2) CHILD NUTRITION ACT OF 1966.—
17 (A) IN GENERAL.—Section 4 of the Child
18 Nutrition Act of 1966 (42 U.S.C. 1773) is
19 amended by striking subsection (d) and insert-
20 ing the following:
21 ''(d) NO COLLECTION OF DEBT.—A school partici-
22 pating in the free breakfast program under this section
23 shall not collect any debt owed to the school for unpaid
24 meal charges.''.

1 (B) CONFORMING AMENDMENT.—Section
2 23(a) of the Child Nutrition Act of 1966 (42
3 U.S.C. 1793(a)) is amended by striking ''a
4 school in severe need, as described in section
5 4(d)(1)'' and inserting the following: ''a
6 school—

7 ''(1) participating in the free breakfast program
8 under section 4, or seeking to initiate a free break-
9 fast program under that section; and

10 ''(2) not less than 40 percent of the students of
11 which are economically disadvantaged students (as
12 identified under a measure described in section
13 1113(a)(5) of the Elementary and Secondary Edu-
14 cation Act of 1965 (20 U.S.C. 6313(a)(5)))''.

15 (e) NUTRITIONAL AND OTHER PROGRAM REQUIRE-
16 MENTS.—Section 4(e) of the Child Nutrition Act of 1966
17 (42 U.S.C. 1773(e)) is amended—

18 (1) in paragraph (1)(A), in the second sentence,
19 by striking ''free or'' and all that follows through
20 the period at the end and inserting ''free to all chil-
21 dren enrolled at a school participating in the school
22 breakfast program.''; and

23 (2) in paragraph (2), in the second sentence, by
24 striking ''the full charge to the student for a break-
25 fast meeting the requirements of this section or''.

1 (f) PROHIBITION ON BREAKFAST SHAMING, MEAL
2 DENIAL.—
3 (1) IN GENERAL.—Effective beginning on the
4 date of enactment of this Act, a school or school
5 food authority—
6 (A) shall not—
7 (i) physically segregate for the pur-
8 pose of debt shaming or otherwise dis-
9 criminate against any child participating in
10 the breakfast program under section 4 of
11 the Child Nutrition Act of 1966 (42
12 U.S.C. 1773); or
13 (ii) overtly identify a child described
14 in clause (i) by a special token or ticket,
15 an announced or published list of names,
16 or any other means; and
17 (B) shall provide the program meal to each
18 child eligible under the program described in
19 subparagraph (A)(i).
20 (2) CHILD NUTRITION ACT OF 1966.—Section 4
21 of the Child Nutrition Act of 1966 (42 U.S.C. 1773)
22 is amended by adding at the end the following:
23 ''(f) PROHIBITION ON BREAKFAST SHAMING.—A
24 school or school food authority shall not—

1 "(1) physically segregate for the purpose of
2 debt shaming or otherwise discriminate against any
3 child participating in the free breakfast program
4 under this section; or

5 "(2) overtly identify a child described in para-
6 graph (1) by a special token or ticket, an announced
7 or published list of names, or any other means.".

8 (g) DEPARTMENT OF DEFENSE OVERSEAS DEPEND-
9 ENTS' SCHOOLS.—Section 20(b) of the Child Nutrition
10 Act of 1966 (42 U.S.C. 1789(b)) is amended by striking
11 "by this section" and all that follows through the period
12 at the end and inserting "by this section.".

13 (h) CONFORMING AMENDMENTS.—The Child Nutri-
14 tion Act of 1966 (42 U.S.C. 1771 et seq.) is amended—

15 (1) by striking "or reduced price" each place it
16 appears;

17 (2) by striking "and reduced price" each place
18 it appears; and

19 (3) by striking "a reduced price" each place it
20 appears.

## 21 CHAPTER 2—SCHOOL LUNCH PROGRAM

### 22 SEC. 10321. APPORTIONMENT TO STATES.

23 Section 4(b) of the Richard B. Russell National
24 School Lunch Act (42 U.S.C. 1753(b)) is amended—

25 (1) in paragraph (1)—

1 (A) in subparagraph (A), by striking ''of
2 this Act''; and
3 (B) in subparagraph (B), by striking ''of
4 this subsection''; and
5 (2) by striking paragraphs (2) and (3) and in-
6 serting the following:
7 ''(2) PAYMENT AMOUNTS.—
8 ''(A) IN GENERAL.—The national average
9 payment for each free lunch shall be $4.63, ad-
10 justed annually for inflation in accordance with
11 subparagraph (C) and rounded in accordance
12 with subparagraph (D).
13 ''(B) ADDITIONAL PAYMENT FOR LOCAL
14 FOOD.—
15 ''(i) IN GENERAL.—During a school
16 year, a school food authority shall receive
17 an additional payment described in clause
18 (ii) if the State certifies that the school
19 food authority served meals (including
20 breakfasts, lunches, suppers, and supple-
21 ments) during the preceding school year
22 not less than 25 percent of which were
23 made with farm products that were—
24 ''(I) produced and distributed—

1 "(aa) in the State in which
2 the school food authority is lo-
3 cated; or
4 "(bb) not more than 250
5 miles from the location of the
6 school food authority; and
7 "(II) marketed to consumers—
8 "(aa) directly; or
9 "(bb) through an intermedi-
10 ated channel (such as a food hub
11 or cooperative).
12 "(ii) PAYMENT AMOUNT.—
13 "(I) IN GENERAL.—The addi-
14 tional payment amount under this
15 subparagraph shall be—
16 "(aa) $0.30 for each free
17 lunch and supper;
18 "(bb) $0.21 for each free
19 breakfast; and
20 "(cc) $0.08 for each free
21 supplement.
22 "(II) ADJUSTMENTS.—Each ad-
23 ditional payment amount under sub-
24 clause (I) shall be adjusted annually
25 in accordance with subparagraph (C)

1 and rounded in accordance with sub-
2 paragraph (D).
3 "(iii) DISBURSEMENT.—The State
4 agency shall disburse funds made available
5 under this subparagraph to school food au-
6 thorities eligible to receive additional reim-
7 bursement.
8 "(C) INFLATION ADJUSTMENT.—
9 "(i) IN GENERAL.—The annual infla-
10 tion adjustment under subparagraphs (A)
11 and (B)(ii) shall reflect changes in the cost
12 of operating the free lunch program under
13 this Act, as indicated by the change in the
14 Consumer Price Index for food away from
15 home for all urban consumers.
16 "(ii) BASIS.—Each annual inflation
17 adjustment under subparagraphs (A) and
18 (B)(ii) shall reflect the changes in the Con-
19 sumer Price Index for food away from
20 home for the most recent 12-month period
21 for which those data are available.
22 "(D) ROUNDING.—On July 1, 2024, and
23 annually thereafter, the national average pay-
24 ment rate for free lunch and the additional pay-
25 ment amount for free breakfast, lunch, supper,

1 and supplement under subparagraph (B) shall
2 be—
3 “(i) adjusted to the nearest lower-cent
4 increment; and
5 “(ii) based on the unrounded amounts
6 for the preceding 12-month period.”.

7 **SEC. 10322. NUTRITIONAL AND OTHER PROGRAM REQUIRE-**
8 **MENTS.**

9 (a) ELIMINATION OF FREE LUNCH ELIGIBILITY RE-
10 QUIREMENTS.—
11 (1) IN GENERAL.—Section 9 of the Richard B.
12 Russell National School Lunch Act (42 U.S.C.
13 1758) is amended by striking subsection (b) and in-
14 serting the following:
15 “(b) ELIGIBILITY.—All children enrolled in a school
16 that participates in the school lunch program under this
17 Act shall be eligible to receive free lunch under this Act.”.
18 (2) CONFORMING AMENDMENTS.—
19 (A) Section 9 of the Richard B. Russell
20 National School Lunch Act (42 U.S.C. 1758) is
21 amended—
22 (i) in subsection (c), in the third sen-
23 tence, by striking “or at a reduced cost”;
24 and

1 (ii) in subsection (e), by striking ", re-
2 duced price,".

3 (B)(i) Section 18 of the Richard B. Russell
4 National School Lunch Act (42 U.S.C. 1769) is
5 amended—

6 (I) in subsection (b), by striking
7 "(b)(1) Upon" and inserting the following:

8 "(a) EXTENSION OF ELIGIBILITY OF CERTAIN
9 SCHOOL DISTRICTS TO RECEIVE CASH OR COMMODITY
10 LETTERS OF CREDIT ASSISTANCE FOR SCHOOL LUNCH
11 PROGRAMS.—

12 "(1) IN GENERAL.—On";

13 (II) in subsection (c), by striking
14 "(c)(1) The" and inserting the following:

15 "(b) ALTERNATIVE COUNTING AND CLAIMING PRO-
16 CEDURES.—

17 "(1) IN GENERAL.—The";

18 (III) in subsection (g), by striking the
19 subsection designation and heading and in-
20 serting the following:

21 "(c) ACCESS TO LOCAL FOODS: PATRICK LEAHY
22 FARM TO SCHOOL PROGRAM.—";

23 (IV) by striking subsection (j); and

1 (V) by redesignating subsections (h),
2 (i), and (k) as subsections (d), (e), and (f),
3 respectively.
4 (ii) Section 17(r)(5) of the Richard B.
5 Russell National School Lunch Act (42 U.S.C.
6 1766(r)(5)) is amended by striking ''18(h)'' and
7 inserting ''18(d)''.
8 (iii) Section 19(i)(2) of the Richard B.
9 Russell National School Lunch Act (42 U.S.C.
10 1769a(i)(2)) is amended by striking ''State that
11 received funding under section 18(f) on the day
12 before the date of enactment of the Food, Con-
13 servation, and Energy Act of 2008'' and insert-
14 ing ''State that, on the day before the date of
15 enactment of the Food, Conservation, and En-
16 ergy Act of 2008 (Public Law 110–246; 122
17 Stat. 1651), received funding under section
18 18(f) (as in effect on the day before that date
19 of enactment)''.
20 (iv) Section 413(b)(2) of the Agricultural
21 Research, Extension, and Education Reform
22 Act of 1998 (7 U.S.C. 7633(b)(2)) is amended
23 by striking ''section 18(g) of the Richard B.
24 Russell National School Lunch Act (42 U.S.C.
25 1769(g))'' and inserting ''subsection (c) of sec-

1 tion 18 of the Richard B. Russell National
2 School Lunch Act (42 U.S.C. 1769)''.
3 (C) Section 28 of the Richard B. Russell
4 National School Lunch Act (42 U.S.C. 1769i)
5 is amended—
6 (i) by striking subsection (b); and
7 (ii) by redesignating subsection (c) as
8 subsection (b).
9 (D) Section 1154(a)(2)(A)(i) of title 10,
10 United States Code, is amended by striking ''in
11 accordance with section 9(b)(1) of the Richard
12 B. Russell National School Lunch Act (42
13 U.S.C. 1758(b)(1)''.
14 (E) Section 1902(a) of the Social Security
15 Act (42 U.S.C. 1396a(a)) is amended by strik-
16 ing paragraph (7) and inserting the following:
17 ''(7) provide safeguards that restrict the use or
18 disclosure of information concerning applicants and
19 recipients to purposes directly connected with the
20 administration of the plan;''.
21 (F) Section 4301 of the Food, Conserva-
22 tion, and Energy Act of 2008 (42 U.S.C.
23 1758a) is repealed.
24 (G) Section 17 of the Child Nutrition Act
25 of 1966 (42 U.S.C. 1786) is amended—

1 (i) in subsection (d)—
2 (I) in paragraph (2)(A)—
3 (aa) by striking clause (i);
4 and
5 (bb) by redesignating
6 clauses (ii) and (iii) as clauses (i)
7 and (ii), respectively; and
8 (II) in paragraph (3)—
9 (aa) by striking subpara-
10 graph (D);
11 (bb) by redesignating sub-
12 paragraphs (E) and (F) as sub-
13 paragraphs (D) and (E), respec-
14 tively; and
15 (cc) in subparagraph (D) (as
16 so redesignated), by striking
17 ''clause (ii) or (iii)'' and inserting
18 ''clause (i) or (ii)''; and
19 (ii) in subsection (f)(17), by striking
20 ''Notwithstanding subsection (d)(2)(A)(i),
21 not later'' and inserting ''Not later''.
22 (b) NO COLLECTION OF DEBT.—
23 (1) IN GENERAL.—Notwithstanding any other
24 provision of the Richard B. Russell National School
25 Lunch Act (42 U.S.C. 1751 et seq.) or any other

1 provision of law, effective beginning on the date of
2 enactment of this Act, as a condition of participation
3 in the school lunch program under that Act, a
4 school—
5 (A) shall not collect any debt owed to the
6 school for unpaid meal charges; and
7 (B) shall continue to accrue debt for un-
8 paid meal charges—
9 (i) for the purpose of receiving reim-
10 bursement under section 10332; and
11 (ii) until the effective date specified in
12 section 10302.
13 (2) NATIONAL SCHOOL LUNCH ACT.—Section 9
14 of the Richard B. Russell National School Lunch
15 Act (42 U.S.C. 1758) is amended by striking sub-
16 section (d) and inserting the following:
17 "(d) NO COLLECTION OF DEBT.—A school partici-
18 pating in the school lunch program under this Act shall
19 not collect any debt owed to the school for unpaid meal
20 charges.".
21 **SEC. 10323. SPECIAL ASSISTANCE PROGRAM.**
22 (a) IN GENERAL.—Section 11 of the Richard B. Rus-
23 sell National School Lunch Act (42 U.S.C. 1759a) is re-
24 pealed.
25 (b) CONFORMING AMENDMENTS.—

1 (1) Section 6 of the Richard B. Russell Na-
2 tional School Lunch Act (42 U.S.C. 1755) is amend-
3 ed—
4 (A) in subsection (a)(2), by striking ‘‘sec-
5 tions 11 and 13’’ and inserting ‘‘section 13’’;
6 and
7 (B) in subsection (e)(1), in the matter pre-
8 ceding subparagraph (A), by striking ‘‘section
9 4, this section, and section 11’’ and inserting
10 ‘‘this section and section 4’’.
11 (2) Section 7(d) of the Richard B. Russell Na-
12 tional School Lunch Act (42 U.S.C. 1756(d)) is
13 amended by striking ‘‘or 11’’.
14 (3) Section 8(g) of the Richard B. Russell Na-
15 tional School Lunch Act (42 U.S.C. 1757(g)) is
16 amended by striking ‘‘and under section 11 of this
17 Act’’.
18 (4) Section 12(f) of the Richard B. Russell Na-
19 tional School Lunch Act (42 U.S.C. 1760(f)) is
20 amended by striking ‘‘11,’’.
21 (5) Section 7(a) of the Child Nutrition Act of
22 1966 (42 U.S.C. 1766(a)) is amended—
23 (A) in paragraph (1)(A), by striking ‘‘4,
24 11, and 17’’ and inserting ‘‘4 and 17’’; and

1 (B) in paragraph (2)(A), by striking ‘‘sec-
2 tions 4 and 11’’ and inserting ‘‘section 4’’.
3 (6) Section 1101(j)(3) of the Families First
4 Coronavirus Response Act (7 U.S.C. 2011 note;
5 Public Law 116–127) is amended—
6 (A) by striking ‘‘or served under section
7 11(a)(1) of the Richard B. Russell National
8 School Lunch Act (42 U.S.C. 1760(d),
9 1759(a)(1))’’ and inserting ‘‘of the Richard B.
10 Russell National School Lunch Act (42 U.S.C.
11 1760(d))’’; and
12 (B) by striking ‘‘or reduced price’’.
13 **SEC. 10324. PRICE FOR PAID LUNCH.**
14 Section 12 of the Richard B. Russell National School
15 Lunch Act (42 U.S.C. 1760) is amended—
16 (1) in subsection (l)(4)—
17 (A) by striking subparagraph (D); and
18 (B) by redesignating subparagraphs (E)
19 through (M) as subparagraphs (D) through
20 (L), respectively;
21 (2) by striking subsection (p); and
22 (3) by redesignating subsections (q) and (r) as
23 subsections (p) and (q), respectively.

1 **SEC. 10325. SUMMER FOOD SERVICE PROGRAM FOR CHIL-**
2 **DREN.**

3 Section 13 of the Richard B. Russell National School
4 Lunch Act (42 U.S.C. 1761) is amended—
5 (1) in subsection (a)—
6 (A) in paragraph (1)(A)(i)—
7 (i) in subclause (I), by striking ''have
8 been determined eligible for free or re-
9 duced price school meals under this Act
10 and the Child Nutrition Act of 1966 (42
11 U.S.C. 1771 et seq.)'' and inserting ''are
12 economically disadvantaged students (as
13 identified under a measure described in
14 section 1113(a)(5) of the Elementary and
15 Secondary Education Act of 1965 (20
16 U.S.C. 6313(a)(5)))'';
17 (ii) in subclause (II), by striking ''are
18 eligible for free or reduced price school
19 meals under this Act and the Child Nutri-
20 tion Act of 1966 (42 U.S.C. 1771 et seq.)''
21 and inserting ''are economically disadvan-
22 taged students (as identified under a meas-
23 ure described in section 1113(a)(5) of the
24 Elementary and Secondary Education Act
25 of 1965 (20 U.S.C. 6313(a)(5)))'';

1 (iii) in subclause (III)(bb), by striking
2 "meet the income standards for free or re-
3 duced price school meals under this Act
4 and the Child Nutrition Act of 1966 (42
5 U.S.C. 1771 et seq.)" and inserting "are
6 economically disadvantaged students (as
7 identified under a measure described in
8 section 1113(a)(5) of the Elementary and
9 Secondary Education Act of 1965 (20
10 U.S.C. 6313(a)(5)))";

11 (iv) in subclause (IV), by striking
12 "are eligible for free or reduced price
13 school meals under this Act and the Child
14 Nutrition Act of 1966 (42 U.S.C. 1771 et
15 seq.)" and inserting "are economically dis-
16 advantaged students (as identified under a
17 measure described in section 1113(a)(5) of
18 the Elementary and Secondary Education
19 Act of 1965 (20 U.S.C. 6313(a)(5)))"; and

20 (v) in subclause (V), by striking "are
21 eligible for free or reduced price school
22 meals under this Act and the Child Nutri-
23 tion Act of 1966 (42 U.S.C. 1771 et seq.)"
24 and inserting "are economically disadvan-
25 taged students (as identified under a meas-

1 ure described in section 1113(a)(5) of the
2 Elementary and Secondary Education Act
3 of 1965 (20 U.S.C. 6313(a)(5)))'';
4 (B) in paragraph (2), by adding at the end
5 the following:
6 ''(C) WAIVER.—If the Secretary deter-
7 mines that a program requirement under this
8 section limits the access of children to meals
9 served under this section, the Secretary may
10 waive that program requirement.
11 ''(D) ELIGIBILITY.—All children shall be
12 eligible to participate in the program under this
13 section.'';
14 (C) in paragraph (5), by striking ''only
15 for'' and all that follows through the period at
16 the end and inserting ''for meals served to all
17 children.''; and
18 (D) in paragraph (13)—
19 (i) in subparagraph (C)(ii), by strik-
20 ing ''eligible for a free or reduced price
21 lunch under this Act or a free or reduced
22 price breakfast under section 4 of the
23 Child Nutrition Act of 1966 (42 U.S.C.
24 1773)'' and inserting ''an economically dis-
25 advantaged student (as identified under a

1 measure described in section 1113(a)(5) of
2 the Elementary and Secondary Education
3 Act of 1965 (20 U.S.C. 6313(a)(5)))''; and
4 (ii) in subparagraph (D)(ii), by strik-
5 ing ''eligible for free or reduced price lunch
6 under this Act or free or reduced price
7 breakfast under section 4 of the Child Nu-
8 trition Act of 1966 (42 U.S.C. 1773)'' and
9 inserting ''economically disadvantaged stu-
10 dents (as identified under a measure de-
11 scribed in section 1113(a)(5) of the Ele-
12 mentary and Secondary Education Act of
13 1965 (20 U.S.C. 6313(a)(5)))'';
14 (2) in subsection (b)(2), by striking ''may only
15 serve'' and all that follows through ''migrant chil-
16 dren'';
17 (3) by striking subsection (c) and inserting the
18 following:
19 ''(c) PAYMENTS.—
20 ''(1) IN GENERAL.—Payments shall be made to
21 service institutions for meals served—
22 ''(A) during the months of May through
23 September;
24 ''(B) during school vacation at any time
25 during an academic school year;

1 ''(C) during a teacher in-service day; and
2 ''(D) on days that school is closed due to
3 a natural disaster, building repair, court order,
4 or similar cause, as determined by the Sec-
5 retary.
6 ''(2) LIMITATION ON PAYMENTS.—A service in-
7 stitution shall receive payments under this section
8 for not more than 3 meals and 1 supplement per
9 child per day.''; and
10 (4) in subsection (f)(3), by striking '', except
11 that'' and all that follows through ''of this section''.

12 **SEC. 10326. SUMMER ELECTRONIC BENEFIT TRANSFER FOR**
13 **CHILDREN PROGRAM.**

14 Section 13A of the Richard B. Russell National
15 School Lunch Act (42 U.S.C. 1762) is amended—
16 (1) in subsection (b)(2)(A)(i), by striking
17 ''$40'' and inserting ''$60'';
18 (2) in subsection (c)(1)—
19 (A) in subparagraph (A), by striking ''di-
20 rectly certified'' and all that follows through
21 ''this section'' and inserting ''an economically
22 disadvantaged student (as identified under a
23 measure described in section 1113(a)(5) of the
24 Elementary and Secondary Education Act of
25 1965 (20 U.S.C. 6313(a)(5)))'';

1 (B) by striking subparagraph (B); and
2 (C) by redesignating subparagraphs (C)
3 through (E) as subparagraphs (B) through (D),
4 respectively;
5 (3) in subsection (f)—
6 (A) in paragraph (3), in the matter pre-
7 ceding subparagraph (A), by striking ‘‘proc-
8 esses—’’ and all that follows through ‘‘to reli-
9 ably’’ in subparagraph (B) and inserting ‘‘proc-
10 esses to reliably’’; and
11 (B) in paragraph (4), in the matter pre-
12 ceding subparagraph (A), by striking ‘‘by—’’
13 and all that follows through ‘‘establishing’’ in
14 subparagraph (B) and inserting ‘‘by estab-
15 lishing’’; and
16 (4) in subsection (h), by striking paragraph (2)
17 and inserting the following:
18 ‘‘(2) ELIGIBLE CHILD.—The term ‘eligible
19 child’ means any child residing in a State or on land
20 under the jurisdiction of a covered Indian Tribal or-
21 ganization that participates in the program estab-
22 lished under this section.’’.
23 **SEC. 10327. CHILD AND ADULT CARE FOOD PROGRAM.**
24 Section 17 of the Richard B. Russell National School
25 Lunch Act (42 U.S.C. 1766) is amended—

1 (1) in subsection (a)(2), by striking subpara-
2 graph (B) and inserting the following:
3 "(B) any other private organization pro-
4 viding nonresidential child care or day care out-
5 side school hours for school children;";
6 (2) by striking subsection (c) and inserting the
7 following:
8 "(c) FREE MEALS.—Notwithstanding any other pro-
9 vision of law—
10 "(1) all meals and supplements served under
11 the program authorized under this section shall be
12 provided for free to participants of the program; and
13 "(2) an institution that serves those meals and
14 supplements shall be reimbursed—
15 "(A) in the case of breakfast, at the rate
16 established for free breakfast under section
17 4(b)(1)(B)(i) of the Child Nutrition Act of
18 1966 (42 U.S.C. 1773(b)(1)(B)(i));
19 "(B) in the case of lunch, at the rate es-
20 tablished for free lunch under section
21 4(b)(2)(A); and
22 "(C) in the case of a supplemental meal,
23 $1.20, adjusted for inflation in accordance with
24 section 4(b)(2)(C).";
25 (3) in subsection (f)—

1 (A) in paragraph (2), by striking subpara-
2 graph (B) and inserting the following:
3 "(B) LIMITATION TO REIMBURSEMENTS.—
4 An institution may claim reimbursement under
5 this paragraph for not more than 3 meals and
6 1 supplement per day per child.";
7 (B) by striking paragraph (3); and
8 (C) by redesignating paragraph (4) as
9 paragraph (3);
10 (4) in subsection (o)—
11 (A) by striking paragraph (4); and
12 (B) by redesignating paragraphs (5) and
13 (6) as paragraphs (4) and (5), respectively; and
14 (5) in subsection (r)—
15 (A) in the subsection heading, by striking
16 "PROGRAM FOR AT-RISK SCHOOL CHILDREN"
17 and inserting "AFTERSCHOOL MEAL AND
18 SNACK PROGRAM";
19 (B) by striking "at-risk school" each place
20 it appears and inserting "eligible";
21 (C) in paragraph (1)—
22 (i) in the paragraph heading, by strik-
23 ing "AT-RISK SCHOOL" and inserting "ELI-
24 GIBLE"; and

1 (ii) in subparagraph (B), by striking
2 ‘‘operated’’ and all that follows through
3 the period at the end and inserting a pe-
4 riod; and
5 (D) in paragraph (4)(A), by striking ‘‘only
6 for’’ and all that follows through the period at
7 the end and inserting the following: ‘‘for—
8 ‘‘(i) not more than 1 meal and 1 sup-
9 plement per child per day served on a reg-
10 ular school day; and
11 ‘‘(ii) not more than 3 meals and 1
12 supplement per child per day served on
13 any day other than a regular school day.’’.

14 **SEC. 10328. MEALS AND SUPPLEMENTS FOR CHILDREN IN**
15 **AFTERSCHOOL CARE.**

16 Section 17A of the Richard B. Russell National
17 School Lunch Act (42 U.S.C. 1766a) is amended—
18 (1) in the section heading, by striking ‘‘**MEAL**
19 **SUPPLEMENTS**’’ and inserting ‘‘**MEALS AND SUP-**
20 **PLEMENTS**’’;
21 (2) in subsection (a)(1), by striking ‘‘meal sup-
22 plements’’ and inserting ‘‘free meals and supple-
23 ments’’;
24 (3) in subsection (b), by inserting ‘‘meals and’’
25 before ‘‘supplements’’; and

1 (4) by striking subsection (c) and inserting the
2 following:
3 ''(c) REIMBURSEMENT.—
4 ''(1) IN GENERAL.—
5 ''(A) MEALS.—A free meal provided under
6 this section to a child shall be reimbursed at a
7 rate of $4.63, adjusted annually for inflation in
8 accordance with paragraph (3)(A) and rounded
9 in accordance with paragraph (3)(B).
10 ''(B) SUPPLEMENTS.—A free supplement
11 provided under this section to a child shall be
12 reimbursed at the rate at which free supple-
13 ments are reimbursed under section
14 17(c)(2)(C).
15 ''(2) LIMITATION TO REIMBURSEMENTS.—An
16 institution may claim reimbursement under this sec-
17 tion for not more than 1 meal and 1 supplement per
18 day per child served on a regular school day.
19 ''(3) INFLATION; ROUNDING.—
20 ''(A) INFLATION ADJUSTMENT.—
21 ''(i) IN GENERAL.—The annual infla-
22 tion adjustment under paragraph (1)(A)
23 shall reflect changes in the cost of oper-
24 ating the program under this section, as
25 indicated by the change in the Consumer

1 Price Index for food away from home for
2 all urban consumers.
3 "(ii) BASIS.—Each inflation annual
4 adjustment under paragraph (1)(A) shall
5 reflect the changes in the Consumer Price
6 Index for food away from home for the
7 most recent 12-month period for which
8 those data are available.
9 "(B) ROUNDING.—On July 1, 2024, and
10 annually thereafter, the reimbursement rate for
11 a free meal under this section shall be—
12 "(i) adjusted to the nearest lower-cent
13 increment; and
14 "(ii) based on the unrounded amounts
15 for the preceding 12-month period.".
16 **SEC. 10329. PILOT PROJECTS.**
17 Section 18 of the Richard B. Russell National School
18 Lunch Act (42 U.S.C. 1769) is amended—
19 (1) in paragraph (5) of subsection (c) (as redes-
20 ignated by section 10322(a)(2)(B)(i)(III)), by strik-
21 ing subparagraph (B) and inserting the following:
22 "(B) serve a high proportion of economi-
23 cally disadvantaged students (as identified
24 under a measure described in section
25 1113(a)(5) of the Elementary and Secondary

1 Education Act of 1965 (20 U.S.C.
2 6313(a)(5)));''; and
3 (2) in paragraph (1)(A)(ii) of subsection (d) (as
4 redesignated by section 10322(a)(2)(B)(i)(V)), by
5 striking ''eligible for free or reduced price meals
6 under this Act'' and inserting ''economically dis-
7 advantaged students (as identified under a measure
8 described in section 1113(a)(5) of the Elementary
9 and Secondary Education Act of 1965 (20 U.S.C.
10 6313(a)(5)))''.

11 **SEC. 10330. FRESH FRUIT AND VEGETABLE PROGRAM.**

12 Section 19(d) of the Richard B. Russell National
13 School Lunch Act (42 U.S.C. 1769a(d)) is amended—
14 (1) in paragraph (1)—
15 (A) in the matter preceding subparagraph
16 (A), by striking ''paragraph (2) of this sub-
17 section and'';
18 (B) in subparagraph (A), in the matter
19 preceding clause (i), by striking ''school—'' and
20 all that follows through ''submits'' in clause (ii)
21 and inserting ''school that submits'';
22 (C) in subparagraph (B), by striking
23 ''schools'' and all that follows through ''Act''
24 and inserting ''high-need schools (as defined in
25 section 2211(b) of the Elementary and Sec-

1 ondary Education Act of 1965 (20 U.S.C.
2 6631(b)))''; and
3 (D) in subparagraph (D)—
4 (i) by striking clause (i); and
5 (ii) by redesignating clauses (ii)
6 through (iv) as clauses (i) through (iii), re-
7 spectively; and
8 (2) by striking paragraphs (2) and (3) and in-
9 serting the following:
10 ''(2) OUTREACH TO HIGH-NEED SCHOOLS.—
11 Prior to making decisions regarding school participa-
12 tion in the program, a State agency shall inform
13 high-need schools (as defined in section 2211(b) of
14 the Elementary and Secondary Education Act of
15 1965 (20 U.S.C. 6631(b))), including Tribal schools,
16 of the eligibility of the schools for the program.''.

17 **SEC. 10331. TRAINING, TECHNICAL ASSISTANCE, AND FOOD**
18 **SERVICE MANAGEMENT INSTITUTE.**

19 Section 21(a)(1)(B) of the Richard B. Russell Na-
20 tional School Lunch Act (42 U.S.C. 1769b–1(a)(1)(B)) is
21 amended, in the matter preceding clause (i), by striking
22 ''certified to receive free or reduced price meals'' and in-
23 serting ''who are economically disadvantaged students (as
24 identified under a measure described in section 1113(a)(5)

1 of the Elementary and Secondary Education Act of 1965
2 (20 U.S.C. 6313(a)(5)))''.

3 **SEC. 10332. REIMBURSEMENT OF SCHOOL MEAL DELIN-**
4 **QUENT DEBT PROGRAM.**

5 (a) DEFINITIONS.—In this section:
6 (1) DELINQUENT DEBT.—The term ''delinquent
7 debt'' means the debt owed by a parent or guardian
8 of a child to a school—
9 (A) as of the effective date specified in sec-
10 tion 10302; and
11 (B) for meals served by the school under—
12 (i) the school breakfast program
13 under section 4 of the Child Nutrition Act
14 of 1966 (42 U.S.C. 1773);
15 (ii) the school lunch program estab-
16 lished under the Richard B. Russell Na-
17 tional School Lunch Act (42 U.S.C. 1751
18 et seq.); or
19 (iii) both of the programs described in
20 clauses (i) and (ii).
21 (2) PROGRAM.—The term ''program'' means
22 the program established under subsection (b)(1).
23 (3) SECRETARY.—The term ''Secretary'' means
24 the Secretary of Agriculture.
25 (b) REIMBURSEMENT PROGRAM.—

1 (1) ESTABLISHMENT.—Not later than 60 days
2 after the effective date specified in section 10302,
3 the Secretary shall establish a program under which
4 the Secretary shall reimburse each school partici-
5 pating in a program described in clause (i) or (ii) of
6 subsection (a)(1)(B) for all delinquent debt.

7 (2) FORM FOR REIMBURSEMENT.—To carry out
8 the program, the Secretary shall design and dis-
9 tribute to State agencies a form to collect data relat-
10 ing to all delinquent debt in applicable schools in the
11 State, organized by school food authority.

12 (3) COMPLETION DATE.—The Secretary shall
13 provide all reimbursements under the program not
14 later than 180 days after the effective date specified
15 in section 10302.

16 (c) REPORT.—Not later than 2 years after the effec-
17 tive date specified in section 10302, the Comptroller Gen-
18 eral of the United States shall submit to Congress and
19 make publicly available a report that describes the suc-
20 cesses and challenges of the program.

21 **SEC. 10333. CONFORMING AMENDMENTS.**

22 The Richard B. Russell National School Lunch Act
23 (42 U.S.C. 1751 et seq.) is amended—

24 (1) by striking ‘‘or reduced price’’ each place it
25 appears;

1 (2) by striking ‘‘or a reduced price’’ each place
2 it appears;
3 (3) by striking ‘‘and reduced price’’ each place
4 it appears; and
5 (4) by striking ‘‘a reduced price’’ each place it
6 appears.

## 7 CHAPTER 3—ELEMENTARY AND
## 8 SECONDARY EDUCATION DATA

### 9 SEC. 10341. MEASURE OF POVERTY.

10 Section 1113(a)(5) of the Elementary and Secondary
11 Education Act of 1965 (20 U.S.C. 6313(a)(5)) is amend-
12 ed—
13 (1) in subparagraph (A), by striking ‘‘the num-
14 ber of children eligible for a free or reduced price
15 lunch under the Richard B. Russell National School
16 Lunch Act (42 U.S.C. 1751 et seq.)’’ and inserting
17 ‘‘the number of children from low-income back-
18 grounds, identified under subparagraph (D)’’; and
19 (2) by adding at the end the following:
20 ‘‘(D) IDENTIFICATION OF CHILDREN FROM
21 LOW-INCOME BACKGROUNDS.—
22 ‘‘(i) IN GENERAL.—A local edu-
23 cational agency or State agency, for the
24 purpose of identifying children from low-in-
25 come backgrounds enrolled in a school

served by a local educational agency, may—

"(I) maintain a record, with respect to each student for whom the local educational agency provides a free public education that contains the information collected from the survey described in clause (iii);

"(II) distribute and collect a student survey based on the template developed under clause (iii) to identify children from low-income backgrounds; and

"(III) utilize direct certification data described in clause (iv)(I) to identify children from low-income backgrounds.

"(ii) PRIVACY.—

"(I) IN GENERAL.—All individual data collected under this subparagraph shall be protected by the local educational agency or State agency in a manner consistent with all applicable local, State, and Federal privacy laws.

1 "(II) REPORTING DATA.—Only
2 aggregated data, which may include
3 data disaggregated at the school, local
4 educational agency, or State level,
5 shall be reported to the Secretary at
6 such time and in such manner as the
7 Secretary may reasonably require.
8 "(iii) SURVEY.—Not later than 180
9 days after the date of enactment of the
10 Universal School Meals Program Act of
11 2024, the Secretary, in consultation with
12 the Secretary of Agriculture, shall develop
13 a template survey—
14 "(I) to identify children from
15 low-income backgrounds that contains
16 only the information necessary to
17 identify a child as a child from a low-
18 income background by using the cri-
19 teria of eligibility for a free or reduced
20 priced lunch under the Richard B.
21 Russell National School Lunch Act, as
22 such criteria were in effect on Sep-
23 tember 30, 2022; and

1 "(II) that shall be designed to be
2 easily accessible and in a user-friendly
3 manner.

4 "(iv) TRANSITION AUTHORITY FROM
5 FRPL TO ESEA MEASURES.—The Sec-
6 retary, in coordination with the Secretary
7 of Agriculture, shall have the authority to
8 take such steps as are necessary to provide
9 for the orderly transition to, and imple-
10 mentation of—

11 "(I) activities that are necessary
12 for the continuity of direct certifi-
13 cation carried out by local educational
14 agencies and State agencies specified
15 in paragraphs (4), (5), and (15) sec-
16 tion 9(b) of the Richard B. Russell
17 National School Lunch Act, as in ef-
18 fect on September 30, 2022, for the
19 purposes of identifying any child eligi-
20 ble for free or reduced priced lunch
21 under such Act, as in effect on such
22 date, as a child from a low-income
23 background;

24 "(II) procedures for verification
25 of information collected under this

1 subparagraph, which may include pro-
2 cedures modeled on the requirement
3 specified in section 9(b)(3) of the
4 Richard B. Russell National School
5 Lunch Act, as in effect on September
6 30, 2022; and

7 "(III) data privacy provisions for
8 information collected under this sub-
9 paragraph, in accordance with the re-
10 quirements specified in section 9(b)(6)
11 of the Richard B. Russell National
12 School Lunch Act, as in effect on Sep-
13 tember 30, 2022.

14 "(v) SPECIAL RULE.—For the pur-
15 poses of subparagraph (A), a local edu-
16 cational agency may determine the number
17 of children from low-income backgrounds
18 enrolled in a school served by such agency
19 using one or more of the following meth-
20 ods:

21 "(I) Results from surveys speci-
22 fied in clause (i)(II).

23 "(II) Direct certification data
24 specified in clause (i)(III).

1 "(III) Utilization of both meth-
2 ods described in subclauses (I) and
3 (II).".

## 4 CHAPTER 4—AMENDMENTS TO OTHER
## 5 PROGRAMS AND LAWS

### 6 SEC. 10351. SUPPLEMENTAL NUTRITION ASSISTANCE PRO-
### 7 GRAM.

8 (a) AGREEMENT FOR DIRECT CERTIFICATION.—
9 (1) IN GENERAL.—Section 11 of the Food and
10 Nutrition Act of 2008 (7 U.S.C. 2020) is amend-
11 ed—
12 (A) by striking subsection (u); and
13 (B) by redesignating subsections (v)
14 through (x) as subsections (u) through (w), re-
15 spectively.
16 (2) CONFORMING AMENDMENTS.—Section 11(e)
17 of the Food and Nutrition Act of 2008 (7 U.S.C.
18 2020(e)) is amended—
19 (A) in paragraph (8)(F), by striking "or
20 subsection (u)"; and
21 (B) in paragraph (26)(B), by striking
22 "(x)" and inserting "(w)".
23 (b) NUTRITION EDUCATION AND OBESITY PREVEN-
24 TION GRANT PROGRAM.—Section 28(a) of the Food and

1 Nutrition Act of 2008 (7 U.S.C. 2036a(a)) is amended
2 by striking paragraph (1) and inserting the following:
3 "(1) an individual eligible for benefits under
4 this Act;".

5 **SEC. 10352. HIGHER EDUCATION ACT OF 1965.**

6 (a) TEACHER QUALITY ENHANCEMENT.—Section
7 200(11) of the Higher Education Act of 1965 (20 U.S.C.
8 1021(11)) is amended by striking subparagraph (A) and
9 inserting the following:
10 "(A) IN GENERAL.—The term 'high-need
11 school' means a school that is in the highest
12 quartile of schools in a ranking of all schools
13 served by a local educational agency, ranked in
14 descending order by percentage of students
15 from low-income families enrolled in such
16 schools, as determined by the local educational
17 agency based on one of the following measures
18 of poverty:
19 "(i) The percentage of students aged
20 5 through 17 in poverty counted in the
21 most recent census data approved by the
22 Secretary.
23 "(ii) The percentage of students in
24 families receiving assistance under the
25 State program funded under the program

1 of block grants to States for temporary as-
2 sistance for needy families established
3 under part A of title IV of the Social Secu-
4 rity Act (42 U.S.C. 601 et seq.).

5 ''(iii) The percentage of students eligi-
6 ble to receive medical assistance under the
7 program of medical assistance established
8 under title XIX of the Social Security Act
9 (42 U.S.C. 1396 et seq.).

10 ''(iv) A composite of 2 or more of the
11 measures described in clauses (i) through
12 (iii).''.

13 (b) GEAR UP.—Section 404B(d)(1) of the Higher
14 Education Act of 1965 (20 U.S.C. 1070a–22(d)(1)) is
15 amended by striking subparagraph (A) and inserting the
16 following:

17 ''(A) provide services under this chapter to
18 at least one grade level of students, beginning
19 not later than 7th grade, in a participating
20 school—

21 ''(i) that has a 7th grade; and

22 ''(ii) in which—

23 ''(I) at least 50 percent of the
24 students enrolled are economically dis-
25 advantaged students (as identified

1 under a measure described in section
2 1113(a)(5) of the Elementary and
3 Secondary Education Act of 1965); or
4 ''(II) if an eligible entity deter-
5 mines that it would promote the effec-
6 tiveness of a program, an entire grade
7 level of students, beginning not later
8 than the 7th grade, reside in public
9 housing, as defined in section 3(b)(1)
10 of the United States Housing Act of
11 1937 (42 U.S.C. 1437a(b)(1)).''.
12 (c) SIMPLIFIED APPLICATION FOR FEDERAL STU-
13 DENT FINANCIAL AID.—
14 (1) IN GENERAL.—Section
15 483(a)(2)(B)(ii)(XVII) of the Higher Education Act
16 of 1965 (20 U.S.C. 1090(a)(2)(B)(ii)(XVII)) is
17 amended—
18 (A) by striking item (cc); and
19 (B) by redesignating items (dd) through
20 (jj) as items (cc) through (ii), respectively.
21 (2) EFFECTIVE DATE.—The amendments made
22 by this section shall take effect as if included in sec-
23 tion 702 of division FF of the Consolidated Appro-
24 priations Act, 2021 (Public Law 116–260) and sub-
25 ject to the effective date of section 701(b) of such

1 FAFSA Simplification Act, as amended by section
2 102(a) of the FAFSA Simplification Act Technical
3 Corrections Act (division R of Public Law 117–103)
4 (including the authorization provided under section
5 102(c)(1)(A) of such Act).

6 (d) EARLY FEDERAL PELL GRANT COMMITMENT
7 DEMONSTRATION PROGRAM.—Section 894(b) of the
8 Higher Education Act of 1965 (20 U.S.C. 1161y(b)) is
9 amended—

10 (1) in paragraph (1)(B), by striking ''qualify
11 for a free or reduced price school lunch under the
12 Richard B. Russell National School Lunch Act (42
13 U.S.C. 1751 et seq.) or the Child Nutrition Act of
14 1966 (42 U.S.C. 1771 et seq.)'' and inserting ''are
15 economically disadvantaged students (as identified
16 under a measure described in section 1113(a)(5) of
17 the Elementary and Secondary Education Act of
18 1965)''; and

19 (2) in paragraph (5), by striking ''eligible for a
20 free or reduced price school lunch under the Richard
21 B. Russell National School Lunch Act (42 U.S.C.
22 1751 et seq.) or the Child Nutrition Act of 1966 (42
23 U.S.C. 1771 et seq.)'' and inserting ''economically
24 disadvantaged students (as identified under a meas-

1 ure described in section 1113(a)(5) of the Elemen-
2 tary and Secondary Education Act of 1965)''.

3 **SEC. 10353. ELEMENTARY AND SECONDARY EDUCATION**
4 **ACT OF 1965.**

5 (a) LITERACY EDUCATION FOR ALL.—Section
6 2221(b)(3)(B) of the Elementary and Secondary Edu-
7 cation Act of 1965 (20 U.S.C. 6641(b)(3)(B)) is amend-
8 ed—

9 (1) by striking clause (i); and

10 (2) by redesignating clauses (ii) and (iii) as
11 clauses (i) and (ii), respectively.

12 (b) GRANTS FOR EDUCATION INNOVATION AND RE-
13 SEARCH.—Section 4611(d)(2) of the Elementary and Sec-
14 ondary Education Act of 1965 (20 U.S.C. 7261(d)(2)) is
15 amended—

16 (1) by striking subparagraph (B); and

17 (2) by redesignating subparagraphs (C) and
18 (D) as subparagraphs (B) and (C), respectively.

19 (c) ELIGIBILITY FOR HEAVILY IMPACTED LOCAL
20 EDUCATIONAL AGENCIES.—Section 7003(b)(2)(B)(i)(III)
21 of the Elementary and Secondary Education Act of 1965
22 (20 U.S.C. 7703(b)(2)(B)(i)(III)) is amended by striking
23 item (bb) and inserting the following:

24 ''(bb) has an enrollment of
25 children described in subsection

(a)(1) that constitutes a percentage of the total student enrollment of the agency that is not less than 30 percent; and''.

**SEC. 10354. AMERICA COMPETES ACT.**

Section 6122(3) of the America COMPETES Act (20 U.S.C. 9832(3)) is amended by striking ''data on children eligible for free or reduced-price lunches under the Richard B. Russell National School Lunch Act,''.

**SEC. 10355. WORKFORCE INNOVATION AND OPPORTUNITY ACT.**

Section 3(36)(A) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102(36)(A)) is amended—

(1) by striking clause (iv); and

(2) by redesignating clauses (v) and (vi) as clauses (iv) and (v), respectively.

**SEC. 10356. NATIONAL SCIENCE FOUNDATION AUTHORIZATION ACT OF 2002.**

Section 4(8) of the National Science Foundation Authorization Act of 2002 (42 U.S.C. 1862n note; Public Law 107–368) is amended—

(1) by striking subparagraph (A); and

(2) by redesignating subparagraphs (B) and (C) as subparagraphs (A) and (B), respectively.

1 **SEC. 10357. CHILD CARE AND DEVELOPMENT BLOCK**
2 **GRANT.**

3 Section 658O(b) of the Child Care and Development
4 Block Grant Act of 1990 (42 U.S.C. 9858m(b)) is amend-
5 ed—

6 (1) in paragraph (1)(B), by striking ''school
7 lunch factor'' and inserting ''economically disadvan-
8 taged students factor''; and

9 (2) by striking paragraph (3) and inserting the
10 following:

11 ''(3) ECONOMICALLY DISADVANTAGED STU-
12 DENTS FACTOR.—In this subsection, the term 'eco-
13 nomically disadvantaged students factor' means the
14 ratio of the number of children in the State who are
15 economically disadvantaged students (as identified
16 under a measure described in section 1113(a)(5) of
17 the Elementary and Secondary Education Act of
18 1965 (20 U.S.C. 6313(a)(5))) to the number of such
19 children in all the States as determined annually by
20 the Secretary of Education.''.

21 **SEC. 10358. CHILDREN'S HEALTH ACT OF 2000.**

22 Section 1404(b) of the Children's Health Act of 2000
23 (42 U.S.C. 9859c(b)) is amended—

24 (1) in paragraph (1)(B), by striking ''school
25 lunch factor'' and inserting ''economically disadvan-
26 taged students factor''; and

1 (2) by striking paragraph (3) and inserting the
2 following:
3 "(3) ECONOMICALLY DISADVANTAGED STU-
4 DENTS FACTOR.—In this subsection, the term 'eco-
5 nomically disadvantaged students factor' means the
6 ratio of the number of children in the State who are
7 economically disadvantaged students (as identified
8 under a measure described in section 1113(a)(5) of
9 the Elementary and Secondary Education Act of
10 1965 (20 U.S.C. 6313(a)(5))) to the number of such
11 children in all the States as determined annually by
12 the Secretary of Education.".

13 **SEC. 10359. JUVENILE JUSTICE AND DELINQUENCY PRE-**
14 **VENTION.**

15 Section 252 of the Juvenile Justice and Delinquency
16 Prevention Act of 1974 (34 U.S.C. 11162) is amended
17 by striking subsection (i) and inserting the following:
18 "(i) FREE SCHOOL LUNCHES FOR INCARCERATED
19 JUVENILES.—
20 "(1) DEFINITION OF ELIGIBLE JUVENILE DE-
21 TENTION CENTER.—In this subsection, the term 'eli-
22 gible juvenile detention center' does not include any
23 private, for-profit detention center.
24 "(2) FREE LUNCH.—A juvenile who is incarcer-
25 ated in an eligible juvenile detention center is eligible

1 to receive free lunch under the Richard B. Russell
2 National School Lunch Act (42 U.S.C. 1751 et
3 seq.).

4 "(3) GUIDANCE.—Not later than 1 year after
5 the date of enactment of the Universal School Meals
6 Program Act of 2024, the Attorney General, in con-
7 sultation with the Secretary of Agriculture, shall
8 provide guidance to States relating to the options for
9 school food authorities in the States to apply for re-
10 imbursement for free lunches under the Richard B.
11 Russell National School Lunch Act (42 U.S.C. 1751
12 et seq.) for juveniles who are incarcerated.".

○