

117TH CONGRESS
1ST SESSION

S. 2762

To amend title III of the Public Health Service Act to direct the Secretary of Health and Human Services, acting through the Administrator of the Health Resources and Services Administration, to award grants to eligible entities to carry out construction or modernization projects designed to strengthen and increase capacity within the specialized pediatric health care infrastructure, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 20, 2021

Mr. PADILLA (for himself and Ms. KLOBUCHAR) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Pediatric Access to
3 Critical Health Care Act”.

4 **SEC. 2. PEDIATRIC HEALTH CARE CAPACITY GRANTS.**

5 Part D of title III of the Public Health Service Act
6 (42 U.S.C. 254b et seq.) is amended by adding at the end
7 the following:

8 **“Subpart XIII—Pediatric Health Care Capacity**

9 **“SEC. 340J. PEDIATRIC HEALTH CARE CAPACITY GRANTS.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Administrator of the Health Resources and Services
12 Administration, shall award grants to eligible entities to
13 carry out construction or modernization projects designed
14 to strengthen and increase capacity within pediatric health
15 care infrastructure.

16 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
17 a grant under subsection (a), an entity shall be a—

18 “(1) children’s hospital;

19 “(2) a facility that is eligible to receive funds
20 under section 340E of the Public Health Service Act
21 (42 U.S.C. 256e); or

22 “(3) a nonprofit medical facility that predomi-
23 nantly treats individuals under the age of 21.

24 “(c) USE OF FUNDS.—An eligible entity selected to
25 receive a grant under subsection (a) may use funds re-
26 ceived through the grant for—

1 “(1) expanding pediatric critical health care in-
2 frastructure, including the expansion, renovation, re-
3 modeling, and alteration of existing buildings (but
4 not including the cost of acquisition of land or off-
5 site improvements);

6 “(2) maintaining and enhancing pediatric emer-
7 gency preparedness;

8 “(3) increasing the training, development, and
9 retention of the pediatric health care workforce;

10 “(4) upgrading digital health infrastructure, in-
11 cluding upgrades related to preventing and address-
12 ing cybersecurity threats;

13 “(5) building additional patient care capacity to
14 expand access to care; and

15 “(6) other activities related to strengthening
16 and increasing capacity within the pediatric health
17 care infrastructure, as determined by the Secretary.

18 “(d) APPLICATION.—An eligible entity seeking a
19 grant under subsection (a) shall submit to the Secretary
20 an application, at such time, in such manner, and con-
21 taining such information as the Secretary may require, in-
22 cluding—

23 “(1) a description of the activities described in
24 subsection (c) that the entity plans to carry out; and

1 “(2) such documentation as may be necessary
2 to demonstrate, to the Secretary’s satisfaction, the
3 estimated cost of the project for which the grant is
4 made.

5 “(e) CONSIDERATIONS.—In awarding grants under
6 this section, the Secretary, to the extent practicable, may
7 ensure equitable distribution of awards among the geo-
8 graphical regions of the United States.

9 “(f) PRIORITY.—In selecting eligible entities to re-
10 ceive a grant under subsection (a), the Secretary shall give
11 priority to eligible entities—

12 “(1) with respect to which over 60 percent of
13 the patients served are receiving medical assistance
14 under a State plan (or a waiver of such plan) under
15 title XIX of the Social Security Act or child health
16 assistance under a State child health plan (or a
17 waiver of such plan) under title XXI of such Act; or

18 “(2) that primarily serve children from diverse
19 and traditionally underserved populations, including
20 racial and ethnic minorities.

21 “(g) SUPPLEMENT, NOT SUPPLANT.—Funds pro-
22 vided under this section shall be used to supplement, and
23 not supplant, Federal and non-Federal funds available for
24 carrying out the activities described in this section.

1 “(h) MATCHING FUNDS.—An eligible entity receiving
2 a grant under this section shall provide funds from sources
3 other than funds provided through such grant in an
4 amount that is at least equal to 50 percent of the amount
5 of such grant.

6 “(i) REPORTING.—

7 “(1) REPORTS FROM GRANTEEES.—Following
8 project completion, each entity awarded a grant
9 under this section shall submit a report to the Sec-
10 retary on the activities conducted under such grant,
11 and other information as the Secretary may require.

12 “(2) REPORTS TO CONGRESS.—Not later than
13 September 30, 2026, and every 5 years thereafter,
14 the Secretary shall submit to the Committee on En-
15 ergy and Commerce of the House of Representatives
16 and the Committee on Health, Education, Labor,
17 and Pensions of the Senate a report on the activities
18 conducted through the grant program under this
19 section, and the outcomes of such projects. Such re-
20 ports shall include—

21 “(A) the number of projects supported by
22 the grants under subsection (a);

23 “(B) an overview of the impact, if any, of
24 such projects on pediatric health care infra-

1 structure, including any impact on access to
2 health care for pediatric populations;

3 “(C) recommendations for improving the
4 grant program under this section; and

5 “(D) any other considerations as the Sec-
6 retary determines appropriate.

7 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
8 are authorized to be appropriated to carry out this section
9 \$600,000,000 for each of fiscal years 2023 through
10 2032.”.

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