

118TH CONGRESS
2D SESSION

H. R. 10448

To combat loneliness and increase social connection, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 17, 2024

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

A BILL

To combat loneliness and increase social connection, 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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Combating Loneliness Act”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Sense of Congress.

TITLE I—COMMUNITY-BASED PROGRAMS

- Sec. 101. Grants for third-spaces.
- Sec. 102. Grants for social infrastructure.
- Sec. 103. Grants for Outreach and Intervention to address loneliness.

TITLE II—PUBLIC HEALTH

- Sec. 201. Support group demonstration program.
- Sec. 202. Building communities of recovery program reauthorization.
- Sec. 203. Mental health provider student loan forgiveness.
- Sec. 204. Health workforce resiliency program.
- Sec. 205. Task force to prevent health care worker burnout.

TITLE III—MEASUREMENTS OF LONELINESS

- Sec. 301. Addition of loneliness to the Older Americans Act of 1965.
- Sec. 302. HHS working group on measurements of loneliness and isolation.
- Sec. 303. GAO study and report on impact of social isolation.

TITLE IV—COMMUNITY HEALTH WORKERS

- Sec. 401. Coverage of Community Health Worker services under Medicare and Increased FMAP for Community Health Worker services.
- Sec. 402. Community Health Workers in NHSC loan repayment program.

TITLE V—EDUCATION

- Sec. 501. School-based services under Medicaid and CHIP.
- Sec. 502. Support for Project AWARE.
- Sec. 503. Support for the 21st Century Community Learning Centers program and the Full-Service Community Schools Program.

TITLE VI—DEFINITIONS

- Sec. 601. Definitions.

1 **SEC. 2. FINDINGS.**

2 The Congress finds the following:

3 (1) 36 percent of individuals in the United
4 States report serious loneliness.

5 (2) 61 percent of young adults and over 50 per-
6 cent of mothers with young children in the United
7 States report serious loneliness.

8 (3) 61 percent of disabled individuals in the
9 United States experience chronic loneliness, with an

1 even higher prevalence of 70 percent among young
2 disabled people in the United States.

3 (4) LGBTQI+ youth, particularly transgender
4 and Black individuals, experience higher levels of
5 loneliness, depression, and anxiety than their
6 straight or cisgender counterparts.

7 (5) Black individuals, Indigenous individuals,
8 and individuals of color are disproportionately af-
9 fected by social loneliness and isolation, with 75 per-
10 cent of Latinx and Hispanic adults and 68 percent
11 of Black and African American adults categorized as
12 lonely.

13 (6) Due to fragmented social networks, loneli-
14 ness is especially pervasive with people experiencing
15 homelessness, with 1 in 5 reporting to have no
16 friends.

17 (7) Farmers and agricultural workers, predomi-
18 nantly based in rural areas, face heightened risks to
19 mental well-being due to social and geographical iso-
20 lation.

21 (8) Older adults face heightened vulnerability to
22 loneliness and social isolation due to factors includ-
23 ing living alone, loss of familial and social ties,
24 chronic illness, and impaired hearing.

1 (9) Elderly individuals are increasingly affected
2 by homelessness and loneliness as their social circles
3 shrink, lifespans increase, and economic challenges
4 grow, making them one of the fastest-growing seg-
5 ments of the homeless population.

6 (10) Veterans often experience feelings of isola-
7 tion due to losing touch with their military commu-
8 nity, physical or mental health issues, and difficul-
9 ties adjusting to civilian life.

10 (11) 1 out of every 5 veterans reports that they
11 often feel lonely, leading to higher rates of mental
12 and physical health, as well as suicidal ideation.

13 (12) Climate-related disasters are associated
14 with negative impacts on mental health nationwide.

15 (13) People who use social media for more than
16 2 hours a day are twice as likely to report increased
17 feelings of social isolation than those who were using
18 it for less than 30 minutes a day.

19 (14) Students with low academic performance
20 may turn to social networking sites to cope with feel-
21 ings of loneliness and isolation, finding online inter-
22 actions less stressful than face-to-face relationships.

23 (15) A shortage of 139,000 primary care physi-
24 cians is projected by 2033, with particularly con-
25 cerning deficits anticipated rural areas.

1 (16) Burnout rates reported by health care
2 workers nationally are higher than in any other in-
3 dustry.

4 (17) Nearly half of health workers reported
5 often feeling burned out in 2022, up from 32 per-
6 cent in 2018.

7 (18) Rural clinics report the highest rates of
8 burnout.

9 (19) Increased feeling of loneliness and social
10 isolation can lead to an increase in susceptibility to
11 radicalization and violence.

12 (20) Increased feelings of loneliness lead to a
13 reduced sense of civic duty and lower voter turnout.

14 (21) Positive relationships with peers, parents,
15 and teachers during childhood and adolescence cor-
16 relate with improved academic outcomes and predict
17 higher rates of college graduation and attainment of
18 four-year degrees in early adulthood.

19 (22) Building design incorporating elements
20 that promote physical activity and social interaction
21 enhances health and reduces loneliness among older
22 adults.

23 (23) Housing with care is effective at reducing
24 loneliness and social isolation in later life, providing

1 better outcomes than living in the general commu-
2 nity.

3 **SEC. 3. SENSE OF CONGRESS.**

4 It is the sense of the Congress that it is the duty
5 of the Federal Government to—

6 (1) create a national health insurance program
7 that provides comprehensive and essential care to all
8 individuals in the United States, which is critical to
9 building healthier communities;

10 (2) establish a national paid family and medical
11 leave program that allows every worker to take care
12 of their own health and their families' health, which
13 creates healthy and vibrant communities;

14 (3) encourage participation in the arts and the
15 humanities, which provides communities with a foun-
16 dation to engage in our democracy and fosters an
17 appreciation for our shared cultural heritage;

18 (4) establish universal early education that sup-
19 ports early childhood development and sets children
20 up for academic success, which is an investment in
21 our children, their families, and future generations;

22 (5) provide safe, affordable housing that pro-
23 vides working families with stability, which is critical
24 to building vibrant communities;

1 (6) provide affordable and quality child care
2 that is a lifeline for working families, which is crit-
3 ical to building a stronger economy, workforce, and
4 communities;

5 (7) address the climate crisis by transitioning to
6 renewable energy, promoting environmental justice,
7 and conserving public and wild lands, which is essen-
8 tial to building resilient communities and a sustain-
9 able future;

10 (8) reduce gun violence through common-sense
11 gun safety reform, which will protect families from
12 senseless gun violence, which is critical to creating
13 safer communities;

14 (9) build a tax code that works for working
15 families and small businesses, and ensure the
16 wealthy pay their fair share, which is essential in
17 order to invest in critical resources such as housing
18 and mental health care; and

19 (10) encourage States, counties, and local mu-
20 nicipalities to develop policies that have a focus on
21 connection and social connectivity.

1 **TITLE I—COMMUNITY-BASED**
2 **PROGRAMS**

3 **SEC. 101. GRANTS FOR THIRD-SPACES.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services (in this section referred to as the “Sec-
6 retary”), in consultation with the appropriate Federal offi-
7 cials, shall establish a program to award grants, on a com-
8 petitive basis, to State or local governments to support eli-
9 gible entities to create and scale community connection
10 programs and local institutions that bring people together
11 at community facilities.

12 (b) APPLICATIONS.—To be eligible to receive a grant
13 under this section, a State or local government shall sub-
14 mit to the Secretary an application at such time, in such
15 manner, and containing such information as the Secretary
16 may require.

17 (c) USE OF FUNDS.—A grant awarded under this
18 section—

19 (1) may be used to pay the salary or wages of
20 appropriate staff of the community connection pro-
21 grams and local institutions referred to in subsection
22 (a); and

23 (2) may not be used for the construction of any
24 facility.

1 (d) PRIORITY.—In awarding grants under this sec-
2 tion, the Secretary shall prioritize—

3 (1) underserved communities; and

4 (2) communities with high percentages of chil-
5 dren or elderly individuals.

6 (e) DEFINITIONS.—In this section:

7 (1) APPROPRIATE FEDERAL OFFICIALS.—The
8 term “appropriate Federal officials” means—

9 (A) the Administrator of the Administra-
10 tion for Community Living;

11 (B) the Secretary of Education;

12 (C) the Secretary of Veterans Affairs;

13 (D) the Secretary of Labor; and

14 (E) the Director of the Institute of Mu-
15 seum and Library Services.

16 (2) ELIGIBLE ENTITY.—The term “eligible enti-
17 ty” means a governmental or nonprofit entity that
18 is—

19 (A) a library;

20 (B) a senior center;

21 (C) a childcare center or after-school pro-
22 gram;

23 (D) a recreation center;

24 (E) a teen center;

25 (F) a veteran service organization; or

1 (G) any other entity, as the relevant State
 2 or local government determines appropriate.

3 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
 4 authorized to be appropriated to carry out this section
 5 \$200,000,000 for each of fiscal years 2025 through 2029.

6 **SEC. 102. GRANTS FOR SOCIAL INFRASTRUCTURE.**

7 (a) IN GENERAL.—The Secretary of Housing and
 8 Urban Development (in this section referred to as the
 9 “Secretary”) shall establish a competitive grant program
 10 to award grants to eligible entities to plan and build infra-
 11 structure that encourages social connection.

12 (b) ELIGIBLE ENTITIES.—To be eligible for a grant
 13 under this section, an entity shall be—

- 14 (1) a State government;
- 15 (2) a local government;
- 16 (3) a metropolitan planning organization; or
- 17 (4) a multijurisdictional group of entities de-
 18 scribed in paragraphs (1) through (3).

19 (c) ELIGIBLE USES.—An eligible entity may use
 20 amounts awarded under this section to—

- 21 (1) plan infrastructure projects that encourage
 22 social connection, including—
- 23 (A) parks;
- 24 (B) playgrounds;
- 25 (C) recreation spaces; and

1 (D) access to natural areas;

2 (2) build such projects; and

3 (3) preserve such projects.

4 (d) APPLICANT PREFERENCE.—The Secretary shall
5 give preference to eligible entities that—

6 (1) demonstrate environmentally conscious op-
7 erations;

8 (2) emphasize accessibility for disabled individ-
9 uals; or

10 (3) are located in or represent underserved
11 communities.

12 (e) AUTHORIZATION OF APPROPRIATIONS.—There
13 are authorized to be appropriated to the Secretary to carry
14 out this section \$170,000,000 for each of fiscal years 2025
15 through 2029.

16 **SEC. 103. GRANTS FOR OUTREACH AND INTERVENTION TO**
17 **ADDRESS LONELINESS.**

18 (a) IN GENERAL.—The Secretary of Health and
19 Human Services (in this section referred to as the “Sec-
20 retary”) shall establish a program to make grants, on a
21 competitive basis, to covered entities for the purposes de-
22 scribed in subsection (c).

23 (b) APPLICATIONS.—To be eligible to receive a grant
24 under this section, a covered entity shall submit to the
25 Secretary an application at such time, in such manner,

1 and containing such information as the Secretary may re-
2 quire.

3 (c) PURPOSES DESCRIBED.—The purposes described
4 in this subsection are the following:

5 (1) To conduct outreach, through established
6 screening tools or other methods, as the Secretary
7 determines appropriate, to at-risk individuals regard-
8 ing the health effects of loneliness and social isola-
9 tion.

10 (2) To develop and implement community-based
11 interventions for the purpose of mitigating loneliness
12 or social isolation in at-risk individuals, including
13 evidence-based programs, as determined by the Sec-
14 retary, developed with multi-stakeholder input.

15 (3) To connect at-risk individuals with commu-
16 nity social or clinical support.

17 (d) DEFINITIONS.—In this section:

18 (1) AT-RISK INDIVIDUAL.—The term “at-risk
19 individual” means an individual who—

20 (A) is—

21 (i) between the ages of 18 and 25
22 years old; or

23 (ii) 60 years of age or older;

24 (B) has a disability;

25 (C) has a pre-existing health condition; or

1 (D) has poor indicators of social deter-
2 minants of health, which may include—

3 (i) the conditions in which people are
4 born, grow, work, live, worship, and age;
5 and

6 (ii) a wide set of forces and systems
7 that shape daily life, such as economic
8 policies and systems.

9 (2) COVERED ENTITY.—The term “covered en-
10 tity” means—

11 (A) an area agency on aging;

12 (B) a center for independent living; and

13 (C) such other community-based organiza-
14 tion, as the Secretary determines appropriate.

15 (e) AUTHORIZATION OF APPROPRIATIONS.—There is
16 authorized to be appropriated such sums as may be nec-
17 essary to carry out this section.

18 **TITLE II—PUBLIC HEALTH**

19 **SEC. 201. SUPPORT GROUP DEMONSTRATION PROGRAM.**

20 (a) IN GENERAL.—The Secretary of Health and
21 Human Services, acting through the Assistant Secretary
22 for Mental Health and Substance Use, (in this section re-
23 ferred to as the “Secretary”) shall establish a demonstra-
24 tion program to award grants to States and localities to
25 support eligible organizations in—

1 (1) coordinating group therapy care for mental
2 health and substance use treatment;

3 (2) administrative and operational costs related
4 to such treatment; and

5 (3) outreach, participant recruitment, patient
6 education, and treatment plan development.

7 (b) PRIORITY.—In awarding grants under this sec-
8 tion, the Secretary shall give priority to States and local-
9 ities that will support eligible organizations in rural areas.

10 (c) TECHNICAL ASSISTANCE.—The Secretary shall
11 provide technical assistance to States and localities seek-
12 ing or receiving a grant under this section.

13 (d) ELIGIBLE ORGANIZATION DEFINED.—In this
14 section, the term “eligible organization” means a partner-
15 ship between—

16 (1) at least 1—

17 (A) clinician with a private practice;

18 (B) health care center or association of
19 community health centers; or

20 (C) hospital; and

21 (2) at least 1—

22 (A) elementary or secondary school;

23 (B) institution of higher education; or

24 (C) community organization, including a
25 senior center, youth center, or LGBTQ center.

1 **SEC. 202. BUILDING COMMUNITIES OF RECOVERY PRO-**
 2 **GRAM REAUTHORIZATION.**

3 Section 547(f) of the Public Health Service Act (42
 4 U.S.C. 290ee–2(f)) is amended by striking “\$5,000,000
 5 for each of fiscal years 2019 through 2023” and inserting
 6 “\$16,000,000 for each of fiscal years 2025 through
 7 2029”.

8 **SEC. 203. MENTAL HEALTH PROVIDER STUDENT LOAN FOR-**
 9 **GIVENESS.**

10 Part F of title VII of the Public Health Service Act
 11 (42 U.S.C. 295h) is amended—

12 (1) by amending the part heading to read as
 13 follows: “**SUBSTANCE USE DISORDER TREAT-**
 14 **MENT AND MENTAL HEALTH WORKFORCE**
 15 **LOAN REPAYMENT PROGRAMS**”;

16 (2) in section 781(e)(2), by striking “338I, or
 17 846” and inserting “338I, 782, or 846”; and

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

19 **“SEC. 782. LOAN REPAYMENT PROGRAM FOR MENTAL**
 20 **HEALTH WORKFORCE.**

21 “(a) IN GENERAL.—The Secretary, acting through
 22 the Administrator of the Health Resources and Services
 23 Administration, (in this section referred to as the ‘Sec-
 24 retary’) shall carry out a program under which—

25 “(1) the Secretary enters into agreements with
 26 individuals to make payments in accordance with

1 subsection (b) on the principal of and interest on
2 any eligible loan; and

3 “(2) the individuals each agree to the require-
4 ments of service in mental health services employ-
5 ment, as described in subsection (d).

6 “(b) PAYMENTS.—For each year of obligated service
7 by an individual pursuant to an agreement under sub-
8 section (a), the Secretary shall make a payment to such
9 individual as follows:

10 “(1) SERVICE IN A SHORTAGE AREA.—The Sec-
11 retary shall pay—

12 “(A) for each year of obligated service by
13 an individual pursuant to an agreement under
14 subsection (a), $\frac{1}{6}$ of the principal of and inter-
15 est on each eligible loan of the individual which
16 is outstanding on the date the individual began
17 service pursuant to the agreement; and

18 “(B) for completion of the sixth and final
19 year of such service, the remainder of such
20 principal and interest.

21 “(2) MAXIMUM AMOUNT.—The total amount of
22 payments under this section to any individual shall
23 not exceed \$75,000.

24 “(c) ELIGIBLE LOANS.—The loans eligible for repay-
25 ment under this section are each of the following:

1 “(1) Any loan for education or training for a
2 substance use disorder treatment employment.

3 “(2) Any loan under part E of title VIII (relat-
4 ing to nursing student loans).

5 “(3) Any Federal Direct Stafford Loan, Fed-
6 eral Direct PLUS Loan, Federal Direct Unsub-
7 sidized Stafford Loan, or Federal Direct Consolida-
8 tion Loan (as such terms are used in section 455 of
9 the Higher Education Act of 1965).

10 “(4) Any Federal Perkins Loan under part E
11 of title I of the Higher Education Act of 1965.

12 “(5) Any other Federal loan as determined ap-
13 propriate by the Secretary.

14 “(d) REQUIREMENTS OF SERVICE.—Any individual
15 receiving payments under this program as required by an
16 agreement under subsection (a) shall agree to an annual
17 commitment to full-time employment, with no more than
18 1 year passing between any 2 years of covered employ-
19 ment, in mental health services employment in the United
20 States in a Mental Health Professional Shortage Area, as
21 designated under section 332.

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

25 “(1) this section; and

1 “(2) any federally supported loan forgiveness
2 program, including under section 338B, 338I, 781,
3 or 846 of this Act, or section 428J, 428L, 455(m),
4 or 460 of the Higher Education Act of 1965.

5 “(f) BREACH.—

6 “(1) LIQUIDATED DAMAGES FORMULA.—The
7 Secretary may establish a liquidated damages for-
8 mula to be used in the event of a breach of an
9 agreement entered into under subsection (a).

10 “(2) LIMITATION.—The failure by an individual
11 to complete the full period of service obligated pur-
12 suant to such an agreement, taken alone, shall not
13 constitute a breach of the agreement, so long as the
14 individual completed in good faith the years of serv-
15 ice for which payments were made to the individual
16 under this section.

17 “(g) ADDITIONAL CRITERIA.—The Secretary—

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

22 “(2) shall give notice to the committees speci-
23 fied in subsection (h) of any criteria and rules so es-
24 tablished.

1 “(h) REPORT TO CONGRESS.—Not later than 5 years
2 after the date of enactment of this section, and every other
3 year thereafter, the Secretary shall prepare and submit
4 to the Committee on Energy and Commerce of the House
5 of Representatives and the Committee on Health, Edu-
6 cation, Labor, and Pensions of the Senate a report on—

7 “(1) the number and location of borrowers who
8 have qualified for loan repayments under this sec-
9 tion; and

10 “(2) the impact of this section on the avail-
11 ability of substance use disorder treatment employ-
12 ees nationally and in shortage areas and counties de-
13 scribed in subsection (d).

14 “(i) DEFINITION.—In this section:

15 “(1) COMMUNITY-BASED ORGANIZATION.—The
16 term ‘community-based organization’ includes, ex-
17 cept as otherwise provided by the Secretary, a non-
18 profit community-based organization, a consortium
19 of nonprofit community-based organizations, a na-
20 tional nonprofit organization acting as an inter-
21 mediary for a community-based organization, or a
22 community-based organization that has a fiscal
23 sponsor that allows the organization to function as
24 an organization described in section 501(c)(3) of the

1 Internal Revenue Code of 1986 and exempt from
2 taxation under section 501(a) of such Code.

3 “(2) ISDEAA TERMS.—The terms ‘Indian
4 tribe’ and ‘tribal organization’ have the meanings
5 given those terms in section 4 of the Indian Self-De-
6 termination and Education Assistance Act.

7 “(3) MENTAL HEALTH SERVICES EMPLOY-
8 MENT.—The term ‘mental health services employ-
9 ment’ means full-time employment (including a fel-
10 lowship)—

11 “(A) where the primary intent and func-
12 tion of the position is the direct treatment or
13 recovery support of patients with or in recovery
14 from a diagnosable mental, behavioral, or emo-
15 tional disorder, including master’s level social
16 workers, psychologists, counselors, marriage
17 and family therapists, psychiatric mental health
18 practitioners, child and adolescent psychiatrists,
19 occupational therapists, psychology doctoral in-
20 terns, behavioral health paraprofessionals and
21 physicians, physician assistants, and nurses,
22 who are licensed or certified in accordance with
23 applicable State and Federal laws; and

24 “(B) which is located at a mental health
25 treatment program, private physician practice,

1 hospital or health system-affiliated inpatient
2 treatment center or outpatient clinic (including
3 an academic medical center-affiliated treatment
4 program), correctional facility or program,
5 youth detention center or program, inpatient
6 psychiatric facility, crisis stabilization unit,
7 community health center, community mental
8 health or other specialty community behavioral
9 health center, recovery center, school, commu-
10 nity-based organization, telehealth platform, mi-
11 grant health center, health program or facility
12 operated by an Indian tribe or tribal organiza-
13 tion, Federal medical facility, or any other facil-
14 ity as determined appropriate for purposes of
15 this section by the Secretary.

16 “(4) MUNICIPALITY.—The term ‘municipality’
17 means a city, town, or other public body created by
18 or pursuant to State law, or an Indian tribe.”.

19 **SEC. 204. HEALTH WORKFORCE RESILIENCY PROGRAM.**

20 (a) FUNDING FOR MENTAL HEALTH AND SUB-
21 STANCE USE DISORDER TRAINING FOR HEALTH CARE
22 PROFESSIONALS, PARAPROFESSIONALS, AND PUBLIC
23 SAFETY OFFICERS.—Section 2703 of the American Res-
24 cue Plan Act of 2021 (Public Law 117–2; 135 Stat. 46)
25 is amended—

1 (1) in subsection (b), by striking “appropriated
2 by subsection (a)” and inserting “appropriated by
3 subsection (a) or pursuant to subsection (c)”; and

4 (2) by adding at the end the following:

5 “(c) AUTHORIZATION FOR FY 2025 TO 2029.—
6 There is authorized to be appropriated for the purpose de-
7 scribed in subsection (b) \$100,000,000 for the period of
8 fiscal years 2025 through 2029.”.

9 (b) FUNDING FOR EDUCATION AND AWARENESS
10 CAMPAIGN ENCOURAGING HEALTHY WORK CONDITIONS
11 AND USE OF MENTAL HEALTH AND SUBSTANCE USE
12 DISORDER SERVICES BY HEALTH CARE PROFES-
13 SIONALS.—Section 2704 of the American Rescue Plan Act
14 of 2021 (Public Law 117–2; 135 Stat. 46) is amended—

15 (1) in subsection (b), by striking “appropriated
16 by subsection (a)” and inserting “appropriated by
17 subsection (a) or pursuant to subsection (c)”; and

18 (2) by adding at the end the following:

19 “(c) AUTHORIZATION FOR FY 2025 TO 2029.—
20 There is authorized to be appropriated for the purpose de-
21 scribed in subsection (b) \$100,000,000 for the period of
22 fiscal years 2025 through 2029.”.

23 (c) FUNDING FOR GRANTS FOR HEALTH CARE PRO-
24 VIDERS TO PROMOTE MENTAL HEALTH AMONG THEIR
25 HEALTH PROFESSIONAL WORKFORCE.—Section 2705 of

1 the American Rescue Plan Act of 2021 (Public Law 117–
2 2; 135 Stat. 46) is amended—

3 (1) in subsection (b), by striking “appropriated
4 by subsection (a)” and inserting “appropriated by
5 subsection (a) or pursuant to subsection (c)”; and

6 (2) by adding at the end the following:

7 “(c) **AUTHORIZATION FOR FY 2025 TO 2029.**—

8 There is authorized to be appropriated for the purpose de-
9 scribed in subsection (b) \$100,000,000 for the period of
10 fiscal years 2025 through 2029.”.

11 **SEC. 205. TASK FORCE TO PREVENT HEALTH CARE WORK-**
12 **ER BURNOUT.**

13 (a) **IN GENERAL.**—The Secretary of Health and
14 Human Services, acting through the Administrator of the
15 Health Resources and Services Administration, (in this
16 section referred to as the “Secretary”) shall establish a
17 task force to prevent health care worker burnout (in this
18 section referred to as the “Task Force”).

19 (b) **MEMBERS.**—The Task Force shall have the fol-
20 lowing members, to be appointed by the Secretary (unless
21 otherwise specified):

22 (1) The Surgeon General, who shall serve as
23 chair.

24 (2) A representative from the Centers for Medi-
25 care & Medicaid Services.

1 (3) A representative from the Centers for Dis-
2 ease Control and Prevention.

3 (4) A representative from the Office of Rural
4 Health Policy of the Health Resources and Services
5 Administration.

6 (5) A representative from the Provider Relief
7 Bureau of the Health Resources and Services Ad-
8 ministration.

9 (6) A representative from the Office of Civil
10 Rights, Diversity, and Inclusion of the Health Re-
11 sources and Services Administration.

12 (7) Such other members as the chair deter-
13 mines appropriate, who shall be appointed by the
14 chair.

15 (c) REPORTS.—Not later than 2 years after the date
16 of enactment of this Act, the Task Force shall submit to
17 Congress a report that includes—

18 (1) statistics and data on turnover in health
19 care employment and health care worker satisfaction
20 (including with regard to the mental health and sub-
21 stance use disorder workforces);

22 (2) recommendations on how to reduce burnout
23 among health care workers;

24 (3) an assessment of burnout in Health Re-
25 sources and Services Administration workforce pro-

1 grams and how such programs may be improved;
2 and

3 (4) a study of the administrative burden of
4 health insurance systems (including Medicare, Med-
5 icaid, CHIP programs, and VA health).

6 **TITLE III—MEASUREMENTS OF**
7 **LONELINESS**

8 **SEC. 301. ADDITION OF LONELINESS TO THE OLDER AMERI-**
9 **CANS ACT OF 1965.**

10 Section 102(14)(N) of the Older Americans Act of
11 1965 (42 U.S.C. 3002(14)(N)) is amended by inserting
12 “or loneliness” after “social isolation” each place it ap-
13 pears.

14 **SEC. 302. HHS WORKING GROUP ON MEASUREMENTS OF**
15 **LONELINESS AND ISOLATION.**

16 The Secretary of Health and Human Services shall
17 establish within the Department of Health and Human
18 Services a working group to formulate recommendations
19 for standardizing the methods by which agencies and com-
20 ponents of the Department measure loneliness and isola-
21 tion.

22 **SEC. 303. GAO STUDY AND REPORT ON IMPACT OF SOCIAL**
23 **ISOLATION.**

24 (a) STUDY.—The Comptroller General of the United
25 States shall conduct a study on the impact of social isola-

tion and efforts by the Federal Government and State and local governments to address such social isolation.

(b) REPORT.—Not later than 5 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report detailing the results of the study under subsection (a).

TITLE IV—COMMUNITY HEALTH WORKERS

SEC. 401. COVERAGE OF COMMUNITY HEALTH WORKER SERVICES UNDER MEDICARE AND INCREASED FMAP FOR COMMUNITY HEALTH WORKER SERVICES.

(a) COVERAGE OF COMMUNITY HEALTH WORKER SERVICES AND CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES UNDER MEDICARE.—

(1) IN GENERAL.—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended—

(A) in subsection (s)(2), by adding at the end the following new subparagraphs:

“(KK) professional services furnished by a community health worker (as defined in subsection (nnn)) on or after October 1, 2026;

“(LL) certified community behavioral health clinic services (as defined in section 1905(jj)) furnished on or after October 1, 2026;” and

1 (B) by adding at the end the following new
2 subsection:

3 “(nnn) COMMUNITY HEALTH WORKER.—The term
4 ‘community health worker’ means an individual who is a
5 frontline health worker who is a trusted member of the
6 community in which the worker serves or who has an un-
7 usually close understanding of the community served that
8 enables the worker to build trusted relationships, serve as
9 a liaison or link between health and social services and
10 the community, facilitate access to services, improve the
11 quality and cultural competence of service delivery, build
12 individual and community capacity, and increase health
13 knowledge and self-sufficiency through a wide range of
14 community health worker core roles, including through—

15 “(1) providing cultural mediation among indi-
16 viduals, communities, and health and social service
17 systems;

18 “(2) providing culturally appropriate health
19 education and information;

20 “(3) providing care coordination, case manage-
21 ment, and system navigation;

22 “(4) providing coaching and social support;

23 “(5) advocating for individuals and commu-
24 nities;

1 “(6) building individual and community capac-
2 ity;

3 “(7) providing direct service, including basic
4 screening tests, such as weight and blood pressure
5 screening, basic services such as diabetic foot checks,
6 and meeting basic needs;

7 “(8) implementing individual and community
8 assessments;

9 “(9) conducting outreach; and

10 “(10) participating in evaluation and research”.

11 (2) PAYMENT RULE.—Section 1833 of the So-
12 cial Security Act (42 U.S.C. 1395l) is amended—

13 (A) in subsection (a)(1)—

14 (i) in subparagraph (GG), by striking
15 “and” at the end; and

16 (ii) by inserting before the semicolon
17 at the end the following: “, and (II) with
18 respect to professional services furnished
19 by a community health worker (as defined
20 in section 1861(nnn)) and certified com-
21 munity behavioral health clinic services (as
22 defined in section 1905(jj)), the amounts
23 paid shall be 100 percent of the lesser of
24 the actual charge for the services or the
25 amount determined under a fee schedule

1 established by the Secretary for such serv-
 2 ices”; and

3 (B) in subsection (b)—

4 (i) by striking “, and (13)” and in-
 5 serting “(13)”; and

6 (ii) by striking “1861(n).” and insert-
 7 ing “1861(n), (14) such deductible shall
 8 not apply with respect to professional serv-
 9 ices furnished by a community health
 10 worker (as defined in section 1861(nnn)),
 11 and (15) such deductible shall not apply
 12 with respect to certified community behav-
 13 ioral health clinic services (as defined in
 14 section 1905(jj))”.

15 (b) COVERAGE OF COMMUNITY HEALTH WORKER
 16 SERVICES UNDER MEDICAID.—

17 (1) IN GENERAL.—Section 1905(a) of the So-
 18 cial Security Act (42 U.S.C. 1396d(a)) is amend-
 19 ed—

20 (A) in paragraph (31), by striking “and”
 21 at the end;

22 (B) by redesignating paragraph (32) as
 23 paragraph (33); and

24 (C) by inserting after paragraph (31) the
 25 following new paragraph:

1 “(32) beginning on October 1, 2026, profes-
 2 sional services furnished by a community health
 3 worker (as defined in section 1861(nnn)); and”.

4 (2) FMAP INCREASE.—Section 1905 of the So-
 5 cial Security Act (42 U.S.C. 1396d) is amended—

6 (A) in subsection (b), by striking “and
 7 (ii)” and inserting “(ii), and (kk)”; and

8 (B) by adding at the end the following new
 9 subsection:

10 “(kk) INCREASED FMAP FOR COMMUNITY HEALTH
 11 WORKER SERVICES.—For each fiscal quarter beginning
 12 on or after October 1, 2026, the Federal medical assist-
 13 ance percentage for a State shall be increased by 6 per-
 14 centage points with respect to amounts expended by the
 15 State for medical assistance for professional services fur-
 16 nished by a community health worker (as defined in sec-
 17 tion 1861(nnn)).”.

18 **SEC. 402. COMMUNITY HEALTH WORKERS IN NHSC LOAN**
 19 **REPAYMENT PROGRAM.**

20 Section 338B of the Public Health Service Act (42
 21 U.S.C. 254l–1) is amended—

22 (1) in subsection (b)(1)(A), by striking “or phy-
 23 sician assistant” and inserting “physician assistant,
 24 or community health worker”; and

25 (2) by adding at the end the following:

1 “(i) COMMUNITY HEALTH WORKER DEFINED.—In
 2 this section, the term ‘community health worker’ means
 3 an individual who—

4 “(1) promotes wellness by helping individuals
 5 adopt healthy behaviors;

6 “(2) implements programs and advocates for in-
 7 dividuals who may have limited access to health re-
 8 sources and social services; and

9 “(3) works closely with other health care and
 10 social service providers.”.

11 **TITLE V—EDUCATION**

12 **SEC. 501. SCHOOL-BASED SERVICES UNDER MEDICAID AND** 13 **CHIP.**

14 Section 11003(b) of the Bipartisan Safer Commu-
 15 nities Act (42 U.S.C. 1396a note) is amended by inserting
 16 “, and \$50,000,000 for fiscal year 2026,” after “fiscal
 17 year 2022”.

18 **SEC. 502. SUPPORT FOR PROJECT AWARE.**

19 Part D of title V of the Public Health Service Act
 20 (42 U.S.C. 290dd et seq.) is amended by adding at the
 21 end the following:

22 **“SEC. 554. PROJECT AWARE GRANTS.**

23 “(a) IN GENERAL.—The Secretary, acting through
 24 the Assistant Secretary for Mental Health and Substance
 25 Use, (in this section referred to as the ‘Secretary’) shall

1 establish the Project Advancing Wellness and Resiliency
2 in Education (in this section referred to as ‘Project
3 AWARE’), to award grants to develop a sustainable infra-
4 structure for school-based mental health programs and
5 services.

6 “(b) USE OF FUNDS.—A grant awarded under
7 Project AWARE may be used to provide peer mental
8 health first aid training, including—

9 “(1) to train teachers, other relevant school
10 personnel (including education support profes-
11 sionals), students, and parents and caregivers of stu-
12 dents—

13 “(A) to recognize symptoms of childhood
14 and adolescent mental health conditions;

15 “(B) to refer teachers, school personnel,
16 students, and their family members to appro-
17 priate mental health services if necessary; and

18 “(C) to recognize signs of immediate men-
19 tal distress and, upon recognizing such signs
20 apply mental health first aid tactics; and

21 “(2) to provide education to such teachers, per-
22 sonnel, students, parents, and caregivers regarding
23 resources that are available in the community for in-
24 dividuals with a mental illness.

1 “(c) AUTHORIZATION OF APPROPRIATIONS.—There
 2 is authorized to be appropriated to carry out this section
 3 \$130,000,000 for each of fiscal years 2026 through
 4 2030.”.

5 **SEC. 503. SUPPORT FOR THE 21ST CENTURY COMMUNITY**
 6 **LEARNING CENTERS PROGRAM AND THE**
 7 **FULL-SERVICE COMMUNITY SCHOOLS PRO-**
 8 **GRAM.**

9 (a) COMMUNITY LEARNING CENTER SERVICES, PRO-
 10 GRAMS, AND ACTIVITIES.—Section 4201(a)(2) of the Ele-
 11 mentary and Secondary Education Act of 1965 (20 U.S.C.
 12 7171(a)(2)) is amended by inserting “mental health serv-
 13 ices, community service activities,” after “counseling pro-
 14 grams,”.

15 (b) AUTHORIZATION OF APPROPRIATIONS FOR 21ST
 16 CENTURY COMMUNITY LEARNING CENTERS PROGRAM.—
 17 Section 4206 of the Elementary and Secondary Education
 18 Act of 1965 (20 U.S.C. 7176) is amended to read as fol-
 19 lows:

20 **“SEC. 4206. AUTHORIZATION OF APPROPRIATIONS.**

21 “There are authorized to be appropriated to carry out
 22 this part—

23 “(1) \$1,329,673,000 for fiscal year 2025;

24 “(2) \$1,429,673,000 for fiscal year 2026;

25 “(3) \$1,529,673,000 for fiscal year 2027;

1 “(4) \$1,629,673,000 for fiscal year 2028; and
2 “(5) \$1,729,673,000 for fiscal year 2029.”.

3 (c) AUTHORIZATION OF APPROPRIATIONS FOR FULL-
4 SERVICE COMMUNITY SCHOOLS PROGRAM.—Section 4601
5 of the Elementary and Secondary Education Act of 1965
6 (20 U.S.C. 7251(a)) is amended—

7 (1) in the matter preceding paragraph (1) of
8 subsection (a), by inserting “(except for section
9 4625)” after “part”;

10 (2) in the matter preceding clause (i) of sub-
11 section (b)(2)(B), by inserting “(except for section
12 4625)” after “subpart 2”; and

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

14 “(c) AUTHORIZATION OF APPROPRIATIONS FOR
15 FULL-SERVICE COMMUNITY SCHOOLS.—There are au-
16 thorized to be appropriated to carry out section 4625—

17 “(1) \$500,000,000 for fiscal year 2025;

18 “(2) \$600,000,000 for fiscal year 2026;

19 “(3) \$700,000,000 for fiscal year 2027;

20 “(4) \$850,000,000 for fiscal year 2028; and

21 “(5) \$1,000,000,000 for fiscal year 2029.”.

22 (d) CONFORMING AMENDMENTS.—Section 4623(a)
23 of the Elementary and Secondary Education Act of 1965
24 (20 U.S.C. 7273(a)) is amended—

1 (1) by redesignating paragraph (2) as para-
2 graph (3); and

3 (2) by striking paragraph (1) and inserting the
4 following:

5 “(1) PROMISE NEIGHBORHOODS.—The Sec-
6 retary shall use not less than 95 percent of the
7 amounts made available under section 4601(b)(2)(B)
8 to award grants, on a competitive basis and subject
9 to subsection (e), to eligible entities for the imple-
10 mentation of a comprehensive, effective continuum
11 of coordinated services that meets the purpose de-
12 scribed in section 4621(1) by carrying out activities
13 in neighborhoods with—

14 “(A) high concentrations of low-income in-
15 dividuals;

16 “(B) multiple signs of distress, which may
17 include high rates of poverty, childhood obesity,
18 academic failure, and juvenile delinquency, ad-
19 judication, or incarceration; and

20 “(C) schools implementing comprehensive
21 support and improvement activities or targeted
22 support and improvement activities under sec-
23 tion 1111(d).

24 “(2) FULL-SERVICE COMMUNITY SCHOOLS AU-
25 THORIZED.—The Secretary shall use the amounts

1 made available under section 4601(c) to carry out
 2 the full-service community school program under
 3 section 4625.”.

4 **TITLE VI—DEFINITIONS**

5 **SEC. 601. DEFINITIONS.**

6 In this Act:

7 (1) BURNOUT.—The term “burnout” means ex-
 8 haustion and mental distance from one’s job.

9 (2) LONELINESS.—The term “loneliness”
 10 means subjectively feeling alone, or the discrepancy
 11 between one’s desired level of social connection and
 12 one’s actual level of social connection.

13 (3) SOCIAL CONNECTION.—The term “social
 14 connection” means the variety of ways one can con-
 15 nect with others socially, through physical, behav-
 16 ioral, social-cognitive, and emotional channels.

17 (4) SOCIAL ISOLATION.—The term “social isola-
 18 tion” means objectively being alone, or having few
 19 relationships or infrequent social contact.

20 (5) UNDERSERVED COMMUNITIES.—The term
 21 “underserved communities” includes communities
 22 with a high proportion of individuals who—

23 (A) are socioeconomically disadvantaged;

24 (B) have limited English proficiency;

25 (C) are geographically isolated;

- 1 (D) are educationally disenfranchised;
- 2 (E) are individuals of color;
- 3 (F) are of ethnic or national origin minori-
- 4 ties;
- 5 (G) are women or children;
- 6 (H) have disabilities; or
- 7 (I) are seniors.

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