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118TH CONGRESS
2D SESSION

H. R. 7907

To authorize the Secretary of Health and Human Services to award grants for career support for a skilled, internationally educated health care workforce.

IN THE HOUSE OF REPRESENTATIVES

APRIL 9, 2024

Mr. KRISHNAMOORTHI introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To authorize the Secretary of Health and Human Services to award grants for career support for a skilled, internationally educated health care workforce.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Welcome Back to the Health Care Workforce Act''.

SEC. 2. SUPPORT FOR SKILLED INTERNATIONALLY EDUCATED HEALTH CARE WORKFORCE.

(a) IN GENERAL.—Subpart 3 of part E of title VII of the Public Health Service Act (42 U.S.C. 295f et seq.) is amended by adding at the end the following:

"SEC. 779. SUPPORT FOR SKILLED INTERNATIONALLY EDUCATED HEALTH CARE WORKFORCE.

''(a) GRANTS AUTHORIZED.—

''(1) IN GENERAL.—Not later than 1 year after the date of enactment of the Welcome Back to the Health Care Workforce Act, the Secretary shall award grants to eligible entities to provide career support for internationally educated health care professionals to integrate into, and expand, the health care workforce.

''(2) CONSULTATION.—Before awarding any grants under this section, the Secretary shall consult with the Secretary of Labor and the Secretary of Education.

''(b) APPLICATION.—

''(1) IN GENERAL.—An eligible entity desiring a grant under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

''(2) CONTENTS.—An application submitted under paragraph (1) shall include—

''(A) a description of each project described in subsection (d) that the eligible entity proposes to develop or continue under the grant;

"(B) information demonstrating that the eligible entity has the capacity to fully carry out and administer such projects;

"(C) a plan for the proposed projects that includes, at a minimum—

"(i) demographic information regarding the population to be served by the grant and how the current health care workforce, as of the date of application, is not meeting the health needs of the community to be served, including information on the health care workforce shortages in the area to be served by the grant; and

"(ii) a description of how the eligible entity will make use of grant funds to support the identification and advancement of internationally educated health care professionals in the geographic area to be served by the grant;

"(D) a description of the eligible entity's experience in working with internationally educated health care professionals;

"(E) a description of the partnership the eligible entity has formed with various entities,

including institutions of higher education and health care employers; and

''(F) any additional information determined relevant by the Secretary.

''(c) PRIORITY.—In awarding grants under this section, the Secretary shall give priority to eligible entities whose projects support the recruitment and retention of—

''(1) internationally educated health care professionals in professions in communities experiencing gaps between their existing health care workforce, as of the date of the application for the grant, and the needs of the community; or

''(2) internationally educated health care professionals in rural communities.

''(d) USE OF FUNDS.—

''(1) SUPPORTED PROJECTS.—

''(A) IN GENERAL.—Subject to paragraphs (2) and (3), an eligible entity receiving a grant under this section shall use grant funds to carry out—

''(i) 1 or more system-level improvement projects described in subparagraph (B); and

"(ii) 1 or more individual-level improvement projects described in subparagraph (C).

"(B) SYSTEM-LEVEL IMPROVEMENTS.—A project described in this subparagraph expands culturally and linguistically competent supports for internationally educated health care professionals, which may include—

"(i) establishing a network of partners that offer prerequisite educational opportunities and continuing education opportunities;

"(ii) developing peer support and mentoring opportunities;

"(iii) educating employers regarding the abilities and capacities of internationally educated health care professionals;

"(iv) developing career ladder opportunities for internationally educated health care professionals, such as—

"(I) developing a system to provide ongoing supportive services once employment is obtained;

"(II) funding leadership development, continuing education, pre-

paratory classes, examinations, and licensing and certification costs, in order to support health care workforce advancement; or

''(III) education and support on how to serve as an educator in a clinical or academic setting; or

''(v) creating and carrying out projects for the purposes of increasing the retention of internationally educated health care professionals in the health care workforce.

''(C) INDIVIDUAL-LEVEL IMPROVEMENTS.—A project described in this subparagraph tailors individual support for internationally educated health care professionals, which may include—

''(i) support for the licensing process;

''(ii) funding and facilitating access to accelerated and contextualized courses on English as a second language and board or licensure examination preparation;

''(iii) culturally competent individualized career counseling and coaching;

''(iv) individualized guidance and support for the credentialing evaluation process;

''(v) providing individualized work-readiness supports and clinical experience and training for internationally educated health care professionals who need such supports, experience, or training;

''(vi) educating internationally educated health care professionals employed by the eligible entity on their rights as employees;

''(vii) providing individualized supportive services to internationally educated health care professionals in order to support their employment, retention, or career advancement, which may include support for living expenses, health care, or transportation; or

''(viii) assisting internationally educated health care professionals in obtaining overseas academic or training records.

''(2) USE FOR ADMINISTRATIVE COSTS.—Each eligible entity receiving a grant under this section may use not more than 10 percent of the grant

funds for costs associated with the administration of the projects under this subsection.

''(3) MINIMUM REQUIREMENT TO PROVIDE DIRECT SUPPORT.—Each eligible entity receiving a grant under this section shall use not less than 20 percent of the grant funds to carry out projects described in paragraph (1)(B).

''(e) SUPPLEMENT, NOT SUPPLANT.—An eligible entity receiving a grant under this section shall use such grant only to supplement, and not supplant, the amount of funds that otherwise would be available to address the recruitment, training and education, retention, and advancement of internationally educated health care professionals in the health care workforce of the State or region served by the eligible entity.

''(f) EVALUATIONS AND REPORTS.—

''(1) REPORTING REQUIREMENTS BY GRANT RECIPIENTS.—

''(A) IN GENERAL.—An eligible entity receiving a grant under this section shall annually provide a report on the grant to the Secretary, at such time and containing such data and information as requested by the Secretary.

''(B) CONTENTS.—The report submitted under subparagraph (A) shall include—

"(i) the number of internationally educated health care professionals who participated in the projects supported under the grant; and

"(ii) for each project carried out under the grant, in the aggregate and disaggregated by the demographic categories as required by the Secretary—

"(I) the number of internationally educated health care professionals who accessed services, benefits, or supports through the project;

"(II) the number of internationally educated health care professionals who through the project attained employment in the health care workforce, in the aggregate and disaggregated by occupation and industry;

"(III) the number of internationally educated health care professionals who participated in the project and withdrew, unsuccessfully attempted to obtain board certification, or were terminated from the project without completing training or attaining em-

ployment in the health care workforce; and

"(IV) data on the country of education of the participating internationally educated health care professionals.

"(2) ANNUAL REPORTS TO CONGRESS BY SECRETARY.—Not later than 2 years after the date of enactment of the Welcome Back to the Health Care Workforce Act, and each year thereafter until all projects supported under this section are completed, the Secretary shall prepare and submit to Congress a report on the progress of each project supported under a grant under this section.

"(g) DEFINITIONS.—In this section:

"(1) ELIGIBLE ENTITY.—The term 'eligible entity' means a consortium of 2 or more of the following:

"(A) A hospital, health system, or other entity that provides health care.

"(B) A community-based or other nonprofit entity with experience in clinical health or public health services.

"(C) An institution of higher education.

"(D) An area health education center.

"(E) A State government, local government, or Indian Tribe.

"(F) A Federally qualified health center.

"(G) Any other type of entity determined appropriate by the Secretary.

"(2) EMPLOY; EMPLOYER.—The terms 'employ' and 'employer' have the meanings given the terms in section 3 of the Fair Labor Standards Act of 1938.

"(3) HEALTH CARE WORKFORCE.—The term 'health care workforce' means the workforce comprised of health care providers with direct patient care and support responsibilities and public health workers.

"(4) INDIAN TRIBE.—The term 'Indian Tribe' means the recognized governing body of any Indian or Alaska Native Tribe, band, nation, pueblo, village, community band, or component reservation individually identified (including parenthetically) in the list published most recently as of the date of enactment of the Welcome Back to the Health Care Workforce Act, pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 5131).

"(5) INSTITUTION OF HIGHER EDUCATION.—The term 'institution of higher education' has the

meaning given the term in section 102 of the Higher Education Act of 1965.

''(6) INTERNATIONALLY EDUCATED HEALTH CARE PROFESSIONAL.—The term 'internationally educated health care professional' means an individual who—

''(A) completed the education requirements for a health care workforce profession in another country; and

''(B) is—

''(i) lawfully admitted for permanent residence;

''(ii) admitted as a refugee under section 207 of the Immigration and Nationality Act;

''(iii) granted asylum under section 208 of such Act; or

''(iv) an alien otherwise authorized to be employed in the United States.

''(h) 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.''.

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