

118TH CONGRESS
2D SESSION

S. 4957

To amend the Public Health Service Act to provide for a health care workforce innovation program.

IN THE SENATE OF THE UNITED STATES

AUGUST 1, 2024

Mr. WYDEN (for himself, Mrs. BLACKBURN, and Mr. LUJÁN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide for a health care workforce innovation program.

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 Workforce In-
5 novation Act”.

6 **SEC. 2. HEALTH CARE WORKFORCE INNOVATION PRO-**
7 **GRAM.**

8 Section 755(b) of the Public Health Service Act (42
9 U.S.C. 294e(b)) is amended by adding at the end the fol-
10 lowing:

1 “(5)(A) Supporting and developing new innova-
2 tive, community-driven approaches for the education
3 and training of allied health professionals, including
4 those described in subparagraph (F)(i), with an em-
5 phasis on expanding the supply of such professionals
6 located in, and meeting the needs of, underserved
7 communities and rural areas. Grants or contracts
8 under this paragraph shall be awarded through a
9 new program (referred to as the ‘Health Care Work-
10 force Innovation Program’ or in this paragraph as
11 the ‘Program’).

12 “(B) To be eligible to receive a grant or con-
13 tract under the Program an entity shall—

14 “(i) be a Federally qualified health center
15 (as defined in section 1905(l)(2)(B) of the So-
16 cial Security Act), a State-level association or
17 other consortium that represents and is com-
18 prised of Federally qualified health centers, a
19 certified rural health clinic that meets the re-
20 quirements of section 334, or an accredited,
21 nonprofit post-secondary vocational program
22 that trains allied health professionals to work in
23 primary care settings; and

24 “(ii) submit to the Secretary an application
25 that, at a minimum, contains—

1 “(I) a description of how all trainees
2 will be trained in accredited training pro-
3 grams either directly or through partner-
4 ships with public or nonprofit private enti-
5 ties, such as schools of allied health;

6 “(II) a description of the community-
7 driven health care workforce innovation
8 model to be carried out under the grant or
9 contract, including the specific allied health
10 professions to be funded;

11 “(III) the geographic service area that
12 will be served, including quantitative data,
13 if available, showing that such particular
14 area faces a shortage of allied health pro-
15 fessionals and lacks access to health care;

16 “(IV) a description of the benefits
17 provided to each health care professional
18 trained under the proposed model during
19 the education and training phase;

20 “(V) a description of the experience
21 that the applicant has in the recruitment,
22 retention, and promotion of the well-being
23 of workers and volunteers;

24 “(VI) a description of how the fund-
25 ing awarded under the Program will sup-

plement rather than supplant existing
funding;

“(VII) a description of the scalability
and replicability of the community-driven
approach to be funded under the Program;

“(VIII) a description of the infra-
structure, outreach and communication
plan and other program support costs re-
quired to operationalize the proposed
model; and

“(IX) any other information, as the
Secretary determines appropriate.

“(C)(i) An entity shall use amounts received
under a grant or contract awarded under the Pro-
gram to carry out the innovative, community-driven
model described in the application under subpara-
graph (B). Such amounts may be used for launching
new or expanding existing innovative health care
professional partnerships, including the following
specific uses:

“(I) Establishing or expanding a partner-
ship between such entity and 1 or more high
schools, accredited public or nonprofit private
vocational-technical schools, accredited public or
nonprofit private 2-year colleges, area health

1 education centers, and entities with clinical set-
2 tings for the provision of education and training
3 opportunities not available at the grantee's fa-
4 cilities.

5 “(II) Providing education and training
6 programs to improve allied health professionals’
7 readiness in settings that serve underserved
8 communities and rural areas; encouraging stu-
9 dents from underserved and disadvantaged
10 backgrounds and former patients to consider
11 careers in health care, and better reflecting and
12 meeting community needs; providing education
13 and training programs for individuals to work
14 in patient-centered, team-based, community-
15 driven health care models that include integra-
16 tion with other clinical practitioners and train-
17 ing in cultural and linguistic competence; pro-
18 viding pre-apprenticeship and apprenticeship
19 programs for health care technical, support,
20 and entry-level occupations, particularly for
21 those enrolled in dual or concurrent enrollment
22 programs; building a preceptorship training-to-
23 practice model for medical, behavioral health,
24 oral health, and public health disciplines in an
25 integrated, community-driven setting; providing

1 and expanding internships, career ladders, and
2 development opportunities for health care pro-
3 fessionals, including new and existing staff; or
4 investing in training equipment, supplies, and
5 limited renovations or retrofitting of training
6 space needed for grantees to carry out their
7 particular model.

8 “(ii) Amounts received under a grant or con-
9 tract awarded under the Program shall not be used
10 to support construction costs or to supplant funding
11 from existing programs that support the applicant’s
12 health workforce.

13 “(iii) Models funded under the Program shall
14 be for a duration of at least 3 years.

15 “(D) In awarding grants or contracts under the
16 Program, the Secretary shall give priority to appli-
17 cants that will use grant or contract funds to sup-
18 port workforce innovation models that increase the
19 number of individuals from underserved and dis-
20 advantaged backgrounds working in such health care
21 professions, improve access to health care (including
22 medical, behavioral health and oral health) in under-
23 served communities, or demonstrate that the model
24 can be replicated in other underserved communities

1 in a cost-efficient and effective manner to achieve
2 the purposes of the Program.

3 “(E) An entity that receives a grant or contract
4 under the Program shall provide periodic reports to
5 the Secretary detailing the findings and outcomes of
6 the innovative, community-driven model carried out
7 under the grant. Such reports shall contain informa-
8 tion in a manner and at such times as determined
9 appropriate by the Secretary.

10 “(F) In this paragraph:

11 “(i) The term ‘allied health professional’
12 includes individuals who provide clinical support
13 services, including medical assistants, dental as-
14 sistants, dental hygienists, dental therapists,
15 pharmacy technicians, physical therapists, phys-
16 ical therapist assistants and health care inter-
17 preters; individuals providing non-clinical sup-
18 port, such as billing and coding professionals
19 and health information technology profes-
20 sionals; dietitians; medical technologists; emer-
21 gency medical technicians; community health
22 workers; health education specialists; health
23 care paraprofessionals; and peer support spe-
24 cialists.

1 “(ii) The term ‘rural area’ has the mean-
2 ing given such term by the Administrator of the
3 Health Resources and Services Administration.

4 “(iii) The term ‘underserved communities’
5 means areas, population groups, and facilities
6 designated as health professional shortage areas
7 under section 332, medically underserved areas
8 as defined under section 330I(a)), or medically
9 underserved populations as defined under sec-
10 tion 330(b)(3).

11 “(G)(i) There are authorized to be appropriated
12 such sums as may be necessary for each of fiscal
13 years 2025 through 2027, to carry out this para-
14 graph, to remain available until expended.

15 “(ii) A grant or contract provided under the
16 Program shall not exceed \$2,500,000 for a grant pe-
17 riod.”.

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