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(Original Signature of Member)

118TH CONGRESS
2D SESSION

H. R. _____

To direct the Secretary of Health and Human Services to award grants to States to establish, increase the availability of, and improve access to, qualified health care programs to increase and strengthen the health care workforce in such States.

IN THE HOUSE OF REPRESENTATIVES

Mr. COMER introduced the following bill; which was referred to the Committee
on _____

A BILL

To direct the Secretary of Health and Human Services to award grants to States to establish, increase the availability of, and improve access to, qualified health care programs to increase and strengthen the health care workforce in such States.

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 Care Workforce
5 Investment Act”.

1 **SEC. 2. SENSE OF CONGRESS.**

2 It is the sense of Congress to address the Nation's
3 shortage of a broad spectrum of health care professionals,
4 including direct support professionals, nurses, mental
5 health professionals, nurse aides, and emergency medical
6 services professionals by incentivizing collaboration be-
7 tween health care programs, health care industry partners,
8 and States to grow and strengthen the education and
9 training pipeline of health care professionals within the
10 Nation to better serve patients and families by:

11 (1) Improving the ability of a broad variety of
12 health care programs to meet the workforce de-
13 mands and capacity of the States, including the
14 workforce demands of historically underserved areas.

15 (2) Raising awareness of an interest in a broad
16 variety of health care occupations and reducing the
17 barriers of access to the health care programs nec-
18 essary to pursue these occupations, including finan-
19 cial barriers.

20 (3) Improving pathways between high school ca-
21 reer and technical programs and other health care
22 programs.

23 (4) Developing strategies for health care organi-
24 zations and educational and training programs to
25 support career growth and development for their em-
26 ployees and for students.

1 **SEC. 3. HEALTH CARE WORKFORCE IMPROVEMENT PLANS.**

2 (a) IN GENERAL.—Not later than 12 months after
3 the date of enactment of this Act, the Secretary of Health
4 and Human Services (in this section referred to as the
5 “Secretary”) shall award grants to States to establish and
6 implement a State Health Care Workforce Improvement
7 Plan (in this section referred to as the “Workforce Plan”)
8 to increase and strengthen the health care workforce in
9 such States.

10 (b) WORKFORCE PLANS.—

11 (1) IN GENERAL.—A State seeking a grant
12 under this section shall submit to the Secretary, at
13 such time and in such manner as specified by the
14 Secretary, a Workforce Plan containing the following
15 information:

16 (A) A description of the State Health Care
17 Workforce Council (in accordance with sub-
18 section (c)(1)(A)) designated by such State to
19 administer such Workforce Plan.

20 (B) The means by which such Council will
21 incentivize and establish public-private partner-
22 ships with program partners (as defined in sub-
23 section (e)(3)) to provide education and train-
24 ing that will—

25 (i) raise awareness of, and interest in,
26 careers in health care;

1 (ii) improve pathways between high
2 school career, technical programs, and
3 other qualified health care programs (as
4 defined in subsection (c)(2)(A)(i));

5 (iii) increase the availability of, and
6 improve access to, such qualified health
7 care programs;

8 (iv) reduce barriers to accessing such
9 qualified health care programs, including
10 financial barriers to enrolling in such pro-
11 grams; and

12 (v) assist employers in the health care
13 industry in supporting career growth and
14 development for employees.

15 (C) The method by which such qualified
16 health care programs will be evaluated, includ-
17 ing—

18 (i) the benchmarks and improvement
19 activities used to identify and reduce dis-
20 parities in access to, and the utilization of,
21 such programs; and

22 (ii) adequate safeguards to ensure
23 that such programs are invested in the
24 continuing excellence of such programs, in-
25 cluding the education, recruitment, and

1 training of health care program faculty
2 and staff, and the maintenance and acqui-
3 sition of medical equipment utilized by
4 such program.

5 (D) The State's plan (if any) to implement
6 an income tax credit (or other tax credit) for
7 program partners.

8 (2) PUBLICATION OF APPROVED WORKFORCE
9 PLANS.—The Secretary shall make publicly available
10 on an Internet website of the Department of Health
11 and Human Services each approved Workforce Plan.

12 (c) ADMINISTRATION OF WORKFORCE PLANS.—

13 (1) ADMINISTRATION AND FUNDING.—

14 (A) STATE HEALTH CARE WORKFORCE
15 COUNCIL.—Each State shall establish (or ap-
16 point as existing body to serve as) a State
17 Health Care Workforce Council (in this section
18 referred to as the “Council”) to administer the
19 Workforce Plan. Such Council shall—

20 (i) establish and maintain the State
21 Health Care Workforce Investment Fund
22 (as described in subparagraph (B));

23 (ii) provide for education and training
24 opportunities through qualified health care

1 programs (as described in paragraph
2 (2)(A));

3 (iii) evaluate such programs and pro-
4 vide incentives to successful programs; and

5 (iv) provide scholarships to eligible in-
6 dividuals to reduce financial barriers to ac-
7 cessing such programs (in accordance with
8 the requirements under paragraph (2)(B)).

9 (B) HEALTH CARE WORKFORCE INVEST-
10 MENT FUND.—Each Council shall establish a
11 State Health Care Workforce Investment Fund
12 (in this section referred to as the “Fund”) for
13 the purpose of funding the activities described
14 in the Workforce Plan, including—

15 (i) providing funding for new or estab-
16 lished qualified health care programs;

17 (ii) establishing and supporting schol-
18 arships for eligible individuals seeking to
19 enroll in such qualified health care pro-
20 grams to reduce financial barriers for such
21 individuals;

22 (iii) providing incentives to reward
23 successful qualified health care programs
24 (in accordance with paragraph (2)(A)(iii));

1 (iv) supporting related administrative
2 research, consulting, planning, and anal-
3 ysis of the health care workforce needs
4 within such State; and

5 (v) encouraging investment in the
6 Fund from private, financial, and philan-
7 thropic organizations to implement the
8 work described in the Workforce Plan.

9 (2) WORKFORCE PLAN COMPONENTS.—

10 (A) QUALIFIED HEALTH CARE PRO-
11 GRAM.—

12 (i) QUALIFIED HEALTH CARE PRO-
13 GRAM DEFINED.—In this section, the term
14 “qualified health care program” means an
15 educational or training program, including
16 a high school health care vocational pro-
17 gram, that is required to obtain or main-
18 tain employment or a professional creden-
19 tial or license for a career in a hospital or
20 other health care setting.

21 (ii) CRITERIA.—In order to receive
22 funding from a Council, a qualified health
23 care program must—

1 (I) target the specific needs of
2 historically underserved areas (as de-
3 fined in subsection (e)(2));

4 (II) demonstrate how such pro-
5 gram will benefit the workforce de-
6 mands and capacity in underserved
7 areas; and

8 (III) assist eligible individuals in
9 meeting some or all of the require-
10 ments for a certificate, training, or li-
11 cense in health care issued by a State.

12 (iii) INCENTIVES FOR SUCCESSFUL
13 PROGRAMS.—A Council may award addi-
14 tional financial incentives to eligible indi-
15 viduals for programs that demonstrate an
16 increase or other improvement in—

17 (I) the number of such individ-
18 uals completing such program;

19 (II) the passage rate, particularly
20 the first-time passage rate, on any
21 State, health care, credential, exam-
22 ination by graduates of such program;

23 (III) the ability of such qualified
24 health care programs to meet the

1 workforce demands of the commu-
2 nities such programs serve; and

3 (IV) any other objective factors
4 as determined by such Council.

5 (B) SCHOLARSHIPS.—

6 (i) IN GENERAL.—The Council, in ac-
7 cordance with clause (ii), may award schol-
8 arships to eligible individuals for purposes
9 of enrolling in a qualified health care pro-
10 gram.

11 (ii) CONDITIONS FOR AWARD.—In
12 awarding scholarships under the Workforce
13 Plan, the Council shall—

14 (I) award not more than two 1-
15 year scholarships to an eligible indi-
16 vidual; and

17 (II) require that such eligible in-
18 dividual—

19 (aa) submit written proof of
20 enrollment in a qualified health
21 care program to the Council prior
22 to receipt of such scholarship
23 funds;

24 (bb) upon completion of
25 such program, work as a trained,

1 licensed, or certified health care
2 provider (in accordance with
3 State law) in the State in which
4 such program was conducted, for
5 a period of not less than 1 year
6 for each academic year for which
7 a scholarship was provided; and
8 (cc) sign a promissory note
9 agreeing to repay the amount of
10 the scholarship awarded upon
11 failure to complete the require-
12 ment under item (bb).

13 (d) REPORTING REQUIREMENTS.—

14 (1) COUNCIL REPORT.—Not later than Decem-
15 ber 31, 2024, and annually thereafter, each Council
16 shall submit to the Secretary a report on the activi-
17 ties undertaken in accordance with the Workforce
18 Plan, including—

19 (A) a detailed accounting of all monies
20 raised and expended by the Fund, including the
21 sources and recipients of such monies;

22 (B) the amount of funds spent to conduct
23 each activity under such Workforce Plan;

1 (C) data and descriptive information re-
2 lated to the scholarships awarded pursuant to
3 subsection (c)(2)(B), including—

4 (i) the criteria used to award such
5 scholarships;

6 (ii) the number of scholarships award-
7 ed and the amount of each such scholar-
8 ship; and

9 (iii) the State and county of residence
10 (or equivalent) of each scholarship recipi-
11 ent;

12 (D) data and descriptive information with
13 respect to each qualified health care program
14 receiving funds under this section, including—

15 (i) which such programs have received
16 incentives pursuant to subsection
17 (c)(2)(A)(iii);

18 (ii) the overall graduation, workforce
19 participation, and retention rates for each
20 such program; and

21 (iii) the graduation, workforce partici-
22 pation, and retention rates for eligible indi-
23 viduals enrolled in each such program,
24 disaggregated by those eligible individuals
25 who received a scholarship pursuant to

1 subsection (c)(2)(B) and those who did
2 not;

3 (E) the number of eligible individuals prac-
4 ticing or employed in the health care field in a
5 respective State, including the training, licen-
6 sure, or credential of such individual; and

7 (F) any other data demonstrating the need
8 for professionals with such training, licensures,
9 or credentials in such State.

10 (2) REPORT TO CONGRESS.—Not later than
11 June 1, 2025, and annually thereafter, the Secretary
12 shall submit to Congress a report, including—

13 (A) the information submitted by each
14 Council under paragraph (1); and

15 (B) any other information as determined
16 by the Secretary, including information ensur-
17 ing compliance with this section and account-
18 ability with respect to any Federal funds dis-
19 bursed under a Workforce Plan.

20 (e) OTHER DEFINITIONS.—In this Act:

21 (1) ELIGIBLE INDIVIDUAL.—The term “eligible
22 individual” means an individual enrolling in a quali-
23 fied health care program to pursue or advance a ca-
24 reer in health care.

1 (2) HISTORICALLY UNDERSERVED COUNTY OR
2 REGION.—The term “historically underserved county
3 or region” means a county or a region of a State in
4 which, for the 5 years immediately preceding such
5 State’s application under subsection (b)—

6 (A) objective data with the respect to the
7 health care workforce in such State dem-
8 onstrates the needs and demands of a State’s
9 health care workforce that exceed the average
10 for such State during such years; and

11 (B) unemployment among health care pro-
12 viders as calculated by the Department of
13 Labor of a State demonstrating a countywide or
14 regional rate of unemployment which exceeds
15 statewide unemployment in such State.

16 (3) PROGRAM PARTNER.—The term “program
17 partner” means an individual or an entity that gifts,
18 grants, or donates monies to a State’s Fund, and
19 that is—

20 (A) a health care provider (as defined in
21 accordance with State law);

22 (B) a licensed health care facility operating
23 in such State; or

1 (C) a business, corporation, or health care
2 association doing business in, and incorporated
3 under, the laws of such State.

4 (f) FUNDING.—

5 (1) IN GENERAL.—Amounts in the Medicare
6 Improvement Fund established under section 1898
7 of the Social Security Act (42 U.S.C. 1395iii(a))
8 shall be available, as provided in advance in appro-
9 priation Acts, to carry out this section.

10 (2) STATE LIMITATION.—A State with an ap-
11 proved Workforce Plan under this section shall be el-
12 igible to receive an amount not to exceed 50 percent
13 of the amount of the State appropriated match to
14 the State Fund established under this section.

15 (3) OVERALL LIMITATION.—In no case shall the
16 aggregate amount made available under paragraph
17 (1) exceed 25 percent of the amount of the combined
18 annual appropriations of the Nurse Corps Scholar-
19 ship Program and the Nurse Corps Loan Repay-
20 ment Program authorized pursuant to section 846 of
21 the Public Health Service Act (42 U.S.C. 297n).