H. R. 8151

To amend the Public Health Service Act with respect to awards to support community health workers and community health.

IN THE HOUSE OF REPRESENTATIVES

Mr. Ruiz introduced the following bill; which was referred to the Committee on ________________________

A BILL

To amend the Public Health Service Act with respect to awards to support community health workers and community health.

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

3 SECTION 1. SHORT TITLE.

4 This Act may be cited as the “Building a Sustainable Workforce for Healthy Communities Act”.


SEC. 2. AWARDS TO SUPPORT COMMUNITY HEALTH WORKERS AND COMMUNITY HEALTH.

Section 399V of the Public Health Service Act (42 U.S.C. 280g–11) is amended—

(1) by amending the section heading to read as follows: “AWARDS TO SUPPORT COMMUNITY HEALTH WORKERS AND COMMUNITY HEALTH”;

(2) by amending subsection (a) to read as follows:

“(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in coordination with the Administrator of the Health Resources and Services Administration, shall award grants, contracts, and cooperative agreements to eligible entities to promote healthy behaviors and outcomes for populations in medically underserved communities through the use of community health workers, including by addressing ongoing and longer-term community health needs, and by building the capacity of the community health worker workforce. Such grants, contracts, and cooperative agreements shall be awarded in alignment and coordination with existing funding arrangements supporting community health workers.”;

(3) in subsection (b)—

(A) in the matter preceding paragraph (1)—
(i) by striking “Grants awarded” and inserting “Subject to any requirements for the scope of licensure, registration, or certification of a community health worker under applicable State law, grants, contracts, and cooperative agreements awarded”; and

(ii) by striking “support community health workers”;

(B) by redesignating paragraphs (3) through (5) as paragraphs (4) through (6), respectively;

(C) by striking paragraphs (1) and (2) and inserting the following:

“(1) recruit, hire, and train community health workers that reflect the needs of the community;

“(2) support community health workers in providing education and outreach, in a community setting, regarding—

“(A) health conditions prevalent in—

“(i) medically underserved communities (as defined in section 799B), particularly racial and ethnic minority populations; and
“(ii) other such populations or geographic areas that may require additional support during public health emergencies, which may include counties identified by the Secretary using applicable measures developed by the Centers for Disease Control and Prevention or other Federal agencies; and

“(B) addressing social determinants of health and eliminating health disparities, including by—

“(i) promoting awareness of services and resources to increase access to health care, child services, technology, housing services, educational services, nutrition services, employment services, and other services; and

“(ii) assisting in conducting individual and community needs assessments;

“(3) educate community members, including regarding effective strategies to promote healthy behaviors;”;

(D) in paragraph (4), as so redesignated, by striking “to educate” and inserting “educate”;
(E) in paragraph (5), as so redesignated—

(i) by striking “to identify” and inserting “identify”;

(ii) by striking “healthcare agencies” and inserting “health care agencies”; and

(iii) by striking “healthcare services and to eliminate duplicative care; or” and inserting “health care services and to streamline care, including serving as a liaison between communities and health care agencies; and”; and

(F) in paragraph (6), as so redesignated—

(i) by striking “to educate, guide, and provide” and inserting “support community health workers in educating, guiding, or providing”; and

(ii) by striking “maternal health and prenatal care” and inserting “chronic diseases, maternal health, and prenatal care in order to improve maternal and infant health outcomes”;

(4) in subsection (c), by striking “Each eligible entity” and all that follows through “accompanied by” and inserting “To be eligible to receive an award under subsection (a), an entity shall prepare
and submit to the Secretary an application at such
time, in such manner, and containing”;

(5) in subsection (d)—

(A) in the matter preceding paragraph (1),
by striking “grants” and inserting “awards”;

(B) by amending paragraph (1) to read as
follows:

“(1) propose to serve—

“(A) areas with populations that have a
high rate of chronic disease, infant mortality, or
maternal morbidity and mortality;

“(B) low-income populations, including
medically underserved populations (as defined
in section 330(b)(3));

“(C) populations residing in health profes-
sional shortage areas (as defined in section
332(a));

“(D) populations residing in maternity
care health professional target areas identified
under section 332(k); or

“(E) rural or traditionally underserved
populations, including racial and ethnic minor-
ity populations or low-income populations;”;
(C) in paragraph (2), by striking “; and” and inserting “, including rural populations and racial and ethnic minority populations;”;

(D) in paragraph (3), by striking “with community health workers.” and inserting “and established relationships with community health workers in the communities expected to be served by the program; or” and

(E) by adding at the end the following:

“(4) develop a plan for providing services to the extent practicable, in the language and cultural context most appropriate to individuals expected to be served by the program.”;

(6) in subsection (e)—

(A) by striking “community health worker programs” and inserting “eligible entities”; and

(B) by striking “and one-stop delivery systems under section 121(e)” and inserting “, health professions schools, minority-serving institutions (as described in section 371 of the Higher Education Act of 1965), area health education centers under section 751 of this Act, and one-stop delivery systems under section 121”;}
(7) by striking subsections (f), (g), (h), (i), and (j) and inserting the following:

“(f) TECHNICAL ASSISTANCE.—The Secretary may provide to eligible entities that receive awards under subsection (a) technical assistance with respect to planning, development, and operation of community health worker programs authorized or supported under this section.

“(g) DISSEMINATION OF BEST PRACTICES.—Not later than 2 years after the date of enactment of the Building a Sustainable Workforce for Healthy Communities Act, the Secretary shall, based on activities carried out under this section and in collaboration with relevant stakeholders, identify and disseminate evidence-based or evidence-informed practices regarding recruitment and retention of community health workers to address ongoing public health and community health needs, and to prepare for, and respond to, future public health emergencies.

“(h) REPORT TO CONGRESS.—Not later than 4 years after the date of enactment of the Building a Sustainable Workforce for Healthy Communities Act, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report concerning the effectiveness of the program under this section in addressing ongoing public health and com-
munity health needs. Such report shall include rec-
ommendations regarding any improvements to such pro-
gram, including recommendations for how to improve re-
cruitment, training, and retention of the community
health workforce.

“(i) Authorization of Appropriations.—For
purposes of carrying out this section, there are authorized
to be appropriated $75,000,000 for each of fiscal years
2023 through 2027.”;

(8) by redesignating subsection (k) as sub-
section (j); and

(9) in subsection (j), as so redesignated—

(A) by striking paragraphs (1), (2), and

(4);

(B) by redesignating paragraph (3) as
paragraph (1);

(C) in paragraph (1), as so redesignated—

(i) by striking “entity (including a
State or public subdivision of a State” and
inserting “entity, including a State or po-
itical subdivision of a State, an Indian
Tribe or Tribal organization, an urban In-
dian organization, a community-based or-
ganization”; and
(ii) by striking “as defined in section 1861(aa) of the Social Security Act))” and inserting “(as described in section 1861(aa)(4)(B) of the Social Security Act)”; and

(D) by adding at the end the following:

“(2) INDIAN TRIBE; TRIBAL ORGANIZATION.—
The terms ‘Indian Tribe’ and ‘Tribal organization’ have the meanings given the terms ‘Indian tribe’ and ‘tribal organization’, respectively, in section 4 of the Indian Self-Determination and Education Assistance Act.

“(3) URBAN INDIAN ORGANIZATION.—The term ‘urban Indian organization’ has the meaning given such term in section 4 of the Indian Health Care Improvement Act.”.

SEC. 3. GAO STUDY AND REPORT.

Not later than 4 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report on the program authorized under section 399V of the Public Health Service Act (42 U.S.C. 280g–11) (as amended by section 2, including a review of the outcomes
and effectiveness of the program and coordination with applicable programs of the Health Resources and Services Administration to ensure there is no unnecessary duplication of efforts among such programs.