

118TH CONGRESS
1ST SESSION

S. _____

To improve access to and the quality of primary health care, expand the health workforce, and for other purposes.

IN THE SENATE OF THE UNITED STATES

Mr. SANDERS (for himself and Mr. MARSHALL) introduced the following bill; which was read twice and referred to the Committee on

A BILL

To improve access to and the quality of primary health care, expand the health workforce, 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 “Bipartisan Primary Care and Health Workforce Act”.

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

Sec. 1. Short title; table of contents.

**TITLE I—EXTENSION FOR COMMUNITY HEALTH CENTERS, THE
NATIONAL HEALTH SERVICE CORPS, AND TEACHING HEALTH
CENTERS THAT OPERATE GME PROGRAMS**

Sec. 101. Programs of payments to teaching health centers that operate graduate medical education programs.

Sec. 102. Community health centers.

Sec. 103. National Health Service Corps.

Sec. 104. GAO report.

Sec. 105. OIG report.

Sec. 106. Application of provisions.

TITLE II—SUPPORTING THE HEALTH CARE WORKFORCE

Sec. 201. Rural residency planning and development program.

Sec. 202. Primary care training and enhancement program.

Sec. 203. Telehealth technology-enabled learning program.

Sec. 204. Expanding the number of primary care doctors.

Sec. 205. Nurse education, practice, quality, and retention grants.

Sec. 206. Nurse faculty loan program.

Sec. 207. Nurse faculty demonstration program.

Sec. 208. Nurse corps scholarship and loan repayment program.

Sec. 209. Grants for primary care nurse residency training programs.

Sec. 210. State oral health workforce improvement grant program.

Sec. 211. Oral health training programs.

Sec. 212. Allied health professionals.

Sec. 213. Budgetary treatment.

TITLE III—REDUCING HEALTH CARE COSTS FOR PATIENTS

Sec. 301. Banning anticompetitive terms in facility and insurance contracts that limit access to higher quality, lower cost care.

Sec. 302. Honest billing requirements applicable to providers.

Sec. 303. Banning facility fees for certain services.

Sec. 304. Prevention and Public Health Fund.

1 **TITLE I—EXTENSION FOR COM-**
2 **MUNITY HEALTH CENTERS,**
3 **THE NATIONAL HEALTH**
4 **SERVICE CORPS, AND TEACH-**
5 **ING HEALTH CENTERS THAT**
6 **OPERATE GME PROGRAMS**

7 **SEC. 101. PROGRAMS OF PAYMENTS TO TEACHING HEALTH**
8 **CENTERS THAT OPERATE GRADUATE MED-**
9 **ICAL EDUCATION PROGRAMS.**

10 (a) **FUNDING.**—Section 340H(g)(1) of the Public
11 Health Service Act (42 U.S.C. 256h(g)(1)) is amended—

12 (1) by striking “such sums as may be nec-
13 essary, not to exceed”;

14 (2) by striking “2017, and” and inserting
15 “2017,”; and

16 (3) by inserting “and \$300,000,000 for each of
17 fiscal years 2024 through 2028,” after “2023,”.

18 (b) **PER RESIDENT AMOUNT.**—Section 340H(a)(2)
19 of the Public Health Service Act (42 U.S.C. 256h(a)(2))
20 is amended by adding at the end the following: “Beginning
21 in fiscal year 2024, in accordance with paragraph (1), but
22 notwithstanding the capped amount referenced in sub-
23 sections (b)(2) and (d)(2), the qualified teaching health
24 center per resident amount for a fiscal year shall be not
25 less than such amount for the previous fiscal year.”.

1 (c) AMOUNT OF PAYMENTS.—Section 340H of the
2 Public Health Service Act (42 U.S.C. 256h) is amended—

3 (1) in subsection (b)(2)—

4 (A) in subparagraph (A), by striking
5 “amount of funds appropriated under sub-
6 section (g) for such payments for that fiscal
7 year” and inserting “total amount of funds
8 available under subsection (g) and any amounts
9 recouped under subsection (f)”; and

10 (B) in subparagraph (B), by striking “ap-
11 propriated in a fiscal year under subsection
12 (g)” and inserting “available under subsection
13 (g) and any amounts recouped under subsection
14 (f)”; and

15 (2) in subsection (d)(2)(B), by striking
16 “amount appropriated for such expenses as deter-
17 mined in subsection (g)” and inserting “total
18 amount of funds available under subsection (g) and
19 any amounts recouped under subsection (f)”.

20 (d) PRIORITY PAYMENTS.—Section 340H(a)(3) of
21 Public Health Service Act (42 U.S.C. 256h(a)(3)) is
22 amended—

23 (1) in subparagraph (A), by striking “; or” and
24 inserting a semicolon;

1 (2) in subparagraph (B), by striking the period
2 and inserting “; or”; and

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

4 “(C) are located in a State that does not
5 already have a qualified teaching health center
6 receiving funding under this section.”.

7 (e) REPORTING REQUIREMENTS.—Section
8 340H(h)(1) of the Public Health Service Act (42 U.S.C.
9 256h(h)(1)) is amended—

10 (1) by redesignating subparagraph (H) as sub-
11 paragraph (I); and

12 (2) by inserting after subparagraph (G) the fol-
13 lowing:

14 “(H) Of the number of residents described
15 in paragraph (4) who completed their residency
16 training, the number practicing primary care
17 (meaning any of the areas of practice listed in
18 the definition of a primary care residency pro-
19 gram in section 749A) 5 years following com-
20 pletion of such training.”.

21 (f) GUIDANCE.—The Secretary shall update guidance
22 and relevant information regarding States described in
23 subparagraph (C) of section 340H(a)(3) of the Public
24 Health Service Act (42 U.S.C. 256h(a)(3)), as amended
25 by subsection (d), and make available model templates to

1 assist health centers in such States to establish a teaching
2 health center.

3 **SEC. 102. COMMUNITY HEALTH CENTERS.**

4 (a) COMMUNITY HEALTH CENTER FUND.—Section
5 10503 of the Patient Protection and Affordable Care Act
6 (42 U.S.C. 254b-2) is amended—

7 (1) in subsection (b)(1)(F)—

8 (A) by striking “2018 and” and inserting
9 “2018,”; and

10 (B) by inserting before the semicolon the
11 following: “, and \$5,800,000,000 for each of
12 fiscal years 2024 through 2026”; and

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

14 “(f) PRIORITY USE OF FUNDS.—For fiscal years
15 2024 through 2026, with respect to \$1,800,000,000 of the
16 amount appropriated under subsection (b)(1)(F), the Sec-
17 retary shall prioritize awards to entities for purposes of—

18 “(1) increasing the number of low-income pa-
19 tients not enrolled in a group health plan or group
20 or individual health insurance coverage who are
21 served by health centers, including through Health
22 Center Program New Access Points described in sec-
23 tion 330(e)(6) of the Public Health Service Act, in-
24 cluding school-based service sites;

1 “(2) increasing the required primary health
2 services described in paragraph (1)(A)(i) of section
3 330(b) of the Public Health Service Act and addi-
4 tional health services (as defined in paragraph (2) of
5 such section) offered by health centers; and

6 “(3) increasing patient case management, ena-
7 bling services, and education services, as described
8 in clauses (iii) through (v) of section 330(b)(1)(A) of
9 the Public Health Service Act.”.

10 (b) AUTHORIZATION OF APPROPRIATIONS.—Section
11 330(r)(1) of the Public Health Service Act (42 U.S.C.
12 254b(r)(1)) is amended—

13 (1) in subparagraph (G), by striking “fiscal
14 year 2016, and each subsequent fiscal year” and in-
15 serting “each of fiscal years 2016 through 2023”;
16 and

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

18 “(H) For each of fiscal years 2024
19 through 2026, \$2,200,000,000.

20 “(I) For fiscal year 2027, and each subse-
21 quent fiscal year, the amount appropriated for
22 the preceding fiscal year adjusted by the prod-
23 uct of—

1 “(i) one plus the average percentage
2 increase in costs incurred per patient
3 served; and

4 “(ii) one plus the average percentage
5 increase in the total number of patients
6 served.”.

7 (c) ALLOCATION OF FUNDS.—Section 10503 of the
8 Patient Protection and Affordable Care Act (42 U.S.C.
9 254b–2), as amended by subsection (a), is further amend-
10 ed by adding at the end the following:

11 “(g) ALLOCATION OF FUNDS.—For each of fiscal
12 years 2024 through 2026, of the amounts appropriated
13 under subsection (b)(1)(F) for a fiscal year, the Secretary
14 shall use—

15 “(1) at least \$245,000,000 for awards to sup-
16 port health centers in each State that are receiving
17 awards under section 330 of the Public Health Serv-
18 ice Act in extending operating hours, in an amount
19 determined pursuant to a formula and eligibility cri-
20 teria developed by the Secretary, for the purposes of
21 increasing access to services;

22 “(2) at least \$55,000,000 for awards under this
23 section for health centers to expand school-based
24 services and establish new school-based service sites;
25 and

1 “(2) CAPITAL FUNDING.—For the alteration,
2 renovation, construction, equipment, and other cap-
3 ital costs of health centers that receive funding
4 under section 330 of the Public Health Service Act
5 (42 U.S.C. 254b), in addition to amounts otherwise
6 made available for such purpose, there is appro-
7 priated to the Secretary of Health and Human Serv-
8 ices, out of amounts in the Treasury not otherwise
9 appropriated, \$3,000,000,000 for fiscal year 2024,
10 to remain available until September 30, 2026. In
11 awarding amounts appropriated under this para-
12 graph, the Secretary shall prioritize awards related
13 to increasing access to dental and behavioral health
14 services.”.

15 (e) STRATEGIC PLAN TO IMPROVE HEALTH OUT-
16 COMES THROUGH NUTRITION.—

17 (1) IN GENERAL.—Not later than one year
18 after the date of enactment of this Act, the Sec-
19 retary of Health and Human Services, in consulta-
20 tion with the Secretary of Agriculture, shall submit
21 to the Committee on Health, Education, Labor, and
22 Pensions of the Senate and the Committee on En-
23 ergy and Commerce of the House of Representatives
24 a 5-year strategic plan to improve health outcomes
25 through nutrition for low-income or uninsured pa-

1 tient populations with severe, complex chronic condi-
2 tions and one or more diet-related conditions.

3 (2) REPORT.—In carrying out paragraph (1),
4 the Secretary of Health and Human Services shall—

5 (A) conduct an evaluation of previous and
6 current federally-funded efforts of the Depart-
7 ment of Health and Human Services to improve
8 patient outcomes through nutrition interven-
9 tions, such as medically-tailored meals and nu-
10 trition counseling; and

11 (B) include in the strategic report rec-
12 ommendations for—

13 (i) reducing the financial impact of
14 obesity and preventable chronic conditions
15 resulting from obesity;

16 (ii) empowering federally-funded com-
17 munity health centers, rural health clinics,
18 and other relevant federally-funded facili-
19 ties to provide produce prescriptions, medi-
20 cally-tailored groceries, and medically-tai-
21 lored meals;

22 (iii) promoting long-term adoption of
23 improved nutrition habits, including
24 through increased culinary education and
25 consumer nutrition aligned with the most

1 recent Dietary Guidelines for Americans
2 published under section 301 of the Na-
3 tional Nutrition Monitoring and Related
4 Research Act of 1990 (7 U.S.C. 5341) and
5 incorporating behavioral modeling or other
6 novel methods across Federal programs;

7 (iv) developing performance and qual-
8 ity metrics related to the delivery of
9 produce prescriptions, medically-tailored
10 groceries, and medically-tailored meals
11 across relevant Federal payers to aid in re-
12 imbursement strategies;

13 (v) developing payment models for
14 novel obesity care therapies for the treat-
15 ment of diabetes that include behavioral
16 and nutritional and dietary services and
17 education;

18 (vi) improving coordination of care
19 and integrating nutrition services and re-
20 sources within federally-funded community
21 health centers, rural health clinics, and
22 other federally-funded primary care facili-
23 ties;

1 (vii) bolstering partnerships with
2 State and local governments and non-
3 governmental organizations; and

4 (viii) addressing geographic disparities
5 in access to nutrition services and re-
6 sources.

7 (f) REQUIRED PRIMARY HEALTH SERVICES.—

8 (1) IN GENERAL.—Section 330 of the Public
9 Health Service Act (42 U.S.C. 254b) is amended—

10 (A) in subsection (b)(1)(A)—

11 (i) in clause (i)—

12 (I) in subclause (IV), by striking
13 “; and” and inserting a semicolon;

14 (II) in subclause (V), by adding
15 “and” after the semicolon; and

16 (III) by adding at the end the
17 following:

18 “(VI) appropriate nutritional and
19 dietary services;”;

20 (ii) in clause (ii), by inserting “and
21 nutrition services” after “mental health
22 services”; and

23 (iii) in clause (iii), by inserting “nutri-
24 tional,” after “educational;” and

1 (B) in subsection (d)(1)(A), by inserting
2 “or one or more diet-related conditions” before
3 the semicolon.

4 (2) IMPLEMENTATION OF NEW REQUIRED PRI-
5 MARY HEALTH SERVICE.—Paragraph (4) of section
6 330(e) of the Public Health Service Act (42 U.S.C.
7 254b(e)) is amended to read as follows:

8 “(4) LIMITATION.—Not more than 2 grants
9 may be made under paragraph (1)(B) for the same
10 entity, except that such limitation shall not apply for
11 the period of 2 years beginning on the date of enact-
12 ment of the Bipartisan Primary Care and Health
13 Workforce Act, in any case where the only basis
14 upon which paragraph (1)(B) applies to a health
15 center is that the health center is not in noncompli-
16 ance with the requirements under subsection
17 (b)(1)(A)(i)(VI) to provide appropriate nutritional
18 and dietary services.”.

19 (g) INCREASE THE USE OF PROVIDER TOOLS TO IM-
20 PROVE HEALTH OUTCOMES.—Not later than one year
21 after the date of enactment of this Act, the Secretary of
22 Health and Human Services, in consultation with the Sec-
23 retary of Agriculture, shall submit to Congress a report
24 that includes—

1 (1) recommendations for States to support the
2 coordination of federally-funded nutrition programs
3 and services provided by health care professionals in
4 community health centers; and

5 (2) data on the number of individuals enrolled
6 in federally-subsidized health insurance coverage
7 who are also enrolled in or eligible for federally-sub-
8 sidized nutrition and food programs.

9 **SEC. 103. NATIONAL HEALTH SERVICE CORPS.**

10 Section 10503(b)(2) of the Patient Protection and
11 Affordable Care Act (42 U.S.C. 254b–2(b)(2)) is amend-
12 ed—

13 (1) in subparagraph (G), by striking “; and”
14 and inserting a semicolon;

15 (2) in subparagraph (H), by striking the period
16 and inserting “; and”; and

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

18 “(I) \$950,000,000 for each of fiscal years
19 2024 through 2026.”.

20 **SEC. 104. GAO REPORT.**

21 (a) IN GENERAL.—Not later than one year after the
22 date of enactment of this Act, the Comptroller General
23 of the United States shall submit to the Committee on
24 Health, Education, Labor, and Pensions of the Senate and
25 the Committee on Energy and Commerce of the House

1 of Representatives a report assessing the effectiveness of
2 the National Health Service Corps (referred to in this sec-
3 tion as the “NHSC”) at attracting health care profes-
4 sionals to health professional shortage areas designated
5 under section 332 of the Public Health Service Act (42
6 U.S.C. 254e) (referred to in this section as “HPSAs”),
7 such as by—

8 (1) assessing the metrics used by the Health
9 Resources and Services Administration in evaluating
10 the program;

11 (2) comparing the retention rates of NHSC
12 participants in the HPSAs where they completed
13 their period of obligated service to the retention rate
14 of non-NHSC participants in the corresponding
15 HPSAs;

16 (3) comparing the retention rates of NHSC
17 participants in the HPSAs where they completed
18 their period of obligated service to the retention
19 rates of NHSC participants in HPSAs other than
20 those where they completed their period of obligated
21 service;

22 (4) identifying factors that influence a NHSC
23 participant’s decision to practice in a HPSA other
24 than the HPSA where they completed their period of
25 obligated service;

1 (5) identifying factors other than participation
2 in the National Health Service Corps Scholarship
3 and Loan Repayment Programs that attract health
4 care professionals to a HPSA;

5 (6) assessing the impact the NHSC has on
6 wages for health care professionals in a HPSA; and

7 (7) comparing the distribution of NHSC par-
8 ticipants across HPSAs, including a comparison of
9 rural versus non-rural HPSAs.

10 (b) DEFINITION.—In this section, the term “NHSC
11 participant” means a National Health Service Corps mem-
12 ber participating in the National Health Service Corps
13 Scholarship or Loan Repayment Program under subpart
14 III of part D of title III of the Public Health Service Act
15 (42 U.S.C. 2541 et seq.).

16 **SEC. 105. OIG REPORT.**

17 Not later than 2 years after the date of enactment
18 of this Act, the Inspector General of the Department of
19 Health and Human Services shall submit to Congress a
20 report on integrity efforts of the Health Resources and
21 Services Administration with respect to programs carried
22 out by the Health Resources and Services Administration.
23 Such report shall include an assessment of—

24 (1) the ways in which the Administrator of the
25 Health Resources and Services Administration (re-

1 ferred to in this section as the “Administrator”) de-
2 termines reasonable efforts are continuously made to
3 establish and maintain collaborative relationships
4 with health care providers;

5 (2) the ways in which the Administrator en-
6 sures quality and continuity of care for underserved
7 areas; and

8 (3) the extent to which the Administrator vali-
9 dates the financial responsibility of and use of grant
10 funding by community health centers.

11 **SEC. 106. APPLICATION OF PROVISIONS.**

12 (a) IN GENERAL.—Amounts appropriated pursuant
13 to the amendments made by this title shall be subject to
14 the requirements contained in Public Law 117-328 for
15 funds for programs authorized under sections 330 through
16 340 of the Public Health Service Act (42 U.S.C. 254b
17 through 256).

18 (b) CONFORMING AMENDMENT.—Paragraph (4) of
19 section 3014(h) of title 18, United States Code, “and sec-
20 tion 301(d) of division BB of the Consolidated Appropria-
21 tions Act, 2021.” and inserting “section 301(d) of division
22 BB of the Consolidated Appropriations Act, 2021, and
23 section 106(a) of the Bipartisan Primary Care and Health
24 Workforce Act”.

1 **TITLE II—SUPPORTING THE**
2 **HEALTH CARE WORKFORCE**

3 **SEC. 201. RURAL RESIDENCY PLANNING AND DEVELOP-**
4 **MENT PROGRAM.**

5 Title III of the Public Health Service Act (42 U.S.C.
6 241 et seq.) is amended by inserting after section 330A–
7 2 the following:

8 **“SEC. 330A–3. RURAL RESIDENCY PLANNING AND DEVELOP-**
9 **MENT PROGRAM AND RURAL RESIDENCY**
10 **PLANNING AND DEVELOPMENT TECHNICAL**
11 **ASSISTANCE PROGRAM.**

12 “(a) DEFINITION OF RURAL RESIDENCY PRO-
13 GRAM.—In this section, the term ‘rural residency pro-
14 gram’ means a physician residency program, including a
15 rural track program, accredited by the Accreditation
16 Council for Graduate Medical Education (or a similar
17 body) that—

18 “(1) trains residents in rural areas (as defined
19 by the Secretary) for more than 50 percent of the
20 total time of their residency; and

21 “(2) primarily focuses on producing physicians
22 who will practice in rural areas, as defined by the
23 Secretary.

24 “(b) RURAL RESIDENCY PLANNING AND DEVELOP-
25 MENT PROGRAM.—

1 “(1) DEFINITION OF ELIGIBLE ENTITY.—In
2 this subsection, the term ‘eligible entity’—

3 “(A) means—

4 “(i) a domestic public or private non-
5 profit or for-profit entity;

6 “(ii) an Indian Tribe, Tribal health
7 program, Tribal organization, or Urban In-
8 dian organization (as such terms are de-
9 fined in section 4 of the Indian Health
10 Care Improvement Act); or

11 “(iii) a Native Hawaiian Health orga-
12 nization as defined in section 12 of the Na-
13 tive Hawaiian Health Care Improvement;
14 and

15 “(B) may include faith-based or commu-
16 nity-based organizations, rural hospitals, rural
17 community-based ambulatory patient care cen-
18 ters (including rural health clinics), health cen-
19 ters operated by a Native Hawaiian Health or-
20 ganization (defined as described in subpara-
21 graph (A)(iii)), an Indian Tribe, a Tribal health
22 program, a Tribal organization, or an Urban
23 Indian organization (defined as described in
24 subparagraph (A)(ii)), graduate medical edu-
25 cation consortiums (including institutions of

1 higher education, such as schools of allopathic
2 medicine, schools of osteopathic medicine, or
3 historically Black colleges or universities (as de-
4 fined by the term ‘part B institution’ in section
5 322 of the Higher Education Act of 1965 or
6 described in section 326(e)(1) of the Higher
7 Education Act of 1965) or other minority-serv-
8 ing institutions (as described in section 371(a)
9 of the Higher Education Act of 1965), or other
10 organizations as determined appropriate by the
11 Secretary.

12 “(2) GRANTS.—

13 “(A) IN GENERAL.—The Secretary may
14 award grants to eligible entities to create new
15 rural residency programs (including adding new
16 rural training sites to existing rural track pro-
17 grams).

18 “(B) FUNDING.—Grants awarded under
19 this subsection may be fully funded at the time
20 of the award.

21 “(C) TERM.—The term of a grant under
22 this subsection shall be 4 years and may be ex-
23 tended at the discretion of the Secretary.

24 “(3) APPLICATIONS.—

1 “(A) IN GENERAL.—To be eligible to re-
2 ceive a grant under this subsection, an eligible
3 entity shall prepare and submit to the Secretary
4 an application at such time, in such manner,
5 and containing such information as the Sec-
6 retary may require, including a description of
7 the pathway of the rural residency program as
8 described in subparagraph (B).

9 “(B) PATHWAY.—A pathway of a rural
10 residency program supported under this sub-
11 section shall be for—

12 “(i) general primary care and high-
13 need specialty care, including family medi-
14 cine, internal medicine, preventive medi-
15 cine, psychiatry, or general surgery;

16 “(ii) maternal health and obstetrics,
17 which may be obstetrics and gynecology or
18 family medicine with enhanced obstetrical
19 training; or

20 “(iii) any other pathway as deter-
21 mined appropriate by the Secretary.

22 “(c) RURAL RESIDENCY PLANNING AND DEVELOP-
23 MENT TECHNICAL ASSISTANCE.—

24 “(1) DEFINITION OF ELIGIBLE ENTITY.—In
25 this subsection, the term ‘eligible entity’ means—

1 “(A) a domestic public or private nonprofit
2 or for-profit entity; or

3 “(B) an Indian Tribe or Tribal organiza-
4 tion (as such terms are defined in section 4 of
5 the Indian Health Care Improvement Act).

6 “(2) GRANTS.—

7 “(A) IN GENERAL.—The Secretary may
8 award grants to eligible entities to provide tech-
9 nical assistance to awardees of and potential
10 applicants of the program described in sub-
11 section (b).

12 “(B) FUNDING.—Grants awarded under
13 this subsection may be fully funded at the time
14 of the award.

15 “(C) TERM.—The term of a grant under
16 this subsection shall be 4 years and may be ex-
17 tended at the discretion of the Secretary.

18 “(3) APPLICATIONS.—To be eligible to receive a
19 grant under this subsection, an eligible entity shall
20 prepare and submit to the Secretary an application
21 at such time, in such manner, and containing such
22 information as the Secretary may require.

23 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
24 is authorized to be appropriated to carry out this section
25 \$13,000,000 for fiscal year 2024, \$13,500,00 for fiscal

1 year 2025, and \$14,000,000 for fiscal year 2026, to re-
2 main available until expended.”.

3 **SEC. 202. PRIMARY CARE TRAINING AND ENHANCEMENT**
4 **PROGRAM.**

5 Section 747(c)(1) of the Public Health Service Act
6 (42 U.S.C. 293k(c)(1)) is amended—

7 (1) by striking “\$48,924,000 for each of fiscal
8 years 2021 through 2025” and inserting
9 “\$49,250,000 for fiscal year 2024, \$49,500,000 for
10 fiscal year 2025, and \$50,000,000 for fiscal year
11 2026”; and

12 (2) by striking “subsection (b)(1)(B)” and in-
13 serting “subsections (b)(1)(B) and (c)”.

14 **SEC. 203. TELEHEALTH TECHNOLOGY-ENABLED LEARNING**
15 **PROGRAM.**

16 Section 330N(k) of the Public Health Service Act (42
17 U.S.C. 254c–20(k)) is amended by striking “2026” and
18 inserting “2025, and \$11,000,000 for each of fiscal years
19 2026 through 2028, to remain available until expended”.

20 **SEC. 204. EXPANDING THE NUMBER OF PRIMARY CARE**
21 **DOCTORS.**

22 Section 747 of the Public Health Service Act (42
23 U.S.C. 293k), as amended by section 202, is further
24 amended—

1 primary care and are, as of the date of the
2 application, practicing primary care, as
3 calculated by dividing—

4 “(I) the number of physicians
5 who graduated during such time pe-
6 riod as is specified by the Secretary
7 who are practicing primary care; by

8 “(II) the total number of physi-
9 cians who graduated during such time
10 period; and

11 “(ii) a plan to expand the number of
12 graduates of the medical school who are
13 practicing primary care; and

14 “(iii) a commitment to use grant
15 funds to supplement, not supplant, such
16 school’s investment in primary care med-
17 ical education.

18 “(3) EXPANDING THE NUMBER OF MINORITY
19 PRIMARY CARE DOCTORS.—Of the amounts appro-
20 priated under paragraph (6)(C), the Secretary shall
21 awards not less than 20 percent to eligible medical
22 schools described in paragraph (2) that are histori-
23 cally Black colleges and universities (as defined by
24 the term ‘part B institution’ in section 322 of the
25 Higher Education Act of 1965 (20 U.S.C. 1061) or

1 described in section 326(e)(1) of such Act (20
2 U.S.C. 1063b(e)(1))) or other minority-serving insti-
3 tutions (as described in section 371(a) of the Higher
4 Education Act of 1965 (20 U.S.C. 1067q(a))).

5 “(4) GRANT AMOUNTS; GEOGRAPHIC DISTRIBUTION.—
6 TION.—

7 “(A) GRANT AMOUNTS.—The Secretary
8 shall determine the amount of each grant
9 awarded under this subsection, which shall be
10 based on the scope of the plan submitted by the
11 medical school under paragraph (2)(B)(ii), and
12 other appropriate factors.

13 “(B) GEOGRAPHIC DISTRIBUTION.—In
14 awarding grants under this subsection, the Sec-
15 retary shall ensure, to the greatest extent prac-
16 ticable, that such grants are equitably distrib-
17 uted among the geographic regions of the
18 United States.

19 “(5) PRIMARY CARE.—In this subsection, the
20 term ‘primary care’ means health care services re-
21 lated to family medicine, internal medicine, pediat-
22 rics, obstetrics, gynecology, geriatrics, or psychiatry.

23 “(6) ACCOUNT TO ADDRESS THE PRIMARY
24 CARE PHYSICIAN SHORTAGE.—

1 “(A) ESTABLISHMENT OF ACCOUNT.—

2 There is established in the Treasury an ac-
3 count, to be known as the ‘Account to Address
4 the Primary Care Physician Shortage’ (referred
5 to in this subsection as the ‘Account’), for pur-
6 poses of carrying out this subsection.

7 “(B) TRANSFER OF DIRECT SPENDING.—

8 “(i) IN GENERAL.—The Secretary of
9 the Treasury shall transfer, from the gen-
10 eral fund of the Treasury, to the Account
11 \$300,000,000 for fiscal year 2024.

12 “(ii) AMOUNTS DEPOSITED.—Any
13 amounts transferred under clause (i) shall
14 remain unavailable in the Account until
15 such amounts are appropriated pursuant
16 to subparagraph (C).

17 “(C) APPROPRIATIONS.—

18 “(i) AUTHORIZATION OF APPROPRIA-
19 TIONS.—For the period of fiscal years
20 2024 through 2026, there is authorized to
21 be appropriated from the Account to the
22 Secretary, for the purpose of carrying out
23 the activities under this subsection, an
24 amount not to exceed the total amount

1 transferred to the Account under subpara-
2 graph (B)(i).

3 “(ii) OFFSETTING FUTURE APPRO-
4 PRIATIONS.—For fiscal years 2024
5 through 2026, for any discretionary appro-
6 priation under the heading ‘Account to Ad-
7 dress the Primary Care Physician Short-
8 age’ provided to the Secretary pursuant to
9 the authorization of appropriations under
10 clause (i) for the purpose of carrying out
11 this subsection, the total amount of such
12 appropriations for the applicable fiscal year
13 (not to exceed the total amount remaining
14 in the Account) shall be subtracted from
15 the estimate of discretionary budget au-
16 thority and the resulting outlays for any
17 estimate under the Congressional Budget
18 and Impoundment Control Act of 1974 or
19 the Balanced Budget and Emergency Def-
20 icit Control Act of 1985, and the amount
21 transferred to the Account shall be reduced
22 by the same amount.

23 “(7) ANNUAL REPORTS.—Not later than Octo-
24 ber 1 of fiscal years 2025 through 2027, the Sec-
25 retary shall submit to the Committee on Health,

1 Education, Labor, and Pensions and the Committee
2 on Appropriations of the Senate and the Committee
3 on Energy and Commerce and the Committee on
4 Appropriations of the House of Representatives, a
5 report including a description of any use of funds
6 provided pursuant to the authorization of appropri-
7 ations under paragraph (6)(C).

8 “(8) LIMITATIONS.—Notwithstanding any
9 transfer authority authorized by this subsection or
10 any appropriations Act, any funds made available
11 pursuant to the authorization of appropriations
12 under paragraph (6)(C) may not be used for any
13 purpose other than the program established under
14 paragraph (1).

15 “(9) SUNSET.—Amounts remaining unappropri-
16 ated in the Account under this subsection shall be
17 transferred back to the general fund of the Treasury
18 on October 1, 2026.”.

19 **SEC. 205. NURSE EDUCATION, PRACTICE, QUALITY, AND RE-**
20 **TENTION GRANTS.**

21 (a) REAUTHORIZATION.—Section 831 of the Public
22 Health Service Act (42 U.S.C. 296p) is amended by add-
23 ing at the end the following:

24 “(g) AUTHORIZATION OF APPROPRIATIONS.—To
25 carry out this section (other than subsection (e)), in addi-

1 tion to amounts made available under section 871(a),
2 there are authorized to be appropriated \$59,413,000 for
3 each of fiscal years 2024 through 2026, to remain avail-
4 able until expended.”.

5 (b) EXPANDING ASSOCIATE DEGREE NURSING PRO-
6 GRAMS.—Section 831 of the Public Health Service Act (42
7 U.S.C. 296p), as amended by subsection (a), is further
8 amended—

9 (1) by redesignating subsections (e) through (g)
10 as subsections (f) through (h), respectively; and

11 (2) by inserting after subsection (d) the fol-
12 lowing:

13 “(e) SUPPLEMENTAL APPROPRIATIONS EXPANDING
14 ASSOCIATE DEGREE NURSING PROGRAMS.—

15 “(1) AUTHORIZATION.—The Secretary shall
16 award grants to institutions of higher education (as
17 defined in section 101 of the Higher Education Act
18 of 1965) offering an accredited registered nursing
19 program at the associate degree level for the purpose
20 of expanding the number of students enrolled in
21 each such program.

22 “(2) USE OF FUNDS.—A recipient of a grant
23 under this subsection shall use the grant funds to
24 expand the number of students enrolled in the re-
25 cipient’s accredited registered nursing program,

1 which may include increasing nurse faculty and
2 nurse faculty salaries, expanding the number of
3 qualified preceptors at clinical rotations sites, pro-
4 viding direct support for students, supporting part-
5 nerships with health facilities for clinical training,
6 purchasing and training faculty to use distance
7 learning technologies and simulation equipment, al-
8 teration, renovation, construction, equipment, and
9 other capital improvement costs, and other projects
10 determined appropriate by the Secretary.

11 “(3) DETERMINATION OF NUMBER OF STU-
12 DENTS AND APPLICATION.—Each institution of
13 higher education that offers a program described in
14 paragraph (1) that desires to receive a grant under
15 this subsection shall—

16 “(A) provide documentation from the last
17 4 academic years, or number of academic years
18 the program has been accredited if less than 4,
19 demonstrating the average percentage of indi-
20 viduals who graduated from the nursing degree
21 program with an associate degree within 150
22 percent of the expected completion time des-
23 ignated for the program; and

24 “(B) submit an application to the Sec-
25 retary at such time, in such manner, and ac-

1 complicated by such information as the Secretary
2 may require, including the average percent of
3 individuals determined under subparagraph (A).

4 “(4) DEFINITION.—For purposes of this sub-
5 section, the term ‘health facility’ means an Indian
6 health service center, a Native Hawaiian health cen-
7 ter, a Federally qualified health center, a rural
8 health clinic, a nursing home, a home health agency,
9 a hospice program, a public health clinic, a State or
10 local department of public health, a skilled nursing
11 facility, or an ambulatory surgical center.

12 “(5) ACCOUNT TO ADDRESS THE NURSING
13 WORKFORCE SHORTAGE.—

14 “(A) ESTABLISHMENT OF ACCOUNT.—
15 There is established in the Treasury an ac-
16 count, to be known as the ‘Account to Address
17 the Nursing Workforce Shortage’ (referred to in
18 this subsection as the ‘Account’), for purposes
19 of carrying out this subsection, in addition to
20 amounts otherwise made available, including
21 under section 871(a).

22 “(B) TRANSFER OF DIRECT SPENDING.—

23 “(i) IN GENERAL.—The Secretary of
24 the Treasury shall transfer, from the gen-
25 eral fund of the Treasury, to the Account

1 \$240,000,000 for each of fiscal years 2024
2 through 2028.

3 “(ii) AMOUNTS DEPOSITED.—Any
4 amounts transferred under clause (i) shall
5 remain unavailable in the Account until
6 such amounts are appropriated pursuant
7 to subparagraph (C).

8 “(C) APPROPRIATIONS.—

9 “(i) AUTHORIZATION OF APPROPRIA-
10 TIONS.—For each of fiscal years 2024
11 through 2028, there is authorized to be ap-
12 propriated from the Account to the Sec-
13 retary, for the purpose of carrying out the
14 activities under this subsection, in addition
15 to amounts otherwise made available for
16 such purpose, an amount not to exceed the
17 total amount transferred to the Account
18 under subparagraph (B)(i).

19 “(ii) OFFSETTING FUTURE APPRO-
20 PRIATIONS.—For any of fiscal years 2024
21 through 2028, for any discretionary appro-
22 priation under the heading ‘Account to Ad-
23 dress the Nursing Workforce Shortage’
24 provided to the Secretary pursuant to the
25 authorization of appropriations under

1 clause (i) for an additional amount for car-
2 rying out this subsection, the total amount
3 of such appropriations for the applicable
4 fiscal year (not to exceed the total amount
5 remaining in the Account) shall be sub-
6 tracted from the estimate of discretionary
7 budget authority and the resulting outlays
8 for any estimate under the Congressional
9 Budget and Impoundment Control Act of
10 1974 or the Balanced Budget and Emer-
11 gency Deficit Control Act of 1985, and the
12 amount transferred to the Account shall be
13 reduced by the same amount.

14 “(6) ANNUAL REPORTS.—Not later than Octo-
15 ber 1 of fiscal years 2025 through 2029, the Sec-
16 retary shall submit to the Committee on Health,
17 Education, Labor, and Pensions and the Committee
18 on Appropriations of the Senate and the Committee
19 on Energy and Commerce and the Committee on
20 Appropriations of the House of Representatives, a
21 report including a description of any use of funds
22 provided pursuant to the authorization of appropria-
23 tions under paragraph (5)(C).

24 “(7) LIMITATIONS.—Notwithstanding any
25 transfer authority authorized by this subsection or

1 any appropriations Act, any funds made available
2 pursuant to the authorization of appropriations
3 under paragraph (5)(C) may not be used for any
4 purpose other than the program established under
5 paragraph (1).

6 “(8) SUNSET.—Amounts remaining unappropri-
7 ated in the Account under this subsection shall be
8 transferred back to the general fund of the Treasury
9 on October 1, 2028.”.

10 **SEC. 206. NURSE FACULTY LOAN PROGRAM.**

11 Section 846A of the Public Health Service Act (42
12 U.S.C. 297n–1), as amended by section 207, is amended
13 by inserting after subsection (b) the following:

14 “(c) FUNDING.—

15 “(1) AUTHORIZATION OF APPROPRIATIONS.—

16 “(A) IN GENERAL.—To carry out this sec-
17 tion (other than subsection (d)), in addition to
18 amounts otherwise made available, including
19 under section 871(b) and paragraph (2), there
20 are authorized to be appropriated \$28,500,000
21 for each of fiscal years 2024 through 2026, to
22 remain available until expended.

23 “(2) ACCOUNT TO ADDRESS THE NURSE FAC-
24 ULTY WORKFORCE SHORTAGE.—

1 “(A) ESTABLISHMENT OF ACCOUNT.—

2 There is established in the Treasury an ac-
3 count, to be known as the ‘Account to Address
4 the Nurse Faculty Shortage’ (referred to in this
5 paragraph as the ‘Account’), for purposes of
6 carrying out this section (other than subsection
7 (d)) in addition to amounts otherwise made
8 available, including under section 871(b) and
9 paragraph (1).

10 “(B) TRANSFER OF DIRECT SPENDING.—

11 “(i) IN GENERAL.—The Secretary of
12 the Treasury shall transfer, from the gen-
13 eral fund of the Treasury, to the Account
14 \$57,000,000 for each of fiscal years 2024
15 through 2026.

16 “(ii) AMOUNTS DEPOSITED.—Any
17 amounts transferred under clause (i) shall
18 remain unavailable in the Account until
19 such amounts are appropriated pursuant
20 to subparagraph (C).

21 “(C) APPROPRIATIONS.—

22 “(i) AUTHORIZATION OF APPROPRIA-
23 TIONS.—For each of fiscal years 2024
24 through 2026, there is authorized to be ap-
25 propriated from the Account to the Sec-

1 retary, for the purpose of carrying out the
2 activities under this section, in addition to
3 amounts otherwise made available for such
4 purpose, an amount not to exceed the total
5 amount transferred to the Account under
6 subparagraph (B)(i).

7 “(ii) OFFSETTING FUTURE APPRO-
8 PRIATIONS.—For any of fiscal years 2024
9 through 2026, for any discretionary appro-
10 piation under the heading ‘Account to Ad-
11 dress the Nurse Faculty Shortage’ pro-
12 vided to the Secretary pursuant to the au-
13 thorization of appropriations under clause
14 (i) for an additional amount for carrying
15 out this section, the total amount of such
16 appropriations for the applicable fiscal year
17 (not to exceed the total amount remaining
18 in the Account) shall be subtracted from
19 the estimate of discretionary budget au-
20 thority and the resulting outlays for any
21 estimate under the Congressional Budget
22 and Impoundment Control Act of 1974 or
23 the Balanced Budget and Emergency Def-
24 icit Control Act of 1985, and the amount

1 transferred to the Account shall be reduced
2 by the same amount.

3 “(D) ANNUAL REPORTS.—Not later than
4 October 1 of fiscal years 2025 through 2027,
5 the Secretary shall submit to the Committee on
6 Health, Education, Labor, and Pensions and
7 the Committee on Appropriations of the Senate
8 and the Committee on Energy and Commerce
9 and the Committee on Appropriations of the
10 House of Representatives, a report including a
11 description of any use of funds provided pursu-
12 ant to the authorization of appropriations under
13 subparagraph (C).

14 “(E) LIMITATIONS.—Notwithstanding any
15 transfer authority authorized by this paragraph
16 or any appropriations Act, any funds made
17 available pursuant to the authorization of ap-
18 propriations under subparagraph (C) may not
19 be used for any purpose other than the program
20 under this section.

21 “(F) SUNSET.—Amounts remaining unap-
22 propriated in the Account under this paragraph
23 shall be transferred back to the general fund of
24 the Treasury on October 1, 2026.”.

1 **SEC. 207. NURSE FACULTY DEMONSTRATION PROGRAM.**

2 Section 846A of the Public Health Service Act (42
3 U.S.C. 297n-1) is amended—

4 (1) by amending subsection (a) to read as fol-
5 lows:

6 “(a) IN GENERAL.—To increase the number of quali-
7 fied nursing faculty, the Secretary may—

8 “(1) enter into an agreement with any accred-
9 ited school of nursing for the establishment and op-
10 eration of a student loan fund in accordance with
11 subsection (b); and

12 “(2) award nurse faculty grants in accordance
13 with subsection (d).”;

14 (2) in subsection (b)—

15 (A) by redesignating subparagraphs (A)
16 through (D) of paragraph (2) as clauses (i)
17 through (iv), respectively, and adjusting the
18 margins accordingly;

19 (B) by redesignating paragraphs (1)
20 through (5) as subparagraphs (A) through (E),
21 respectively, and adjusting the margins accord-
22 ingly;

23 (C) in subparagraph (C), as so redesign-
24 ated, by striking “subsection (c)” and insert-
25 ing “paragraph (2)”;

1 (D) by striking “(b) AGREEMENTS—Each
2 agreement entered into under subsection (a)
3 shall—” and inserting the following:

4 “(b) SCHOOL OF NURSING STUDENT LOAN FUND.—
5 “(1) IN GENERAL.—Each agreement entered
6 into under subsection (a)(1) shall—”.

7 (3) in subsection (c)—

8 (A) by striking “subsection (a)” each place
9 it appears and inserting “subsection (a)(1)”;

10 (B) in paragraph (3), by redesignating
11 subparagraphs (A) and (B) as clauses (i) and
12 (ii), respectively, and adjusting the margins ac-
13 cordingly;

14 (C) in paragraph (6), by redesignating
15 subparagraphs (A) and (B) as clauses (i) and
16 (ii), respectively, and adjusting the margins ac-
17 cordingly;

18 (D) by redesignating paragraphs (1)
19 through (6) as subparagraphs (A) through (F),
20 respectively, and adjusting the margins accord-
21 ingly; and

22 (E) in subparagraph (F)(ii), as so redesign-
23 ated, by striking “subsection (e)” and insert-
24 ing “paragraph (4)”;

1 (4) in subsection (e), by striking “subsection
2 (c)(6)(B)” and inserting “paragraph (2)(F)(ii)”;

3 (5) by redesignating subsections (c) through (e)
4 (before application of the amendment made by sec-
5 tion 206) as paragraphs (2) through (4), respec-
6 tively, and adjusting the margins accordingly; and

7 (6) by adding after subsection (c), as added by
8 section 206, the following:

9 “(d) NURSE FACULTY DEMONSTRATION PRO-
10 GRAM.—

11 “(1) IN GENERAL.—The Secretary shall estab-
12 lish and carry out a demonstration program de-
13 scribed in subsection (a)(2) under which eligible
14 schools of nursing receive a grant for purposes of
15 supplementing the salaries of eligible nursing faculty
16 members to enhance recruitment and retention of
17 nursing faculty members.

18 “(2) ELIGIBLE ENTITIES.—To be eligible to re-
19 ceive a grant under this subsection, an entity shall—

20 “(A) be an accredited school of nursing;
21 and

22 “(B) submit an application to the Sec-
23 retary, at such time, in such manner, and con-
24 taining such information as the Secretary may
25 require, including—

1 “(i)(I) to the extent such information
2 is available to the school of nursing, the
3 salary history of nursing faculty at such
4 school who previously were nurses in clin-
5 ical practice, for the most recent 3-year pe-
6 riod ending on the date of application, ad-
7 justed for inflation as appropriate and bro-
8 ken down by credentials, experience, and
9 levels of education of such nurses; or

10 “(II) if the information described
11 in subclause (I) is not available, infor-
12 mation on the average local salary of
13 nurses in clinical practice, adjusted
14 for inflation as appropriate and bro-
15 ken down by credentials, experience,
16 and levels of education of the indi-
17 vidual nurses, in accordance with such
18 requirements as the Secretary may
19 specify;

20 “(ii) an attestation of the average
21 nursing faculty salary at the school of
22 nursing during the most recent 3-year pe-
23 riod prior to the date of application, ad-
24 justed for inflation, as appropriate, broken

1 down by credentials, experience, and levels
2 of education of such faculty members;

3 “(iii) the number of nursing faculty
4 member vacancies at the entity at the time
5 of application, and the entity’s projection
6 of such vacancies over the ensuing 5-year
7 period; and

8 “(iv) a description of the entity’s
9 plans to identify funding sources to
10 sustainably continue, after the 2-year
11 grant period, the salary available to the eli-
12 gible nursing faculty member pursuant to
13 the program under this subsection during
14 such grant program and to retain eligible
15 nursing faculty members after the end of
16 the grant period.

17 “(3) AWARDS.—A grant awarded under this
18 subsection, with respect to supporting eligi-
19 ble nursing faculty members, shall—

20 “(A) be awarded to the school of nursing
21 to supplement the salaries of eligible faculty
22 members at the school of nursing, annually, for
23 up to a 2-year period, in an amount equal to,
24 for each eligible nursing faculty member at the

1 eligible entity during the grant period, the dif-
2 ference between—

3 “(i) the average salary of nurses in
4 clinical practice submitted under subclause
5 (I) or (II) of paragraph (2)(B)(i); and

6 “(ii) the greater of—

7 “(I) the salary for the eligible
8 nursing faculty member at the school
9 of nursing; or

10 “(II) the average nursing faculty
11 salary submitted under paragraph
12 (2)(B)(ii) for faculty members with
13 the same or similar credentials and
14 level of education;

15 “(B) notwithstanding section 803(a), be
16 used in its entirety to supplement the eligible
17 faculty member’s salary; and

18 “(C) be conditioned upon the school of
19 nursing maintaining, for each year in which the
20 award is made as described in subparagraph
21 (A), a salary for such faculty member at a level
22 that is not less than the greater of the amount
23 under subclause (I) or (II) of subparagraph
24 (A)(ii).

1 “(4) PRIORITY.—In awarding grants under this
2 subsection, the Secretary shall ensure the equitable
3 geographic distribution of awards, and shall give pri-
4 ority to applications from schools of nursing that
5 demonstrate—

6 “(A) the greatest need for such grant,
7 which may be based upon the financial cir-
8 cumstances of the school of nursing, eligible
9 nurse faculty members, the planned number of
10 students to be trained or admitted off a wait
11 list;

12 “(B) training or partnerships to serve vul-
13 nerable patient populations, such as through
14 the location or activity of a school in a health
15 professional shortage area (as defined in section
16 332);

17 “(C) recruitment and retention of faculty
18 from underrepresented populations; or

19 “(D) other particular need for such grant,
20 including public institutions of higher education
21 that offer 4-year degrees but at which the pre-
22 dominant degree awarded is an associate de-
23 gree.

24 “(5) RULE OF CONSTRUCTION.—Nothing in
25 this subsection precludes a school of nursing or an

1 eligible nursing faculty member receiving an award
2 under this section from obtaining or receiving any
3 other form of Federal support or funding.

4 “(6) REPORT.—Not later than 3 years after the
5 date of enactment of the Bipartisan Primary Care
6 and Health Workforce Act, the Secretary shall sub-
7 mit to the Committee on Finance and the Com-
8 mittee on Health, Education, Labor, and Pensions
9 of the Senate and the Committee on Ways and
10 Means and the Committee on Energy and Commerce
11 of the House of Representatives, a report that evalu-
12 ates the program established under this subsection,
13 including—

14 “(A) the impact of such program on re-
15 cruitment and retention rates of nursing fac-
16 ulty, as available, and specifically for each fac-
17 ulty member participating in the program; and

18 “(B) recommendations and considerations
19 for Congress on continuing the program under
20 this subsection.

21 “(7) DEFINITIONS.—In this subsection:

22 “(A) ELIGIBLE NURSING FACULTY MEM-
23 BER.—The term ‘eligible nursing faculty mem-
24 ber’ means a nursing faculty member who—

1 “(i) was hired by a school of nursing
2 within the 2-year period preceding the sub-
3 mission of an application under paragraph
4 (2), or a prospective nursing faculty mem-
5 ber;

6 “(ii) is currently employed at the
7 school of nursing and who demonstrates
8 the need for such support;

9 “(iii) previously worked as a nurse in
10 clinical practice or as a nurse faculty mem-
11 ber at another school of nursing; or

12 “(iv) may work on a part-time basis
13 as a nursing faculty member, for whom
14 such award amounts described in para-
15 graph (3) shall be prorated relative to the
16 amount of time participating in part-time
17 teaching.

18 “(B) INFLATION.—The term ‘inflation’
19 means the Consumer Price Index for all urban
20 consumers (all items; U.S. city average).

21 “(8) AUTHORIZATION OF APPROPRIATIONS.—
22 To carry out this subsection, in addition to amounts
23 otherwise available, including under section 871(b),
24 there is authorized to be appropriated \$15,000,000
25 for each of fiscal years 2024 and 2025.”.

1 **SEC. 208. NURSE CORPS SCHOLARSHIP AND LOAN REPAY-**
2 **MENT PROGRAM.**

3 Section 846 of the Public Health Service Act (42
4 U.S.C. 297n) is amended by adding at the end the fol-
5 lowing:

6 “(j) AUTHORIZATION OF APPROPRIATIONS.—To
7 carry out this section, in addition to amounts otherwise
8 made available, including under section 871(b), there are
9 authorized to be appropriated \$93,600,000 for fiscal year
10 2024, \$94,600,000 for fiscal year 2025, and \$95,600,000
11 for fiscal year 2026, to remain available until expended.”.

12 **SEC. 209. GRANTS FOR PRIMARY CARE NURSE RESIDENCY**
13 **TRAINING PROGRAMS.**

14 Section 5316 of the Patient Protection and Afford-
15 able Care Act (42 U.S.C. 296j–1) is amended—

16 (1) in the section heading, by striking “**DEM-**
17 **ONSTRATION**”;

18 (2) in subsection (a), by striking “demonstra-
19 tion”;

20 (3) in subsection (d)—

21 (A) in paragraph (1)(B), by striking “and”
22 at the end;

23 (B) by redesignating paragraph (2) as
24 paragraph (3); and

25 (C) by inserting after paragraph (1) the
26 following:

1 “(2)(A) in the case of an entity that does not
2 have an established residency program for nurse
3 practitioners at the time of the application, dem-
4 onstrate plans to establish a new residency program
5 for nurse practitioners; or

6 “(B) in the case of an entity that has an estab-
7 lished residency program for nurse practitioners at
8 the time of the application, demonstrate plans to use
9 the grant under this section to offer not fewer than
10 4 additional residency positions for new nurse prac-
11 titioners to participate in such program; and”;

12 (4) in subsection (i), by striking “such sums as
13 may be necessary for each of fiscal years 2011
14 through 2014” and inserting “\$30,000,000 for each
15 of fiscal years 2024 through 2026”.

16 **SEC. 210. STATE ORAL HEALTH WORKFORCE IMPROVE-**
17 **MENT GRANT PROGRAM.**

18 Subsection (f) of section 340G of the Public Health
19 Service Act (42 U.S.C. 256g) is amended by striking
20 “\$13,903,000 for each of fiscal years 2019 through 2023”
21 and inserting “\$15,200,000 for fiscal year 2024,
22 \$15,500,000 for fiscal year 2025, and \$15,800,000 for fis-
23 cal year 2026, to remain available until expended”.

1 **SEC. 211. ORAL HEALTH TRAINING PROGRAMS.**

2 Subsection (f) of section 748 of the Public Health
3 Service Act (42 U.S.C. 293k-2) is amended to read as
4 follows:

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—

6 “(1) IN GENERAL.—To carry out this section,
7 there is authorized to be appropriated \$28,500,000
8 for fiscal year 2026, to remain available until ex-
9 pended.

10 “(2) GEOGRAPHIC DISTRIBUTION.—In awarding
11 grants under this section, the Secretary shall ensure,
12 to the greatest extent practicable, that such grants
13 are equitably distributed among the geographical re-
14 gions of the United States.”.

15 **SEC. 212. ALLIED HEALTH PROFESSIONALS.**

16 (a) SUPPORTING DUAL OR CONCURRENT ENROLL-
17 MENT IN THE ALLIED HEALTH PROJECTS PROGRAM.—
18 Section 755(b)(1) of the Public Health Service Act (42
19 U.S.C. 294e(b)(1)) is amended—

20 (1) in subparagraph (B), by striking “to indi-
21 viduals who have baccalaureate degrees in health-re-
22 lated sciences”;

23 (2) in the flush text at the end of subparagraph
24 (I), by striking “; and” and inserting a semicolon;

25 (3) in subparagraph (J), by striking the period
26 and inserting “; and”; and

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

2 “(K) those that establish or support a dual
3 or concurrent enrollment program (as defined
4 in section 8101 of the Elementary and Sec-
5 ondary Education Act of 1965) if the dual or
6 concurrent enrollment program—

7 “(i) provides outreach on allied health
8 careers requiring an industry-recognized
9 credential, a certificate, or an associate de-
10 gree, to all high schools served by the local
11 educational agency that is a partner in the
12 partnership offering the dual or concurrent
13 enrollment program;

14 “(ii) provides information to high
15 school students about the training require-
16 ments and expected salary of allied health
17 professions; and

18 “(iii) provides academic and financial
19 aid counseling to students who participate
20 in the dual or concurrent enrollment pro-
21 gram.”.

22 (b) SUPPORTING DUAL OR CONCURRENT ENROLL-
23 MENT IN THE HEALTH CAREERS OPPORTUNITY PRO-
24 GRAM.—Section 739(a)(2) of the Public Health Service
25 Act (42 U.S.C. 293c(a)(2)) is amended—

1 (1) in subparagraph (H), by striking “and”
2 after the semicolon;

3 (2) in subparagraph (I), by striking the period
4 at the end and inserting “; and”; and

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

6 “(J) providing academic and financial aid
7 counseling to support participation in a dual or
8 concurrent enrollment program (as defined in
9 section 8101 of the Elementary and Secondary
10 Education Act of 1965) that leads to an indus-
11 try-recognized credential, a certificate, or an as-
12 sociate degree in the health professions or aca-
13 demic credits that can be transferred, as indi-
14 cated through an articulation agreement be-
15 tween 2 or more community colleges or univer-
16 sities, to obtain an industry-recognized creden-
17 tial, a certificate, or a degree in the health pro-
18 fessions.”.

19 (c) HEALTH CARE WORKFORCE INNOVATION PRO-
20 GRAM.—Section 755(b) of the Public Health Service Act
21 (42 U.S.C. 294e(b)) is amended by adding at the end the
22 following:

23 “(5)(A) Supporting and developing new innova-
24 tive, community-driven approaches for the education
25 and training of allied health professionals, including

1 those described in subparagraph (F)(i), with an em-
2 phasis on expanding the supply of such professionals
3 located in, and meeting the needs of, underserved
4 communities and rural areas. Grants under this
5 paragraph shall be awarded through a new program
6 (referred to as the ‘Health Care Workforce Innova-
7 tion Program’ or in this paragraph as the ‘Pro-
8 gram’).

9 “(B) To be eligible to receive a grant under the
10 Program an entity shall—

11 “(i) be a Federally qualified health center
12 (as defined in section 1905(l)(2)(B) of the So-
13 cial Security Act), a State-level association or
14 other consortium that represents and is com-
15 prised of Federally qualified health centers, or
16 a certified rural health clinic that meets the re-
17 quirements of section 334; and

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

20 “(I) a description of how all trainees
21 will be trained in accredited training pro-
22 grams either directly or through partner-
23 ships with public or nonprofit private enti-
24 ties;

1 “(II) a description of the community-
2 driven health care workforce innovation
3 model to be carried out under the grant,
4 including the specific professions to be
5 funded;

6 “(III) the geographic service area that
7 will be served, including quantitative data,
8 if available, showing that such particular
9 area faces a shortage of health profes-
10 sionals and lacks access to health care;

11 “(IV) a description of the benefits
12 provided to each health care professional
13 trained under the proposed model during
14 the education and training phase;

15 “(V) a description of the experience
16 that the applicant has in the recruitment,
17 retention, and promotion of the well-being
18 of workers and volunteers;

19 “(VI) a description of how the fund-
20 ing awarded under the Program will sup-
21 plement rather than supplant existing
22 funding;

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

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

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

8 “(C)(i) An entity shall use amounts received
9 under a grant awarded under the Program to carry
10 out the innovative, community-driven model de-
11 scribed in the application under subparagraph (B).
12 Such amounts may be used for launching new or ex-
13 panding existing innovative health care professional
14 partnerships, including the following specific uses:

15 “(I) Establishing or expanding a partner-
16 ship between an eligible entity and 1 or more
17 high schools, accredited public or nonprofit pri-
18 vate vocational-technical schools, accredited
19 public or nonprofit private 2-year colleges, area
20 health education centers, and entities with clin-
21 ical settings for the provision of education and
22 training opportunities not available at the
23 grantee’s facilities.

24 “(II) Providing education and training
25 programs to improve allied health professionals’

1 readiness in settings that serve underserved
2 communities and rural areas; encouraging stu-
3 dents from underserved and disadvantaged
4 backgrounds and former patients to consider
5 careers in health care, and better reflecting and
6 meeting community needs; providing education
7 and training programs for individuals to work
8 in patient-centered, team-based, community-
9 driven health care models that include integra-
10 tion with other clinical practitioners and train-
11 ing in cultural and linguistic competence; pro-
12 viding pre-apprenticeship and apprenticeship
13 programs for health care technical, support,
14 and entry-level occupations, particularly for
15 those enrolled in dual or concurrent enrollment
16 programs; building a preceptorship training-to-
17 practice model for medical, behavioral health,
18 oral health, and public health disciplines in an
19 integrated, community-driven setting; providing
20 and expanding internships, career ladders, and
21 development opportunities for health care pro-
22 fessionals, including new and existing staff; or
23 investing in training equipment, supplies, and
24 limited renovations or retrofitting of training

1 space needed for grantees to carry out their
2 particular model.

3 “(ii) Amounts received under a grant awarded
4 under the Program shall not be used to support con-
5 struction costs or to supplant funding from existing
6 programs that support the applicant’s health work-
7 force.

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

10 “(D) In awarding grants under the Program,
11 the Secretary may give priority to applicants that
12 will use grant funds to support workforce innovation
13 models that increase the number of individuals from
14 underserved and disadvantaged backgrounds work-
15 ing in such health care professions, improve access
16 to health care (including medical, behavioral health
17 and oral health) in underserved communities, or
18 demonstrate that the model can be replicated in
19 other underserved communities in a cost-efficient
20 and effective manner to achieve the purposes of the
21 Program.

22 “(E) An entity that receives a grant under the
23 Program shall provide periodic reports to the Sec-
24 retary detailing the findings and outcomes of the in-
25 novative, community-driven model carried out under

1 the grant. Such reports shall contain information in
2 a manner and at such times as determined appro-
3 priate by the Secretary.

4 “(F) In this paragraph:

5 “(i) The term ‘allied health care profes-
6 sional’ includes individuals who provide clinical
7 support services, including medical assistants,
8 dental assistants, dental hygienists, pharmacy
9 technicians, physical therapists and health care
10 interpreters; individuals providing non-clinical
11 support, such as billing and coding profes-
12 sionals and health information technology pro-
13 fessionals; dietitians; medical technologists;
14 emergency medical technicians; community
15 health workers; public health personnel; and
16 peer support workers.

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

20 “(iii) The term ‘underserved communities’
21 means areas, population groups, and facilities
22 designated as health professional shortage areas
23 under section 332, medically underserved areas
24 as defined under section 330I(a)), or medically

1 underserved populations as defined under sec-
2 tion 330(b)(3).

3 “(G)(i) There are authorized to be appropriated
4 \$100,000,000 for each of fiscal years 2024 through
5 2026, to carry out this section, to remain available
6 until expended.

7 “(ii) A grant provided under the Program shall
8 not exceed \$2,500,000 for a grant period.”.

9 **SEC. 213. BUDGETARY TREATMENT.**

10 (a) **STATUTORY PAYGO SCORECARDS.**—The budg-
11 etary effects of section 302 (including the amendments
12 made by such section), up to \$1,671,000,000, shall not
13 be entered on either PAYGO scorecard maintained pursu-
14 ant to section 4(d) of the Statutory Pay As-You-Go Act
15 of 2010 (2 U.S.C. 933(d)).

16 (b) **SENATE PAYGO SCORECARDS.**—The budgetary
17 effects of section 302 (including the amendments made by
18 such section), up to \$1,671,000,000, shall not be entered
19 on any PAYGO scorecard maintained for purposes of sec-
20 tion 4106 of H. Con. Res. 71 (115th Congress).

21 (c) **RESERVATION OF SAVINGS.**—None of the funds
22 in the Account to Address the Primary Care Physician
23 Shortage (established under section 747(c)(6) of the Pub-
24 lic Health Service Act, as amended by section 204), the
25 Account to Address the Nursing Workforce Shortage (es-

1 tablished under section 831(e)(5) of the Public Health
2 Service Act, as amended by section 205), or the Account
3 to Address the Nurse Faculty Shortage (established under
4 section 846A(c)(2) of the Public Health Service Act, as
5 amended by section 206) shall be made available except
6 to the extent provided in advance in appropriations Acts,
7 and legislation or an Act that rescinds or reduces amounts
8 in such accounts shall not be estimated as a reduction in
9 direct spending under the Congressional Budget and Im-
10 poundment Control Act of 1974 or the Balanced Budget
11 and Emergency Deficit Control Act of 1985.

12 **TITLE III—REDUCING HEALTH**
13 **CARE COSTS FOR PATIENTS**

14 **SEC. 301. BANNING ANTICOMPETITIVE TERMS IN FACILITY**
15 **AND INSURANCE CONTRACTS THAT LIMIT AC-**
16 **CESS TO HIGHER QUALITY, LOWER COST**
17 **CARE.**

18 (a) IN GENERAL.—

19 (1) PUBLIC HEALTH SERVICE ACT.—Section
20 2799A–9 of the Public Health Service Act (42
21 U.S.C. 300gg–119) is amended—

22 (A) by adding at the end the following:

23 “(b) PROTECTING HEALTH PLANS NETWORK DE-
24 SIGN FLEXIBILITY.—

1 “(1) IN GENERAL.—A group health plan or a
2 health insurance issuer offering group or individual
3 health insurance coverage shall not enter into an
4 agreement with a provider, network or association of
5 providers, or other service provider offering access to
6 a network of service providers if such agreement, di-
7 rectly or indirectly—

8 “(A) restricts the group health plan or
9 health insurance issuer from—

10 “(i) directing or steering enrollees to
11 other health care providers; or

12 “(ii) offering incentives to encourage
13 enrollees to utilize specific health care pro-
14 viders; or

15 “(B) requires the group health plan or
16 health insurance issuer to enter into any addi-
17 tional contract with an affiliate of the provider
18 as a condition of entering into a contract with
19 such provider;

20 “(C) requires the group health plan or
21 health insurance issuer to agree to payment
22 rates or other terms for any affiliate not party
23 to the contract of the provider involved; or

24 “(D) restricts other group health plans or
25 health insurance issuers not party to the con-

1 tract from paying a lower rate for items or
2 services than the contracting plan or issuer
3 pays for such items or services.

4 “(2) ADDITIONAL REQUIREMENT FOR SELF-IN-
5 SURED PLANS.—A self-insured group health plan
6 shall not enter into an agreement with a provider,
7 network or association of providers, third-party ad-
8 ministrator, or other service provider offering access
9 to a network of providers if such agreement directly
10 or indirectly requires the group health plan to cer-
11 tify, attest, or otherwise confirm in writing that the
12 group health plan is bound by restrictive contracting
13 terms between the service provider and a third-party
14 administrator that the group health plan is not
15 party to, without a disclosure that such terms exist.

16 “(3) EXCEPTION FOR PLANS AND ISSUERS.—
17 Paragraph (1)(A) shall not apply to a group health
18 plan or health insurance issuer offering group or in-
19 dividual health insurance coverage with respect to—

20 “(A) a health maintenance organization
21 (as defined in section 2791(b)(3)), if such
22 health maintenance organization operates pri-
23 marily through exclusive contracts with multi-
24 specialty physician groups, nor to any arrange-

1 ment between such a health maintenance orga-
2 nization and its affiliates; or

3 “(B) a value-based network arrangement,
4 such as an exclusive provider network, account-
5 able care organization, center of excellence, a
6 provider sponsored health insurance issuer that
7 operates primarily through aligned multi-spe-
8 cialty physician group practices or integrated
9 health systems, or such other similar network
10 arrangements as determined by the Secretary
11 through rulemaking.

12 “(4) ATTESTATION.—A group health plan or
13 health insurance issuer offering group or individual
14 health insurance coverage shall annually submit to,
15 as applicable, the applicable authority described in
16 section 2723 or the Secretary of Labor or the Sec-
17 retary of the Treasury, an attestation that such plan
18 or issuer is in compliance with the requirements of
19 this subsection.

20 “(5) RULE OF CONSTRUCTION.—Nothing in
21 this subsection shall be construed to limit network
22 design or cost or quality initiatives by a group health
23 plan or health insurance issuer, including account-
24 able care organizations, exclusive provider organiza-
25 tions, networks that tier providers by cost or quality

1 or steer enrollees to centers of excellence, or other
2 pay-for-performance programs.

3 “(6) COMPLIANCE WITH RESPECT TO ANTI-
4 TRUST LAWS.—Compliance with this subsection does
5 not constitute compliance with the antitrust laws, as
6 defined in subsection (a) of the first section of the
7 Clayton Act (15 U.S.C. 12(a)).

8 “(7) GRANDFATHERING.—An applicable State
9 authority may make a determination that the prohi-
10 bitions under paragraph (1) (with respect to condi-
11 tions that would direct or steer to, or offer incentives
12 to encourage enrollees to use, other health care pro-
13 viders) will not apply in the State with respect to
14 any specified agreement that is executed before the
15 date of enactment of the Bipartisan Primary Care
16 and Health Workforce Act, for a maximum length of
17 nonapplicability of up to 10 years from the date of
18 execution of the contract if the applicable State au-
19 thority determines that the contract is unlikely to
20 significantly lessen competition. With respect to a
21 specified agreement for which an applicable State
22 authority has made a determination under the pre-
23 ceding sentence an applicable State authority may
24 determine whether renewal of the contract, within
25 the applicable 10-year period, is allowed.”; and

1 (B) by redesignating paragraph (5) of sub-
2 section (a) as subsection (c), adjusting the mar-
3 gin of such subsection accordingly, and trans-
4 ferring such subsection (c) to appear after sub-
5 section (b), as added by subparagraph (A).

6 (2) EMPLOYEE RETIREMENT INCOME SECURITY
7 ACT OF 1974.—Section 724 of the Employee Retire-
8 ment Income Security Act of 1974 (29 U.S.C.
9 1185m) is amended—

10 (A) by adding at the end the following:

11 “(b) PROTECTING HEALTH PLANS NETWORK DE-
12 SIGN FLEXIBILITY.—

13 “(1) IN GENERAL.—A group health plan or a
14 health insurance issuer offering group health insur-
15 ance coverage shall not enter into an agreement with
16 a provider, network or association of providers, or
17 other service provider offering access to a network of
18 service providers if such agreement, directly or indi-
19 rectly—

20 “(A) restricts the group health plan or
21 health insurance issuer from—

22 “(i) directing or steering enrollees to
23 other health care providers; or

1 “(ii) offering incentives to encourage
2 enrollees to utilize specific health care pro-
3 viders; or

4 “(B) requires the group health plan or
5 health insurance issuer to enter into any addi-
6 tional contract with an affiliate of the provider
7 as a condition of entering into a contract with
8 such provider;

9 “(C) requires the group health plan or
10 health insurance issuer to agree to payment
11 rates or other terms for any affiliate not party
12 to the contract of the provider involved; or

13 “(D) restricts other group health plans or
14 health insurance issuers not party to the con-
15 tract from paying a lower rate for items or
16 services than the contracting plan or issuer
17 pays for such items or services.

18 “(2) ADDITIONAL REQUIREMENT FOR SELF-IN-
19 SURED PLANS.—A self-insured group health plan
20 shall not enter into an agreement with a provider,
21 network or association of providers, third-party ad-
22 ministrator, or other service provider offering access
23 to a network of providers if such agreement directly
24 or indirectly requires the group health plan to cer-
25 tify, attest, or otherwise confirm in writing that the

1 group health plan is bound by restrictive contracting
2 terms between the service provider and a third-party
3 administrator that the group health plan is not
4 party to, without a disclosure that such terms exist.

5 “(3) EXCEPTION FOR PLANS AND ISSUERS.—
6 Paragraph (1)(A) shall not apply to a group health
7 plan or health insurance issuer offering group health
8 insurance coverage with respect to—

9 “(A) a health maintenance organization
10 (as defined in section 733(b)(3)), if such health
11 maintenance organization operates primarily
12 through exclusive contracts with multi-specialty
13 physician groups, nor to any arrangement be-
14 tween such a health maintenance organization
15 and its affiliates; or

16 “(B) a value-based network arrangement,
17 such as an exclusive provider network, account-
18 able care organization, center of excellence, a
19 provider sponsored health insurance issuer that
20 operates primarily through aligned multi-spe-
21 cialty physician group practices or integrated
22 health systems, or such other similar network
23 arrangements as determined by the Secretary
24 through rulemaking.

1 “(4) ATTESTATION.—A group health plan or
2 health insurance issuer offering group health insur-
3 ance coverage shall annually submit to, as applica-
4 ble, the applicable authority described in section
5 2723 of the Public Health Service Act or the Sec-
6 retary of Labor or the Secretary of the Treasury, an
7 attestation that such plan or issuer is in compliance
8 with the requirements of this subsection.

9 “(5) RULE OF CONSTRUCTION.—Nothing in
10 this subsection shall be construed to limit network
11 design or cost or quality initiatives by a group health
12 plan or health insurance issuer, including account-
13 able care organizations, exclusive provider organiza-
14 tions, networks that tier providers by cost or quality
15 or steer enrollees to centers of excellence, or other
16 pay-for-performance programs.

17 “(6) COMPLIANCE WITH RESPECT TO ANTI-
18 TRUST LAWS.—Compliance with this subsection does
19 not constitute compliance with the antitrust laws, as
20 defined in subsection (a) of the first section of the
21 Clayton Act (15 U.S.C. 12(a)).

22 “(7) GRANDFATHERING.—An applicable State
23 authority may make a determination that the prohi-
24 bitions under paragraph (1) (with respect to condi-
25 tions that would direct or steer to, or offer incentives

1 to encourage enrollees to use, other health care pro-
2 viders) will not apply in the State with respect to
3 any specified agreement that is executed before the
4 date of enactment of the Bipartisan Primary Care
5 and Health Workforce Act, for a maximum length of
6 nonapplicability of up to 10 years from the date of
7 execution of the contract if the applicable State au-
8 thority determines that the contract is unlikely to
9 significantly lessen competition. With respect to a
10 specified agreement for which an applicable State
11 authority has made a determination under the pre-
12 ceding sentence an applicable State authority may
13 determine whether renewal of the contract, within
14 the applicable 10-year period, is allowed.”; and

15 (B) by redesignating paragraph (4) of sub-
16 section (a) as subsection (c), adjusting the mar-
17 gin of such subsection accordingly, and trans-
18 ferring such subsection (c) to appear after sub-
19 section (b), as added by subparagraph (A).

20 (3) INTERNAL REVENUE CODE OF 1986.—Sec-
21 tion 9824 of the Internal Revenue Code of 1986 is
22 amended—

23 (A) by adding at the end the following:

24 “(b) PROTECTING HEALTH PLANS NETWORK DE-
25 SIGN FLEXIBILITY.—

1 “(1) IN GENERAL.—A group health plan shall
2 not enter into an agreement with a provider, net-
3 work or association of providers, or other service
4 provider offering access to a network of service pro-
5 viders if such agreement, directly or indirectly—

6 “(A) restricts the group health plan
7 from—

8 “(i) directing or steering enrollees to
9 other health care providers; or

10 “(ii) offering incentives to encourage
11 enrollees to utilize specific health care pro-
12 viders; or

13 “(B) requires the group health plan to
14 enter into any additional contract with an affil-
15 iate of the provider as a condition of entering
16 into a contract with such provider;

17 “(C) requires the group health plan to
18 agree to payment rates or other terms for any
19 affiliate not party to the contract of the pro-
20 vider involved; or

21 “(D) restricts other group health plans not
22 party to the contract from paying a lower rate
23 for items or services than the contracting plan
24 pays for such items or services.

1 “(2) ADDITIONAL REQUIREMENT FOR SELF-IN-
2 SURED PLANS.—A self-insured group health plan
3 shall not enter into an agreement with a provider,
4 network or association of providers, third-party ad-
5 ministrator, or other service provider offering access
6 to a network of providers if such agreement directly
7 or indirectly requires the group health plan to cer-
8 tify, attest, or otherwise confirm in writing that the
9 group health plan is bound by restrictive contracting
10 terms between the service provider and a third-party
11 administrator that the group health plan is not
12 party to, without a disclosure that such terms exist.

13 “(3) EXCEPTION FOR CERTAIN PLANS.—Para-
14 graph (1)(A) shall not apply to a group health plan
15 with respect to—

16 “(A) a health maintenance organization
17 (as defined in section 9832(b)(3)), if such
18 health maintenance organization operates pri-
19 marily through exclusive contracts with multi-
20 specialty physician groups, nor to any arrange-
21 ment between such a health maintenance orga-
22 nization and its affiliates; or

23 “(B) a value-based network arrangement,
24 such as an exclusive provider network, account-
25 able care organization, center of excellence, a

1 provider sponsored health insurance issuer that
2 operates primarily through aligned multi-spe-
3 cialty physician group practices or integrated
4 health systems, or such other similar network
5 arrangements as determined by the Secretary
6 through rulemaking.

7 “(4) ATTESTATION.—A group health plan shall
8 annually submit to, as applicable, the applicable au-
9 thority described in section 2723 of the Public
10 Health Service Act or the Secretary of Labor or the
11 Secretary of the Treasury, an attestation that such
12 plan is in compliance with the requirements of this
13 subsection.

14 “(5) RULE OF CONSTRUCTION.—Nothing in
15 this subsection shall be construed to limit network
16 design or cost or quality initiatives by a group health
17 plan, including accountable care organizations, ex-
18 clusive provider organizations, networks that tier
19 providers by cost or quality or steer enrollees to cen-
20 ters of excellence, or other pay-for-performance pro-
21 grams.

22 “(6) COMPLIANCE WITH RESPECT TO ANTI-
23 TRUST LAWS.—Compliance with this subsection does
24 not constitute compliance with the antitrust laws, as

1 defined in subsection (a) of the first section of the
2 Clayton Act (15 U.S.C. 12(a)).

3 “(7) GRANDFATHERING.—An applicable State
4 authority may make a determination that the prohi-
5 bitions under paragraph (1) (with respect to condi-
6 tions that would direct or steer to, or offer incentives
7 to encourage enrollees to use, other health care pro-
8 viders) will not apply in the State with respect to
9 any specified agreement that is executed before the
10 date of enactment of the Bipartisan Primary Care
11 and Health Workforce Act, for a maximum length of
12 nonapplicability of up to 10 years from the date of
13 execution of the contract if the applicable State au-
14 thority determines that the contract is unlikely to
15 significantly lessen competition. With respect to a
16 specified agreement for which an applicable State
17 authority has made a determination under the pre-
18 ceding sentence an applicable State authority may
19 determine whether renewal of the contract, within
20 the applicable 10-year period, is allowed.”; and

21 (B) by redesignating paragraph (4) of sub-
22 section (a) as subsection (c), adjusting the mar-
23 gin of such subsection accordingly, and trans-
24 ferring such subsection (c) to appear after sub-
25 section (b), as added by subparagraph (A).

1 (b) REGULATIONS.—Not later than 1 year after the
2 date of enactment of this Act, the Secretary of Health and
3 Human Services, the Secretary of Labor, and the Sec-
4 retary of the Treasury, jointly, shall promulgate regula-
5 tions to carry out section 2799A–9(b) of the Public Health
6 Service Act, section 724(b) of the Employee Retirement
7 Income Security Act of 1974, and section 9824(b) of the
8 Internal Revenue Code of 1986, as added by subsection
9 (a).

10 (c) EFFECTIVE DATE.—Subsection (b) of section
11 2799A–9 of the Public Health Service Act, subsection (b)
12 of section 724 of the Employee Retirement Income Secu-
13 rity Act of 1974, and subsection (b) of section 9824 of
14 the Internal Revenue Code of 1986 (as added by para-
15 graphs (1), (2), and (3), respectively, of subsection (a))
16 shall apply with respect to any contract entered into on
17 or after the date that is 18 months after the date of enact-
18 ment of this Act. With respect to an applicable contract
19 that is in effect on the date of enactment of this Act, such
20 subsection (b) shall apply on the earlier of the date of re-
21 newal of such contract or 3 years after such date of enact-
22 ment.

1 **SEC. 302. HONEST BILLING REQUIREMENTS APPLICABLE**
2 **TO PROVIDERS.**

3 (a) GROUP HEALTH PLAN AND HEALTH INSURANCE
4 ISSUER REQUIREMENTS.—

5 (1) PUBLIC HEALTH SERVICE ACT.—Part D of
6 title XXVII of the Public Health Service Act (42
7 U.S.C. 300gg–111 et seq.) is amended by adding at
8 the end the following:

9 **“SEC. 2799A–11. HONEST BILLING REQUIREMENTS APPLICA-**
10 **BLE TO PLANS AND ISSUERS.**

11 “A group health plan or health insurance issuer offer-
12 ing group or individual health insurance coverage may not
13 pay a claim for items and services furnished on or after
14 January 1, 2026, to an individual at an off-campus out-
15 patient department of a provider (as defined in section
16 2799B–10(b)) submitted by a health care provider or fa-
17 cility unless such claim submitted by such provider or fa-
18 cility includes a separate unique health identifier for the
19 department where items and services were furnished, in
20 accordance with section 2799B–10.”.

21 (2) EMPLOYEE RETIREMENT INCOME SECURITY
22 ACT OF 1974.—

23 (A) IN GENERAL.—Subpart B of part 7 of
24 subtitle B of title I of the Employee Retirement
25 Income Security Act of 1974 (29 U.S.C. 1185

1 et seq.) is amended by adding at the end the
2 following:

3 **“SEC. 726. HONEST BILLING REQUIREMENTS APPLICABLE**
4 **TO PLANS AND ISSUERS.**

5 “A group health plan or health insurance issuer offer-
6 ing group health insurance coverage may not pay a claim
7 for items and services furnished on or after January 1,
8 2026, to an individual at an off-campus outpatient depart-
9 ment of a provider (as defined in section 2799B–10(b))
10 of the Public Health Service Act) submitted by a health
11 care provider or facility unless such claim submitted by
12 such provider or facility includes a separate unique health
13 identifier for the department where items and services
14 were furnished, in accordance with section 2799B–10 of
15 such Act.”.

16 (B) CLERICAL AMENDMENT.—The table of
17 contents in section 1 of the Employee Retirement
18 Income Security Act of 1974 (29 U.S.C.
19 1001 et seq.) is amended by inserting after the
20 item relating to section 725 the following new
21 item:

“Sec. 726. Honest billing requirements applicable to plans and issuers.”.

22 (3) INTERNAL REVENUE CODE OF 1986.—

23 (A) IN GENERAL.—Subchapter B of chap-
24 ter 100 of the Internal Revenue Code of 1986
25 is amended by adding at the end the following:

1 **“SEC. 9826. HONEST BILLING REQUIREMENTS APPLICABLE**
2 **TO PLANS.**

3 “A group health plan may not pay a claim for items
4 and services furnished on or after January 1, 2026, to
5 an individual at an off-campus outpatient department of
6 a provider (as defined in section 2799B–10(b)) of the
7 Public Health Service Act) submitted by a health care pro-
8 vider or facility unless such claim submitted by such pro-
9 vider or facility includes a separate unique health identi-
10 fier for the department where items and services were fur-
11 nished, in accordance with section 2799B–10 of such
12 Act.”.

13 (B) CLERICAL AMENDMENT.—The table of
14 sections for subchapter B of chapter 100 of the
15 Internal Revenue Code of 1986 is amended by
16 adding at the end the following new item:

“Sec. 9826. Honest billing requirements applicable to plans.”.

17 (b) REQUIRING A SEPARATE IDENTIFICATION NUM-
18 BER AND AN ATTESTATION FOR EACH OFF-CAMPUS OUT-
19 PATIENT DEPARTMENT OF A PROVIDER.—

20 (1) IN GENERAL.—Part E of title XXVII of the
21 Public Health Service Act (42 U.S.C. 300gg–131 et
22 seq.) is amended by adding at the end the following:

1 **“SEC. 2799B-10. HONEST BILLING REQUIREMENTS APPLI-**
2 **CABLE TO PROVIDERS.**

3 “(a) REQUIREMENTS RELATING TO UNIQUE
4 HEALTH IDENTIFIERS.—For items and services fur-
5 nished, on or after January 1, 2026, at an off-campus out-
6 patient department of a provider to a participant, bene-
7 ficiary, or enrollee with benefits under a group health plan
8 or group or individual health insurance coverage offered
9 by a health insurance issuer, a health care provider or fa-
10 cility may not submit a claim to the group health plan
11 or health insurance issuer, bill the participant, beneficiary,
12 or enrollee, or hold liable the participant, beneficiary, or
13 enrollee, unless—

14 “(1) such provider or facility obtains a separate
15 unique health identifier established for such depart-
16 ment pursuant to section 1173(b) of the Social Se-
17 curity Act; and

18 “(2) such items and services are billed using
19 the separate unique health identifier established for
20 such department pursuant to paragraph (1).

21 “(b) OFF-CAMPUS OUTPATIENT DEPARTMENT OF A
22 PROVIDER.—The term ‘off-campus outpatient department
23 of a provider’ means a department of a provider (as de-
24 fined in section 413.65(a)(2) of title 42 of the Code of
25 Federal Regulations, as in effect on the date of the enact-

1 ment of the Bipartisan Primary Care and Health Work-
2 force Act) that is not located—

3 “(1) on the campus (as defined in such section
4 413.65(a)(2)) of such provider; or

5 “(2) within the distance (described in such defi-
6 nition of campus) from a remote location of a hos-
7 pital (as defined in such section 413.65(a)(2)).

8 “(c) PROCESS FOR REPORTING SUSPECTED VIOLA-
9 TIONS.—The Secretary shall establish a process under
10 which a suspected violation of this section may be reported
11 to such Secretary.

12 “(d) PENALTIES.—The Secretary may assess a civil
13 monetary penalty against a hospital for a violation under
14 this section in an amount—

15 “(1) in the case of a hospital with not more
16 than 30 beds (as determined under section
17 180.90(c)(2)(ii)(D) of title 45, Code of Federal Reg-
18 ulations, as in effect on the date of the enactment
19 of the Bipartisan Primary Care and Health Work-
20 force Act (or any successor regulations), not to ex-
21 ceed \$300 per day that the violation is ongoing, as
22 determined by the Secretary; and

23 “(2) in the case of a hospital with more than
24 30 beds (as so determined), not to exceed \$5,500

1 per day that the violation is ongoing, as determined
2 by the Secretary.”.

3 (2) CONFORMING AMENDMENT.—Section
4 2799B–4(a)(1) of the Public Health Service Act (42
5 U.S.C. 300gg–134(a)(1)) is amended by inserting
6 “(other than section 2799B–10)” after “this part”.

7 **SEC. 303. BANNING FACILITY FEES FOR CERTAIN SERV-**
8 **ICES.**

9 Part E of title XXVII of the Public Health Service
10 Act (42 U.S.C. 300gg–131 et seq.), as amended by section
11 302(b), is further amended by adding at the end the fol-
12 lowing:

13 **“SEC. 2799B–11. BANNING FACILITY FEES FOR CERTAIN**
14 **SERVICES.**

15 “(a) IN GENERAL.—With respect to applicable items
16 and services furnished to an individual on or after January
17 1, 2026, a health care provider or facility may not charge
18 a facility fee (regardless of how the fee is labeled) to a
19 group health plan, a health insurance issuer offering
20 group or individual health insurance coverage, a partici-
21 pant, beneficiary, or enrollee in such a plan or coverage,
22 or an individual patient who is not covered by a group
23 health plan, health insurance coverage, or a Federal health
24 care program (as defined in section 1128(f) of the Social
25 Security Act).

1 “(b) APPLICABLE ITEMS AND SERVICES.—In this
2 section, the term ‘applicable items and services’ means—

3 “(1) evaluation and management services de-
4 scribed in section 1833(cc)(1)(B)(i) of the Social Se-
5 curity Act;

6 “(2) outpatient behavioral health services (not
7 including partial hospitalizations, intensive out-
8 patient program services, and other services not
9 typically provided in an office setting (as the Sec-
10 retary may determine)); and

11 “(3) any items and services (including the items
12 and services described in paragraphs (1) and (2))
13 furnished via telehealth.”.

14 **SEC. 304. PREVENTION AND PUBLIC HEALTH FUND.**

15 Section 4002(b) of the Patient Protection and Af-
16 fordable Care Act (42 U.S.C. 300u–11(b)) is amended by
17 striking paragraphs (8) through (10) and inserting the fol-
18 lowing:

19 “(8) for each of fiscal years 2026 and 2027,
20 \$1,425,000,000;

21 “(9) for each of fiscal years 2028 and 2029,
22 \$1,495,000,000;

23 “(10) for fiscal year 2030, \$1,680,000,000; and

24 “(11) for fiscal year 2031 and each fiscal year
25 thereafter, \$2,000,000,000.”.