

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:

2

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. 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. Expanding the number of primary care doctors.

Sec. 204. Telehealth Technology-Enabled Learning Program.

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 or in a State that does not have a qualified
7 teaching health center that already receives
8 funding under this section.”.

9 (e) REPORTING REQUIREMENTS.—Section
10 340H(h)(1) of the Public Health Service Act (42 U.S.C.
11 256h(h)(1)) is amended—

12 (1) by redesignating subparagraph (H) as sub-
13 paragraph (I); and

14 (2) by inserting after subparagraph (G) the fol-
15 lowing:

16 “(H) Of the number of residents described
17 in paragraph (4) who completed their residency
18 training, the number that entered practice at
19 the sponsoring institution and remain employed
20 on a full-time or part-time basis at the spon-
21 soring institution.”.

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

1 by subsection (d), and make available model templates to
2 assist health centers in such States to establish a teaching
3 health center.

4 **SEC. 102. COMMUNITY HEALTH CENTERS.**

5 (a) COMMUNITY HEALTH CENTER FUND.—Section
6 10503 of the Patient Protection and Affordable Care Act
7 (42 U.S.C. 254b–2) is amended—

8 (1) in subsection (b)(1)(F)—

9 (A) by striking “2018 and” and inserting
10 “2018,”; and

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

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

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

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

1 “(2) increasing the required primary health
2 services (as defined 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 in extending operating
18 hours, in an amount determined pursuant to a for-
19 mula and eligibility criteria developed by the Sec-
20 retary, for the purposes of increasing access to serv-
21 ices;

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

1 “(3) such sums as may be necessary for pur-
2 poses of increasing the amount awarded pursuant to
3 grants or cooperative agreements under section 330
4 so that each recipient of such an award receives—

5 “(A) for fiscal year 2024, at least 15 per-
6 cent more than such recipient received for fiscal
7 year 2023; and

8 “(B) for each of fiscal years 2025 and
9 2026, the amount received in the previous year
10 adjusted by—

11 “(i) the percent increase in the med-
12 ical component of the consumer price index
13 for the most recent 12-month period for
14 which applicable data is available; plus

15 “(ii) one percent.”.

16 (d) CAPITAL FUNDING.—Section 10503(c) of the Pa-
17 tient Protection and Affordable Care Act (42 U.S.C.
18 254b–2(c)) is amended—

19 (1) in the subsection heading, by inserting
20 “CAPITAL FUNDING” after “CONSTRUCTION”;

21 (2) by striking “There is” and inserting the fol-
22 lowing:

23 “(1) CONSTRUCTION.—There is”; and

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

1 “(2) CAPITAL FUNDING.—There is authorized
2 to be appropriated \$3,000,000,000 for fiscal year
3 2024, to remain available until September 30, 2026,
4 to be used by the Secretary of Health and Human
5 Services for the alteration, renovation, construction,
6 equipment, and other capital improvement costs of
7 health centers that receive funding under section
8 330 of the Public Health Service Act (42 U.S.C.
9 254b). In awarding amounts appropriated under this
10 section, the Secretary shall prioritize awards related
11 to increasing access to dental and behavioral health
12 services.”.

13 (e) STRATEGIC PLAN TO IMPROVE HEALTH OUT-
14 COMES THROUGH NUTRITION.—

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

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

(A) conduct an evaluation of previous and current federally-funded efforts of the Department of Health and Human Services to improve patient outcomes through nutrition interventions, such as medically-tailored meals and nutrition counseling; and

9 (B) include in the strategic report rec-
10 ommendations for—

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

(ii) empowering federally-funded community health centers, rural health clinics, and other relevant federally-funded facilities to provide produce prescriptions, medically-tailored groceries, and medically-tailored meals;

(iii) promoting long-term adoption of improved nutrition habits, including through increased culinary education and consumer nutrition aligned with the most recent Dietary Guidelines for Americans published under section 301 of the Na-

1 tional Nutrition Monitoring and Related
2 Research Act of 1990 (7 U.S.C. 5341) and
3 incorporating behavioral modeling or other
4 novel methods across Federal programs;

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

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

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

22 (vii) bolstering partnerships with
23 State and local governments and non-
24 governmental organizations; and

1 (viii) addressing geographic disparities
2 in access to nutrition services and re-
3 sources.

4 (f) REQUIRED PRIMARY HEALTH SERVICES.—

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

7 (A) in subsection (b)(1)(A)—

8 (i) in clause (i)—

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

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

13 (III) by adding at the end the
14 following:

15 “(VI) appropriate nutritional and
16 dietary services;”;

17 (ii) in clause (ii), by inserting “and
18 nutrition services” after “mental health
19 services”; and

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

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

1 (2) WAIVER AUTHORITY.—Section 330(e)(4) of
2 the Public Health Service Act (42 U.S.C.
3 254b(e)(4)) is amended—

4 (A) by striking “Not more than” and in-
5 serting the following:

6 “(A) IN GENERAL.—Except as provided in
7 subparagraph (B), not more than”; and

8 (B) by adding at the end the following:

9 “(B) EXCEPTION.—For the 2-year period
10 beginning on the date of enactment of the Bi-
11 partisan Primary Care and Health Workforce
12 Act, the Secretary may make more than 2
13 grants under subparagraph (B) of paragraph
14 (1) for the same entity if the basis for the fail-
15 ure of the entity to meet all of the requirements
16 under subsection (k)(3) relates only to a failure
17 to provide the services described in subclause
18 (VI) of subsection (B)(1)(A)(i).”.

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 coordination 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 (h) **OIG REPORT.**—Not later than 2 years after the
10 date of enactment of this Act, the Inspector General of
11 the Department of Health and Human Services shall sub-
12 mit to Congress a report on integrity efforts of the Health
13 Resources and Services Administration with respect to
14 programs carried out by the Health Resources and Serv-
15 ices Administration. Such report shall include an assess-
16 ment of—

17 (1) the ways in which the Administrator of the
18 Health Resources and Services Administration (re-
19 ferred to in this subsection as the “Administrator”)
20 determines reasonable efforts are continuously made
21 to establish and maintain collaborative relationships
22 with health care providers;

23 (2) the ways in which the Administrator en-
24 sures quality and continuity of care for underserved
25 areas; and

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

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

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

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

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

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

13 “(I) \$950,000,000 for each of fiscal years
14 2024 through 2026.”.

15 **SEC. 104. GAO REPORT.**

16 (a) IN GENERAL.—Not later than one year after the
17 date of enactment of this Act, the Comptroller General
18 of the United States shall submit to the Committee on
19 Health, Education, Labor, and Pensions of the Senate and
20 the Committee on Energy and Commerce of the House
21 of Representatives a report assessing the effectiveness of
22 the National Health Service Corps (referred to in this sec-
23 tion as the “NHSC”) at attracting health care profes-
24 sionals to health professional shortage areas designated
25 under section 332 of the Public Health Service Act (42

1 U.S.C. 254e) (referred to in this section as “HPSAs”),
2 such as by—

3 (1) assessing the metrics used by the Health
4 Resources and Services Administration in evaluating
5 the program;

6 (2) comparing the retention rates of NHSC
7 participants in the HPSAs where they completed
8 their period of obligated service to the retention rate
9 of non-NHSC participants in the corresponding
10 HPSAs;

11 (3) comparing the retention rates of NHSC
12 participants in the HPSAs where they completed
13 their period of obligated service to the retention
14 rates of NHSC participants in HPSAs other than
15 those where they completed their period of obligated
16 service;

17 (4) identifying factors that influence a NHSC
18 participant’s decision to practice in a HPSA other
19 than the HPSA where they completed their period of
20 obligated service;

21 (5) identifying factors other than participation
22 in the National Health Service Corps Scholarship
23 and Loan Repayment Programs that attract health
24 care professionals to a HPSA;

1 (6) assessing the impact the National Health
2 Service Corps has on wages for health care profes-
3 sionals in a HPSA; and

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

7 (b) DEFINITION.—In this section, the term “NHSC
8 participant” means a National Health Service Corps mem-
9 ber participating in the National Health Service Corps
10 Scholarship or Loan Repayment Program under subpart
11 III of part D of title III of the Public Health Service Act
12 (42 U.S.C. 254l et seq.).

13 **SEC. 105. APPLICATION OF PROVISIONS.**

14 (a) IN GENERAL.—Amounts appropriated pursuant
15 to the amendments made by this title shall be subject to
16 the requirements contained in Public Law 117-328 for
17 funds for programs authorized under sections 330 through
18 340 of the Public Health Service Act (42 U.S.C. 254b
19 through 256).

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

1 section 106(a) of the Bipartisan Primary Care and Health
2 Workforce Act”.

3 **TITLE II—SUPPORTING THE**
4 **HEALTH CARE WORKFORCE**

5 **SEC. 201. RURAL RESIDENCY PLANNING AND DEVELOP-**
6 **MENT PROGRAM.**

7 Title III of the Public Health Service Act (42 U.S.C.
8 241 et seq.) is amended by inserting after section 330A—
9 2 the following:

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

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

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

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

1 “(b) RURAL RESIDENCY PLANNING AND DEVELOP-
2 MENT PROGRAM.—

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

5 “(A) means—

6 “(i) a domestic public or private non-
7 profit or for-profit entity; or

8 “(ii) an Indian Tribe or Tribal organi-
9 zation; and

10 “(B) may include faith-based or commu-
11 nity-based organizations, rural hospitals, rural
12 community-based ambulatory patient care cen-
13 ters (including rural health clinics), health cen-
14 ters operated by an Indian Tribe, Tribal organi-
15 zation, or urban Indian organization, graduate
16 medical education consortiums (including insti-
17 tutions of higher education, such as schools of
18 allopathic medicine, schools of osteopathic medi-
19 cine, or historically Black colleges or univer-
20 sities (as defined by the term ‘part B institu-
21 tion’ in section 322 of the Higher Education
22 Act of 1965 or described in section 322(e)(1) of
23 the Higher Education Act of 1965) or other mi-
24 nority-serving institutions (as described in sec-
25 tion 371(a) of the Higher Education Act of

1 1965), or other organizations as determined
2 appropriate by the Secretary.

3 “(2) GRANTS.—

4 “(A) IN GENERAL.—The Secretary may
5 award grants to eligible entities to create new
6 rural residency programs (including adding new
7 rural training sites to existing rural track pro-
8 grams).

9 “(B) FUNDING.—Grants awarded under
10 this subsection may be fully funded at the time
11 of the award.

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

15 “(3) APPLICATIONS.—

16 “(A) IN GENERAL.—To be eligible to re-
17 ceive a grant under this subsection, an eligible
18 entity shall prepare and submit to the Secretary
19 an application at such time, in such manner,
20 and containing such information as the Sec-
21 retary may require, including a description of
22 the pathway of the rural residency program as
23 described in subparagraph (B).

1 “(B) PATHWAY.—A pathway of a rural
2 residency program supported under this sub-
3 section shall be for—

4 “(i) general primary care and high-
5 need specialty care, including family medi-
6 cine, internal medicine, preventive medi-
7 cine, psychiatry, or general surgery;

8 “(ii) maternal health and obstetrics,
9 which may be obstetrics and gynecology or
10 family medicine with enhanced obstetrical
11 training; or

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

14 “(c) RURAL RESIDENCY PLANNING AND DEVELOP-
15 MENT TECHNICAL ASSISTANCE.—

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

18 “(A) a domestic public or private nonprofit
19 or for-profit entity; or

20 “(B) an Indian Tribe or Tribal organiza-
21 tion.

22 “(2) GRANTS.—

23 “(A) IN GENERAL.—The Secretary may
24 award grants to eligible entities to provide tech-
25 nical assistance to awardees of and potential

1 applicants of the program described in sub-
2 section (b).

3 “(B) FUNDING.—Grants awarded under
4 this subsection may be fully funded at the time
5 of the award.

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

9 “(3) APPLICATIONS.—To be eligible to receive a
10 grant under this subsection, an eligible entity shall
11 prepare and submit to the Secretary an application
12 at such time, in such manner, and containing such
13 information as the Secretary may require.

14 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
15 is authorized to be appropriated to carry out this section
16 \$13,000,000 for fiscal year 2024, \$13,500,00 for fiscal
17 year 2025, and \$14,000,000 for fiscal year 2026, to re-
18 main available until expended.”.

19 **SEC. 202. PRIMARY CARE TRAINING AND ENHANCEMENT**
20 **PROGRAM.**

21 Section 747(c)(1) of the Public Health Service Act
22 (42 U.S.C. 293k(c)(1)) is amended—

23 (1) by striking “\$48,924,000 for each of fiscal
24 years 2021 through 2025” and inserting
25 “\$49,250,000 for fiscal year 2024, \$49,500,000 for

1 fiscal year 2025, and \$50,000,000 for fiscal year
2 2026”; and

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

5 **SEC. 203. EXPANDING THE NUMBER OF PRIMARY CARE**
6 **DOCTORS.**

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

10 (1) by redesignating subsection (c) as sub-
11 section (d); and

12 (2) by inserting after subsection (b) the fol-
13 lowing:

14 “(c) EXPANDING THE NUMBER OF PRIMARY CARE
15 DOCTORS.—

16 “(1) IN GENERAL.—The Secretary shall award
17 grants to eligible medical schools described in para-
18 graph (2) for the purpose of graduating more physi-
19 cians who will practice a primary care discipline.
20 Funds awarded under this subsection may be used
21 for costs associated with faculty, construction and
22 capital improvements, clinical support, research sup-
23 port, student supports, and any other costs, as de-
24 termined by the Secretary.

1 “(2) ELIGIBILITY.—To be eligible to receive a
2 grant under this subsection, a medical school shall—

3 “(A) be a nonprofit school of medicine or
4 osteopathic medicine that is accredited by a na-
5 tionally recognized accrediting agency or asso-
6 ciation; and

7 “(B) demonstrate in the grant application
8 of the medical school—

9 “(i) that not less than 33 percent of
10 graduates from the medical school enter
11 primary care (as defined in this section)
12 and are, as of the date of the application,
13 practicing primary care, as calculated by
14 dividing—

15 “(I) the number of physicians
16 who graduated during such time pe-
17 riod as is specified by the Secretary
18 who are practicing primary care; by

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

22 “(ii) a plan to expand the number of
23 graduates of the medical school who are
24 practicing primary care; and

1 “(iii) a commitment to use grant
2 funds to supplement, not supplant, such
3 school’s investment in primary care med-
4 ical education.

5 “(3) EXPANDING THE NUMBER OF MINORITY
6 PRIMARY CARE DOCTORS.—Of the amounts appro-
7 priated under paragraph (6)(C), the Secretary shall
8 awards not less than 20 percent to eligible medical
9 schools described in paragraph (2) that are histori-
10 cally Black colleges and universities (as defined by
11 the term ‘part B institution’ in section 322 of the
12 Higher Education Act of 1965 (20 U.S.C. 1061) or
13 described in section 326(e)(1) of such Act (20
14 U.S.C. 1063b(e)(1))) or other minority-serving insti-
15 tutions (as described in section 371(a) of the Higher
16 Education Act of 1965 (20 U.S.C. 1067q(a))).

17 “(4) GRANT AMOUNTS; GEOGRAPHIC DISTRIBUTION.—
18

19 “(A) GRANT AMOUNTS.—The Secretary
20 shall determine the amount of each grant
21 awarded under this section, which shall be
22 based on the scope of the plan submitted by the
23 medical school under paragraph (2)(B)(ii), and
24 other appropriate factors.

1 “(B) GEOGRAPHIC DISTRIBUTION.—In
2 awarding grants under this subsection, the Sec-
3 retary shall ensure, to the greatest extent prac-
4 ticable, that such grants are equitably distrib-
5 uted among the geographic regions of the
6 United States.

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

11 “(6) ACCOUNT TO ADDRESS THE PRIMARY
12 CARE PHYSICIAN SHORTAGE.—

13 “(A) ESTABLISHMENT OF ACCOUNT.—
14 There is established in the Treasury an ac-
15 count, to be known as the ‘Account to Address
16 the Primary Care Physician Shortage’ (referred
17 to in this section as the ‘Account’), for purposes
18 of carrying out this section.

19 “(B) TRANSFER OF DIRECT SPENDING.—

20 “(i) IN GENERAL.—The Secretary of
21 the Treasury shall transfer to the Account
22 \$300,000,000 for fiscal year 2024, to re-
23 main available until September 30, 2028.

24 “(ii) AMOUNTS DEPOSITED.—Any
25 amounts transferred under clause (i) shall

1 remain unavailable in the Account until
2 such amounts are appropriated pursuant
3 to subparagraph (C).

4 “(C) APPROPRIATIONS.—

5 “(i) AUTHORIZATION OF APPROPRIA-
6 TIONS.—For fiscal year 2024, there is au-
7 thorized to be appropriated from the Ac-
8 count to the Secretary of Health and
9 Human Services, for the purpose of car-
10 rying out the activities under this section,
11 an amount not to exceed the total amount
12 transferred to the Account under subpara-
13 graph (B)(i) to remain available until Sep-
14 tember 30, 2026.

15 “(ii) OFFSETTING FUTURE APPRO-
16 PRIATIONS.—For fiscal year 2024, for any
17 discretionary appropriation under the
18 heading ‘Account to Address the Primary
19 Care Physician Shortage’ provided to the
20 Secretary pursuant to the authorization of
21 appropriations under clause (i) for the pur-
22 pose of carrying out this subsection, the
23 total amount of such appropriations for the
24 applicable fiscal year (not to exceed the
25 total amount remaining in the Account)

1 shall be subtracted from the estimate of
2 discretionary budget authority and the re-
3 sulting outlays for any estimate under the
4 Congressional Budget and Impoundment
5 Control Act of 1974 or the Balanced
6 Budget and Emergency Deficit Control Act
7 of 1985, and the amount transferred to the
8 Account shall be reduced by the same
9 amount.

10 “(7) ANNUAL REPORTS.—Not later than Octo-
11 ber 1 of fiscal years 2025 through 2027, the Sec-
12 retary shall submit to the Committee on Health,
13 Education, Labor, and Pensions and the Committee
14 on Appropriations of the Senate and the Committee
15 on Energy and Commerce and the Committee on
16 Appropriations of the House of Representatives, a
17 report including a description of any use of funds
18 provided pursuant to the authorization of appropria-
19 tions under paragraph (6)(C).

20 “(8) LIMITATIONS.—Notwithstanding any
21 transfer authority authorized by this subsection or
22 any appropriations Act, any funds made available
23 pursuant to the authorization of appropriations
24 under paragraph (6)(C) may not be used for any

1 purpose other than the program established under
2 paragraph (1).

3 “(9) SUNSET.—This subsection shall expire on
4 September 30, 2026.”.

5 **SEC. 204. TELEHEALTH TECHNOLOGY-ENABLED LEARNING**
6 **PROGRAM.**

7 Section 330N(k) of the Public Health Service Act (42
8 U.S.C. 254c–20(k)) is amended by striking “\$10,000,000
9 for each of fiscal years 2022 through 2026” and inserting
10 “\$11,000,000 for each of fiscal years 2024 through 2026,
11 to remain available until expended”.

12 **SEC. 205. NURSE EDUCATION, PRACTICE, QUALITY, AND RE-**
13 **TENTION GRANTS.**

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

17 “(g) AUTHORIZATION OF APPROPRIATIONS.—

18 “(1) IN GENERAL.—To carry out this section
19 (other than subsection (e)), in addition to amounts
20 made available under section 871(a), there are au-
21 thorized to be appropriated \$59,413,000 for each of
22 fiscal years 2024 through 2026, to remain available
23 until expended.

24 “(2) PRIORITY USE OF FUNDS.—In awarding
25 amounts appropriated under paragraph (1), the Sec-

1 retary shall prioritize awards to eligible entities that
2 are historically Black colleges and universities (as
3 defined by the term ‘part B institution’ in section
4 322 of the Higher Education Act of 1965 or as de-
5 scribed in section 326(e)(1) of such Act), Tribal Col-
6 leges and Universities (as defined in section 316(b)
7 of such Act), Alaska Native-serving institutions and
8 Native Hawaiian-serving institutions (as defined in
9 section 317(b) of such Act), or other minority-serv-
10 ing institutions (as described in section 371(a) of
11 such Act).”.

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

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

18 (2) by inserting after subsection (d) the fol-
19 lowing:

20 “(e) SUPPLEMENTAL APPROPRIATIONS EXPANDING
21 ASSOCIATE DEGREE NURSING PROGRAMS.—

22 “(1) AUTHORIZATION.—The Secretary shall
23 award grants to institutions of higher education (as
24 defined in section 101 of the Higher Education Act
25 of 1965) offering an accredited registered nursing

1 program at the associate degree level for the purpose
2 of expanding the number of students enrolled in
3 each such program.

4 “(2) USE OF FUNDS.—A recipient of a grant
5 under this subsection shall use the grant funds to
6 expand the number of students enrolled in the re-
7 cipient’s accredited registered nursing program,
8 which may include increasing nurse faculty and
9 nurse faculty salaries, expanding the number of
10 qualified preceptors at clinical rotations sites, pro-
11 viding direct support for students, supporting part-
12 nerships with health facilities for clinical training,
13 purchasing and training faculty to use distance
14 learning technologies and simulation equipment, cap-
15 ital projects, and other projects determined appro-
16 priate by the Secretary.

17 “(3) DETERMINATION OF NUMBER OF STU-
18 DENTS AND APPLICATION.—Each institution of
19 higher education that offers a program described in
20 paragraph (1) that desires to receive a grant under
21 this subsection shall—

22 “(A) provide documentation from the last
23 4 academic years, or number of academic year
24 the program has been accredited if less than 4,
25 demonstrating the average percentage of indi-

1 viduals that graduated from the nursing degree
2 program with an associate's degree within 150
3 percent the expected completion time designated
4 for the program; and

5 “(B) submit an application to the Sec-
6 retary at such time, in such manner, and ac-
7 companied by such information as the Secretary
8 may require, including the average percent of
9 individuals determined under subparagraph (A).

10 “(4) DISTRIBUTION OF GRANTS.—In awarding
11 grants under this subsection, the Secretary shall
12 consider geographic distribution of the awards, dis-
13 tribution of awards among urban and rural areas,
14 the range of types and sizes of institutions, and pro-
15 viding a priority to historically Black colleges and
16 universities (as defined by the term ‘part B institu-
17 tion’ in section 322 of the Higher Education Act of
18 1965 or as described in section 326(e)(1) of such
19 Act), Tribal Colleges and Universities (as defined in
20 section 316(b) of such Act), Alaska Native-serving
21 institutions and Native Hawaiian-serving institutions
22 (as defined in section 317(b) of such Act), or other
23 minority-serving institutions (as described in section
24 371(a) of such Act).

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

9 “(6) ACCOUNT TO ADDRESS THE NURSING
10 WORKFORCE SHORTAGE.—

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

19 “(B) TRANSFER OF DIRECT SPENDING.—

20 “(i) IN GENERAL.—The Secretary of
21 the Treasury shall transfer to the Account
22 \$240,000,000 for each of fiscal years 2024
23 through 2028, to remain available until
24 September 30, 2028.

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

6 “(C) APPROPRIATIONS.—

7 “(i) AUTHORIZATION OF APPROPRIA-
8 TIONS.—For each of fiscal years 2024
9 through 2028, there is authorized to be ap-
10 propriated from the Account to the Sec-
11 retary of Health and Human Services, for
12 the purpose of carrying out the activities
13 under this subsection, an amount not to
14 exceed the total amount transferred to the
15 Account under paragraph (2)(A) to remain
16 available until September 30, 2028.

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

1 appropriations for the applicable fiscal year
2 (not to exceed the total amount remaining
3 in the Account) shall be subtracted from
4 the estimate of discretionary budget au-
5 thority and the resulting outlays for any
6 estimate under the Congressional Budget
7 and Impoundment Control Act of 1974 or
8 the Balanced Budget and Emergency Def-
9 icit Control Act of 1985, and the amount
10 transferred to the Account shall be reduced
11 by the same amount.

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

22 “(8) LIMITATIONS.—Notwithstanding any
23 transfer authority authorized by this subsection or
24 any appropriations Act, any funds made available
25 pursuant to the authorization of appropriations

1 under paragraph (6)(C) may not be used for any
2 purpose other than the program established under
3 paragraph (1).

4 “(9) SUNSET.—This section shall expire on
5 September 30, 2028.”.

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

7 Section 846A of the Public Health Service Act (42
8 U.S.C. 297n–1) is amended by adding at the end the fol-
9 lowing:

10 “(f) FUNDING.—

11 “(1) AUTHORIZATION OF APPROPRIATIONS.—

12 “(A) IN GENERAL.—To carry out this sec-
13 tion, in addition to amounts otherwise made
14 available, including under section 871(b) and
15 paragraph (2), there are authorized to be ap-
16 propriated \$28,500,000 for each of fiscal years
17 2024 through 2026, to remain available until
18 expended.

19 “(B) PRIORITY USE OF FUNDS.—In
20 awarding amounts appropriated under para-
21 graph (1), the Secretary shall prioritize awards
22 to eligible institutions that are historically
23 Black colleges and universities (as defined by
24 the term ‘part B institution’ in section 322 of
25 the Higher Education Act of 1965 or as de-

1 scribed in section 326(e)(1) of such Act), Tribal
2 Colleges and Universities (as defined in section
3 316(b) of such Act), Alaska Native-serving in-
4 stitutions and Native Hawaiian-serving institu-
5 tions (as defined in section 317(b) of such Act),
6 or other minority-serving institutions (as de-
7 scribed in section 371(a) of such Act).

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

10 “(A) ESTABLISHMENT OF ACCOUNT.—
11 There is established in the Treasury an ac-
12 count, to be known as the ‘Account to Address
13 the Nurse Faculty Shortage’ (referred to in this
14 section as the ‘Account’), for purposes of car-
15 rying out this section in addition to amounts
16 otherwise made available, including under sec-
17 tion 871(b) and paragraph (1).

18 “(B) TRANSFER OF DIRECT SPENDING.—

19 “(i) IN GENERAL.—The Secretary of
20 the Treasury shall transfer to the Account
21 \$57,000,000 for each of fiscal years 2024
22 through 2026, to remain available until
23 September 30, 2028.

24 “(ii) AMOUNTS DEPOSITED.—Any
25 amounts transferred under clause (i) shall

1 remain unavailable in the Account until
2 such amounts are appropriated pursuant
3 to subparagraph (C).

4 “(C) APPROPRIATIONS.—

5 “(i) AUTHORIZATION OF APPROPRIA-
6 TIONS.—For each of fiscal years 2024
7 through 2026, there is authorized to be ap-
8 propriated from the Account to the Sec-
9 retary of Health and Human Services, for
10 the purpose of carrying out the activities
11 under this section, an amount not to ex-
12 ceed the total amount transferred to the
13 Account under subparagraph (B)(i) to re-
14 main available until September 30, 2026.

15 “(ii) OFFSETTING FUTURE APPRO-
16 PRIATIONS.—For any of fiscal years 2024
17 through 2026, for any discretionary appro-
18 priation under the heading ‘Account to Ad-
19 dress the Nurse Faculty Shortage’ pro-
20 vided to the Secretary pursuant to the au-
21 thorization of appropriations under clause
22 (i) for the purpose of carrying out this sec-
23 tion, the total amount of such appropria-
24 tions for the applicable fiscal year (not to
25 exceed the total amount remaining in the

1 Account) shall be subtracted from the esti-
2 mate of discretionary budget authority and
3 the resulting outlays for any estimate
4 under the Congressional Budget and Im-
5 poundment Control Act of 1974 or the
6 Balanced Budget and Emergency Deficit
7 Control Act of 1985, and the amount
8 transferred to the Account shall be reduced
9 by the same amount.

10 “(3) ANNUAL REPORTS.—Not later than Octo-
11 ber 1 of fiscal years 2025 through 2027, the Sec-
12 retary shall submit to the Committee on Health,
13 Education, Labor, and Pensions and the Committee
14 on Appropriations of the Senate and the Committee
15 on Energy and Commerce and the Committee on
16 Appropriations of the House of Representatives, a
17 report including a description of any use of funds
18 provided pursuant to the authorization of appropria-
19 tions under paragraph (2)(C).

20 “(4) LIMITATIONS.—Notwithstanding any
21 transfer authority authorized by this subsection or
22 any appropriations Act, any funds made available
23 pursuant to the authorization of appropriations
24 under paragraph (3)(C) may not be used for any
25 purpose other than the program under this section.

1 “(5) SUNSET.—This section shall expire on
2 September 30, 2026.”.

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

4 Section 846A of the Public Health Service Act (42
5 U.S.C. 297n–1) is amended—

6 (1) in the section heading, by adding “**AND**
7 **NURSE FACULTY DEMONSTRATION PROGRAM**”
8 after “**LOAN PROGRAM**”;

9 (2) by amending subsection (a) to read as fol-
10 lows:

11 “(a) IN GENERAL.—To increase the number of quali-
12 fied nursing faculty, the Secretary, acting through the Ad-
13 ministrators of the Health Resources and Services Admin-
14 istration, may—

15 “(1) enter into an agreement with any accred-
16 ited school of nursing for the establishment and op-
17 eration of a student loan fund in accordance with
18 subsection (b); and

19 “(2) award nurse faculty grants in accordance
20 with subsection (c).”;

21 (3) in subsection (b)—

22 (A) by redesignating clauses (A) through
23 (D) of paragraph (2) as clauses (i) through
24 (iv), respectively, and adjusting the margins ac-
25 cordingly;

1 (B) by redesignating paragraphs (1)
2 through (5) as subparagraphs (A) through (E),
3 respectively, and adjusting the margins accord-
4 ingly;

5 (C) in subparagraph (C), by striking “sub-
6 section (c)” and inserting “paragraph (2)”;

7 (D) by striking- “(b) AGREEMENTS—Each
8 agreement entered into under subsection (a)
9 shall—” and inserting the following:

10 “(b) SCHOOL OF NURSING STUDENT LOAN FUND.—

11 “(1) IN GENERAL.—Each agreement entered
12 into under subsection (a)(1) shall—”.

13 (4) in subsection (c)—

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

16 (B) in paragraph (3), by redesignating
17 subparagraphs (A) and (B) as clauses (i) and
18 (ii), respectively, and adjusting the margins ac-
19 cordingly;

20 (C) in paragraph (6), by redesignating
21 subparagraphs (A) and (B) as clauses (i) and
22 (ii), respectively, and adjusting the margins ac-
23 cordingly; and

24 (D) by redesignating paragraphs (1)
25 through (6) as subparagraphs (A) through (F),

1 respectively, and adjusting the margins accord-
2 ingly; and

3 (E) in subparagraph (F)(ii), as so redesign-
4 nated, by striking “subsection (e)” and insert-
5 ing “paragraph (4)”;

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

8 (6) by redesignating subsections (c) through (e)
9 as paragraphs (2) through (4), respectively, and ad-
10 justing the margins accordingly; and

11 (7) by adding at the end the following:

12 “(c) NURSE FACULTY DEMONSTRATION PRO-
13 GRAM.—

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

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

23 “(A) be a school of nursing; and

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

1 taining such information as the Secretary may
2 require, including—

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

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

22 “(ii) an attestation of the average
23 nursing faculty salary at the school of
24 nursing during the most recent 3-year pe-
25 riod prior to the date of application, ad-

1 justed for inflation, as appropriate, broken
2 down by credentials, experience, and levels
3 of education of such faculty members;

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

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

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

21 “(A) be awarded to the school of nursing
22 to supplement the salaries of eligible faculty
23 members at the school of nursing, annually, for
24 up to a 2-year period, in an amount equal to,
25 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 section through the Medicare program
21 under title XVIII of the Social Security Act.

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

23 “(A) ELIGIBLE NURSING FACULTY MEM-
24 BER.—The term ‘eligible nursing faculty mem-
25 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, there is authorized to
23 be appropriated \$15,000,000 for each of fiscal years
24 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.—

7 “(1) IN GENERAL.—To carry out this section,
8 in addition to amounts otherwise made available, in-
9 cluding under section 871(b), there are authorized to
10 be appropriated \$93,600,000 for fiscal year 2024,
11 \$94,600,000 for fiscal year 2025, and \$95,600,000
12 for fiscal year 2026, to remain available until ex-
13 pended.

14 “(2) PRIORITY USE OF FUNDS.—In awarding
15 amounts appropriated under paragraph (1), the Sec-
16 retary shall prioritize awards to eligible individuals
17 who are enrolled in, or who received degrees from,
18 institutions that are historically Black colleges and
19 universities (as defined by the term ‘part B institu-
20 tion’ in section 322 of the Higher Education Act of
21 1965 or as described in section 326(e)(1) of such
22 Act), Tribal Colleges and Universities (as defined in
23 section 316(b) of such Act), Alaska Native-serving
24 institutions and Native Hawaiian-serving institutions
25 (as defined in section 317(b) of such Act), or other

1 minority-serving institutions (as described in section
2 371(a) of such Act).”.

3 **SEC. 209. GRANTS FOR PRIMARY CARE NURSE RESIDENCY**
4 **TRAINING PROGRAMS.**

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

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

9 (2) in subsection (a), by striking “demonstra-
10 tion”;

11 (3) in subsection (d)—

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

14 (B) by redesignating paragraph (2) as
15 paragraph (3); and

16 (C) by inserting after paragraph (1) the
17 following:

18 “(2)(A) in the case of an entity that does not
19 have an established residency program for nurse
20 practitioners at the time of the application, dem-
21 onstrate plans to establish a new residency program
22 for nurse practitioners; or

23 “(B) in the case of an entity that has an estab-
24 lished residency program for nurse practitioners at
25 the time of the application, demonstrate plans to use

1 the grant under this section to offer not fewer than
2 4 additional residency positions for new nurse prac-
3 titioners to participate in such program; and”; and
4 (4) in subsection (i), by striking “such sums as
5 may be necessary for each of fiscal years 2011
6 through 2014” and inserting “\$30,000,000 for each
7 of fiscal years 2024 through 2026”.

8 **SEC. 210. STATE ORAL HEALTH WORKFORCE IMPROVE-**
9 **MENT GRANT PROGRAM.**

10 Subsection (f) of section 340G of the Public Health
11 Service Act (42 U.S.C. 256g) is amended by striking
12 “\$13,903,000 for each of fiscal years 2019 through 2023”
13 and inserting “\$15,200,000 for fiscal year 2024,
14 \$15,500,000 for fiscal year 2025, and \$15,800,000 for fis-
15 cal year 2026, to remain available until expended”.

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

17 Subsection (f) of section 748 of the Public Health
18 Service Act (42 U.S.C. 293k–2) is amended to read as
19 follows:

20 “(f) AUTHORIZATION OF APPROPRIATIONS.—

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

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

6 **SEC. 212. ALLIED HEALTH PROFESSIONALS.**

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

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

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

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

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

19 “(K) those that establish or support a dual
20 or concurrent enrollment program (as defined
21 in section 8101 of the Elementary and Sec-
22 ondary Education Act of 1965) if the dual or
23 concurrent enrollment program—

24 “(i) provides outreach on allied health
25 careers requiring an industry-recognized

1 credential, a certificate, or an associate de-
2 gree, to all high schools served by the local
3 educational agency that is a partner in the
4 partnership offering the dual or concurrent
5 enrollment program;

6 “(ii) provides information to high
7 school students about the training require-
8 ments and expected salary of allied health
9 professions; and

10 “(iii) provides academic and financial
11 aid counseling to students who participate
12 in the dual or concurrent enrollment pro-
13 gram.”.

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

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

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

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

23 “(J) providing academic and financial aid
24 counseling to support participation in a dual or
25 concurrent enrollment program (as defined in

1 section 8101 of the Elementary and Secondary
2 Education Act of 1965) that leads to an indus-
3 try-recognized credential, a certificate, or an as-
4 sociate degree in the health professions or aca-
5 demic credits that can be transferred, as indi-
6 cated through an articulation agreement be-
7 tween 2 or more community colleges or univer-
8 sities, to obtain an industry-recognized creden-
9 tial, a certificate, or a degree in the health pro-
10 fessions.”.

11 (c) HEALTH CARE WORKFORCE INNOVATION PRO-
12 GRAM.—Section 755(b) of the Public Health Service Act
13 (42 U.S.C. 294e(b)(1)) is amended by adding at the end
14 the following:

15 “(5)(A) Supporting and developing new innova-
16 tive, community-driven approaches for the education
17 and training of allied health professionals, including
18 those described in subparagraph (F)(i), with an em-
19 phasis on expanding the supply of such professionals
20 located in, and meeting the needs of, underserved
21 communities and rural areas. Grants under this
22 paragraph shall be awarded through a new program
23 (referred to as the ‘Health Care Workforce Innova-
24 tion Program’ or in this paragraph as the ‘Pro-
25 gram’).

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

3 “(i) be a Federally qualified health center
4 (as defined in section 1905(l)(2)(B) of the So-
5 cial Security Act), a State-level association or
6 other consortium that represents and is com-
7 prised of Federally qualified health centers, or
8 a certified rural health clinic that meets the re-
9 quirements of section 334; and

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

“(I) a description of the community-driven health care workforce innovation model to be carried out under the grant, including the specific professions to be funded;

“(II) the geographic service area that will be served, including quantitative data showing that such particular area faces a shortage of health professionals and lacks access to health care;

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

1 “(IV) a description of the experience
2 that the applicant has in the recruitment,
3 retention, and promotion of the well-being
4 of workers and volunteers;

5 “(V) a description of how the funding
6 awarded under the Program will supple-
7 ment rather than supplant existing fund-
8 ing;

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

12 “(VII) a description of the infrastruc-
13 ture, outreach and communication plan
14 and other program support costs required
15 to operationalize the proposed model; and

16 “(VIII) any other information, as the
17 Secretary determines appropriate.

18 “(C)(i) An entity shall use amounts received
19 under a grant awarded under the Program to carry
20 out the innovative, community-driven model de-
21 scribed in the application under subparagraph (B).
22 Such amounts may be used for launching new or ex-
23 panding existing innovative health care professional
24 partnerships, including the following specific uses:

1 “(I) Establishing or expanding a partner-
2 ship between an eligible entity and 1 or more
3 of high schools, vocational-technical schools, 2-
4 year colleges, area health education centers, and
5 entities with clinical settings for the provision
6 of education and training opportunities not
7 available at the grantee’s facilities.

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

1 practice model for medical, behavioral health,
2 oral health, and public health disciplines in an
3 integrated, community-driven setting; providing
4 and expanding internships, career ladders, and
5 development opportunities for health care pro-
6 fessionals, including new and existing staff; or
7 investing in training equipment, supplies, and
8 limited renovations or retrofitting of training
9 space needed for grantees to carry out their
10 particular model.

11 “(ii) Amounts received under a grant awarded
12 under the Program shall not be used to support con-
13 struction costs or to supplant funding from existing
14 programs that support the applicant’s health work-
15 force.

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

18 “(D) In awarding grants under the Program,
19 the Secretary may give priority to applicants that
20 will use grant funds to support workforce innovation
21 models that increase the number of individuals from
22 underserved and disadvantaged backgrounds work-
23 ing in such health care professions, improve access
24 to health care (including medical, behavioral health
25 and oral health) in underserved communities, or

1 demonstrate that the model can be replicated in
2 other underserved communities and among other un-
3 derserved populations in a cost-efficient and effective
4 manner to achieve the purposes of the Program.

5 “(E) An entity that receives a grant under the
6 Program shall provide periodic reports to the Sec-
7 retary detailing the findings and outcomes of the in-
8 novative, community-driven model carried out under
9 the grant. Such reports shall contain information in
10 a manner and at such times as determined appro-
11 priate by the Secretary.

12 “(F) In this paragraph:

13 “(i) The term ‘allied health care profes-
14 sional’ includes individuals who provide clinical
15 support services, including medical assistants,
16 dental assistants, dental hygienists, pharmacy
17 technicians, physical therapists and health care
18 interpreters; individuals providing non-clinical
19 support, such as billing and coding profes-
20 sionals and health information technology pro-
21 fessionals; dietitians; medical technologists;
22 emergency medical technicians; community
23 health workers; public health personnel; and
24 peer support workers.

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

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

11 “(G)(i) There are authorized to be appropriated
12 \$100,000,000 for each of fiscal years 2024 through
13 2026, to carry out this section, to remain available
14 until expended.

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

17 **SEC. 213. BUDGETARY TREATMENT.**

18 (a) STATUTORY PAYGO SCORECARDS.—The budg-
19 etary effects of section 747(c)(6) of the Public Health
20 Service Act, as amended by section 203, section 831(e)(6)
21 of the Public Health Service Act, as amended by section
22 205, and section 846A(f)(2) of the Public Health Service
23 Act, as amended by section 206, shall not be entered on
24 either PAYGO scorecard maintained pursuant to section

1 4(d) of the Statutory Pay As-You-Go Act of 2010 (2
2 U.S.C. 933(d)).

3 (b) SENATE PAYGO SCORECARDS.—The budgetary
4 effects of section 747(c)(6) of the Public Health Service
5 Act, as amended by section 203, section 831(e)(6) of the
6 Public Health Service Act, as amended by section 205,
7 and section 846A(f)(2) of the Public Health Service Act,
8 as amended by section 206 shall not be entered on any
9 PAYGO scorecard maintained for purposes of section
10 4106 of H. Con. Res. 71 (115th Congress).

11 (c) RESERVATION OF SAVINGS.—None of the funds
12 in the Account to Address the Primary Care Physician
13 Shortage (established under section 747(c)(6) of the Pub-
14 lic Health Service Act, as amended by section 203), the
15 Account to Address the Nursing Workforce Shortage (es-
16 tablished under section 831(e)(6) of the Public Health
17 Service Act, as amended by section 205), or the Account
18 to Address the Nurse Faculty Shortage (established under
19 section 846A(f)(2) of the Public Health Service Act, as
20 amended by section 206) shall be made available except
21 to the extent provided in advance in appropriations Acts,
22 and legislation or an Act that rescinds or reduces amounts
23 in such accounts shall not be estimated as a reduction in
24 direct spending under the Congressional Budget and Im-

1 poundment Control Act of 1974 or the Balanced Budget
2 and Emergency Deficit Control Act of 1985.

3 **TITLE III—REDUCING HEALTH**
4 **CARE COSTS FOR PATIENTS**

5 **SEC. 301. BANNING ANTICOMPETITIVE TERMS IN FACILITY**
6 **AND INSURANCE CONTRACTS THAT LIMIT AC-**
7 **CESS TO HIGHER QUALITY, LOWER COST**
8 **CARE.**

9 (a) IN GENERAL.—

10 (1) PUBLIC HEALTH SERVICE ACT.—Section
11 2799A–9 of the Public Health Service Act (42
12 U.S.C. 300gg–119) is amended—

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

14 “(b) PROTECTING HEALTH PLANS NETWORK DE-
15 SIGN FLEXIBILITY.—

16 “(1) IN GENERAL.—A group health plan or a
17 health insurance issuer offering group or individual
18 health insurance coverage shall not enter into an
19 agreement with a provider, network or association of
20 providers, or other service provider offering access to
21 a network of service providers if such agreement, di-
22 rectly or indirectly—

23 “(A) restricts the group health plan or
24 health insurance issuer from—

1 “(i) directing or steering enrollees to
2 other health care providers; or

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

6 “(B) requires the group health plan or
7 health insurance issuer to enter into any addi-
8 tional contract with an affiliate of the provider,
9 such as an affiliate of the provider, as a condi-
10 tion of entering into a contract with such pro-
11 vider;

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

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

21 “(2) ADDITIONAL REQUIREMENT FOR SELF-IN-
22 SURED PLANS.—A self-insured group health plan
23 shall not enter into an agreement with a provider,
24 network or association of providers, third-party ad-
25 ministrator, or other service provider offering access

1 to a network of providers if such agreement directly
2 or indirectly requires the group health plan to cer-
3 tify, attest, or otherwise confirm in writing that the
4 group health plan is bound by restrictive contracting
5 terms between the service provider and a third-party
6 administrator that the group health plan is not
7 party to, without a disclosure that such terms exist.

8 “(3) EXCEPTION FOR CERTAIN GROUP MODEL
9 ISSUERS.—Paragraph (1)(A) shall not apply to a
10 group health plan or health insurance issuer offering
11 group or individual health insurance coverage with
12 respect to—

13 “(A) a health maintenance organization
14 (as defined in section 2791(b)(3)), if such
15 health maintenance organization operates pri-
16 marily through exclusive contracts with multi-
17 specialty physician groups, nor to any arrange-
18 ment between such a health maintenance orga-
19 nization and its affiliates; or

20 “(B) a value-based network arrangement,
21 such as an exclusive provider network, account-
22 able care organization, center of excellence, a
23 provider sponsored health insurance issuer that
24 operates primarily through aligned multi-spe-
25 cialty physician group practices or integrated

1 health systems, or such other similar network
2 arrangements as determined by the Secretary
3 through rulemaking.

4 “(4) ATTESTATION.—A group health plan or
5 health insurance issuer offering group or individual
6 health insurance coverage shall annually submit to,
7 as applicable, the applicable authority described in
8 section 2723 or the Secretary of Labor or the Sec-
9 retary of the Treasury, an attestation that such plan
10 or issuer is in compliance with the requirements of
11 this subsection.

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

20 “(6) COMPLIANCE WITH RESPECT TO ANTI-
21 TRUST LAWS.—Compliance with this subsection does
22 not constitute compliance with the antitrust laws, as
23 defined in subsection (a) of the first section of the
24 Clayton Act (15 U.S.C. 12(a)).”; 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 such as an affiliate of the provider, as a condi-
8 tion of entering into a contract with such pro-
9 vider;

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

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

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

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

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

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

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

22 (B) by redesignating paragraph (4) of sub-
23 section (a) as subsection (c), adjusting the mar-
24 gin of such subsection accordingly, and trans-

1 ferring such subsection (c) to appear after sub-
2 section (b), as added by subparagraph (A).

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

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

7 “(b) PROTECTING HEALTH PLANS NETWORK DE-
8 SIGN FLEXIBILITY.—

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

14 “(A) restricts the group health plan
15 from—

16 “(i) directing or steering enrollees to
17 other health care providers; or

18 “(ii) offering incentives to encourage
19 enrollees to utilize specific health care pro-
20 viders; or

21 “(B) requires the group health plan to
22 enter into any additional contract with an affil-
23 iate of the provider, such as an affiliate of the
24 provider, as a condition of entering into a con-
25 tract with such provider;

1 “(C) requires the group health plan to
2 agree to payment rates or other terms for any
3 affiliate not party to the contract of the pro-
4 vider involved; or

5 “(D) restricts other group health plans not
6 party to the contract from paying a lower rate
7 for items or services than the contracting plan
8 pays for such items or services.

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

21 “(3) EXCEPTION FOR CERTAIN GROUP MODEL
22 ISSUERS.—Paragraph (1)(A) shall not apply to a
23 group health plan with respect to—

24 “(A) a health maintenance organization
25 (as defined in section 9832(b)(3)), if such

1 health maintenance organization operates pri-
2 marily through exclusive contracts with multi-
3 specialty physician groups, nor to any arrange-
4 ment between such a health maintenance orga-
5 nization and its affiliates; or

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

15 “(4) ATTESTATION.—A group health plan shall
16 annually submit to, as applicable, the applicable au-
17 thority described in section 2723 of the Public
18 Health Service Act or the Secretary of Labor or the
19 Secretary of the Treasury, an attestation that such
20 plan is in compliance with the requirements of this
21 subsection.

22 “(5) RULE OF CONSTRUCTION.—Nothing in
23 this subsection shall be construed to limit network
24 design or cost or quality initiatives by a group health
25 plan, including accountable care organizations, ex-

1 exclusive provider organizations, networks that tier
2 providers by cost or quality or steer enrollees to cen-
3 ters of excellence, or other pay-for-performance pro-
4 grams.

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

10 (B) by redesignating paragraph (4) of sub-
11 section (a) as subsection (c), adjusting the mar-
12 gin of such subsection accordingly, and trans-
13 ferring such subsection (c) to appear after sub-
14 section (b), as added by subparagraph (A).

15 (b) REGULATIONS.—Not later than 1 year after the
16 date of enactment of this Act, the Secretary of Health and
17 Human Services, the Secretary of Labor, and the Sec-
18 retary of the Treasury, jointly, shall promulgate regula-
19 tions to carry out section 2799A–9(b) of the Public Health
20 Service Act, section 724(b) of the Employee Retirement
21 Income Security Act of 1974, and section 9824(b) of the
22 Internal Revenue Code of 1986, as added by subsection
23 (a).

24 (c) EFFECTIVE DATE.—Subsection (b) of section
25 2799A–9 of the Public Health Service Act, subsection (b)

1 of section 724 of the Employee Retirement Income Secu-
2 rity Act of 1974, and subsection (b) of section 9824 of
3 the Internal Revenue Code of 1986 (as added by para-
4 graphs (1), (2), and (3), respectively, of subsection (a))
5 shall apply with respect to any contract entered into on
6 or after the date that is 18 months after the date of enact-
7 ment of this Act. With respect to an applicable contract
8 that is in effect on the date of enactment of this Act, such
9 subsection (b) shall apply on the earlier of the date of re-
10 newal of such contract or 3 years after such date of enact-
11 ment.

12 **SEC. 302. HONEST BILLING REQUIREMENTS APPLICABLE**
13 **TO PROVIDERS.**

14 (a) GROUP HEALTH PLAN AND HEALTH INSURANCE
15 ISSUER REQUIREMENTS.—

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

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

22 “A group health plan or health insurance issuer offer-
23 ing group or individual health insurance coverage may not
24 pay a claim for items and services furnished to an indi-
25 vidual at an off-campus outpatient department of a pro-

1 vider (as defined in section 2799B–10(b))) submitted by
2 a health care provider or facility unless such claim sub-
3 mitted by such provider or facility includes the separate
4 unique health identifier for the department where items
5 and services were furnished, in accordance with section
6 2799B–11.”.

7 (2) EMPLOYEE RETIREMENT INCOME SECURITY
8 ACT OF 1974.—

9 (A) IN GENERAL.—Subpart B of part 7 of
10 subtitle B of title I of the Employee Retirement
11 Income Security Act of 1974 (29 U.S.C. 1185
12 et seq.) is amended by adding at the end the
13 following:

14 **“SEC. 726. HONEST BILLING REQUIREMENTS APPLICABLE**
15 **TO PLANS AND ISSUERS.**

16 “A group health plan or health insurance issuer offer-
17 ing group health insurance coverage may not pay a claim
18 for items and services furnished to an individual at an off-
19 campus outpatient department of a provider (as defined
20 in section 2799B–10(b)) of the Public Health Service Act)
21 submitted by a health care provider or facility unless such
22 claim submitted by such provider or facility includes the
23 separate unique health identifier for the department where
24 items and services were furnished, in accordance with sec-
25 tion 2799B–11 of such Act.”.

1 (B) CLERICAL AMENDMENT.—The table of
2 contents in section 1 of the Employee Retirement
3 Income Security Act of 1974 (29 U.S.C.
4 1001 et seq.) is amended by inserting after the
5 item relating to section 725 the following new
6 item:

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

7 (3) INTERNAL REVENUE CODE OF 1986.—

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

11 **“SEC. 9826. HONEST BILLING REQUIREMENTS APPLICABLE**
12 **TO PLANS.**

13 “A group health plan may not pay a claim for items
14 and services furnished to an individual at an off-campus
15 outpatient department of a provider (as defined in section
16 2799B–10(b)) of the Public Health Service Act) sub-
17 mitted by a health care provider or facility unless such
18 claim submitted by such provider or facility includes the
19 separate unique health identifier for the department where
20 items and services were furnished, in accordance with sec-
21 tion 2799B–11 of such Act.”.

22 (B) CLERICAL AMENDMENT.—The table of
23 sections for subchapter B of chapter 100 of the

1 Internal Revenue Code of 1986 is amended by
2 adding at the end the following new item:

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

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

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

9 **“SEC. 2799B–10. HONEST BILLING REQUIREMENTS APPLI-**
10 **CABLE TO PROVIDERS.**

11 “(a) REQUIREMENTS RELATING TO UNIQUE
12 HEALTH IDENTIFIERS.—A health care provider or facility
13 may not, with respect to items and services furnished, on
14 or after January 1, 2026, at an off-campus outpatient de-
15 partment of a provider to a participant, beneficiary, or en-
16 rollee with benefits under a group health plan or group
17 or individual health insurance coverage offered by a health
18 insurance issuer, submit a claim for such items and serv-
19 ices to the group health plan or health insurance issuer,
20 and may not bill such a participant, beneficiary, or en-
21 rollee, or hold such participant, beneficiary, or enrollee lia-
22 ble for such items and services, unless—

23 “(1) such provider or facility obtains a separate
24 unique health identifier established for such depart-

1 ment pursuant to section 1173(b) of the Social Se-
2 curity Act; and

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

6 “(b) OFF-CAMPUS OUTPATIENT DEPARTMENT OF A
7 PROVIDER.—The term ‘off-campus outpatient department
8 of a provider’ means a department of a provider (as de-
9 fined in section 413.65(a)(2) of title 42 of the Code of
10 Federal Regulations, as in effect on the date of the enact-
11 ment of the Bipartisan Primary Care and Health Work-
12 force Act) that is not located—

13 “(1) on the campus (as defined in such section
14 413.65(a)(2)) of such provider; or

15 “(2) within the distance (described in such defi-
16 nition of campus) from a remote location of a hos-
17 pital facility (as defined in such section
18 413.65(a)(2)).

19 “(c) PROCESS FOR REPORTING SUSPECTED VIOLA-
20 TIONS.—Not later than one year after the date of enact-
21 ment of the Bipartisan Primary Care and Health Work-
22 force Act, the Secretary shall establish a process under
23 which a suspected violation of this section may be reported
24 to such Secretary.

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

4 “(1) in the case of a hospital with not more
5 than 30 beds (as determined under section
6 180.90(c)(2)(ii)(D) of title 45, Code of Federal Reg-
7 ulations, as in effect on the date of the enactment
8 of the Bipartisan Primary Care and Health Work-
9 force Act (or any successor regulations), not to ex-
10 ceed \$300 per day that the violation is ongoing, as
11 determined by the Secretary; and

12 “(2) in the case of a hospital with more than
13 30 beds (as so determined), not to exceed \$5,500
14 per day that the violation is ongoing, as determined
15 by the Secretary.”.

16 (2) CONFORMING AMENDMENT.—Section
17 2799B–4(a)(1) of the Public Health Service Act (42
18 U.S.C. 300gg–134(a)(1)) is amended by inserting
19 “(other than sections 2799B–10 and 2799B–11)”
20 after “this part”.

21 **SEC. 303. BANNING FACILITY FEES FOR CERTAIN SERV-**
22 **ICES.**

23 Part E of title XXVII of the Public Health Service
24 Act (42 U.S.C. 300gg–131 et seq.), as amended by section

1 302(b), is further amended by adding at the end the fol-
2 lowing:

3 **“SEC. 2799B-11. BANNING FACILITY FEES FOR CERTAIN**
4 **SERVICES.**

5 “(a) IN GENERAL.—A health care provider or facility
6 may not, with respect to applicable items and services fur-
7 nished to an individual, on or after January 1, 2026,
8 charge a facility fee (regardless of how the fee is labeled)
9 with respect to items and services so furnished, group
10 health plans, health insurance issuers offering group or
11 individual health insurance coverage, or patients enrolled
12 in such a plan or coverage or who are not covered by any
13 health plan.

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

16 “(1) evaluation and management services pro-
17 vided in-person, other than services billed using
18 Healthcare Common Procedure Coding System
19 (HCPCS) codes 99281, 99282, 99283, 99284, and
20 99285 (as identified as of January 1, 2023) or any
21 substantially equivalent HCPCS codes subsequently
22 identified by the Secretary) that are furnished by a
23 dedicated emergency department (as defined in sec-
24 tion 489.24(b) of title 42, Code of Federal Regula-
25 tions (or successor regulations)); and

1 “(2) any items and services (including evalua-
2 tion and management services) furnished via tele-
3 health.”.

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

5 Section 4002(b) of the Patient Protection and Af-
6 fordable Care Act (42 U.S.C. 300u–11(b)) is amended—

7 (1) in paragraph (7), by striking “each of fiscal
8 years 2024 and 2025” and inserting “fiscal year
9 2024”; and

10 (2) by striking paragraphs (8) through (10)
11 and inserting the following:

12 “(8) for fiscal year 2025, \$1,275,000,000;

13 “(9) for fiscal year 2026, \$1,440,000,000;

14 “(10) for fiscal year 2027, \$1,465,000,000;

15 “(11) for each of fiscal years 2028 and 2029,
16 \$1,620,000,000;

17 “(12) for each of fiscal years 2030 through
18 2032, \$1,800,000,000; and

19 “(13) for fiscal year 2033 and each fiscal year
20 thereafter, \$2,000,000,000.”.