

**S. Section-by-Section**

**Section 1. Short Title.**

This section provides that the short title is “The Primary Care and Health Workforce Expansion Act”

**Title I – Community Health Centers; National Health Service Corps**

**Section 101:** Funds community health centers at \$10.02 billion in FY 2024, \$10.87 billion in FY 2025, \$11.72 billion FY 2026, \$12.57 billion in FY 2027, and \$13.42 billion FY 2028, plus a \$6.9 billion investment in capital projects, for a total of \$65.5 billion over five years. This investment includes funding for health centers for expanded hours, school-based health centers, funding in the event of a natural disaster, and funding to reduce avoidable emergency room visits. Requires all health centers to provide mental health, substance use disorder, and dental health care services.

**Section 102:** Funds the National Health Service Corps at \$2.3 billion in FY 2024 followed by \$1.5 billion in each of FY 2025 through FY 2028 for a total of \$8.3 billion over 5 years to put providers in every underserved community across the country.

**Section 103:** Provides \$50 million each year from FY 2024 to FY 2028 for a total of \$250 million over five years, to establish a program within the Health Resources and Services Administration to support food as medicine and increase the coordination between community health centers and the Women, Infants, and Children (WIC) program. HRSA will award grants to community health centers for the purposes of enhancing nutrition services (e.g., cooking classes, access to fresh produce, or meal planning) as well as recruiting and hiring nurses, registered dietitians, nutritionists, and lactation support professionals, to address the dietary, nutrition, and health needs and risks for low-income women, infants, and children.

**Title II – Expanding the Number of Doctors in America**

**Section 201:** Extends the authorization of the Children’s Hospital Graduate Medical Education program to FY 2028.

**Section 202:** Reauthorizes and funds the Teaching Health Center Graduate Medical Education program at \$264 million in FY 2024, \$338 million in FY 2025, \$489 million in FY 2026, \$504 million in FY 2027, and \$519 million in FY 2028 for a total of \$2.1 billion over five years. This program increases the number of primary care physicians and dental residents trained in community-based settings.

**Section 203:** Adds ten thousand Graduate Medical Education slots over 5 years (two thousand slots per year). At least 25 percent of slots are reserved for primary care residencies and at least 15 percent are reserved for psychiatry residencies.

**Section 204:** Extends and expands the Rural Residency Planning and Development Program by authorizing \$37.5 million per year from FY 2024 through FY 2028, for a total investment of \$187.5 million over five years. This program expands the number of rural residency training programs and increases the number of physicians training and practicing in rural areas.

**Section 205:** Reauthorizes and expands the Primary Care Training and Enhancement Program to \$125 million in FY 2024 and \$90 million for FY 2025 through FY 2028, for a total investment of \$485 million over five years. This program supports training for future primary care clinicians and faculty, particularly in rural and underserved areas, by supporting innovative training programs that integrate behavioral health into primary care, training primary care physicians in maternal health clinical services, focusing on training Physician Assistants and clinical preceptors to expand access to primary care nationally, and enhancing accredited residency programs in family medicine, general pediatrics, and general internal medicine.

**Section 206:** This provision would create a \$300 million grant program to double medical school class sizes at Historically Black Colleges and Universities (HBCUs).

**Section 207:** This provision will authorize community health centers to provide the same resources and primary care training for individuals who are not currently eligible for the primary care training offered at teaching health centers.

### **Title III – Expanding the Number of Nurses in America**

**Section 301:** Creates a grant program to expand associate's degree nursing programs. Creates a fund of \$400 million per year through FY2028, for a total of \$2 billion over five years, within the Health Resources and Services Administration, to award grants to increase the number of students enrolled in accredited, two-year registered nursing programs offered by community colleges and state universities. Institutions receiving these awards shall use them to increase the faculty and improve facilities to expand their class sizes and grow the number of 2-year nurses trained across the country. Funds may also be used for expanding the number of qualified preceptors at clinical rotation sites, providing direct support for students, supporting partnerships with health facilities for clinical training (including health centers), purchasing distance learning technology, and simulation equipment, and other capital projects.

**Section 302:** Reauthorizes and funds the Nurse Faculty Loan Program at \$57 million per year over five years, for a total investment of \$285 million.

**Section 303:** Reauthorizes and expands the Nurse Corps Scholarship and Loan Repayment Program to \$277.8 million per year from FY 2024 through FY 2028, for a total of \$1.4 billion over five years.

**Section 304:** Funds the Family Nurse Practitioner Training Program from FY 2024 through FY 2028 at \$50 million per year for a total of \$250 million over five years.

**Section 305:** Creates a \$1 billion fund for grants to schools of nursing to increase the number of faculty and students and to enhance and modernize nursing programs to support nurse education

in underserved areas. The grant program would require schools to increase faculty salaries and increase their class sizes by 20 percent over the 5-year period.

**Section 306:** Provides \$35 million per year from FY 2024 through FY 2028, for a total of \$175 million over five years, to fund midwifery and nurse-midwifery education programs to address the maternity care provider shortage.

**Section 307:** Creates a fund to provide \$100 million per year from FY 2024 through FY 2028, for a total of \$500 million over five years, for the Health Resources and Services Administration to provide awards to incentivize nurses who have left clinical nursing to return to the workforce. Nurses who have been out of the clinical workforce for at least two years would be eligible for a \$20,000 bonus if they return to work full-time in an underserved community and fulfill a 2-year commitment.

#### **Title IV – Expanding the Number of Dentists in America**

**Section 401:** Reauthorizes the State Oral Health Workforce Improvement Grant Program and provides \$29.8 million in funding per year from FY 2024 through FY 2028, for a total of \$149 million over five years. This program funds states to increase the accessibility and quality of oral health services in dental professional shortage areas.

**Section 402:** Funds the Oral Health Training Programs at \$55.4 million in funding per year from FY 2024 through FY 2028, for a total of \$277 million over five years. This program funds training in general, pediatric, and public health dentistry and dental hygiene as well as dental faculty loan repayment.

#### **Title V – Expanding the Behavioral Health Workforce; Direct Care Workforce and the Number of Family Caregivers in America**

**Section 501:** Funds the Mental and Behavioral Health Education and Training Grants program at \$387 million per year from FY 2024 through FY 2028, for a total of \$2 billion over five years. This program supports the training of students and professionals in behavioral health degree or certificate programs each year, including Addiction Medicine Fellowships.

**Section 502:** This provision provides \$25 million per year from FY 2024 through FY 2028, for a total of \$125 million over five years, for loan repayment awards up to \$250,000 for mental health professionals practicing in mental health professional shortage areas.

**Section 503:** This program supports the provision of pediatric mental, emotional, behavioral, and substance use disorder services, particularly in underserved and other high-need areas. The Health Resources and Services Administration must award funding to children's hospitals and other facilities that provide such pediatric services for 1) integrating and coordinating the provision of services to meet community needs, 2) workforce training, and 3) constructing new sites of care or otherwise expanding capacity at existing sites to provide services.

**Section 504:** Creates a fund of \$1 billion to provide grants to states, non-profits and community colleges to help train, recruit and hire direct care workers. This provision also provides \$2 million annually over the next five years to establish a technical assistance center to support the direct care workforce and family caregivers.

**Section 505:** Creates a grant program to states, non-profits, schools and Indian Tribes to develop or expand in-person and virtual peer, mental health, and resource support for family caregivers.

**Section 506:** This provision would invest \$1.5 million per year for a total of \$7.5 million over 5 years to fund the Women's Addiction Leadership Institute through the Substance Abuse and Mental Health Services Administration.

**Section 507:** Funds the Community Health Worker Training Program at \$450 million in FY 2024. The Health Resources and Services Administration trains community health workers through this program, who will be equipped with the skills needed to provide effective community outreach, connect patients to support services, increase access to care, and assist individuals in prevention services in underserved communities.

**Section 508:** Creates a grant program to health professions schools to develop and integrate training on the impact of tornadoes, storms and flooding, heat waves, and other natural disasters on health care.

**Section 509:** This program would invest \$20 million annually for a total of \$100 million over five years, to support training of physicians, nurses, pharmacists, social workers, chaplains, psychologists and physician assistants in team-based palliative care; raise awareness of the services and benefits of palliative care; and fund research to improve care delivery.

## **Title VI – Pilot Programs**

**Section 601:** Creates a six state, \$30 million pilot program to prevent avoidable hospital readmissions by providing health services and supports to low-income individuals and other populations in their homes.

**Section 602:** Creates a six state, \$30 million pilot program to develop and operate no cost-sharing primary health care clinics for public employees and their dependents. Each state would receive \$5 million per year for 5 years and be required to serve at least 5,000 patients for a total of at least 30,000 patients nationwide.

**Section 603:** Creates a six state, \$4.5 million pilot program, with priority to states without a dental school, to fund community-based training for dental students such as through partnerships with federally-qualified health centers. One facility in each state would receive \$150,000 each year to train at least 9 dental students to cover student housing costs, salaries for dental assistants, and preceptor costs.

## **Title VII – Miscellaneous Health Workforce Provisions**

**Section 701:** Reauthorizes and expands telehealth technology-enabled learning (Project ECHO) to \$20 million per year from FY 2024 through FY 2028, for a total of \$100 million over five years. It would include a 10 percent set-aside for programs dedicated to community health centers.

**Section 702:** Establishes a \$5 million per year grant program, for a total of \$25 million over five years, that support pathway programs to engage K-12 students in rural communities in health sciences. Eligible uses of funds include developing and enrolling students in pre- and youth-apprenticeships and summer programs that provide clinical or other health care professions experience.

**Section 703:** Provides \$3 million per year for five years, for a total of \$15 million, to codify the National Institute for Occupational Safety and Health’s efforts to collect data on the well-being of the health workforce. The initiative shall assess, at a minimum: workplace policies, culture, physical environment, and safety; workers’ physical and mental health; and circumstances outside of work impacting workers.

**Section 704:** Establishes a grant program to support internationally trained health care workers who are legally able to work in the U.S., but are either not in the workforce or are practicing below their level of training due to barriers to accessing education (e.g., a registered nurse working as a health aide).

**Section 705:** Amends the allowable use of Public Health Service Act funds to include 1) rapid transition allied health training programs, regardless of whether the trainee has a baccalaureate degree in health sciences; and 2) dual enrollment of high school students in allied health professional programs.

**Section 706:** Directs the Occupational Safety and Health Administration to issue a standard requiring employers to implement a workplace violence prevention plan.

## **Title VIII – Health Policy Reforms**

**Section 801:** Prohibits health plans and issuers from imposing duplicative prior authorization requirements for certain services for individuals who have switched health insurance plans mid-treatment.

Requires health plans and issuers to use electronic prior authorization forms which will significantly reduce the time it takes for physicians to treat their patients.

Requires employers, health plans, and issuers to regularly report to HHS, DOL, or Treasury on their prior authorization practices.

**Section 802:** Prohibits hospitals from charging health plans and issuers a facility fee for services provided by off-site physicians and prohibits the hospital and physician from separately billing for a given service.

Caps the hospital and physician's fee at the median amount the health plan or issuer pays when those services are provided in a physician's office.

Prohibits hospitals from billing a facility fee for providing on-site primary care, telehealth, and low-complexity services that can be safely provided in an ambulatory setting. The hospital and physician are prohibited from separately billing for those services and may no more than the median amount the health plan or issuer pays when those services are provided in a physician's office.

**Section 803:** Prohibits noncompete agreements in the context of commercial enterprises.

### **Title IX - Enhancing Access to Affordable Biosimilars**

**Section 901:** Makes biosimilars automatically interchangeable with biologics, reducing the regulatory burden on biosimilar manufacturers and enhancing access to more affordable biologics.

### **Title X – Miscellaneous Provisions**

**Section 1001:** Eliminates the \$7 billion balance in the Medicaid Improvement Fund.