

118TH CONGRESS  
2D SESSION

# H. R. 7307

To amend the Public Health Service Act to establish a grant program to expand the number of allied health professionals in underserved communities and rural areas, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 9, 2024

Mr. MOLINARO (for himself and Ms. CRAIG) introduced the following bill;  
which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to establish a grant program to expand the number of allied health professionals in underserved communities and rural areas, 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.**

4 This Act may be cited as the “Health Care Workforce  
5 Innovation Act of 2024”.

1 **SEC. 2. HEALTH CARE WORKFORCE INNOVATION PRO-**  
2 **GRAM.**

3 Subpart 3 of part E of title VII of the Public Health  
4 Service Act (42 U.S.C. 295f et seq.) is amended by adding  
5 at the end the following:

6 **“SEC. 779. HEALTH CARE WORKFORCE INNOVATION PRO-**  
7 **GRAM.**

8 “(a) DEFINITIONS.—In this section:

9 “(1) ALLIED HEALTH PROFESSIONALS.—The  
10 term ‘allied health professionals’—

11 “(A) has the meaning given the term in  
12 section 799B; and

13 “(B) includes—

14 “(i) an individual who provides clinical  
15 support services, such as a medical assist-  
16 ant, dental assistant, dental hygienist,  
17 pharmacy technician, physical therapist, or  
18 health care interpreter;

19 “(ii) an individual who provides non-  
20 clinical support services, such as a billing  
21 and coding professional or a health infor-  
22 mation technology professional;

23 “(iii) a dietician;

24 “(iv) a medical technologist;

25 “(v) an emergency medical technician;

26 “(vi) a community health worker;

1 “(vii) a public health worker; and

2 “(viii) a peer support worker.

3 “(2) PROGRAM.—The term ‘Program’ means  
4 the Health Care Workforce Innovation Program es-  
5 tablished under subsection (b).

6 “(3) SECRETARY.—The term ‘Secretary’ means  
7 the Secretary, acting through the Administrator of  
8 the Health Resources and Services Administration.

9 “(4) UNDERSERVED COMMUNITY.—The term  
10 ‘underserved community’ means—

11 “(A) a health professional shortage area  
12 (as defined in section 332(a));

13 “(B) a medically underserved community  
14 (as defined in section 799B); and

15 “(C) a medically underserved population  
16 (as defined in section 330(b)).

17 “(b) ESTABLISHMENT.—The Secretary shall estab-  
18 lish a grant program, to be known as the ‘Health Care  
19 Workforce Innovation Program’, under which the Sec-  
20 retary shall award grants to eligible entities to support  
21 and develop new innovative, community-driven approaches  
22 for the education and training of allied health profes-  
23 sionals, with an emphasis on expanding the supply of al-  
24 lied health professionals located in, and meeting the needs  
25 of, underserved communities and rural areas.

1       “(c) ELIGIBILITY.—To be eligible to receive a grant  
2 under the Program, an entity shall be—

3               “(1) a Federally-qualified health center (as de-  
4 fined in section 1905(1)(2)(B) of the Social Security  
5 Act);

6               “(2) an entity that represents, or is comprised  
7 of, Federally-qualified health centers; or

8               “(3) a rural health clinic that meets the re-  
9 quirements of an entity to which a Corps member is  
10 assigned under section 334.

11       “(d) APPLICATIONS.—An eligible entity seeking a  
12 grant under the Program shall submit to the Secretary  
13 an application at such time, in such manner, and con-  
14 taining such information as the Secretary may require, in-  
15 cluding—

16               “(1) a description of how allied health profes-  
17 sionals will be trained in accredited training pro-  
18 grams either directly or through partnerships with  
19 public or nonprofit private entities, to the extent ap-  
20 plicable;

21               “(2) a description of the community-driven  
22 health care workforce innovation model to be carried  
23 out under the grant, including the specific allied  
24 health professions to be funded;

1           “(3) the geographic service area that will be  
2 served, including quantitative data, if available,  
3 showing that such area faces a shortage of allied  
4 health professionals and lacks access to health care;

5           “(4) a description of the benefits provided to  
6 each allied health professional trained under the pro-  
7 posed model during the education and training  
8 phase;

9           “(5) a description of the experience that the eli-  
10 gible entity has in the recruitment, retention, and  
11 promotion of the well-being of workers and patients;

12           “(6) a description of how the funding awarded  
13 under the Program will supplement, and not sup-  
14 plant, existing funding that supports the health care  
15 workforce of the eligible entity;

16           “(7) a description of the scalability and  
17 replicability of the community-driven approach to be  
18 funded under the grant; and

19           “(8) a description of the infrastructure, out-  
20 reach, and communication plan and other program  
21 support costs required to operationalize the proposed  
22 model.

23           “(e) USE OF FUNDS.—

24           “(1) IN GENERAL.—A grantee shall use  
25 amounts received under a grant awarded under the

1 Program to carry out the community-driven health  
2 care workforce innovation model described in the ap-  
3 plication of the grantee under subsection (d)(2),  
4 which shall be carried out for a period of not less  
5 than 3 years.

6 “(2) SPECIFIC USES.—In carrying out the com-  
7 munity-driven health care workforce innovation  
8 model under paragraph (1), a grantee may use grant  
9 amounts for the following specific uses:

10 “(A) Launching new or expanding existing  
11 innovative health care professional partnerships.

12 “(B) Establishing or expanding a partner-  
13 ship between an eligible entity and 1 or more  
14 high schools (as defined in section 8101 of the  
15 Elementary and Secondary Education Act of  
16 1965), accredited public or nonprofit private vo-  
17 cational-technical schools, accredited public or  
18 nonprofit private 2-year colleges, area health  
19 education centers, and entities with clinical set-  
20 tings for the provision of education and training  
21 opportunities not available at the facilities of  
22 such grantee.

23 “(C) Providing education and training pro-  
24 grams to improve the readiness of allied health

1 professionals in settings that serve underserved  
2 communities and rural areas.

3 “(D) Encouraging students from under-  
4 served communities and disadvantaged back-  
5 grounds and former patients to consider careers  
6 in health care, better reflecting and meeting  
7 community needs.

8 “(E) Providing education and training pro-  
9 grams for individuals to work in patient-cen-  
10 tered, team-based, community-driven health  
11 care models that include integration with other  
12 clinical practitioners and training in cultural  
13 and linguistic competence.

14 “(F) Providing pre-apprenticeship and ap-  
15 prenticeship programs for health care technical,  
16 support, and entry-level occupations, particu-  
17 larly for individuals enrolled in dual or concu-  
18 rent enrollment programs.

19 “(G) Building a preceptorship training-to-  
20 practice model for medical, behavioral health,  
21 oral health care, and public health disciplines in  
22 an integrated, community-driven setting.

23 “(H) Providing and expanding internships,  
24 career ladders, and development opportunities

1 for health care professionals, including new and  
2 existing staff.

3 “(I) Investing in training equipment, sup-  
4 plies, and limited renovations or retrofitting of  
5 training space needed for grantees to carry out  
6 the community-driven health care workforce in-  
7 novation model under paragraph (1).

8 “(3) LIMITATIONS.—Amounts received under a  
9 grant awarded under the Program may not be  
10 used—

11 “(A) to support construction costs (other  
12 than the limited renovations and retrofits de-  
13 scribed in paragraph (1)(I)); or

14 “(B) to supplant funding from existing  
15 programs that support the health care work-  
16 force of the grantee.

17 “(f) PRIORITIES.—In awarding grants under the Pro-  
18 gram, the Secretary shall give priority to applicants that  
19 will use grant funds—

20 “(1) to support a community-driven health care  
21 workforce innovation model that increases the num-  
22 ber of individuals from underserved communities  
23 and disadvantaged backgrounds working in allied  
24 health professions;



1           “(2) to improve access to health care, including  
2           medical care, behavioral health care, and oral health  
3           care, in underserved communities; or

4           “(3) to demonstrate that the community-driven  
5           health care workforce innovation model to be carried  
6           out using such grant funds can be replicated in  
7           other underserved communities in a cost-efficient  
8           and effective manner.

9           “(g) GRANT AMOUNT AND PERIOD.—A grant award-  
10          ed under the Program—

11           “(1) shall not exceed \$2,500,000; and

12           “(2) shall be for a period of not less than 3  
13          years.

14           “(h) REPORTS.—Each entity that receives a grant  
15          under the Program shall submit to the Secretary periodic  
16          reports at such time, in such manner, and containing such  
17          information as the Secretary may require, including a de-  
18          tailed description of the findings and outcomes of the com-  
19          munity-driven health care workforce innovation model car-  
20          ried out under the grant.

21           “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
22          authorized to be appropriated to carry out this section  
23          \$100,000,000 for each of fiscal years 2025 through 2029,  
24          to remain available until expended.”.

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