

# Calendar No. 242

118TH CONGRESS  
1ST SESSION

# S. 2840

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

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## IN THE SENATE OF THE UNITED STATES

SEPTEMBER 19, 2023

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

NOVEMBER 8, 2023

Reported by Mr. SANDERS, with an amendment

[Strike out all after the enacting clause and insert the part printed in italic]

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## 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”.

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

Sec. 1. Short title; table of contents.

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

Sec. 101. Programs of payments to teaching health centers that operate grad-  
uate medical education programs.

Sec. 102. Community health centers.

Sec. 103. National Health Service Corps.

Sec. 104. GAO report.

Sec. 105. OIG report.

Sec. 106. Application of provisions.

TITLE II—SUPPORTING THE HEALTH CARE WORKFORCE

Sec. 201. Rural residency planning and development program.

Sec. 202. Primary care training and enhancement program.

Sec. 203. Telehealth technology-enabled learning program.

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

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

Sec. 206. Nurse faculty loan program.

Sec. 207. Nurse faculty demonstration program.

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

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

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

Sec. 211. Oral health training programs.

Sec. 212. Allied health professionals.

Sec. 213. Budgetary treatment.

TITLE III—REDUCING HEALTH CARE COSTS FOR PATIENTS

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

Sec. 302. Honest billing requirements applicable to providers.

Sec. 303. Banning facility fees for certain services.

Sec. 304. Prevention and Public Health Fund.

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

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

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

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

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

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

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

1 (e) 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”;

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

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

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

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

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

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

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

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

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

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

7 (1) in subsection (b)(1)(F)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



1           ~~“(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           of the Public Health Service Act so that each recipi-  
 5           ent of such an award receives—

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

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

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

16                   ~~“(ii)~~ one percent.”.

17          ~~(d) CAPITAL FUNDING.—Section 10503(e) of the Pa-~~  
 18          ~~tient Protection and Affordable Care Act (42 U.S.C.~~  
 19          ~~254b-2(c)) is amended—~~

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

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

24                   ~~“(1) CONSTRUCTION.—There is”;~~ and

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

7                   (f) REQUIRED PRIMARY HEALTH SERVICES.—

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

10                   (A) in subsection (b)(1)(A)—

11                   (i) in clause (i)—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20   **SEC. 104. GAO REPORT.**

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

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

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

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

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

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



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

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

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

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

16          **SEC. 105. OIG REPORT.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3           “(A) means—

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

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

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

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

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

12 “(2) GRANTS.—

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

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

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

24 “(3) APPLICATIONS.—

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

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

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

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

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

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

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

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

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

6           “(2) GRANTS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

3           (2) by inserting after subsection (b) the fol-  
4           lowing:

5           “(c) EXPANDING THE NUMBER OF PRIMARY CARE  
6           DOCTORS.—

7           “(1) IN GENERAL.—The Secretary shall award  
8           grants to eligible medical schools described in para-  
9           graph (2) for the purpose of graduating more physi-  
10          cians who will practice a primary care discipline.  
11          Funds awarded under this subsection may be used  
12          for costs associated with faculty, construction and  
13          capital improvements, clinical support, research sup-  
14          port, student supports, and any other costs, as de-  
15          termined by the Secretary.

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

18                  “(A) be a nonprofit school of medicine or  
19                  osteopathic medicine that is accredited by a na-  
20                  tionally recognized accrediting agency or asso-  
21                  ciation; and

22                  “(B) demonstrate in the grant application  
23                  of the medical school—

24                          “(i) that not less than 33 percent of  
25                          graduates from the medical school enter

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

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

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

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

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

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

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

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

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

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

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

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

1           “(A) ESTABLISHMENT OF ACCOUNT.—

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

7           “(B) TRANSFER OF DIRECT SPENDING.—

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

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

17          “(C) APPROPRIATIONS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

22           “(B) TRANSFER OF DIRECT SPENDING.—

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

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

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

8           “(C) APPROPRIATIONS.—

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

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

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

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

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

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

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

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

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

14 “(c) FUNDING.—

15 “(1) AUTHORIZATION OF APPROPRIATIONS.—

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

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

1           “(A) ESTABLISHMENT OF ACCOUNT.—

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

10           “(B) TRANSFER OF DIRECT SPENDING.—

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

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

21           “(C) APPROPRIATIONS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

14 (2) in subsection (b)—

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

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

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



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

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

5           “(1) IN GENERAL.—Each agreement entered  
6           into under subsection (a)(1) shall—”;

7           (2) in subsection (c)—

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

10          (B) in paragraph (2), by redesignating  
11          subparagraphs (A) and (B) as clauses (i) and  
12          (ii), respectively, and adjusting the margins ac-  
13          cordingly;

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

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

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

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

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

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

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

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

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

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

21                   and

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

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

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

19           “(ii) an attestation of the average  
20           nursing faculty salary at the school of  
21           nursing during the most recent 3-year pe-  
22           riod prior to the date of application, ad-  
23           justed for inflation, as appropriate, broken  
24           down by credentials, experience, and levels  
25           of education of such faculty members;

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

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

15          “(3) AWARDS.—A grant awarded under this  
16          subsection, with respect to supporting eligible nurs-  
17          ing faculty members, shall—

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

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

4           “(ii) the greater of—

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

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

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

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

23           “(4) PRIORITY.—In awarding grants under this  
24           subsection, the Secretary shall ensure the equitable  
25           geographic distribution of awards, and shall give pri-

1 ority to applications from schools of nursing that  
2 demonstrate—

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

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

14 “(C) recruitment and retention of faculty  
15 from underrepresented populations; or

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

21 “(5) RULE OF CONSTRUCTION.—Nothing in  
22 this subsection precludes a school of nursing or an  
23 eligible nursing faculty member receiving an award  
24 under this section from obtaining or receiving any  
25 other form of Federal support or funding.

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

11                   “(A) the impact of such program on re-  
12                   enrollment and retention rates of nursing fac-  
13                   ulty, as available, and specifically for each fac-  
14                   ulty member participating in the program; and

15                   “(B) recommendations and considerations  
16                   for Congress on continuing the program under  
17                   this subsection.

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

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

22                           “(i) was hired by a school of nursing  
23                           within the 2-year period preceding the sub-  
24                           mission of an application under paragraph

1           (2), or a prospective nursing faculty mem-  
2           ber;

3           “(ii) is currently employed at the  
4           school of nursing and who demonstrates  
5           the need for such support;

6           “(iii) previously worked as a nurse in  
7           clinical practice or as a nurse faculty mem-  
8           ber at another school of nursing; or

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

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

18          “(8) AUTHORIZATION OF APPROPRIATIONS.—

19          To carry out this subsection, in addition to amounts  
20          otherwise available, including under section 871(b),  
21          there is authorized to be appropriated \$15,000,000  
22          for each of fiscal years 2024 and 2025.”



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

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

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

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

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

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

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

20 (3) in subsection (d)—

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

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

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

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

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

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

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

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

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

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

5 “(f) AUTHORIZATION OF APPROPRIATIONS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

4 “(F) In this paragraph:

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

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

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

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

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

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

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

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

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

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

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

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

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

18 (a) IN GENERAL.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

1           (B) by redesignating paragraph (5) of sub-  
 2           section (a) as subsection (e), adjusting the mar-  
 3           gin of such subsection accordingly, and trans-  
 4           ferring such subsection (e) 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;

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

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

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

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

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

5 “(3) EXCEPTION FOR PLANS AND ISSUERS.—

6 Paragraph (1)(A) shall not apply to a group health  
7 plan or health insurance issuer offering group health  
8 insurance coverage with respect to—

9 “(A) a health maintenance organization  
10 (as defined in section 723(b)(3)), if such health  
11 maintenance organization operates primarily  
12 through exclusive contracts with multi-specialty  
13 physician groups, nor to any arrangement be-  
14 tween such a health maintenance organization  
15 and its affiliates; or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

22 (3) INTERNAL REVENUE CODE OF 1986.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) *SHORT TITLE.*—*This Act may be cited as the “Bi-*  
 3 *partisan Primary Care and Health Workforce Act”.*

4 (b) *TABLE OF CONTENTS.*—*The table of contents for*  
 5 *this Act is as follows:*

*Sec. 1. Short title; table of contents.*

*TITLE I—EXTENSION FOR COMMUNITY HEALTH CENTERS, THE NA-*  
*TIONAL HEALTH SERVICE CORPS, AND TEACHING HEALTH CEN-*  
*TERS THAT OPERATE GME PROGRAMS*

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

*Sec. 102. Community health centers.*

*Sec. 103. National Health Service Corps.*

*Sec. 104. GAO report.*

*Sec. 105. OIG report.*

*Sec. 106. Application of provisions.*

*TITLE II—SUPPORTING THE HEALTH CARE WORKFORCE*

*Sec. 201. Rural residency planning and development program.*

*Sec. 202. Primary care training and enhancement program.*

*Sec. 203. Telehealth technology-enabled learning program.*

*Sec. 204. Nurse education, practice, quality, and retention grants and contracts.*

*Sec. 205. Nurse faculty loan program.*

*Sec. 206. Nurse faculty demonstration program.*

*Sec. 207. Nurse corps scholarship and loan repayment program.*

*Sec. 208. Grants for primary care nurse residency training programs.*

*Sec. 209. State oral health workforce improvement grant program.*

*Sec. 210. Oral health training programs.*

*Sec. 211. Allied health professionals.*

*Sec. 212. Review of and report on programs supporting the nursing workforce.*

*Sec. 213. Report on impacts to community health centers.*

*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.*

*Sec. 305. Price transparency requirements.*

*Sec. 306. Publication of list of hospitals.*

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 necessary,  
 13 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) of  
 19 the Public Health Service Act (42 U.S.C. 256h(a)(2)) is  
 20 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 cen-  
 24 ter per resident amount for a fiscal year shall be not less

1 *than \$10,000 more than the qualified teaching health center*  
2 *per resident amount for the prior fiscal year.”.*

3 (c) *AMOUNT OF PAYMENTS.*—Section 340H of the Pub-  
4 *lic Health Service Act (42 U.S.C. 256h) is amended—*

5 (1) *in subsection (b)(2)—*

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

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

17 (2) *in subsection (d)(2)(B), by striking “amount*  
18 *appropriated for such expenses as determined in sub-*  
19 *section (g)” and inserting “total amount of funds*  
20 *available under subsection (g) and any amounts re-*  
21 *couped under subsection (f)”.*

22 (d) *PRIORITY PAYMENTS.*—Section 340H(a)(3) of  
23 *Public Health Service Act (42 U.S.C. 256h(a)(3)) is amend-*  
24 *ed—*

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

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

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

6                   “(C) *are located in a State that does not al-*  
7                   *ready have a qualified teaching health center re-*  
8                   *ceiving funding under this section.”.*

9           (e) *REPORTING REQUIREMENTS.—Section 340H(h)(1)*  
10 *of the Public Health Service Act (42 U.S.C. 256h(h)(1)) is*  
11 *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 practicing primary care*  
19                   *(meaning any of the areas of practice listed in*  
20                   *the definition of a primary care residency pro-*  
21                   *gram in section 749A) 5 years following comple-*  
22                   *tion of such training.”.*

23           (f) *GUIDANCE.—The Secretary shall update guidance*  
24 *and relevant information regarding States described in sub-*  
25 *paragraph (C) of section 340H(a)(3) of the Public Health*

1 *Service Act (42 U.S.C. 256h(a)(3)), as amended by sub-*  
2 *section (d), and make available model templates to assist*  
3 *health centers in such States in establishing a teaching*  
4 *health center.*

5 **SEC. 102. COMMUNITY HEALTH CENTERS.**

6 (a) *COMMUNITY HEALTH CENTER FUND.*—Section  
7 *10503 of the Patient Protection and Affordable Care Act*  
8 *(42 U.S.C. 254b–2) is amended—*

9 (1) *in subsection (b)(1)(F)—*

10 (A) *by striking “2018 and” and inserting*  
11 *“2018,”; and*

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

15 (2) *by adding at the end the following:*

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

20 (1) *increasing the number of low-income pa-*  
21 *tients not enrolled in a group health plan or group*  
22 *or individual health insurance coverage who are*  
23 *served by health centers, including through Health*  
24 *Center Program New Access Points described in sec-*

1        *tion 330(e)(6) of the Public Health Service Act, in-*  
2        *cluding school-based service sites;*

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

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

12        *(b) AUTHORIZATION OF APPROPRIATIONS.—Section*  
13       *330(r)(1) of the Public Health Service Act (42 U.S.C.*  
14       *254b(r)(1)) is amended—*

15            *(1) in subparagraph (G), by striking “fiscal year*  
16        *2016, and each subsequent fiscal year” and inserting*  
17        *“each of fiscal years 2016 through 2023”; and*

18            *(2) by adding at the end the following:*

19            *“(H) For each of fiscal years 2024 through*  
20        *2026, \$2,200,000,000.*

21            *“(I) For fiscal year 2027, and each subse-*  
22        *quent fiscal year, the amount appropriated for*  
23        *the preceding fiscal year adjusted by the product*  
24        *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 Pa-  
8   *tient Protection and Affordable Care Act (42 U.S.C. 254b–*  
9   *2), as amended by subsection (a), is further amended by*  
10 *adding at the end the following:*

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

14                   “(1) *at least \$245,000,000 for awards to support*  
15 *health centers in each State that are receiving awards*  
16 *under section 330 of the Public Health Service Act in*  
17 *extending operating hours, in an amount determined*  
18 *pursuant to a formula and eligibility criteria devel-*  
19 *oped by the Secretary, for the purposes of increasing*  
20 *access to services;*

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

24                   “(3) *such sums as may be necessary for purposes*  
25 *of increasing the amount awarded pursuant to grants*

1 *or cooperative agreements under section 330 of the*  
 2 *Public Health Service Act so that each recipient of*  
 3 *such an award receives—*

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

7 *“(B) for each of fiscal years 2025 and 2026,*  
 8 *the amount received in the previous year ad-*  
 9 *justed by—*

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

14 *“(ii) one percent.”.*

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

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

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

22 *“(1) CONSTRUCTION.—There is”; and*

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

24 *“(2) CAPITAL FUNDING.—For the alteration, ren-*  
 25 *ovation, construction, equipment, and other capital*

1 *costs of health centers that receive funding under sec-*  
2 *tion 330 of the Public Health Service Act (42 U.S.C.*  
3 *254b), in addition to amounts otherwise made avail-*  
4 *able for such purpose, there is appropriated to the*  
5 *Secretary of Health and Human Services, out of*  
6 *amounts in the Treasury not otherwise appropriated,*  
7 *\$3,000,000,000 for fiscal year 2024, to remain avail-*  
8 *able until September 30, 2026. In awarding amounts*  
9 *appropriated under this paragraph, the Secretary*  
10 *shall prioritize awards related to increasing access to*  
11 *dental and behavioral health services.”.*

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

14 *(1) IN GENERAL.—Not later than one year after*  
15 *the date of enactment of this Act, the Secretary of*  
16 *Health and Human Services, in consultation with the*  
17 *Secretary of Agriculture, shall submit to the Com-*  
18 *mittee on Health, Education, Labor, and Pensions of*  
19 *the Senate and the Committee on Energy and Com-*  
20 *merce of the House of Representatives a 5-year stra-*  
21 *tegic plan to improve health outcomes through nutri-*  
22 *tion for low-income or uninsured patient populations*  
23 *with severe, complex chronic conditions and one or*  
24 *more diet-related conditions.*

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

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

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

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

14                           (ii) *empowering federally funded com-*  
15                           *munity health centers, rural health clinics,*  
16                           *and other relevant federally funded facilities*  
17                           *to provide produce prescriptions, medically-*  
18                           *tailored groceries, and medically-tailored*  
19                           *meals;*

20                           (iii) *promoting long-term adoption of*  
21                           *improved nutrition habits, including*  
22                           *through increased culinary education and*  
23                           *consumer nutrition aligned with the most*  
24                           *recent Dietary Guidelines for Americans*  
25                           *published under section 301 of the National*

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

5                    *(iv) developing performance and qual-*  
6                    *ity metrics related to the delivery of produce*  
7                    *prescriptions, medically tailored groceries,*  
8                    *and medically-tailored meals across relevant*  
9                    *Federal payers to aid in reimbursement*  
10                   *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 State*  
23                   *and local governments and nongovern-*  
24                   *mental organizations; and*

1                   *(viii) addressing geographic disparities*  
2                   *in access to nutrition services and resources.*

3           *(f) REQUIRED PRIMARY HEALTH SERVICES.—*

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

6                   *(A) in subsection (b)(1)(A)—*

7                   *(i) in clause (i)—*

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

10                           *(II) by adding at the end the fol-*  
11                   *lowing:*

12                           *“(VI) appropriate nutritional and*  
13                           *dietary services; and*

14                           *“(VII) appropriate behavioral and*  
15                           *mental health and substance use dis-*  
16                           *order services;”;*

17                   *(ii) in clause (ii)—*

18                           *(I) by striking “substance use dis-*  
19                           *order and mental health services” and*  
20                           *inserting “behavioral and mental*  
21                           *health and substance use disorder serv-*  
22                           *ices and nutrition services”; and*

23                           *(II) by inserting “, including such*  
24                           *referrals to certified community behav-*

1                   ioral health clinics” before the semi-  
2                   colon; and

3                   (iii) in clause (iii), by inserting “nu-  
4                   tritional,” after “educational,”;

5                   (B) in subsection (b)(2)—

6                   (i) by striking subparagraph (A); and

7                   (ii) by redesignating subparagraphs  
8                   (B) through (D) as subparagraphs (A)  
9                   through (C), respectively; and

10                  (C) in subsection (d)(1)(A), by inserting “or  
11                  one or more diet-related conditions” before the  
12                  semicolon.

13                  (2) *IMPLEMENTATION OF NEW REQUIRED PRI-*  
14                  *MARY HEALTH SERVICE.*—Paragraph (4) of section  
15                  330(e) of the Public Health Service Act (42 U.S.C.  
16                  254b(e)) is amended to read as follows:

17                  “(4) *LIMITATION.*—Not more than 2 grants may  
18                  be made under paragraph (1)(B) for the same entity,  
19                  except that such limitation shall not apply for the pe-  
20                  riod of 2 years beginning on the date of enactment of  
21                  the Bipartisan Primary Care and Health Workforce  
22                  Act, in any case where the only basis upon which  
23                  paragraph (1)(B) applies to a health center is that  
24                  the health center is not in noncompliance with the re-  
25                  quirements under subclauses (VI) and (VII) of sub-

1        *section (b)(1)(A)(i) to provide appropriate nutritional*  
 2        *disorder providers, including for health centers, cer-*  
 3        *tified community behavioral health centers, and other*  
 4        *community care settings.”.*

5        *(g) INCREASE THE USE OF PROVIDER TOOLS TO IM-*  
 6        *PROVE HEALTH OUTCOMES.—Not later than one year after*  
 7        *the date of enactment of this Act, the Secretary of Health*  
 8        *and Human Services, in consultation with the Secretary*  
 9        *of Agriculture, shall submit to Congress a report that in-*  
 10       *cludes—*

11            *(1) recommendations for States on how to sup-*  
 12            *port the coordination of federally funded nutrition*  
 13            *programs and services provided by health care profes-*  
 14            *sionals in community health centers; and*

15            *(2) data on the number of individuals enrolled*  
 16            *in federally subsidized health insurance coverage who*  
 17            *are also enrolled in or eligible for federally subsidized*  
 18            *nutrition and food programs.*

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

20        *Section 10503(b)(2) of the Patient Protection and Af-*  
 21        *fordable Care Act (42 U.S.C. 254b–2(b)(2)) is amended—*

22            *(1) in subparagraph (G), by striking “; and”*  
 23            *and inserting a semicolon;*

24            *(2) in subparagraph (H), by striking the period*  
 25            *and inserting “; and”; and*



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

2                   “(I) \$950,000,000 for each of fiscal years  
3                   2024 through 2026.”.

4 **SEC. 104. GAO REPORT.**

5           (a) *IN GENERAL.*—Not later than one year after the  
6 *date of enactment of this Act, the Comptroller General of*  
7 *the United States shall submit to the Committee on Health,*  
8 *Education, Labor, and Pensions of the Senate and the Com-*  
9 *mittee on Energy and Commerce of the House of Represent-*  
10 *atives a report assessing the effectiveness of the National*  
11 *Health Service Corps (referred to in this section as the*  
12 *“NHSC”) in attracting health care professionals to health*  
13 *professional shortage areas designated under section 332 of*  
14 *the Public Health Service Act (42 U.S.C. 254e) (referred*  
15 *to in this section as “HPSAs”), such as by—*

16                   (1) *assessing the metrics used by the Health Re-*  
17 *sources and Services Administration in evaluating*  
18 *the program;*

19                   (2) *comparing the retention rates of NHSC par-*  
20 *ticipants in the HPSAs where they completed their*  
21 *period of obligated service to the retention rates of*  
22 *non-NHSC participants in the corresponding HPSAs;*

23                   (3) *comparing the retention rates of NHSC par-*  
24 *ticipants in the HPSAs where they completed their*  
25 *period of obligated service to the retention rates of*

1        *NHSC participants in HPSAs other than those where*  
2        *they completed their period of obligated service;*

3            (4) *identifying factors that influence an NHSC*  
4        *participant's decision to practice in an HPSA other*  
5        *than the HPSA where they completed their period of*  
6        *obligated service;*

7            (5) *identifying factors other than participation*  
8        *in the National Health Service Corps Scholarship*  
9        *and Loan Repayment Programs that attract health*  
10       *care professionals to practice in a HPSA;*

11           (6) *assessing the impact the NHSC has on wages*  
12       *for health care professionals in an HPSA; and*

13           (7) *comparing the distribution of NHSC partici-*  
14       *pants across HPSAs, including a comparison of rural*  
15       *versus non-rural HPSAs.*

16        (b) *DEFINITION.—In this section, the term “NHSC*  
17       *participant” means a National Health Service Corps mem-*  
18       *ber participating in the National Health Service Corps*  
19       *Scholarship or Loan Repayment Program under subpart*  
20       *III of part D of title III of the Public Health Service Act*  
21       *(42 U.S.C. 254l et seq.).*

22        **SEC. 105. OIG REPORT.**

23           *Not later than 2 years after the date of enactment of*  
24       *this Act, the Inspector General of the Department of Health*  
25       *and Human Services shall submit to Congress a report on*

1 *integrity efforts of the Health Resources and Services Ad-*  
2 *ministration with respect to programs carried out by the*  
3 *Health Resources and Services Administration. Such report*  
4 *shall include an assessment of—*

5           (1) *the ways in which the Administrator of the*  
6 *Health Resources and Services Administration (re-*  
7 *ferred to in this section as the “Administrator”) de-*  
8 *termines reasonable efforts are continuously made to*  
9 *establish and maintain collaborative relationships*  
10 *with health care providers;*

11           (2) *the ways in which the Administrator ensures*  
12 *quality and continuity of care for underserved areas;*  
13 *and*

14           (3) *the extent to which the Administrator vali-*  
15 *dates the financial responsibility of and use of grant*  
16 *funding by community health centers.*

17 **SEC. 106. APPLICATION OF PROVISIONS.**

18           (a) *IN GENERAL.*—*Amounts appropriated pursuant to*  
19 *the amendments made by this title shall be subject to the*  
20 *requirements contained in Public Law 117–328 for funds*  
21 *for programs authorized under sections 330 through 340 of*  
22 *the Public Health Service Act (42 U.S.C. 254b through*  
23 *256).*

24           (b) *CONFORMING AMENDMENT.*—*Paragraph (4) of sec-*  
25 *tion 3014(h) of title 18, United States Code, is amended*

1 *by striking “and section 301(d) of division BB of the Con-*  
 2 *solidated Appropriations Act, 2021.” and inserting “section*  
 3 *301(d) of division BB of the Consolidated Appropriations*  
 4 *Act, 2021, and section 106(a) of the Bipartisan Primary*  
 5 *Care and Health Workforce Act”.*

6           ***TITLE II—SUPPORTING THE***  
 7           ***HEALTH CARE WORKFORCE***

8       ***SEC. 201. RURAL RESIDENCY PLANNING AND DEVELOP-***  
 9   ***MENT PROGRAM.***

10           *Title III of the Public Health Service Act (42 U.S.C.*  
 11 *241 et seq.) is amended by inserting after section 330A–*  
 12 *2 the following:*

13       ***“SEC. 330A–3. RURAL RESIDENCY PLANNING AND DEVELOP-***  
 14   ***MENT PROGRAM AND RURAL RESIDENCY***  
 15   ***PLANNING AND DEVELOPMENT TECHNICAL***  
 16   ***ASSISTANCE PROGRAM.***

17           ***“(a) DEFINITION OF RURAL RESIDENCY PROGRAM.—***  
 18 *In this section, the term ‘rural residency program’ means*  
 19 *a physician residency program, including a rural track*  
 20 *program, accredited by the Accreditation Council for Grad-*  
 21 *uate Medical Education (or a similar body) that—*

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

1           “(2) *primarily focuses on producing physicians*  
 2           *who will practice in rural areas, as defined by the*  
 3           *Secretary.*

4           “(b) *RURAL RESIDENCY PLANNING AND DEVELOP-*  
 5           *MENT PROGRAM.—*

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

8           “(A) *means—*

9                   “(i) *a domestic public or private non-*  
 10                   *profit or for-profit entity;*

11                   “(ii) *an Indian Tribe, Tribal health*  
 12                   *program, Tribal organization, or Urban In-*  
 13                   *Indian organization (as such terms are de-*  
 14                   *fined in section 4 of the Indian Health Care*  
 15                   *Improvement Act); or*

16                   “(iii) *a Native Hawaiian Health orga-*  
 17                   *nization as defined in section 12 of the Na-*  
 18                   *tive Hawaiian Health Care Improvement*  
 19                   *Act; and*

20                   “(B) *may include faith-based or commu-*  
 21                   *nity-based organizations, rural hospitals, rural*  
 22                   *community-based ambulatory patient care cen-*  
 23                   *ters (including rural health clinics), health cen-*  
 24                   *ters operated by a Native Hawaiian Health or-*  
 25                   *ganization (defined as described in subpara-*

1 *graph (A)(iii), an Indian Tribe, a Tribal health*  
2 *program, a Tribal organization, or an Urban*  
3 *Indian organization (defined as described in*  
4 *subparagraph (A)(ii), graduate medical edu-*  
5 *cation consortiums (including institutions of*  
6 *higher education, such as schools of allopathic*  
7 *medicine, schools of osteopathic medicine, or his-*  
8 *torically Black colleges or universities (as defined*  
9 *by the term ‘part B institution’ in section 322*  
10 *of the Higher Education Act of 1965 or described*  
11 *in section 326(e)(1) of the Higher Education Act*  
12 *of 1965) or other minority-serving institutions*  
13 *(as described in section 371(a) of the Higher*  
14 *Education Act of 1965)), or other organizations*  
15 *as determined appropriate by the Secretary.*

16 “(2) *GRANTS.—*

17 “(A) *IN GENERAL.—The Secretary may*  
18 *award grants to eligible entities to create new*  
19 *rural residency programs (including adding new*  
20 *rural training sites to existing rural track pro-*  
21 *grams).*

22 “(B) *FUNDING.—Grants awarded under*  
23 *this subsection may be fully funded at the time*  
24 *of the award.*

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

4           “(3) *APPLICATIONS.*—

5           “(A) *IN GENERAL.*—*To be eligible to receive*  
6 *a grant under this subsection, an eligible entity*  
7 *shall prepare and submit to the Secretary an ap-*  
8 *plication at such time, in such manner, and con-*  
9 *taining such information as the Secretary may*  
10 *require, including a description of the pathway*  
11 *of the rural residency program as described in*  
12 *subparagraph (B).*

13           “(B) *PATHWAY.*—*A pathway of a rural*  
14 *residency program supported under this sub-*  
15 *section shall be for—*

16           “(i) *general primary care and high-*  
17 *need specialty care, including family medi-*  
18 *cine, internal medicine, preventive medi-*  
19 *cine, psychiatry, or general surgery;*

20           “(ii) *maternal health and obstetrics,*  
21 *which may be obstetrics and gynecology or*  
22 *family medicine with enhanced obstetrical*  
23 *training; or*

24           “(iii) *any other pathway as deter-*  
25 *mined appropriate by the Secretary.*

1       “(c) *RURAL RESIDENCY PLANNING AND DEVELOP-*  
2 *MENT TECHNICAL ASSISTANCE.*—

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

5                       “(A) *a domestic public or private nonprofit*  
6 *or for-profit entity; or*

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

10               “(2) *GRANTS.*—

11                       “(A) *IN GENERAL.*—*The Secretary may*  
12 *award grants to eligible entities to provide tech-*  
13 *nical assistance to awardees of and potential ap-*  
14 *plicants of the program described in subsection*  
15 *(b).*

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

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

22               “(3) *APPLICATIONS.*—*To be eligible to receive a*  
23 *grant under this subsection, an eligible entity shall*  
24 *prepare and submit to the Secretary an application*



1 *at such time, in such manner, and containing such*  
2 *information as the Secretary may require.*

3 *“(d) AUTHORIZATION OF APPROPRIATIONS.—There is*  
4 *authorized to be appropriated to carry out this section*  
5 *\$13,000,000 for fiscal year 2024, \$13,500,00 for fiscal year*  
6 *2025, and \$14,000,000 for fiscal year 2026, to remain*  
7 *available until expended.”.*

8 **SEC. 202. PRIMARY CARE TRAINING AND ENHANCEMENT**  
9 **PROGRAM.**

10 *Section 747(c)(1) of the Public Health Service Act (42*  
11 *U.S.C. 293k(c)(1)) is amended by striking “\$48,924,000 for*  
12 *each of fiscal years 2021 through 2025” and inserting*  
13 *“\$49,250,000 for fiscal year 2024, \$49,500,000 for fiscal*  
14 *year 2025, and \$50,000,000 for fiscal year 2026”.*

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

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

21 **SEC. 204. NURSE EDUCATION, PRACTICE, QUALITY, AND RE-**  
22 **TENTION GRANTS AND CONTRACTS.**

23 *Section 831 of the Public Health Service Act (42*  
24 *U.S.C. 296p) is amended by adding at the end the fol-*  
25 *lowing:*

1       “(g) *PILOT PROGRAM.*—

2               “(1) *IN GENERAL.*—*The Secretary shall establish*  
3 *a 2-year pilot program under which the Secretary*  
4 *may award grants to, and enter into contracts with,*  
5 *schools of nursing offering associate degrees that oth-*  
6 *erwise meet the criteria for receiving a grant or con-*  
7 *tract under this section, for the purpose of promoting*  
8 *career advancement for individuals, including li-*  
9 *icensed practical nurses, licensed vocational nurses,*  
10 *certified nurse assistants, home health aides, and*  
11 *other health professionals, such as health aides or*  
12 *community health practitioners certified under the*  
13 *Community Health Aide Program of the Indian*  
14 *Health Service under section 119 of the Indian*  
15 *Health Care Improvement Act, by supporting such*  
16 *individuals in becoming registered nurses with asso-*  
17 *ciate degrees.*

18               “(2) *CRITERIA; REQUIREMENTS.*—*With respect*  
19 *to grants and contracts awarded under this sub-*  
20 *section, the Secretary shall use the same criteria (ex-*  
21 *cept as otherwise provided in paragraph (1)) as*  
22 *apply to other grants and contracts awarded under*  
23 *this section, and entities receiving such grants or con-*  
24 *tracts shall be subject to the same requirements (ex-*  
25 *cept as otherwise provided in paragraph (1)) as*

1       *apply to other grant and contract recipients under*  
 2       *this section.*

3               “(3) *AUTHORIZATION OF APPROPRIATIONS.—To*  
 4       *carry out this subsection, there are authorized to be*  
 5       *appropriated such sums as may be necessary for the*  
 6       *period of fiscal years 2024 and 2025.”.*

7       **SEC. 205. NURSE FACULTY LOAN PROGRAM.**

8       *Section 846A of the Public Health Service Act (42*  
 9       *U.S.C. 297n-1), as amended by section 206, is amended*  
 10       *by inserting after subsection (b) the following:*

11               “(c) *AUTHORIZATION OF APPROPRIATIONS.—To carry*  
 12       *out this section (other than subsection (d)), in addition to*  
 13       *amounts otherwise made available, including under section*  
 14       *871(b), there are authorized to be appropriated \$28,500,000*  
 15       *for each of fiscal years 2024 through 2026, to remain avail-*  
 16       *able until expended.”.*

17       **SEC. 206. NURSE FACULTY DEMONSTRATION PROGRAM.**

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

20               (1) *by amending subsection (a) to read as fol-*  
 21       *lows:*

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

24               (1) *enter into an agreement with any accredited*  
 25       *school of nursing for the establishment and operation*

1 of a student loan fund in accordance with subsection  
2 (b); and

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

5 (2) in subsection (b)—

6 (A) by redesignating subparagraphs (A)  
7 through (D) of paragraph (2) as clauses (i)  
8 through (iv), respectively, and adjusting the  
9 margins accordingly;

10 (B) by redesignating paragraphs (1)  
11 through (5) as subparagraphs (A) through (E),  
12 respectively, and adjusting the margins accord-  
13 ingly;

14 (C) in subparagraph (C), as so redesign-  
15 ated, by striking “subsection (c)” and inserting  
16 “paragraph (2)”; and

17 (D) by striking “(b) AGREEMENTS—Each  
18 agreement entered into under subsection (a)  
19 shall—” and inserting the following:

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

21 “(1) IN GENERAL.—Each agreement entered into  
22 under subsection (a)(1) shall—”;

23 (3) in subsection (c)—

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

1           (B) in paragraph (3), by redesignating sub-  
2 paragraphs (A) and (B) as clauses (i) and (ii),  
3 respectively, and adjusting the margins accord-  
4 ingly;

5           (C) in paragraph (6), by redesignating sub-  
6 paragraphs (A) and (B) as clauses (i) and (ii),  
7 respectively, and adjusting the margins accord-  
8 ingly;

9           (D) by redesignating paragraphs (1)  
10 through (6) as subparagraphs (A) through (F),  
11 respectively, and adjusting the margins accord-  
12 ingly; and

13           (E) in subparagraph (F)(ii), as so redesign-  
14 ated, by striking “subsection (e)” and inserting  
15 “paragraph (4)”;

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

18           (5) by redesignating subsections (c) through (e)  
19 (before application of the amendment made by section  
20 206) as paragraphs (2) through (4), respectively, and  
21 adjusting the margins accordingly; and

22           (6) by adding after subsection (c), as added by  
23 section 205, the following:

24           “(d) NURSE FACULTY DEMONSTRATION PROGRAM.—

1           “(1) *IN GENERAL.*—*The Secretary shall establish*  
2           *and carry out a demonstration program described in*  
3           *subsection (a)(2) under which eligible schools of nurs-*  
4           *ing receive a grant for purposes of supplementing the*  
5           *salaries of eligible nursing faculty members to en-*  
6           *hance recruitment and retention of nursing faculty*  
7           *members.*

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

10            “(A) *be an accredited school of nursing; and*

11            “(B) *submit an application to the Sec-*  
12            *retary, at such time, in such manner, and con-*  
13            *taining such information as the Secretary may*  
14            *require, including—*

15            “(i)(I) *to the extent such information*  
16            *is available to the school of nursing, the sal-*  
17            *ary history of nursing faculty at such school*  
18            *who previously were nurses in clinical prac-*  
19            *tice, for the most recent 3-year period end-*  
20            *ing on the date of application, adjusted for*  
21            *inflation as appropriate and broken down*  
22            *by credentials, experience, and levels of edu-*  
23            *cation of such nurses; or*

24            “(II) *if the information described in*  
25            *subclause (I) is not available, information*

1           *on the average local salary of nurses in*  
2           *clinical practice, adjusted for inflation as*  
3           *appropriate and broken down by creden-*  
4           *tials, experience, and levels of education of*  
5           *the individual nurses, in accordance with*  
6           *such requirements as the Secretary may*  
7           *specify;*

8           “(ii) *an attestation of the average*  
9           *nursing faculty salary at the school of nurs-*  
10          *ing during the most recent 3-year period*  
11          *prior to the date of application, adjusted for*  
12          *inflation, as appropriate, broken down by*  
13          *credentials, experience, and levels of edu-*  
14          *cation of such faculty members;*

15          “(iii) *the number of nursing faculty*  
16          *member vacancies at the entity at the time*  
17          *of application, and the entity’s projection of*  
18          *such vacancies over the ensuing 5-year pe-*  
19          *riod; and*

20          “(iv) *a description of the entity’s plans*  
21          *to identify funding sources to sustainably*  
22          *continue, after the 2-year grant period, the*  
23          *salary available to the eligible nursing fac-*  
24          *ulty member pursuant to the program*  
25          *under this subsection during such grant*

1            *program and to retain eligible nursing fac-*  
2            *ulty members after the end of the grant pe-*  
3            *riod.*

4            *“(3) AWARDS.—A grant awarded under this sub-*  
5            *section, with respect to supporting eligible nursing*  
6            *faculty members, shall—*

7            *“(A) be awarded to the school of nursing to*  
8            *supplement the salaries of eligible faculty mem-*  
9            *bers at the school of nursing, annually, for up to*  
10           *a 2-year period, in an amount equal to, for each*  
11           *eligible nursing faculty member at the eligible*  
12           *entity during the grant period, the difference be-*  
13           *tween—*

14           *“(i) the average salary of nurses in*  
15           *clinical practice, as submitted under sub-*  
16           *clause (I) or (II) of paragraph (2)(B)(i);*  
17           *and*

18           *“(ii) the greater of—*

19           *“(I) the salary for the eligible*  
20           *nursing faculty member at the school of*  
21           *nursing; or*

22           *“(II) the average nursing faculty*  
23           *salary submitted under paragraph*  
24           *(2)(B)(ii) for faculty members with the*



1                   *same or similar credentials and level of*  
2                   *education;*

3                   “(B) *notwithstanding section 803(a), be*  
4                   *used in its entirety to supplement the eligible*  
5                   *faculty member’s salary; and*

6                   “(C) *be conditioned upon the school of nurs-*  
7                   *ing maintaining, for each year in which the*  
8                   *award is made as described in subparagraph*  
9                   *(A), a salary for such faculty member at a level*  
10                  *that is not less than the greater of the amount*  
11                  *under subclause (I) or (II) of subparagraph*  
12                  *(A)(i).*

13                  “(4) *PRIORITY.—In awarding grants under this*  
14                  *subsection, the Secretary shall ensure the equitable ge-*  
15                  *ographic distribution of awards, and shall give pri-*  
16                  *ority to applications from schools of nursing that*  
17                  *demonstrate—*

18                  “(A) *the greatest need for such grant, which*  
19                  *may be based upon the financial circumstances*  
20                  *of the school of nursing, the number of eligible*  
21                  *nurse faculty members, and the planned number*  
22                  *of students to be trained or admitted off a wait*  
23                  *list;*

24                  “(B) *training or partnerships to serve vul-*  
25                  *nerable patient populations, such as through the*

1           *location or activity of a school in a health pro-*  
2           *fessional shortage area (as defined in section*  
3           *332);*

4           “(C) *recruitment and retention of faculty*  
5           *from underrepresented populations; or*

6           “(D) *other particular need for such grant,*  
7           *including public institutions of higher education*  
8           *that offer 4-year degrees but at which the pre-*  
9           *dominant degree awarded is an associate degree.*

10          “(5) *RULE OF CONSTRUCTION.—Nothing in this*  
11          *subsection precludes a school of nursing or an eligible*  
12          *nursing faculty member receiving an award under*  
13          *this section from obtaining or receiving any other*  
14          *form of Federal support or funding.*

15          “(6) *REPORT.—Not later than 3 years after the*  
16          *date of enactment of the Bipartisan Primary Care*  
17          *and Health Workforce Act, the Secretary shall submit*  
18          *to the Committee on Finance and the Committee on*  
19          *Health, Education, Labor, and Pensions of the Senate*  
20          *and the Committee on Ways and Means and the Com-*  
21          *mittee on Energy and Commerce of the House of Rep-*  
22          *resentatives, a report that evaluates the program es-*  
23          *tablished under this subsection, including—*

24                 “(A) *the impact of such program on recruit-*  
25                 *ment and retention rates of nursing faculty, as*

1 available, and specifically for each faculty mem-  
2 ber participating in the program; and

3 “(B) recommendations and considerations  
4 for Congress on continuing the program under  
5 this subsection.

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

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

10 “(i) was hired by a school of nursing  
11 within the 2-year period preceding the sub-  
12 mission of an application under paragraph  
13 (2), or a prospective nursing faculty mem-  
14 ber;

15 “(ii) is currently employed at the  
16 school of nursing and who demonstrates the  
17 need for such support;

18 “(iii) previously worked as a nurse in  
19 clinical practice or as a nurse faculty mem-  
20 ber at another school of nursing; or

21 “(iv) may work on a part-time basis  
22 as a nursing faculty member, for whom  
23 such award amounts described in para-  
24 graph (3) shall be prorated relative to the

1           *amount of time participating in part-time*  
 2           *teaching.*

3           “(B) *INFLATION.*—*The term ‘inflation’*  
 4           *means the Consumer Price Index for all urban*  
 5           *consumers (all items; U.S. city average).*

6           “(8) *AUTHORIZATION OF APPROPRIATIONS.*—*To*  
 7           *carry out this subsection, in addition to amounts oth-*  
 8           *erwise available, including under section 871(b), there*  
 9           *is authorized to be appropriated \$15,000,000 for each*  
 10          *of fiscal years 2024 and 2025.”.*

11 **SEC. 207. NURSE CORPS SCHOLARSHIP AND LOAN REPAY-**  
 12   **MENT PROGRAM.**

13          *Section 846 of the Public Health Service Act (42*  
 14          *U.S.C. 297n) is amended by adding at the end the fol-*  
 15          *lowing:*

16          “(j) *AUTHORIZATION OF APPROPRIATIONS.*—*To carry*  
 17          *out this section, in addition to amounts otherwise made*  
 18          *available, including under section 871(b), there are author-*  
 19          *ized to be appropriated \$93,600,000 for fiscal year 2024,*  
 20          *\$94,600,000 for fiscal year 2025, and \$95,600,000 for fiscal*  
 21          *year 2026, to remain available until expended.”.*

22 **SEC. 208. GRANTS FOR PRIMARY CARE NURSE RESIDENCY**  
 23   **TRAINING PROGRAMS.**

24          *Section 5316 of the Patient Protection and Affordable*  
 25          *Care Act (42 U.S.C. 296j–1) is amended—*

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

3           (2) *in subsection (a), by striking “demonstra-*  
4           *tion”*;

5           (3) *in subsection (d)—*

6                 (A) *in paragraph (1)(B), by striking “and”*  
7                 *at the end;*

8                 (B) *by redesignating paragraph (2) as*  
9                 *paragraph (3); and*

10                (C) *by inserting after paragraph (1) the fol-*  
11                *lowing:*

12                   “(2)(A) *in the case of an entity that does not*  
13                   *have an established residency program for nurse prac-*  
14                   *titioners at the time of the application, demonstrate*  
15                   *plans to establish a new residency program for nurse*  
16                   *practitioners; or*

17                   “(B) *in the case of an entity that has an estab-*  
18                   *lished residency program for nurse practitioners at*  
19                   *the time of the application, demonstrate plans to use*  
20                   *the grant under this section to offer not fewer than 4*  
21                   *additional residency positions for new nurse practi-*  
22                   *tioners to participate in such program; and”*; and

23                 (4) *in subsection (i), by striking “such sums as*  
24                 *may be necessary for each of fiscal years 2011 through*

1       2014” and inserting “\$30,000,000 for each of fiscal  
2       years 2024 through 2026”.

3       **SEC. 209. STATE ORAL HEALTH WORKFORCE IMPROVEMENT**  
4                               **GRANT PROGRAM.**

5       Subsection (f) of section 340G of the Public Health  
6 Service Act (42 U.S.C. 256g) is amended by striking  
7 “\$13,903,000 for each of fiscal years 2019 through 2023”  
8 and inserting “\$15,200,000 for fiscal year 2024,  
9 \$15,500,000 for fiscal year 2025, and \$15,800,000 for fiscal  
10 year 2026, to remain available until expended”.

11       **SEC. 210. ORAL HEALTH TRAINING PROGRAMS.**

12       Subsection (f) of section 748 of the Public Health Serv-  
13 ice Act (42 U.S.C. 293k-2) is amended to read as follows:

14               “(f) *AUTHORIZATION OF APPROPRIATIONS.—*

15                       “(1) *IN GENERAL.—To carry out this section,*  
16                       *there is authorized to be appropriated \$28,500,000 for*  
17                       *fiscal year 2026, to remain available until expended.*

18                       “(2) *GEOGRAPHIC DISTRIBUTION.—In awarding*  
19                       *grants under this section, the Secretary shall ensure,*  
20                       *to the greatest extent practicable, that such grants are*  
21                       *equitably distributed among the geographical regions*  
22                       *of the United States.”.*

23       **SEC. 211. ALLIED HEALTH PROFESSIONALS.**

24               (a) *SUPPORTING DUAL OR CONCURRENT ENROLLMENT*  
25 *IN THE ALLIED HEALTH PROJECTS PROGRAM.—Section*

1 755(b)(1) of the Public Health Service Act (42 U.S.C.  
2 294e(b)(1)) is amended—

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

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

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

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

11 “(K) those that establish or support a dual  
12 or concurrent enrollment program (as defined in  
13 section 8101 of the Elementary and Secondary  
14 Education Act of 1965) if the dual or concurrent  
15 enrollment program—

16 “(i) provides outreach on allied health  
17 careers requiring an industry-recognized  
18 credential, a certificate, or an associate de-  
19 gree, to all high schools served by the local  
20 educational agency that is a partner in the  
21 partnership offering the dual or concurrent  
22 enrollment program;

23 “(ii) provides information to high  
24 school students about the training require-

1                   ments and expected salary of allied health  
2                   professionals; and

3                   “(iii) provides academic and financial  
4                   aid counseling to students who participate  
5                   in the dual or concurrent enrollment pro-  
6                   gram.”.

7           (b) *SUPPORTING DUAL OR CONCURRENT ENROLLMENT*  
8 *IN THE HEALTH CAREERS OPPORTUNITY PROGRAM.*—Sec-  
9 *tion 739(a)(2) of the Public Health Service Act (42 U.S.C.*  
10 *293c(a)(2)) is amended—*

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

13                   (2) *in subparagraph (I), by striking the period*  
14 *at the end and inserting “; and”; and*

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

16                   “(J) *providing academic and financial aid*  
17 *counseling to support participation in a dual or*  
18 *concurrent enrollment program (as defined in*  
19 *section 8101 of the Elementary and Secondary*  
20 *Education Act of 1965) that leads to an indus-*  
21 *try-recognized credential, a certificate, or an as-*  
22 *sociate degree in the health professions or aca-*  
23 *ademic credits that can be transferred, as indi-*  
24 *cated through an articulation agreement between*  
25 *2 or more community colleges or universities, to*



1           *obtain an industry-recognized credential, a cer-*  
2           *tificate, or a degree in the health professions.”.*

3           (c) *HEALTH CARE WORKFORCE INNOVATION PRO-*  
4 *GRAM.—Section 755(b) of the Public Health Service Act (42*  
5 *U.S.C. 294e(b)) is amended by adding at the end the fol-*  
6 *lowing:*

7           “(5)(A) *Supporting and developing new innova-*  
8           *tive, community-driven approaches for the education*  
9           *and training of allied health professionals, including*  
10           *those described in subparagraph (F)(i), with an em-*  
11           *phasis on expanding the supply of such professionals*  
12           *located in, and meeting the needs of, underserved com-*  
13           *munities and rural areas. Grants under this para-*  
14           *graph shall be awarded through a new program (re-*  
15           *ferred to as the ‘Health Care Workforce Innovation*  
16           *Program’ or in this paragraph as the ‘Program’).*

17           “(B) *To be eligible to receive a grant under the*  
18           *Program an entity shall—*

19           “(i) *be a Federally qualified health center*  
20           *(as defined in section 1905(l)(2)(B) of the Social*  
21           *Security Act), a State-level association or other*  
22           *consortium that represents and is comprised of*  
23           *Federally qualified health centers, or a certified*  
24           *rural health clinic that meets the requirements of*  
25           *section 334; and*

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

3                   “(I) a description of how all trainees  
4                   will be trained in accredited training pro-  
5                   grams either directly or through partner-  
6                   ships with public or nonprofit private enti-  
7                   ties;

8                   “(II) a description of the community-  
9                   driven health care workforce innovation  
10                  model to be carried out under the grant, in-  
11                  cluding the specific professions to be funded;

12                  “(III) the geographic service area that  
13                  will be served, including quantitative data,  
14                  if available, showing that such particular  
15                  area faces a shortage of health professionals  
16                  and lacks access to health care;

17                  “(IV) a description of the benefits pro-  
18                  vided to each health care professional  
19                  trained under the proposed model during  
20                  the education and training phase;

21                  “(V) a description of the experience  
22                  that the applicant has in the recruitment,  
23                  retention, and promotion of the well-being  
24                  of workers and volunteers;

1           “(VI) a description of how the funding  
2           awarded under the Program will supple-  
3           ment rather than supplant existing funding;

4           “(VII) a description of the scalability  
5           and replicability of the community-driven  
6           approach to be funded under the Program;

7           “(VIII) a description of the infrastruc-  
8           ture, outreach and communication plan,  
9           and other program support costs required to  
10          operationalize the proposed model; and

11          “(IX) any other information, as the  
12          Secretary determines appropriate.

13          “(C)(i) An entity shall use amounts received  
14          under a grant awarded under the Program to carry  
15          out the innovative, community-driven model described  
16          in the application under subparagraph (B). Such  
17          amounts may be used for launching new, or expand-  
18          ing existing, innovative health care professional part-  
19          nerships, including the following specific uses:

20                 “(I) Establishing or expanding a partner-  
21                 ship between an eligible entity and 1 or more  
22                 high schools, accredited public or nonprofit pri-  
23                 vate vocational-technical schools, accredited pub-  
24                 lic or nonprofit private 2-year colleges, area  
25                 health education centers, and entities with clin-

1            *ical settings for the provision of education and*  
2            *training opportunities not available at the*  
3            *grantee's facilities.*

4            *“(II) Providing education and training*  
5            *programs to improve allied health professionals’*  
6            *readiness in settings that serve underserved com-*  
7            *munities and rural areas; encouraging students*  
8            *from underserved and disadvantaged back-*  
9            *grounds and former patients to consider careers*  
10           *in health care, and better reflecting and meeting*  
11           *community needs; providing education and*  
12           *training programs for individuals to work in*  
13           *patient-centered, team-based, community-driven*  
14           *health care models that include integration with*  
15           *other clinical practitioners and training in cul-*  
16           *tural and linguistic competence; providing pre-*  
17           *apprenticeship and apprenticeship programs for*  
18           *health care technical, support, and entry-level oc-*  
19           *cupations, particularly for those enrolled in dual*  
20           *or concurrent enrollment programs; building a*  
21           *preceptorship training-to-practice model for med-*  
22           *ical, behavioral health, oral health, and public*  
23           *health disciplines in an integrated, community-*  
24           *driven setting; providing and expanding intern-*  
25           *ships, career ladders, and development opportu-*

1           nities for health care professionals, including  
2           new and existing staff; or investing in training  
3           equipment, supplies, and limited renovations or  
4           retrofitting of training space needed for grantees  
5           to carry out their particular model.

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

11          “(iii) Funding of models under the Program  
12          shall be for a duration of at least 3 years.

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

24          “(E) An entity that receives a grant under the  
25          Program shall provide periodic reports to the Sec-

1        *retary detailing the findings and outcomes of the in-*  
2        *novative, community-driven model carried out under*  
3        *the grant. Such reports shall contain information in*  
4        *a manner and at such times as determined appro-*  
5        *priate by the Secretary.*

6            *“(F) In this paragraph:*

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

18          *“(ii) The term ‘rural area’ has the meaning*  
19          *given such term by the Administrator of the*  
20          *Health Resources and Services Administration.*

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

1            *underserved populations as defined under section*  
2            *330(b)(3).*

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

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

9    **SEC. 212. REVIEW OF AND REPORT ON PROGRAMS SUP-**  
10            **PORTING THE NURSING WORKFORCE.**

11            *The Secretary of Health and Human Services and the*  
12            *Secretary of Labor, jointly, shall—*

13            *(1) conduct a review of all grant programs car-*  
14            *ried out by the Department of Health and Human*  
15            *Services or by the Department of Labor that support*  
16            *the nurse workforce; and*

17            *(2) not later than 1 year after the date of enact-*  
18            *ment of this Act, submit to Congress a report on the*  
19            *review under paragraph (1) that includes rec-*  
20            *ommendations for changes to such grant programs to*  
21            *improve upon the goals of—*

22            *(A) increasing nurse faculty, particularly*  
23            *in underserved areas;*

1           (B) providing pathways for nurses who  
2           have more than 10 years of clinical experience to  
3           become faculty at schools of nursing; and

4           (C) encouraging and increasing the nursing  
5           pipeline through pathways for licensed practical  
6           nurses to become registered nurses.

7 **SEC. 213. REPORT ON IMPACTS TO COMMUNITY HEALTH**  
8           **CENTERS.**

9           Not later than 5 years after the date of enactment of  
10 this Act, the Secretary of Health and Human Services, act-  
11 ing through the Assistant Secretary for Planning and Eval-  
12 uation, shall submit to Congress a report on the impacts  
13 of this title, including the amendments made by this title,  
14 on community health centers. Such report shall consider—

15           (1) current and projected savings or cost impact  
16 on the Medicare program under title XVIII of the So-  
17 cial Security Act (42 U.S.C. 1395 et seq.), the Med-  
18 icaid program under title XIX of such Act (42 U.S.C.  
19 1396 et seq.), and the Children's Health Insurance  
20 Program under title XXI of such Act (42 U.S.C.  
21 1397aa et seq.);

22           (2) current and projected changes in access to  
23 health care, health outcomes, health literacy, and ac-  
24 cess to social care services;



1           (3) *current and projected changes in wait and*  
2 *travel times to access primary care services; and*

3           (4) *contributions to the economies of the commu-*  
4 *nities served by community health centers, including*  
5 *employment opportunities.*

6           ***TITLE III—REDUCING HEALTH***  
7           ***CARE COSTS FOR PATIENTS***

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

12           (a) *IN GENERAL.*—

13                   (1) *PUBLIC HEALTH SERVICE ACT.*—*Section*  
14 *2799A–9 of the Public Health Service Act (42 U.S.C.*  
15 *300gg–119) is amended—*

16                           (A) *by adding at the end the following:*

17                   “*(b) PROTECTING HEALTH PLANS NETWORK DESIGN*  
18 *FLEXIBILITY.*—

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

1           “(A) restricts the group health plan or  
2 health insurance issuer from—

3                   “(i) directing or steering enrollees to  
4 other health care providers; or

5                   “(ii) offering incentives to encourage  
6 enrollees to utilize specific health care pro-  
7 viders;

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

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

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

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

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

9 *“(3) EXCEPTION FOR PLANS AND ISSUERS.—*  
 10 *Paragraph (1)(A) shall not apply to a group health*  
 11 *plan or health insurance issuer offering group or in-*  
 12 *dividual health insurance coverage with respect to—*

13 *“(A) a health maintenance organization (as*  
 14 *defined in section 2791(b)(3)), if such health*  
 15 *maintenance organization operates primarily*  
 16 *through exclusive contracts with multi-specialty*  
 17 *physician groups, nor to any arrangement be-*  
 18 *tween such a health maintenance organization*  
 19 *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 ar-*  
2           *rangements 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 this*  
13          *subsection shall be construed to limit network design*  
14          *or cost or quality initiatives by a group health plan*  
15          *or health insurance issuer, including accountable care*  
16          *organizations, exclusive provider organizations, net-*  
17          *works that tier providers by cost or quality or steer*  
18          *enrollees to centers of excellence, or other pay-for-per-*  
19          *formance programs.*

20          “(6) *COMPLIANCE WITH RESPECT TO ANTITRUST*  
21          *LAWS.*—*Compliance with this subsection does not con-*  
22          *stitute compliance with the antitrust laws, as defined*  
23          *in subsection (a) of the first section of the Clayton Act*  
24          *(15 U.S.C. 12(a)).*

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

19                   (B) by redesignating paragraph (5) of sub-  
 20                   section (a) as subsection (c), adjusting the mar-  
 21                   gin of such subsection accordingly, and transfer-  
 22                   ring such subsection (c) to appear after sub-  
 23                   section (b), as added by subparagraph (A).

24           (2) *EMPLOYEE RETIREMENT INCOME SECURITY*  
 25          *ACT OF 1974*.—Section 724 of the *Employee Retire-*

1 *ment Income Security Act of 1974 (29 U.S.C. 1185m)*  
2 *is amended—*

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

4 *“(b) PROTECTING HEALTH PLANS NETWORK DESIGN*  
5 *FLEXIBILITY.—*

6 *“(1) IN GENERAL.—A group health plan or a*  
7 *health insurance issuer offering group health insur-*  
8 *ance coverage shall not enter into an agreement with*  
9 *a provider, network or association of providers, or*  
10 *other service provider offering access to a network of*  
11 *service providers if such agreement, directly or indi-*  
12 *rectly—*

13 *“(A) restricts the group health plan or*  
14 *health insurance issuer from—*

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

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

20 *“(B) requires the group health plan or*  
21 *health insurance issuer to enter into any addi-*  
22 *tional contract with an affiliate of the provider*  
23 *as a condition of entering into a contract with*  
24 *such provider;*

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

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

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

22           “(3) *EXCEPTION FOR PLANS AND ISSUERS.*—  
23 Paragraph (1)(A) shall not apply to a group health  
24 plan or health insurance issuer offering group health  
25 insurance coverage with respect to—

1           “(A) a health maintenance organization (as  
2           defined in section 733(b)(3)), if such health  
3           maintenance organization operates primarily  
4           through exclusive contracts with multi-specialty  
5           physician groups, nor to any arrangement be-  
6           tween such a health maintenance organization  
7           and its affiliates; or

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

17          “(4) ATTESTATION.—A group health plan or  
18          health insurance issuer offering group health insur-  
19          ance coverage shall annually submit to, as applicable,  
20          the applicable authority described in section 2723 of  
21          the Public Health Service Act or the Secretary of  
22          Labor or the Secretary of the Treasury, an attestation  
23          that such plan or issuer is in compliance with the re-  
24          quirements of this subsection.



1           “(5) *RULE OF CONSTRUCTION.*—*Nothing in this*  
2           *subsection shall be construed to limit network design*  
3           *or cost or quality initiatives by a group health plan*  
4           *or health insurance issuer, including accountable care*  
5           *organizations, exclusive provider organizations, net-*  
6           *works that tier providers by cost or quality or steer*  
7           *enrollees to centers of excellence, or other pay-for-per-*  
8           *formance programs.*

9           “(6) *COMPLIANCE WITH RESPECT TO ANTITRUST*  
10           *LAWS.*—*Compliance with this subsection does not con-*  
11           *stitute compliance with the antitrust laws, as defined*  
12           *in subsection (a) of the first section of the Clayton Act*  
13           *(15 U.S.C. 12(a)).*

14           “(7) *GRANDFATHERING.*—*An applicable State*  
15           *authority may make a determination that the prohi-*  
16           *bitions under paragraph (1) (with respect to condi-*  
17           *tions that would direct or steer enrollees to, or offer*  
18           *incentives to encourage enrollees to use, other health*  
19           *care providers) will not apply in the State with re-*  
20           *spect to any specified agreement that is executed be-*  
21           *fore the date of enactment of the Bipartisan Primary*  
22           *Care and Health Workforce Act, for a maximum*  
23           *length of nonapplicability of up to 10 years from the*  
24           *date of execution of the contract if the applicable*  
25           *State authority determines that the contract is un-*

1 *likely to significantly lessen competition. With respect*  
 2 *to a specified agreement for which an applicable State*  
 3 *authority has made a determination under the pre-*  
 4 *ceding sentence, an applicable State authority may*  
 5 *determine whether renewal of the contract, within the*  
 6 *applicable 10-year period, is allowed.”; and*

7 *(B) by redesignating paragraph (4) of sub-*  
 8 *section (a) as subsection (c), adjusting the mar-*  
 9 *gin of such subsection accordingly, and transfer-*  
 10 *ring such subsection (c) to appear after sub-*  
 11 *section (b), as added by subparagraph (A).*

12 *(3) INTERNAL REVENUE CODE OF 1986.—Section*  
 13 *9824 of the Internal Revenue Code of 1986 is amend-*  
 14 *ed—*

15 *(A) by adding at the end the following:*

16 *“(b) PROTECTING HEALTH PLANS NETWORK DESIGN*  
 17 *FLEXIBILITY.—*

18 *“(1) IN GENERAL.—A group health plan shall*  
 19 *not enter into an agreement with a provider, network*  
 20 *or association of providers, or other service provider*  
 21 *offering access to a network of service providers if*  
 22 *such agreement, directly or indirectly—*

23 *“(A) restricts the group health plan from—*

24 *“(i) directing or steering enrollees to*  
 25 *other health care providers; or*

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

4           “(B) requires the group health plan to enter  
5           into any additional contract with an affiliate of  
6           the provider as a condition of entering into a  
7           contract with such provider;

8           “(C) requires the group health plan to agree  
9           to payment rates or other terms for any affiliate  
10          not party to the contract of the provider in-  
11          volved; or

12          “(D) restricts other group health plans not  
13          party to the contract from paying a lower rate  
14          for items or services than the contracting plan  
15          pays for such items or services.

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

1 *ministrator that the group health plan is not party*  
2 *to, without a disclosure that such terms exist.*

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

6 “(A) *a health maintenance organization (as*  
7 *defined in section 9832(b)(3)), if such health*  
8 *maintenance organization operates primarily*  
9 *through exclusive contracts with multi-specialty*  
10 *physician groups, nor to any arrangement be-*  
11 *tween such a health maintenance organization*  
12 *and its affiliates; or*

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

22 “(4) *ATTESTATION.—A group health plan shall*  
23 *annually submit to, as applicable, the applicable au-*  
24 *thority described in section 2723 of the Public Health*  
25 *Service Act or the Secretary of Labor or the Secretary*

1       *of the Treasury, an attestation that such plan is in*  
2       *compliance with the requirements of this subsection.*

3               “(5) *RULE OF CONSTRUCTION.*—*Nothing in this*  
4       *subsection shall be construed to limit network design*  
5       *or cost or quality initiatives by a group health plan,*  
6       *including accountable care organizations, exclusive*  
7       *provider organizations, networks that tier providers*  
8       *by cost or quality or steer enrollees to centers of excel-*  
9       *lence, or other pay-for-performance programs.*

10              “(6) *COMPLIANCE WITH RESPECT TO ANTITRUST*  
11       *LAWS.*—*Compliance with this subsection does not con-*  
12       *stitute compliance with the antitrust laws, as defined*  
13       *in subsection (a) of the first section of the Clayton Act*  
14       *(15 U.S.C. 12(a)).*

15              “(7) *GRANDFATHERING.*—*An applicable State*  
16       *authority may make a determination that the prohi-*  
17       *bitions under paragraph (1) (with respect to condi-*  
18       *tions that would direct or steer enrollees to, or offer*  
19       *incentives to encourage enrollees to use, other health*  
20       *care providers) will not apply in the State with re-*  
21       *spect to any specified agreement that is executed be-*  
22       *fore the date of enactment of the Bipartisan Primary*  
23       *Care and Health Workforce Act, for a maximum*  
24       *length of nonapplicability of up to 10 years from the*  
25       *date of execution of the contract if the applicable*

1        *State authority determines that the contract is un-*  
 2        *likely to significantly lessen competition. With respect*  
 3        *to a specified agreement for which an applicable State*  
 4        *authority has made a determination under the pre-*  
 5        *ceding sentence, an applicable State authority may*  
 6        *determine whether renewal of the contract, within the*  
 7        *applicable 10-year period, is allowed.”; and*

8                        *(B) by redesignating paragraph (4) of sub-*  
 9                        *section (a) as subsection (c), adjusting the mar-*  
 10                       *gin of such subsection accordingly, and transfer-*  
 11                       *ring such subsection (c) to appear after sub-*  
 12                       *section (b), as added by subparagraph (A).*

13        *(b) REGULATIONS.—Not later than 1 year after the*  
 14        *date of enactment of this Act, the Secretary of Health and*  
 15        *Human Services, the Secretary of Labor, and the Secretary*  
 16        *of the Treasury, jointly, shall promulgate regulations to*  
 17        *carry out section 2799A–9(b) of the Public Health Service*  
 18        *Act, section 724(b) of the Employee Retirement Income Se-*  
 19        *curity Act of 1974, and section 9824(b) of the Internal Rev-*  
 20        *enue Code of 1986, as added by subsection (a).*

21        *(c) EFFECTIVE DATE.—Subsection (b) of section*  
 22        *2799A–9 of the Public Health Service Act, subsection (b)*  
 23        *of section 724 of the Employee Retirement Income Security*  
 24        *Act of 1974, and subsection (b) of section 9824 of the Inter-*  
 25        *nal Revenue Code of 1986 (as added by paragraphs (1),*

1 (2), and (3), respectively, of subsection (a)) shall apply with  
 2 respect to any contract entered into on or after the date  
 3 that is 18 months after the date of enactment of this Act.  
 4 With respect to an applicable contract that is in effect on  
 5 the date of enactment of this Act, such subsection (b) shall  
 6 apply on the earlier of the date of renewal of such contract  
 7 or 3 years after such date of enactment.

8 **SEC. 302. HONEST BILLING REQUIREMENTS APPLICABLE**  
 9 **TO PROVIDERS.**

10 (a) **GROUP HEALTH PLAN AND HEALTH INSURANCE**  
 11 **ISSUER REQUIREMENTS.—**

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

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

18 “A group health plan or health insurance issuer offer-  
 19 ing group or individual health insurance coverage may not  
 20 pay a claim for items and services furnished on or after  
 21 January 1, 2026, to an individual at an off-campus out-  
 22 patient department of a provider (as defined in section  
 23 2799B–10(b)) submitted by a health care provider or facil-  
 24 ity unless such claim submitted by such provider or facility  
 25 includes a separate unique health identifier for the depart-

1 *ment where items and services were furnished, in accord-*  
 2 *ance with section 2799B–10.”.*

3 (2) *EMPLOYEE RETIREMENT INCOME SECURITY*  
 4 *ACT OF 1974.—*

5 (A) *IN GENERAL.—Subpart B of part 7 of*  
 6 *subtitle B of title I of the Employee Retirement*  
 7 *Income Security Act of 1974 (29 U.S.C. 1185 et*  
 8 *seq.) is amended by adding at the end the fol-*  
 9 *lowing:*

10 **“SEC. 726. HONEST BILLING REQUIREMENTS APPLICABLE**  
 11 **TO PLANS AND ISSUERS.**

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

22 (B) *CLERICAL AMENDMENT.—The table of*  
 23 *contents in section 1 of the Employee Retirement*  
 24 *Income Security Act of 1974 (29 U.S.C. 1001 et*



1           *seq.) is amended by inserting after the item re-*  
 2           *lating to section 725 the following new item:*

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

3           (3) *INTERNAL REVENUE CODE OF 1986.*—

4                   (A) *IN GENERAL.*—*Subchapter B of chapter*  
 5           *100 of the Internal Revenue Code of 1986 is*  
 6           *amended by adding at the end the following:*

7   **“SEC. 9826. HONEST BILLING REQUIREMENTS APPLICABLE**  
 8                   **TO PLANS.**

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

18                   (B) *CLERICAL AMENDMENT.*—*The table of*  
 19           *sections for subchapter B of chapter 100 of the*  
 20           *Internal Revenue Code of 1986 is amended by*  
 21           *adding at the end the following new item:*

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

22           (b) *REQUIRING A SEPARATE IDENTIFICATION NUMBER*  
 23   *AND AN ATTESTATION FOR EACH OFF-CAMPUS OUT-*  
 24   *PATIENT DEPARTMENT OF A PROVIDER.*—

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

4           **“SEC. 2799B–10. HONEST BILLING REQUIREMENTS APPLICA-**  
 5           **BLE TO PROVIDERS.**

6           “(a) *REQUIREMENTS RELATING TO UNIQUE HEALTH*  
 7           *IDENTIFIERS.*—*For items and services furnished, on or*  
 8           *after January 1, 2026, at an off-campus outpatient depart-*  
 9           *ment of a provider to a participant, beneficiary, or enrollee*  
 10           *with benefits under a group health plan or group or indi-*  
 11           *vidual health insurance coverage offered by a health insur-*  
 12           *ance issuer, a health care provider or facility may not sub-*  
 13           *mit a claim to the group health plan or health insurance*  
 14           *issuer, bill the participant, beneficiary, or enrollee, or hold*  
 15           *liable the participant, beneficiary, or enrollee, unless—*

16           “(1) *such provider or facility obtains a separate*  
 17           *unique health identifier established for such depart-*  
 18           *ment pursuant to section 1173(b) of the Social Secu-*  
 19           *rity Act; and*

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

23           “(b) *OFF-CAMPUS OUTPATIENT DEPARTMENT OF A*  
 24           *PROVIDER.*—*The term ‘off-campus outpatient department*  
 25           *of a provider’ means a department of a provider (as defined*

1 *in section 413.65(a)(2) of title 42 of the Code of Federal*  
2 *Regulations, as in effect on the date of the enactment of*  
3 *the Bipartisan Primary Care and Health Workforce Act)*  
4 *that is not located—*

5           “(1) *on the campus (as defined in such section*  
6 *413.65(a)(2)) of such provider; or*

7           “(2) *within the distance described in such defini-*  
8 *tion of campus from a remote location of a hospital*  
9 *(as defined in such section 413.65(a)(2)).*

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

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

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

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

5           (2) *CONFORMING AMENDMENT.—Section 2799B–*  
 6           *4(a)(1) of the Public Health Service Act (42 U.S.C.*  
 7           *300gg–134(a)(1)) is amended by inserting “(other*  
 8           *than section 2799B–10)” after “this part”.*

9   **SEC. 303. BANNING FACILITY FEES FOR CERTAIN SERVICES.**

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

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

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

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

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

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

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

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

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

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

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

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

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

1 **SEC. 305. PRICE TRANSPARENCY REQUIREMENTS.**

2 (a) *HOSPITALS.*—Section 2718(e) of the Public Health  
3 Service Act (42 U.S.C. 300gg–18(e)) is amended—

4 (1) by striking “Each hospital” and inserting  
5 the following:

6 “(1) *IN GENERAL.*—Each hospital”;

7 (2) by inserting “, in plain language without  
8 subscription and free of charge, in a consumer-friend-  
9 ly, machine-readable format,” after “a list”; and

10 (3) by adding at the end the following: “Each  
11 hospital shall include in its list of standard charges,  
12 along with such additional information as the Sec-  
13 retary may require with respect to such charges for  
14 purposes of promoting public awareness of hospital  
15 pricing in advance of receiving a hospital item or  
16 service, as applicable, the following:

17 “(A) A description of each item or service  
18 provided by the hospital.

19 “(B) The gross charge.

20 “(C) Any payer-specific negotiated charge  
21 clearly associated with the name of the third-  
22 party payer and plan.

23 “(D) The de-identified minimum negotiated  
24 charge.

25 “(E) The de-identified maximum negotiated  
26 charge.

1           “(F) *The discounted cash price.*

2           “(G) *Any code used by the hospital for pur-*  
3 *poses of accounting or billing, including Current*  
4 *Procedural Terminology (CPT) code, the*  
5 *Healthcare Common Procedure Coding System*  
6 *(HCPCS) code, the Diagnosis Related Group*  
7 *(DRG), the National Drug Code (NDC), or other*  
8 *common payer identifier.*

9           “(2) *DELIVERY METHODS AND USE.—*

10           “(A) *IN GENERAL.—Each hospital shall*  
11 *make public the standard charges described in*  
12 *paragraph (1) for as many of the 70 Centers for*  
13 *Medicaid & Medicare Services-specified*  
14 *shoppable services that are provided by the hos-*  
15 *pital, and as many additional hospital-selected*  
16 *shoppable services as may be necessary for a*  
17 *combined total of at least 300 shoppable services,*  
18 *including the rate at which a hospital provides*  
19 *and bills for that shoppable service. If a hospital*  
20 *does not provide 300 shoppable services in ac-*  
21 *cordance with the previous sentence, the hospital*  
22 *shall make public the information specified*  
23 *under paragraph (1) for as many shoppable*  
24 *services as it provides.*

1           “(B) *DETERMINATION BY CMS.*—A hospital  
2 shall be deemed by the Centers for Medicare &  
3 Medicaid Services to meet the requirements of  
4 subparagraph (A) if the hospital maintains an  
5 internet-based price estimator tool that meets the  
6 following requirements:

7           “(i) *The tool provides estimates for as*  
8 *many of the 70 specified shoppable services*  
9 *that are provided by the hospital, and as*  
10 *many additional hospital-selected shoppable*  
11 *services as may be necessary for a combined*  
12 *total of at least 300 shoppable services.*

13           “(ii) *The tool allows health care con-*  
14 *sumers to, at the time they use the tool, ob-*  
15 *tain an estimate of the amount they will be*  
16 *obligated to pay the hospital for the*  
17 *shoppable service.*

18           “(iii) *The tool is prominently dis-*  
19 *played on the hospital’s website and easily*  
20 *accessible to the public, without subscrip-*  
21 *tion, fee, or having to submit personal iden-*  
22 *tifying information (PII), and searchable*  
23 *by service description, billing code, and*  
24 *payer.*



1           “(3) *DEFINITIONS.*—*Notwithstanding any other*  
2           *provision of law, for the purpose of paragraphs (1)*  
3           *and (2):*

4                   “(A) *DE-IDENTIFIED MAXIMUM NEGOTIATED*  
5                   *CHARGE.*—*The term ‘de-identified maximum ne-*  
6                   *gotiated charge’ means the highest charge that a*  
7                   *hospital has negotiated with all third-party pay-*  
8                   *ers for an item or service.*

9                   “(B) *DE-IDENTIFIED MINIMUM NEGOTIATED*  
10                   *CHARGE.*—*The term ‘de-identified minimum ne-*  
11                   *gotiated charge’ means the lowest charge that a*  
12                   *hospital has negotiated with all third-party pay-*  
13                   *ers for an item or service.*

14                   “(C) *DISCOUNTED CASH PRICE.*—*The term*  
15                   *‘discounted cash price’ means the charge that ap-*  
16                   *plies to an individual who pays cash, or cash*  
17                   *equivalent, for a hospital item or service. Hos-*  
18                   *pitals that do not offer self-pay discounts may*  
19                   *display the hospital’s undiscounted gross charges*  
20                   *as found in the hospital chargemaster.*

21                   “(D) *GROSS CHARGE.*—*The term ‘gross*  
22                   *charge’ means the charge for an individual item*  
23                   *or service that is reflected on a hospital’s*  
24                   *chargemaster, absent any discounts.*

1           “(E)     PAYER-SPECIFIC     NEGOTIATED  
2           CHARGE.—The term ‘payer-specific negotiated  
3           charge’ means the charge that a hospital has ne-  
4           gotiated with a third-party payer for an item or  
5           service.

6           “(F)     SHOPPABLE     SERVICE.—The term  
7           ‘shoppable service’ means a service that can be  
8           scheduled by a health care consumer in advance.

9           “(G)     STANDARD     CHARGES.—The term  
10          ‘standard charges’ means the regular rate estab-  
11          lished by the hospital for an item or service, in-  
12          cluding both individual items and services and  
13          service packages, provided to a specific group of  
14          paying patients, including the gross charge, the  
15          payer-specific negotiated charge, the discounted  
16          cash price, the de-identified minimum negotiated  
17          charge, the de-identified maximum negotiated  
18          charge, and other rates determined by the Sec-  
19          retary.

20          “(H)     THIRD-PARTY     PAYER.—The term  
21          ‘third-party payer’ means an entity that is, by  
22          statute, contract, or agreement, legally respon-  
23          sible for payment of a claim for a health care  
24          item or service.

1           “(4) *ENFORCEMENT.*—*In addition to any other*  
2 *enforcement actions or penalties that may apply*  
3 *under subsection (b)(3) or another provision of law,*  
4 *a hospital that fails to provide the information re-*  
5 *quired by this subsection and has not completed a*  
6 *corrective action plan to comply with the require-*  
7 *ments of such subsection shall be subject to a civil*  
8 *monetary penalty of an amount not to exceed \$300*  
9 *per day that the violation is ongoing as determined*  
10 *by the Secretary. Such penalty shall be imposed and*  
11 *collected in the same manner as civil money penalties*  
12 *under subsection (a) of section 1128A of the Social*  
13 *Security Act are imposed and collected.”.*

14           *(b) TRANSPARENCY IN COVERAGE.*—*Section 1311(e)(3)*  
15 *of the Patient Protection and Affordable Care Act (42*  
16 *U.S.C. 18031(e)(3)) is amended—*

17                   *(1) in subparagraph (A)—*

18                           *(A) by redesignating clause (ix) as clause*  
19 *(xii); and*

20                           *(B) by inserting after clause (viii) the fol-*  
21 *lowing:*

22                                   *“(ix) In-network provider rates for cov-*  
23 *ered items and services.*

1                   “(x) *Out-of-network allowed amounts*  
2                   *and billed charges for covered items and*  
3                   *services.*

4                   “(xi) *Negotiated rates and historical*  
5                   *net prices for covered prescription drugs.*”;

6                   (2) *in subparagraph (B)—*

7                   (A) *in the heading, by striking “USE” and*  
8                   *inserting “DELIVERY METHODS AND USE”;*

9                   (B) *by inserting “and subparagraph (C)”*  
10                   *after “subparagraph (A)”;*

11                   (C) *by inserting “, as applicable” after*  
12                   *“English proficiency”; and*

13                   (D) *by inserting after the second sentence,*  
14                   *the following: “The Secretary shall establish*  
15                   *standards for the methods and formats for dis-*  
16                   *closing information to individuals. At a min-*  
17                   *imum, these standards shall include the fol-*  
18                   *lowing:*

19                   “(i) *An internet-based self-service tool*  
20                   *to provide information to an individual in*  
21                   *plain language, without subscription and*  
22                   *free of charge, in a machine-readable for-*  
23                   *mat, through a self-service tool on an inter-*  
24                   *net website that provides real-time responses*  
25                   *based on cost-sharing information that is*

1           *accurate at the time of the request that al-*  
2           *lows, at a minimum, users to—*

3                   *“(I) search for cost-sharing infor-*  
4                   *mation for a covered item or service*  
5                   *provided by a specific in-network pro-*  
6                   *vider or by all in-network providers;*

7                   *“(II) search for an out-of-network*  
8                   *allowed amount, percentage of billed*  
9                   *charges, or other rate that provides a*  
10                  *reasonably accurate estimate of the*  
11                  *amount an insurer will pay for a cov-*  
12                  *ered item or service provided by out-of-*  
13                  *network providers; and*

14                  *“(III) refine and reorder search*  
15                  *results based on geographic proximity*  
16                  *of in-network providers, and the*  
17                  *amount of the individual’s cost-sharing*  
18                  *liability for the covered item or service,*  
19                  *to the extent the search for cost-sharing*  
20                  *information for covered items or serv-*  
21                  *ices returns multiple results.*

22                  *“(ii) In paper form at the request of*  
23                  *the individual that includes no fewer than*  
24                  *20 providers per request with respect to*  
25                  *which cost-sharing information for covered*

1            *items and services is provided, and discloses*  
2            *the applicable provider, per-request limit to*  
3            *the individual, mailed to the individual not*  
4            *later than 2 business days after receiving*  
5            *an individual’s request.”;*

6            (3) *in subparagraph (C)—*

7            (A) *in the first sentence—*

8            (i) *by striking “The Exchange” and*  
9            *inserting the following:*

10            *“(i) IN GENERAL.—The Exchange”;*

11            (ii) *by inserting “or out-of-network*  
12            *provider” after “item or service by a par-*  
13            *ticipating provider”;* and

14            (iii) *by striking the period and insert-*  
15            *ing the following: “the following informa-*  
16            *tion:*

17            *“(i) An estimate of an individual’s*  
18            *cost-sharing liability for a requested covered*  
19            *item or service furnished by a provider,*  
20            *which shall reflect any cost-sharing reduc-*  
21            *tions the individual would receive.*

22            *“(ii) A description of the accumulated*  
23            *amounts.*

1           “(iii) *The in-network rate, including*  
2           *negotiated rates and underlying fee schedule*  
3           *rates.*

4           “(iv) *The out-of-network allowed*  
5           *amount or any other rate that provides a*  
6           *more accurate estimate of an amount an*  
7           *issuer will pay, including the percent reim-*  
8           *bursed by insurers to out-of-network pro-*  
9           *viders, for the requested covered item or*  
10           *service furnished by an out-of-network pro-*  
11           *vider.*

12           “(v) *A list of the items and services in-*  
13           *cluded in bundled payment arrangements*  
14           *for which cost-sharing information is being*  
15           *disclosed.*

16           “(vi) *A notification that coverage of a*  
17           *specific item or service is subject to a pre-*  
18           *requisite, if applicable.*

19           “(vii) *A notice that includes the fol-*  
20           *lowing information:*

21                   “(I) *A statement that out-of-net-*  
22                   *work providers may bill individuals*  
23                   *for the difference, including the balance*  
24                   *billing, between a provider’s billed*  
25                   *charges and the sum of the amount col-*

1           lected from the insurer in the form of  
2           a copayment or coinsurance amount  
3           and the cost-sharing information.

4           “(II) A statement that the actual  
5           charges for an individual’s covered  
6           item or service may be different from  
7           an estimate of cost-sharing liability de-  
8           pending on the actual items or services  
9           the individual receives at the point of  
10          care.

11          “(III) A statement that the esti-  
12          mate of cost-sharing liability for a cov-  
13          ered item or service is not a guarantee  
14          that benefits will be provided for that  
15          item or service.

16          “(IV) A statement disclosing  
17          whether the plan counts copayment as-  
18          sistance and other third-party pay-  
19          ments in the calculation of the individ-  
20          ual’s deductible and out-of-pocket max-  
21          imum.

22          “(V) For items and services that  
23          are recommended preventive services  
24          under section 2713 of the Public  
25          Health Service Act, a statement that



1           *an in-network item or service may not*  
2           *be subject to cost-sharing if it is billed*  
3           *as a preventive service and the insurer*  
4           *cannot determine whether the request is*  
5           *for a preventive or non-preventive item*  
6           *or service.*

7           “(VI) *Any additional informa-*  
8           *tion, including other disclaimers, that*  
9           *the insurer determines is appropriate,*  
10          *provided the additional information*  
11          *does not conflict with the information*  
12          *required to be provided by this sub-*  
13          *section.”;*

14          *(B) by striking the second sentence; and*

15          *(C) by adding at the end the following:*

16               “(ii) *DEFINITIONS.—Notwithstanding*  
17               *any other provision of law, for the purpose*  
18               *of subparagraphs (A), (B), and (C):*

19                       “(I) *ACCUMULATED AMOUNTS.—*  
20                       *The term ‘accumulated amounts’*  
21                       *means the amount of financial respon-*  
22                       *sibility an individual has incurred at*  
23                       *the time a request for cost-sharing in-*  
24                       *formation is made, with respect to a*  
25                       *deductible or out-of-pocket limit, in-*

1            *cluding any expense that counts to-*  
2            *ward a deductible or out-of-pocket*  
3            *limit, but excluding any expense that*  
4            *does not count toward a deductible or*  
5            *out-of-pocket limit. To the extent an*  
6            *insurer imposes a cumulative treat-*  
7            *ment limitation on a particular cov-*  
8            *ered item or service independent of in-*  
9            *dividual medical necessity determina-*  
10           *tions, the amount that has accrued to-*  
11           *ward the limit on the item or service.*

12                    *“(II) HISTORICAL NET PRICE.—*  
13            *The term ‘historical net price’ means*  
14            *the retrospective average amount an*  
15            *insurer paid for a prescription drug,*  
16            *inclusive of any reasonably allocated*  
17            *rebates, discounts, chargebacks, fees,*  
18            *and any additional price concessions*  
19            *received by the insurer with respect to*  
20            *the prescription drug. The allocation*  
21            *shall be determined by dollar value for*  
22            *non-product specific and product-spe-*  
23            *cific rebates, discounts, chargebacks,*  
24            *fees, and other price concessions to the*  
25            *extent that the total amount of any*

1            *such price concession is known to the*  
2            *insurer at the time of publication of*  
3            *the historical net price.*

4            “(III) *NEGOTIATED RATE.*—*The*  
5            *term ‘negotiated rate’ means the*  
6            *amount a plan or issuer has contrac-*  
7            *tually agreed to pay for a covered item*  
8            *or service, whether directly or indi-*  
9            *rectly through a third-party adminis-*  
10           *trator or pharmacy benefit manager, to*  
11           *an in-network provider, including an*  
12           *in-network pharmacy or other pre-*  
13           *scription drug dispenser, for covered*  
14           *items or services.*

15           “(IV) *OUT-OF-NETWORK ALLOWED*  
16           *AMOUNT.*—*The term ‘out-of-network al-*  
17           *lowed amount’ means the maximum*  
18           *amount an insurer will pay for a cov-*  
19           *ered item or service furnished by an*  
20           *out-of-network provider.*

21           “(V) *OUT-OF-NETWORK LIMIT.*—  
22           *The term ‘out-of-network limit’ means*  
23           *the maximum amount that an indi-*  
24           *vidual is required to pay during a cov-*  
25           *erage period for his or her share of the*

1 *costs of covered items and services*  
 2 *under his or her plan or coverage, in-*  
 3 *cluding for self-only and other than*  
 4 *self-only coverage, as applicable.*

5 *“(VI) UNDERLYING FEE SCHED-*  
 6 *ULE RATE.—The term ‘underlying fee*  
 7 *schedule rate’ means the rate for an*  
 8 *item or service that a plan or issuer*  
 9 *uses to determine a participant’s, bene-*  
 10 *ficiary’s, or enrollee’s cost-sharing li-*  
 11 *ability with respect to a particular*  
 12 *provider or providers, when the rate is*  
 13 *different from the negotiated rate.”;*

14 *(4) in subparagraph (D), by striking “subpara-*  
 15 *graph (A)” and inserting “subparagraphs (A), (B),*  
 16 *and (C)”;* and

17 *(5) by adding at the end the following:*

18 *“(E) APPLICATION OF PARAGRAPH.—In ad-*  
 19 *dition to qualified health plans (and plans seek-*  
 20 *ing certification as qualified health plans), this*  
 21 *paragraph (as amended by the Bipartisan Pri-*  
 22 *mary Care and Health Workforce Act) shall*  
 23 *apply to group health plans (including self-in-*  
 24 *sured and fully insured plans) and health insur-*

1            *ance coverage (as such terms are defined in sec-*  
 2            *tion 2791 of the Public Health Service Act).”.*

3 **SEC. 306. PUBLICATION OF LIST OF HOSPITALS.**

4            *(a) LIST OF HOSPITALS.—Beginning not later than*  
 5 *90 days after the date of enactment of this Act, the Sec-*  
 6 *retary of Health and Human Services (referred to in this*  
 7 *section as the “Secretary”) shall establish and maintain a*  
 8 *publicly available list, on the website of the Centers for*  
 9 *Medicare & Medicaid Services, of each hospital that—*

10            *(1) is not in compliance with the hospital price*  
 11 *transparency rule implementing section 2718(e) of the*  
 12 *Public Health Service Act (42 U.S.C. 300gg–18(e)),*  
 13 *and that, with respect to such noncompliance—*

14            *(A) has been issued a civil monetary pen-*  
 15 *alty;*

16            *(B) has received a warning notice; or*

17            *(C) has received a request for a corrective*  
 18 *action plan; or*

19            *(2) has received any written communication*  
 20 *from the Secretary regarding potential noncompliance*  
 21 *with such hospital price transparency rule.*

22            *(b) FOIA REQUESTS.—Any penalty, notice, request,*  
 23 *or other communication described in subsection (a) shall*  
 24 *be subject to public disclosure, in full and without redac-*  
 25 *tion, under section 552 of title 5, United States Code, not-*

1 *withstanding any exemptions or exclusions otherwise avail-*  
2 *able under such section 552.*

3       (c) *REPORT TO CONGRESS.*—*Not later than 1 year*  
4 *after the date of enactment of this Act and each year there-*  
5 *after, the Secretary shall submit to Congress, and make pub-*  
6 *licly available, a report that contains information regard-*  
7 *ing complaints of alleged violations of law with respect to,*  
8 *and enforcement activities by the Secretary under, the hos-*  
9 *pital price transparency rule implementing section 2718(e)*  
10 *of the Public Health Service Act (42 U.S.C. 300gg–18(e)).*  
11 *Such report shall be made available to the public on the*  
12 *website of the Centers for Medicare & Medicaid Services.*

13       (d) *GAO REPORT.*—*Not later than 1 year after the*  
14 *date of enactment of this Act, the Comptroller General of*  
15 *the United States shall submit to the Committee on Health,*  
16 *Education, Labor, and Pensions of the Senate and the Com-*  
17 *mittee on Ways and Means and the Committee on Energy*  
18 *and Commerce of the House of Representatives a report on*  
19 *compliance and enforcement of the hospital price trans-*  
20 *parency rule implementing section 2718(e) of the Public*  
21 *Health Service Act (42 U.S.C. 300gg–18(e)). The report*  
22 *shall include recommendations related to—*

23               (1) *improving price transparency for patients,*  
24               *employers, and the public;*

1           (2) *the revocation or suspension of tax-exempt*  
2           *status under section 501(c)(3) of the Internal Revenue*  
3           *Code of 1986 for noncompliant hospitals; and*

4           (3) *increased civil monetary penalty amounts to*  
5           *ensure compliance.*

6           (e) *RULEMAKING.—Not later than 180 days after the*  
7           *report described in subsection (d) is published, the Sec-*  
8           *retary, in consultation with the Secretary of the Treasury,*  
9           *shall issue a proposed rule based on the recommendations*  
10          *of the Comptroller General of the United States under sub-*  
11          *section (d), including the recommendations described in*  
12          *paragraphs (2) and (3) of such subsection.*

Calendar No. 242

118<sup>TH</sup> CONGRESS  
1<sup>ST</sup> Session

**S. 2840**

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**A BILL**

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

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NOVEMBER 8, 2023

Reported with an amendment