118TH CONGRESS 1ST SESSION S.

To authorize the Secretary of Health and Human Services to award grants for career support for a skilled, internationally educated health care workforce.

IN THE SENATE OF THE UNITED STATES

Mr. KAINE introduced the following bill; which was read twice and referred to the Committee on ______

A BILL

- To authorize the Secretary of Health and Human Services to award grants for career support for a skilled, internationally educated health care workforce.
 - 1 Be it enacted by the Senate and House of Representa-
 - 2 tives of the United States of America in Congress assembled,

3 SECTION 1. SHORT TITLE.

- 4 This Act may be cited as the "Welcome Back to the
- 5 Health Care Workforce Act".

6 SEC. 2. SUPPORT FOR SKILLED INTERNATIONALLY EDU-7 CATED HEALTH CARE WORKFORCE.

- 8 (a) IN GENERAL.—Subpart 3 of part E of title VII
- 9 of the Public Health Service Act (42 U.S.C. 295f et seq.)
- 10 is amended by adding at the end the following:

1	"SEC. 779. SUPPORT FOR SKILLED INTERNATIONALLY EDU-
2	CATED HEALTH CARE WORKFORCE.
3	"(a) Grants Authorized.—
4	"(1) IN GENERAL.—Not later than 1 year after
5	the date of enactment of the Welcome Back to the
6	Health Care Workforce Act, the Secretary shall
7	award grants to eligible entities to provide career
8	support for internationally educated health care pro-
9	fessionals to integrate into, and expand, the health
10	care workforce.
11	"(2) Consultation.—Before awarding any
12	grants under this section, the Secretary shall consult
13	with the Secretary of Labor and the Secretary of
14	Education.
15	"(b) Application.—
16	"(1) IN GENERAL.—An eligible entity desiring a
17	grant under this section shall submit to the Sec-
18	retary an application at such time, in such manner,
19	and containing such information as the Secretary
20	may require.
21	"(2) CONTENTS.—An application submitted
22	under paragraph (1) shall include—
23	"(A) a description of each project de-
24	scribed in subsection (d) that the eligible entity
25	proposes to develop or continue under the
26	grant;

1	"(B) information demonstrating that the
2	eligible entity has the capacity to fully carry out
3	and administer such projects;
4	"(C) a plan for the proposed projects that
5	includes, at a minimum—
6	"(i) demographic information regard-
7	ing the population to be served by the
8	grant and how the current health care
9	workforce, as of the date of application, is
10	not meeting the health needs of the com-
11	munity to be served, including information
12	on the health care workforce shortages in
13	the area to be served by the grant; and
14	"(ii) a description of how the eligible
15	entity will make use of grant funds to sup-
16	port the identification and advancement of
17	internationally educated health care profes-
18	sionals in the geographic area to be served
19	by the grant;
20	"(D) a description of the eligible entity's
21	experience in working with internationally edu-
22	cated health care professionals;
23	"(E) a description of the partnership the
24	eligible entity has formed with various entities,

1	including institutions of higher education and
2	health care employers; and
3	"(F) any additional information deter-
4	mined relevant by the Secretary.
5	"(c) PRIORITY.—In awarding grants under this sec-
6	tion, the Secretary shall give priority to eligible entities
7	whose projects support the recruitment and retention of—
8	"(1) internationally educated health care pro-
9	fessionals in professions in communities experiencing
10	gaps between their existing health care workforce, as
11	of the date of the application for the grant, and the
12	needs of the community; or
13	((2) internationally educated health care pro-
14	fessionals in rural communities.
15	"(d) Use of Funds.—
16	"(1) Supported projects.—
17	"(A) IN GENERAL.—Subject to paragraphs
18	(2) and (3), an eligible entity receiving a grant
19	under this section shall use grant funds to
20	carry out—
21	"(i) 1 or more system-level improve-
22	ment projects described in subparagraph
23	(B); and

1	"(ii) 1 or more individual-level im-
2	provement projects described in subpara-
3	graph (C).
4	"(B) System-level improvements.—A
5	project described in this subparagraph expands
6	culturally and linguistically competent supports
7	for internationally educated health care profes-
8	sionals, which may include—
9	"(i) establishing a network of partners
10	that offer prerequisite educational opportu-
11	nities and continuing education opportuni-
12	ties;
13	"(ii) developing peer support and
14	mentoring opportunities;
15	"(iii) educating employers regarding
16	the abilities and capacities of internation-
17	ally educated health care professionals;
18	"(iv) developing career ladder oppor-
19	tunities for internationally educated health
20	care professionals, such as—
21	"(I) developing a system to pro-
22	vide ongoing supportive services once
23	employment is obtained;
24	((II) funding leadership develop-
25	ment, continuing education, pre-

1	paratory classes, examinations, and li-
2	censing and certification costs, in
3	order to support health care workforce
4	advancement; or
5	"(III) education and support on
6	how to serve as an educator in a clin-
7	ical or academic setting; or
8	"(v) creating and carrying out
9	projects for the purposes of increasing the
10	retention of internationally educated health
11	care professionals in the health care work-
12	force.
13	"(C) INDIVIDUAL-LEVEL IMPROVE-
14	MENTS.—A project described in this subpara-
15	graph tailors individual support for internation-
16	ally educated health care professionals, which
17	may include—
18	"(i) support for the licensing process;
19	"(ii) funding and facilitating access to
20	accelerated and contextualized courses on
21	English as a second language and board or
22	licensure examination preparation;
23	"(iii) culturally competent individual-
24	ized career counseling and coaching;

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1	"(iv) individualized guidance and sup-
2	port for the credentialing evaluation proc-
3	ess;
4	"(v) providing individualized work-
5	readiness supports and clinical experience
6	and training for internationally educated
7	health care professionals who need such
8	supports, experience, or training;
9	"(vi) educating internationally edu-
10	cated health care professionals employed
11	by the eligible entity on their rights as em-
12	ployees;
13	"(vii) providing individualized sup-
14	portive services to internationally educated
15	health care professionals in order to sup-
16	port their employment, retention, or career
17	advancement, which may include support
18	for living expenses, health care, or trans-
19	portation; or
20	"(viii) assisting internationally edu-
21	cated health care professionals in obtaining
22	overseas academic or training records.
23	"(2) Use for administrative costs.—Each
24	eligible entity receiving a grant under this section
25	may use not more than 10 percent of the grant

funds for costs associated with the administration of
 the projects under this subsection.

3 "(3) MINIMUM REQUIREMENT TO PROVIDE DI4 RECT SUPPORT.—Each eligible entity receiving a
5 grant under this section shall use not less than 20
6 percent of the grant funds to carry out projects de7 scribed in paragraph (1)(B).

"(e) SUPPLEMENT, NOT SUPPLANT.—An eligible en-8 9 tity receiving a grant under this section shall use such 10 grant only to supplement, and not supplant, the amount 11 of funds that otherwise would be available to address the 12 recruitment, training and education, retention, and advancement of internationally educated health care profes-13 14 sionals in the health care workforce of the State or region 15 served by the eligible entity.

16 "(f) EVALUATIONS AND REPORTS.—

17 "(1) REPORTING REQUIREMENTS BY GRANT
18 RECIPIENTS.—

"(A) IN GENERAL.—An eligible entity receiving a grant under this section shall annually
provide a report on the grant to the Secretary,
at such time and containing such data and information as requested by the Secretary.

24 "(B) CONTENTS.—The report submitted
25 under subparagraph (A) shall include—

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1	"(i) the number of internationally
2	educated health care professionals who
3	participated in the projects supported
4	under the grant; and
5	"(ii) for each project carried out
6	under the grant, in the aggregate and
7	disaggregated by the demographic cat-
8	egories as required by the Secretary—
9	"(I) the number of internation-
10	ally educated health care professionals
11	who accessed services, benefits, or
12	supports through the project;
13	"(II) the number of internation-
14	ally educated health care professionals
15	who through the project attained em-
16	ployment in the health care workforce,
17	in the aggregate and disaggregated by
18	occupation and industry;
19	"(III) the number of internation-
20	ally educated health care professionals
21	who participated in the project and
22	withdrew, unsuccessfully attempted to
23	obtain board certification, or were ter-
24	minated from the project without
25	completing training or attaining em-

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1	ployment in the health care workforce;
2	and
3	"(IV) data on the country of edu-
4	cation of the participating internation-
5	ally educated health care profes-
6	sionals.
7	"(2) ANNUAL REPORTS TO CONGRESS BY SEC-
8	RETARY.—Not later than 2 years after the date of
9	enactment of the Welcome Back to the Health Care
10	Workforce Act, and each year thereafter until all
11	projects supported under this section are completed,
12	the Secretary shall prepare and submit to Congress
13	a report on the progress of each project supported
14	under a grant under this section.
15	"(g) DEFINITIONS.—In this section:
16	"(1) ELIGIBLE ENTITY.—The term 'eligible en-
17	tity' means a consortium of 2 or more of the fol-
18	lowing:
19	"(A) A hospital, health system, or other
20	entity that provides health care.
21	"(B) A community-based or other non-
22	profit entity with experience in clinical health or
23	public health services.
24	"(C) An institution of higher education.
25	"(D) An area health education center.

ROM23394 XDT

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1	"(E) A State government, local govern-
2	ment, or Indian Tribe.
3	"(F) A Federally qualified health center.
4	"(G) Any other type of entity determined
5	appropriate by the Secretary.
6	"(2) Employ; Employer.—The terms 'employ'
7	and 'employer' have the meanings given the terms in
8	section 3 of the Fair Labor Standards Act of 1938.
9	"(3) HEALTH CARE WORKFORCE.—The term
10	'health care workforce' means the workforce com-
11	prised of health care providers with direct patient
12	care and support responsibilities and public health
13	workers.
14	"(4) INDIAN TRIBE.—The term 'Indian Tribe'
15	means the recognized governing body of any Indian
16	or Alaska Native Tribe, band, nation, pueblo, village,
17	community band, or component reservation individ-
18	ually identified (including parenthetically) in the list
19	published most recently as of the date of enactment
20	of the Welcome Back to the Health Care Workforce
21	Act, pursuant to section 104 of the Federally Recog-
22	nized Indian Tribe List Act of 1994 (25 U.S.C.
23	5131).
24	"(5) INSTITUTION OF HIGHER EDUCATION.—
25	

25 The term 'institution of higher education' has the

1	meaning given the term in section 102 of the Higher
2	Education Act of 1965.
3	"(6) INTERNATIONALLY EDUCATED HEALTH
4	CARE PROFESSIONAL.—The term 'internationally
5	educated health care professional' means an indi-
6	vidual who—
7	"(A) completed the education requirements
8	for a health care workforce profession in an-
9	other country; and
10	"(B) is—
11	"(i) lawfully admitted for permanent
12	residence;
13	"(ii) admitted as a refugee under sec-
14	tion 207 of the Immigration and Nation-
15	ality Act;
16	"(iii) granted asylum under section
17	208 of such Act; or
18	"(iv) an alien otherwise authorized to
19	be employed in the United States.
20	"(h) AUTHORIZATION OF APPROPRIATIONS.—There
21	are authorized to be appropriated to carry out this section
22	such sums as may be necessary for each of fiscal years
23	2024 through 2028.".