

117TH CONGRESS
2D SESSION

S. 3479

To amend the Public Health Service Act with respect to awards to support community health workers and community health.

IN THE SENATE OF THE UNITED STATES

JANUARY 11 (legislative day, JANUARY 10), 2022

Mr. CASEY (for himself, Mr. TILLIS, Ms. SMITH, and Ms. MURKOWSKI) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act with respect to awards to support community health workers and community health.

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 “Building a Sustainable
5 Workforce for Healthy Communities Act”.

6 **SEC. 2. AWARDS TO SUPPORT COMMUNITY HEALTH WORK-**
7 **ERS AND COMMUNITY HEALTH.**

8 Section 399V of the Public Health Service Act (42
9 U.S.C. 280g–11) is amended—

1 (1) by amending the section heading to read as
2 follows: “**AWARDS TO SUPPORT COMMUNITY**
3 **HEALTH WORKERS AND COMMUNITY HEALTH**”;

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

6 “(a) IN GENERAL.—The Secretary, acting through
7 the Director of the Centers for Disease Control and Pre-
8 vention and in coordination with the Administrator of the
9 Health Resources and Services Administration, shall
10 award grants, contracts, or cooperative agreements to eli-
11 gible entities to promote positive health behaviors and out-
12 comes for populations in medically underserved commu-
13 nities through the use of community health workers, in-
14 cluding by addressing ongoing and longer-term community
15 health needs, and by building the capacity of the commu-
16 nity health worker workforce. Such grants, contracts, and
17 cooperative agreements shall be awarded in alignment and
18 coordination with existing funding arrangements sup-
19 porting community health workers.”;

20 (3) in subsection (b)—

21 (A) in the matter preceding paragraph

22 (1)—

23 (i) by striking “Grants awarded” and
24 inserting “Subject to any requirements for
25 the scope of licensure, registration, or cer-

1 tification of a community health worker
2 under applicable State law, grants, con-
3 tracts, and cooperative agreements award-
4 ed”; and

5 (ii) by striking “support community
6 health workers”;

7 (B) by redesignating paragraphs (3)
8 through (5) as paragraphs (4) through (6), re-
9 spectively;

10 (C) by striking paragraphs (1) and (2) and
11 inserting the following:

12 “(1) recruit, hire, and train community health
13 workers that reflect the needs of the community;

14 “(2) support community health workers in pro-
15 viding education and outreach, in a community set-
16 ting, regarding—

17 “(A) health conditions prevalent in—

18 “(i) medically underserved commu-
19 nities (as defined in section 799B), par-
20 ticularly racial and ethnic minority popu-
21 lations; and

22 “(ii) other such populations or geo-
23 graphic areas that may require additional
24 support during public health emergencies,
25 which may include counties identified by

1 the Secretary using applicable measures
2 developed by the Centers for Disease Con-
3 trol and Prevention or other Federal agen-
4 cies; and

5 “(B) addressing social determinants of
6 health and eliminating health disparities, in-
7 cluding by—

8 “(i) promoting awareness of services
9 and resources to increase access to health
10 care, mental health services, child services,
11 technology, housing services, educational
12 services, nutrition services, employment
13 services, and other services; and

14 “(ii) assisting in conducting individual
15 and community needs assessments;

16 “(3) educate community members, including re-
17 garding effective strategies to promote healthy be-
18 haviors;”;

19 (D) in paragraph (4), as so redesignated,
20 by striking “to educate” and inserting “edu-
21 cate”;

22 (E) in paragraph (5), as so redesignated—

23 (i) by striking “to identify” and in-
24 serting “identify”;

1 (ii) by striking “healthcare agencies”
2 and inserting “health care agencies”; and

3 (iii) by striking “healthcare services
4 and to eliminate duplicative care; or” and
5 inserting “health care services and to
6 streamline care, including serving as a liai-
7 son between communities and health care
8 agencies; and”; and

9 (F) in paragraph (6), as so redesignated—

10 (i) by striking “to educate, guide, and
11 provide” and inserting “support commu-
12 nity health workers in educating, guiding,
13 or providing”; and

14 (ii) by striking “maternal health and
15 prenatal care” and inserting “chronic dis-
16 eases, maternal health, prenatal, and
17 postpartum care in order to improve ma-
18 ternal and infant health outcomes”;

19 (4) in subsection (c), by striking “Each eligible
20 entity” and all that follows through “accompanied
21 by” and inserting “To be eligible to receive an
22 award under subsection (a), an entity shall prepare
23 and submit to the Secretary an application at such
24 time, in such manner, and containing”;

25 (5) in subsection (d)—

1 (A) in the matter preceding paragraph (1),
2 by striking “grants” and inserting “awards”;

3 (B) by amending paragraph (1) to read as
4 follows:

5 “(1) propose to serve—

6 “(A) areas with populations that have a
7 high rate of chronic disease, infant mortality, or
8 maternal morbidity and mortality;

9 “(B) low-income populations, including
10 medically underserved populations (as defined
11 in section 330(b)(3));

12 “(C) populations residing in health profes-
13 sional shortage areas (as defined in section
14 332(a));

15 “(D) populations residing in maternity
16 care health professional target areas identified
17 under section 332(k); or

18 “(E) rural or traditionally underserved
19 populations, including racial and ethnic minor-
20 ity populations or low-income populations;”;

21 (C) in paragraph (2), by striking “; and”
22 and inserting “, including rural populations and
23 racial and ethnic minority populations;”;

24 (D) in paragraph (3), by striking “with
25 community health workers.” and inserting “and

1 established relationships with community health
2 workers in the communities expected to be
3 served by the program; or” and

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

5 “(4) develop a plan for providing services to the
6 extent practicable, in the language and cultural con-
7 text most appropriate to individuals expected to be
8 served by the program.”;

9 (6) in subsection (e)—

10 (A) by striking “community health worker
11 programs” and inserting “eligible entities”; and

12 (B) by striking “and one-stop delivery sys-
13 tems under section 121(e)” and inserting “,
14 health professions schools, minority-serving in-
15 stitutions (defined, for purposes of this sub-
16 section, as institutions and programs described
17 in section 326(e)(1) of the Higher Education
18 Act of 1965 and institutions described in sec-
19 tion 371(a) of such Act), area health education
20 centers under section 751 of this Act, and one-
21 stop delivery systems under section 121”;

22 (7) by striking subsections (f), (g), (h), (i), and
23 (j) and inserting the following:

24 “(f) TECHNICAL ASSISTANCE.—The Secretary may
25 provide to eligible entities that receive awards under sub-

1 section (a) technical assistance with respect to planning,
2 development, and operation of community health worker
3 programs authorized or supported under this section.

4 “(g) DISSEMINATION OF BEST PRACTICES.—Not
5 later than 4 years after the date of enactment of the
6 Building a Sustainable Workforce for Healthy Commu-
7 nities Act, the Secretary shall, based on activities carried
8 out under this section and in consultation with relevant
9 stakeholders, identify and disseminate evidence-based or
10 evidence-informed practices regarding recruitment and re-
11 tention of community health workers and paraprofes-
12 sionals to address ongoing public health and community
13 health needs, and to prepare for, and respond to, future
14 public health emergencies.

15 “(h) REPORT TO CONGRESS.—Not later than 4 years
16 after the date of enactment of the Building a Sustainable
17 Workforce for Healthy Communities Act, the Secretary
18 shall submit to the Committee on Health, Education,
19 Labor, and Pensions of the Senate and the Committee on
20 Energy and Commerce of the House of Representatives
21 a report concerning the effectiveness of the program under
22 this section in addressing ongoing public health and com-
23 munity health needs. Such report shall include rec-
24 ommendations regarding any improvements to such pro-
25 gram, including recommendations for how to improve re-

1 recruitment, training, and retention of the community
2 health workforce.

3 “(i) AUTHORIZATION OF APPROPRIATIONS.—For
4 purposes of carrying out this section, there are authorized
5 to be appropriated such sums as may be necessary for
6 each of fiscal years 2023 through 2027.”;

7 (8) by redesignating subsection (k) as sub-
8 section (j); and

9 (9) in subsection (j), as so redesignated—

10 (A) by striking paragraphs (1), (2), and
11 (4);

12 (B) by redesignating paragraph (3) as
13 paragraph (1);

14 (C) in paragraph (1), as so redesignated—

15 (i) by striking “entity (including a
16 State or public subdivision of a State” and
17 inserting “entity, including a State or po-
18 litical subdivision of a State, an Indian
19 Tribe or Tribal organization, an urban In-
20 dian organization, a community-based or-
21 ganization”; and

22 (ii) by striking “as defined in section
23 1861(aa) of the Social Security Act))” and
24 inserting “(as described in section

1 1861(aa)(4)(B) of the Social Security
2 Act”); and

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

4 “(2) INDIAN TRIBE; TRIBAL ORGANIZATION.—

5 The terms ‘Indian Tribe’ and ‘Tribal organization’
6 have the meanings given the terms ‘Indian tribe’ and
7 ‘tribal organization’, respectively, in section 4 of the
8 Indian Self-Determination and Education Assistance
9 Act.

10 “(3) URBAN INDIAN ORGANIZATION.—The term

11 ‘urban Indian organization’ has the meaning given
12 such term in section 4 of the Indian Health Care
13 Improvement Act.”.

14 **SEC. 3. GAO STUDY AND REPORT.**

15 Not later than 4 years after the date of enactment
16 of this Act, the Comptroller General of the United States
17 shall submit to the Committee on Health, Education,
18 Labor, and Pensions of the Senate and the Committee on
19 Energy and Commerce of the House of Representatives
20 a report on the program authorized under section 399V
21 of the Public Health Service Act (42 U.S.C. 280g–11) (as
22 amended by section 2), including a review of the outcomes
23 and effectiveness of the program and coordination with ap-
24 plicable programs of the Health Resources and Services

- 1 Administration to ensure there is no unnecessary duplica-
- 2 tion of efforts among such programs.

