

119TH CONGRESS
2D SESSION

H. R. 9747

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 HOUSE OF REPRESENTATIVES

JULY 16, 2026

Mr. KRISHNAMOORTHY (for himself and Mr. SMITH of Washington) introduced the following bill; which was referred to the Committee on Energy and Commerce

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”.

1 **SEC. 2. SUPPORT FOR SKILLED INTERNATIONALLY EDU-**
2 **CATED HEALTH CARE WORKFORCE.**

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

6 **“SEC. 779. SUPPORT FOR SKILLED INTERNATIONALLY EDU-**
7 **CATED HEALTH CARE WORKFORCE.**

8 “(a) GRANTS AUTHORIZED.—

9 “(1) IN GENERAL.—Not later than 1 year after
10 the date of enactment of the Welcome Back to the
11 Health Care Workforce Act, the Secretary shall
12 award grants to eligible entities to provide career
13 support for internationally educated health care pro-
14 fessionals to integrate into, and expand, the health
15 care workforce.

16 “(2) CONSULTATION.—Before awarding any
17 grants under this section, the Secretary shall consult
18 with the Secretary of Labor and the Secretary of
19 Education.

20 “(b) APPLICATION.—

21 “(1) IN GENERAL.—An eligible entity desiring a
22 grant under this section shall submit to the Sec-
23 retary an application at such time, in such manner,
24 and containing such information as the Secretary
25 may require.

1 “(2) CONTENTS.—An application submitted
2 under paragraph (1) shall include—

3 “(A) a description of each project de-
4 scribed in subsection (d) that the eligible entity
5 proposes to develop or continue under the
6 grant;

7 “(B) information demonstrating that the
8 eligible entity has the capacity to fully carry out
9 and administer such projects;

10 “(C) a plan for the proposed projects that
11 includes, at a minimum—

12 “(i) demographic information regard-
13 ing the population to be served by the
14 grant and how the current health care
15 workforce, as of the date of application, is
16 not meeting the health needs of the com-
17 munity to be served, including information
18 on the health care workforce shortages in
19 the area to be served by the grant; and

20 “(ii) a description of how the eligible
21 entity will make use of grant funds to sup-
22 port the identification and advancement of
23 internationally educated health care profes-
24 sionals in the geographic area to be served
25 by the grant;

1 “(D) a description of the eligible entity’s
2 experience in working with internationally edu-
3 cated health care professionals;

4 “(E) a description of the partnership the
5 eligible entity has formed with various entities,
6 including institutions of higher education and
7 health care employers; and

8 “(F) any additional information deter-
9 mined relevant by the Secretary.

10 “(c) PRIORITY.—In awarding grants under this sec-
11 tion, the Secretary shall give priority to eligible entities
12 whose projects support the recruitment and retention of—

13 “(1) internationally educated health care pro-
14 fessionals in professions in communities experiencing
15 gaps between their existing health care workforce, as
16 of the date of the application for the grant, and the
17 needs of the community; or

18 “(2) internationally educated health care pro-
19 fessionals in rural communities.

20 “(d) USE OF FUNDS.—

21 “(1) SUPPORTED PROJECTS.—

22 “(A) IN GENERAL.—Subject to paragraphs
23 (2) and (3), an eligible entity receiving a grant
24 under this section shall use grant funds to
25 carry out—

1 “(i) 1 or more system-level improve-
2 ment projects described in subparagraph
3 (B); and

4 “(ii) 1 or more individual-level im-
5 provement projects described in subpara-
6 graph (C).

7 “(B) SYSTEM-LEVEL IMPROVEMENTS.—A
8 project described in this subparagraph expands
9 culturally and linguistically competent supports
10 for internationally educated health care profes-
11 sionals, which may include—

12 “(i) establishing a network of partners
13 that offer prerequisite educational opportu-
14 nities and continuing education opportuni-
15 ties;

16 “(ii) developing peer support and
17 mentoring opportunities;

18 “(iii) educating employers regarding
19 the abilities and capacities of internation-
20 ally educated health care professionals;

21 “(iv) developing career ladder oppor-
22 tunities for internationally educated health
23 care professionals, such as—

1 “(I) developing a system to pro-
2 vide ongoing supportive services once
3 employment is obtained;

4 “(II) funding leadership develop-
5 ment, continuing education, pre-
6 paratory classes, examinations, and li-
7 censing and certification costs, in
8 order to support health care workforce
9 advancement; or

10 “(III) education and support on
11 how to serve as an educator in a clin-
12 ical or academic setting; or

13 “(v) creating and carrying out
14 projects for the purposes of increasing the
15 retention of internationally educated health
16 care professionals in the health care work-
17 force.

18 “(C) INDIVIDUAL-LEVEL IMPROVE-
19 MENTS.—A project described in this subpara-
20 graph tailors individual support for internation-
21 ally educated health care professionals, which
22 may include—

23 “(i) support for the licensing process;

24 “(ii) funding and facilitating access to
25 accelerated and contextualized courses on

1 English as a second language and board or
2 licensure examination preparation;

3 “(iii) culturally competent individual-
4 ized career counseling and coaching;

5 “(iv) individualized guidance and sup-
6 port for the credentialing evaluation proc-
7 ess;

8 “(v) providing individualized work-
9 readiness supports and clinical experience
10 and training for internationally educated
11 health care professionals who need such
12 supports, experience, or training;

13 “(vi) educating internationally edu-
14 cated health care professionals employed
15 by the eligible entity on their rights as em-
16 ployees;

17 “(vii) providing individualized sup-
18 portive services to internationally educated
19 health care professionals in order to sup-
20 port their employment, retention, or career
21 advancement, which may include support
22 for living expenses, health care, or trans-
23 portation; or

1 “(viii) assisting internationally edu-
2 cated health care professionals in obtaining
3 overseas academic or training records.

4 “(2) USE FOR ADMINISTRATIVE COSTS.—Each
5 eligible entity receiving a grant under this section
6 may use not more than 10 percent of the grant
7 funds for costs associated with the administration of
8 the projects under this subsection.

9 “(3) MINIMUM REQUIREMENT TO PROVIDE DI-
10 RECT SUPPORT.—Each eligible entity receiving a
11 grant under this section shall use not less than 20
12 percent of the grant funds to carry out projects de-
13 scribed in paragraph (1)(B).

14 “(e) SUPPLEMENT, NOT SUPPLANT.—An eligible en-
15 tity receiving a grant under this section shall use such
16 grant only to supplement, and not supplant, the amount
17 of funds that otherwise would be available to address the
18 recruitment, training and education, retention, and ad-
19 vancement of internationally educated health care profes-
20 sionals in the health care workforce of the State or region
21 served by the eligible entity.

22 “(f) EVALUATIONS AND REPORTS.—

23 “(1) REPORTING REQUIREMENTS BY GRANT
24 RECIPIENTS.—

1 “(A) IN GENERAL.—An eligible entity re-
2 ceiving a grant under this section shall annually
3 provide a report on the grant to the Secretary,
4 at such time and containing such data and in-
5 formation as requested by the Secretary.

6 “(B) CONTENTS.—The report submitted
7 under subparagraph (A) shall include—

8 “(i) the number of internationally
9 educated health care professionals who
10 participated in the projects supported
11 under the grant; and

12 “(ii) for each project carried out
13 under the grant, in the aggregate and
14 disaggregated by the demographic cat-
15 egories as required by the Secretary—

16 “(I) the number of internation-
17 ally educated health care professionals
18 who accessed services, benefits, or
19 supports through the project;

20 “(II) the number of internation-
21 ally educated health care professionals
22 who through the project attained em-
23 ployment in the health care workforce,
24 in the aggregate and disaggregated by
25 occupation and industry;

1 “(III) the number of internation-
2 ally educated health care professionals
3 who participated in the project and
4 withdrew, unsuccessfully attempted to
5 obtain board certification, or were ter-
6 minated from the project without
7 completing training or attaining em-
8 ployment in the health care workforce;
9 and

10 “(IV) data on the country of edu-
11 cation of the participating internation-
12 ally educated health care profes-
13 sionals.

14 “(2) ANNUAL REPORTS TO CONGRESS BY SEC-
15 RETARY.—Not later than 2 years after the date of
16 enactment of the Welcome Back to the Health Care
17 Workforce Act, and each year thereafter until all
18 projects supported under this section are completed,
19 the Secretary shall prepare and submit to Congress
20 a report on the progress of each project supported
21 under a grant under this section.

22 “(g) DEFINITIONS.—In this section:

23 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-
24 tity’ means a consortium of 2 or more of the fol-
25 lowing:

1 “(A) A hospital, health system, or other
2 entity that provides health care.

3 “(B) A community-based or other non-
4 profit entity with experience in clinical health or
5 public health services.

6 “(C) An institution of higher education.

7 “(D) An area health education center.

8 “(E) A State government, local govern-
9 ment, or Indian Tribe.

10 “(F) A Federally qualified health center.

11 “(G) Any other type of entity determined
12 appropriate by the Secretary.

13 “(2) EMPLOY; EMPLOYER.—The terms ‘employ’
14 and ‘employer’ have the meanings given the terms in
15 section 3 of the Fair Labor Standards Act of 1938.

16 “(3) HEALTH CARE WORKFORCE.—The term
17 ‘health care workforce’ means the workforce com-
18 prised of health care providers with direct patient
19 care and support responsibilities and public health
20 workers.

21 “(4) INDIAN TRIBE.—The term ‘Indian Tribe’
22 has the meaning given the term in section 4 of the
23 Indian Self-Determination and Education Assistance
24 Act.

1 “(5) INSTITUTION OF HIGHER EDUCATION.—

2 The term ‘institution of higher education’ has the
3 meaning given the term in section 102 of the Higher
4 Education Act of 1965.

5 “(6) INTERNATIONALLY EDUCATED HEALTH
6 CARE PROFESSIONAL.—The term ‘internationally
7 educated health care professional’ means an indi-
8 vidual who—

9 “(A) completed the education requirements
10 for a health care workforce profession in an-
11 other country; and

12 “(B) is—

13 “(i) lawfully admitted for permanent
14 residence;

15 “(ii) admitted as a refugee under sec-
16 tion 207 of the Immigration and Nation-
17 ality Act;

18 “(iii) granted asylum under section
19 208 of such Act; or

20 “(iv) an alien otherwise authorized to
21 be employed in the United States.

22 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated to carry out this section

- 1 such sums as may be necessary for each of fiscal years
- 2 2027 through 2031.”.

