

ALLIED HEALTH WORKFORCE DIVERSITY ACT OF 2021

DECEMBER 8, 2021.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,  
submitted the following

R E P O R T

[To accompany H.R. 3320]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 3320) to amend title VII of the Public Health Service Act to authorize assistance for increasing workforce diversity in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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The amendment is as follows:

Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Allied Health Workforce Diversity Act of 2021”.

**SEC. 2. INCREASING WORKFORCE DIVERSITY IN THE PROFESSIONS OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, RESPIRATORY THERAPY, AUDIOLOGY, AND SPEECH-LANGUAGE PATHOLOGY.**

Title VII of the Public Health Service Act is amended—

- (1) by redesignating part G (42 U.S.C. 295j et seq.) as part H; and
- (2) by inserting after part F (42 U.S.C. 295h) the following new part:

**“PART G—INCREASING WORKFORCE DIVERSITY IN THE PROFESSIONS OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, RESPIRATORY THERAPY, AUDIOLOGY, AND SPEECH-LANGUAGE PATHOLOGY**

**“SEC. 783. SCHOLARSHIPS AND STIPENDS.**

“(a) **IN GENERAL.**—The Secretary may award grants and contracts to eligible entities to increase educational opportunities in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology for eligible individuals by—

“(1) providing student scholarships or stipends, including for—

- “(A) completion of an accelerated degree program;
- “(B) completion of an associate’s, bachelor’s, master’s, or doctoral degree program; and
- “(C) entry by a diploma or associate’s degree practitioner into a bridge or degree completion program;

“(2) providing assistance for completion of prerequisite courses or other preparation necessary for acceptance for enrollment in the eligible entity; and

“(3) carrying out activities to increase the retention of students in one or more programs in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology.

“(b) **CONSIDERATION OF RECOMMENDATIONS.**—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of national organizations representing the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology, including the American Physical Therapy Association, the American Occupational Therapy Association, the American Speech-Language-Hearing Association, the American Association for Respiratory Care, the American Academy of Audiology, and the Academy of Doctors of Audiology.

“(c) **REQUIRED INFORMATION AND CONDITIONS FOR AWARD RECIPIENTS.**—

“(1) **IN GENERAL.**—The Secretary may require recipients of awards under this section to report to the Secretary concerning the annual admission, retention, and graduation rates for eligible individuals in programs of the recipient leading to a degree in any of the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology.

“(2) **FALLING RATES.**—If any of the rates reported by a recipient under paragraph (1) fall below the average for such recipient over the two years preceding the year covered by the report, the recipient shall provide the Secretary with plans for immediately improving such rates.

“(3) **INELIGIBILITY.**—A recipient described in paragraph (2) shall be ineligible for continued funding under this section if the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.

“(d) **DEFINITIONS.**—In this section:

“(1) **ELIGIBLE ENTITIES.**—The term ‘eligible entity’ means an accredited education program that is carrying out a program for recruiting and retaining students underrepresented in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology (including racial or ethnic minorities, or students from disadvantaged backgrounds).

“(2) **ELIGIBLE INDIVIDUAL.**—The term ‘eligible individual’ means an individual who—

“(A) is a member of a class of persons who are underrepresented in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology, including individuals who are—

- “(i) racial or ethnic minorities;
- “(ii) from disadvantaged backgrounds; or
- “(iii) individuals with a disability (as defined in section 3(1) of the Americans with Disabilities Act of 1990), or who have an individualized education program (as defined in section 602 of the Individuals with Disabilities Education Act), are covered under section 504 of the Rehabilitation Act of 1973, or have other documentation establishing the

student’s disability (as such term is defined in section 3(1) of the Americans with Disabilities Act of 1990);

“(B) has a financial need for a scholarship or stipend; and

“(C) is enrolled (or accepted for enrollment) at an audiology, speech-language pathology, respiratory therapy, physical therapy, or occupational therapy program as a full-time student at an eligible entity.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$8,000,000 for the first fiscal year commencing after the date of enactment of the Allied Health Workforce Diversity Act of 2021 and each of the 4 succeeding fiscal years.”

**SEC. 3. ELIGIBILITY CLARIFICATION REGARDING STUDENTS SUPPORTED THROUGH MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.**

Section 756(a)(1) of the Public Health Service Act (42 U.S.C. 294e–1(a)(1)) is amended by inserting after “occupational therapy” the following: “(which may include master’s and doctoral level programs)”.

## I. PURPOSE AND SUMMARY

H.R. 3320, the “Allied Health Workforce Diversity Act of 2021,” would allow the Secretary of Health and Human Services (HHS) to award grants and contracts to accredited education programs to increase diversity in the physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology professions. The bill authorizes \$8 million for each fiscal year for five years following enactment, and such funding may be used to provide scholarships or stipends and to carry out activities to support recruitment and retention of students from underrepresented groups.

## II. BACKGROUND AND NEED FOR LEGISLATION

According to data collected by the Association of American Medical Colleges, 5.8 percent of active physicians identified as Hispanic and five percent identified as Black or African American.<sup>1</sup> When considering a wider pool of healthcare professions such as advanced practice registered nurses, dentists, occupational therapists, pharmacists, physical therapists, physician assistants, respiratory therapists, and speech-language pathologists, Black, Hispanic, and Native American people remain significantly underrepresented relative to their representation in the current workforce.<sup>2</sup> This trend has only marginally improved over the last two decades.<sup>3</sup>

This lack of diversity is also observed within the allied health workforce. Allied health professions are those that are distinct from medicine and nursing and “use scientific principles and evidence-based practice for the diagnosis, evaluation and treatment of acute and chronic diseases; promote disease prevention and wellness for optimum health; and apply administration and management skills to support health care systems in a variety of settings.”<sup>4</sup>

Some examples of allied health professionals include but are not limited to dental hygienists, diagnostic medical sonographers, dietitians, medical technologists, occupational therapists, physical

<sup>1</sup>Association of American Medical Colleges, *Diversity in Medicine: Facts and Figures 2019* ([www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018](http://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018)) (accessed Nov. 30, 2021).

<sup>2</sup>See note 1.

<sup>3</sup>Dan P. Ly and Anupam B. Jena, *Trends in Diversity and Representativeness of Health Care Workers in the United States, 2000 to 2019*, JAMA Network (July 15, 2021) ([doi.org/10.1001/jamanetworkopen.2021.17086](https://doi.org/10.1001/jamanetworkopen.2021.17086)).

<sup>4</sup>Association of Schools Advancing Health Professions, *What Is Allied Health?* (accessed Nov. 30, 2021) ([www.asahp.org/what-is](http://www.asahp.org/what-is)).

therapists, radiographers, respiratory therapists, and speech language pathologists.<sup>5</sup> Data from the Bureau of Labor Statistics indicate that the allied health professions in particular are severely lacking in racial and ethnic diversity; less than five percent of these professionals are Black and less than seven percent are Hispanic.<sup>6</sup>

Increasing diversity in the health workforce has been found to be positively associated with better care.<sup>7</sup> Studies have found that concordance between the race of healthcare providers and patients is correlated with improved patient health outcomes, patient satisfaction, and communication.<sup>8</sup> Additionally, a more diverse health workforce is critical to addressing the needs of patients in medically underserved areas.<sup>9 10</sup> In a time when minority populations continue to experience a disproportionate burden of preventable disease, death, and disability, a more diverse healthcare workforce may be helpful in addressing these disparities.<sup>11</sup>

For these reasons, H.R. 3320 aims to improve diversity in the physical therapy, occupation therapy, respiratory therapy, audiology, and speech-language pathology professions, by allowing the HHS Secretary to award grants and contracts to support scholarships and stipends, preparatory resources, and retention activities for individuals underrepresented in these fields. This program is modeled after the Title VIII Nursing Workforce Diversity program, which has successfully increased the percentage of racial and ethnic minorities pursuing careers in nursing.

### III. COMMITTEE HEARINGS

For the purposes of section 3(c) of rule XIII of the Rules of the House of Representatives, the following hearing was used to develop or consider H.R. 3320:

The Subcommittee on Health held a legislative hearing on October 26, 2021, entitled “Caring for America: Legislation to Support Patients, Caregivers, and Providers.” The Subcommittee received testimony from the following witnesses:

- Corey Feist, Founder, Dr. Lorna Breen Foundation;
- Lisa Macon Harrison, M.P.H., President, National Association of County and City Health Officials (NACCHO);
- Brooks A. Keel, Ph.D., President, Augusta University;
- Alan Levine, Executive Chairman, President, and CEO, Ballad Health;
- Jeanne Marrazzo, M.D., Board Member, Infectious Disease Society of America, Infectious Disease Division Chief, University of Alabama at Birmingham;

<sup>5</sup> *Id.*

<sup>6</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis, *Sex, Race, and Ethnic Diversity of U.S. Health Occupations (2011-2015)* (Aug. 2017) ([bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations.pdf](http://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/diversity-us-health-occupations.pdf)).

<sup>7</sup> L. E. Gomez and Patrick Bernet, *Diversity Improves Performance and Outcomes*, Journal of the National Medical Association (Aug. 2019) ([doi.org/10.1016/j.jnma.2019.01.006](https://doi.org/10.1016/j.jnma.2019.01.006)).

<sup>8</sup> Kirsten Wilbur et al., *Developing Workforce Diversity in the Health Professions: A Social Justice Perspective*, Health Professions Education (June 1, 2020) ([doi.org/10.1016/j.hpe.2020.01.002](https://doi.org/10.1016/j.hpe.2020.01.002)).

<sup>9</sup> *Id.*

<sup>10</sup> Lyndonna M. Marrast et al., *Minority Physicians’ Role in the Care of Underserved Patients: Diversifying the Physician Workforce May Be Key in Addressing Health Disparities*, JAMA Internal Medicine (Feb. 1, 2014) ([doi.org/10.1001/jamainternmed.2013.12756](https://doi.org/10.1001/jamainternmed.2013.12756)).

<sup>11</sup> U.S. Department of Health and Human Services, *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* ([minorityhealth.hhs.gov/assets/pdf/hhs/HHS\\_Plan\\_complete.pdf](http://minorityhealth.hhs.gov/assets/pdf/hhs/HHS_Plan_complete.pdf)).

- Stephanie Monroe, J.D., Director of Equity and Access, UsAgainstAlzheimer's, Executive Director, AfricanAmericansAgainstAlzheimer's; and
- Victoria Garcia Wilburn, D.H.Sc., O.T.R., F.A.O.T.A., Assistant Professor in Occupational Therapy, IUPUI School of Health & Human Sciences.

#### IV. COMMITTEE CONSIDERATION

H.R. 3320, the "Allied Health Workforce Diversity Act of 2021," was introduced on May 18, 2021, by Representatives Rush (D-IL) and Mullin (R-OK) and referred to Committee on Energy and Commerce. Subsequently, on May 19, 2021, the bill was referred to the Subcommittee on Health.

On November 4, 2021, the Subcommittee on Health met in open markup session, pursuant to notice, to consider H.R. 3320 and eight other bills. During consideration of the bill, an amendment in the nature of a substitute (AINS) offered by Representative Matsui (D-CA) was agreed to by a voice vote. Upon conclusion of consideration of the bill, the Subcommittee on Health agreed to report the bill favorably to the full Committee, amended, by a voice vote.

On November 17, 2021, the full Committee met in open markup session, pursuant to notice, to consider H.R. 3320 and 11 other bills. No amendments were offered during consideration of the bill. Upon conclusion of consideration of the bill, the full Committee agreed to a motion on final passage offered by Representative Pallone (D-NJ), Chairman of the Committee, to order H.R. 3320 reported favorably to the House, as amended, by a voice vote.

#### V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. The Committee advises that there were no record votes taken on H.R. 3320, including a motion by Mr. Pallone ordering H.R. 3320 favorably reported to the House, as amended.

#### VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

#### VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, spending authority, credit

authority, or an increase or decrease in revenues or tax expenditures.

#### VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

#### IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to support efforts to increase the diversity in the physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology professions.

#### X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 3320 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111–139 or the most recent Catalog of Federal Domestic Assistance.

#### XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

#### XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 3320 contains no earmarks, limited tax benefits, or limited tariff benefits.

#### XIII. ADVISORY COMMITTEE STATEMENT

No advisory committee within the meaning of section 5(b) of the Federal Advisory Committee Act was created by this legislation.

#### XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

#### XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

##### *Section 1. Short title*

Section 1 designates that the Act may be cited as the “Allied Health Workforce Diversity Act of 2021.”

*Sec. 2. Increasing workforce diversity in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology*

Section 2 amends the Public Health Service Act (PHSA) authorizing the Secretary to award grants and contracts to eligible entities to increase diversity in the physical therapy, occupation therapy, respiratory therapy, audiology, and speech-language pathology professions. Grants and contracts may be used to provide student scholarships or stipends for the completion of select degree programs, assistance for completion of prerequisite courses or other preparation necessary for enrollment in accredited education programs, and to carry out activities to ensure the retention of students.

Section 2 requires the Secretary to consider the recommendations of national organizations representing the professions of interest when awarding grants and contracts.

Section 2 requires award recipients to report information regarding annual admission, retention, and graduation rates for eligible individuals. If rates reported by a recipient fall below the average of the previous two years, the recipient must provide the Secretary with plans for immediately improving rates. If the plan of the recipient fails to improve rates within one-year of plan implementation, the recipient becomes ineligible for continued funding.

Section 2 also specifies definitions for eligible entities and individuals. Eligible entities are defined as accredited education programs in physical therapy, occupational therapy, respiratory therapy, audiology, and speech pathology professions. Eligible individuals are defined as those who are (1) underrepresented in the professions of interest, specifically, racial or ethnic minorities, from disadvantaged backgrounds, or individuals with a disability; (2) in financial need for a scholarship or stipend; and (3) enrolled or accepted for enrollment at an eligible entity for a program in the professions of interest.

Finally, Section 2 authorizes \$8 million for each of the five fiscal years following enactment.

*Sec. 3. Eligibility clarification regarding students supported through mental and behavioral health education and training grants*

Section 3 amends the PHSA to make eligible accredited institutions of higher education or professional training that are establishing or expanding master's and doctoral level programs related to occupational therapy for grants to support the recruitment of students by the Secretary.

XVI. CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

## PUBLIC HEALTH SERVICE ACT

**TITLE VII—HEALTH PROFESSIONS  
EDUCATION**

\* \* \* \* \*

**PART D—INTERDISCIPLINARY, COMMUNITY-  
BASED LINKAGES**

\* \* \* \* \*

**SEC. 756. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.**

(a) GRANTS AUTHORIZED.—The Secretary may award grants to eligible institutions to support the recruitment of students for, and education and clinical experience of the students in—

(1) accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing (which may include master's and doctoral level programs), social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, occupational therapy (*which may include master's and doctoral level programs*), school counseling, or professional counseling, including such programs with a focus on child and adolescent mental health, trauma, and transitional-age youth;

(2) accredited doctoral, internship, and post-doctoral residency programs of health service psychology (including clinical psychology, counseling, and school psychology) for the development and implementation of interdisciplinary training of psychology graduate students for providing behavioral health services, including trauma-informed care and substance use disorder prevention and treatment services, as well as the development of faculty in health service psychology;

(3) accredited master's and doctoral degree programs of social work for the development and implementation of interdisciplinary training of social work graduate students for providing behavioral health services, including trauma-informed care and substance use disorder prevention and treatment services, and the development of faculty in social work; and

(4) State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for preservice or in-service training in a behavioral health-related paraprofessional field with preference for preservice or in-service training of paraprofessional child and adolescent mental health workers.

(b) ELIGIBILITY REQUIREMENTS.—To be eligible for a grant under this section, an institution shall demonstrate—

(1) an ability to recruit and place the students described in subsection (a) in areas with a high need and high demand population;



(2) participation in the institutions' programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations;

(3) knowledge and understanding of the concerns of the individuals and groups described in paragraph (2), especially individuals with mental disorder symptoms or diagnoses, particularly children and adolescents, and transitional-age youth;

(4) any internship or other field placement program assisted under the grant will prioritize cultural and linguistic competency; and

(5) the institution will provide to the Secretary such data, assurances, and information as the Secretary may require.

(c) INSTITUTIONAL REQUIREMENT.—For grants awarded under paragraphs (2) and (3) of subsection (a), at least 4 of the grant recipients shall be historically black colleges or universities or other minority-serving institutions.

(d) PRIORITY.—In selecting grant recipients under this section, the Secretary shall give priority to—

(1) programs that have demonstrated the ability to train psychology, psychiatry, and social work professionals to work in integrated care settings for purposes of recipients under paragraphs (1), (2), and (3) of subsection (a); and

(2) programs for paraprofessionals that emphasize the role of the family and the lived experience of the consumer and family-paraprofessional partnerships for purposes of recipients under subsection (a)(4).

(e) REPORT TO CONGRESS.—Not later than 4 years after the date of enactment of the Helping Families in Mental Health Crisis Reform Act of 2016, the Secretary shall include in the biennial report submitted to Congress under section 501(m) an assessment on the effectiveness of the grants under this section in—

(1) providing graduate students support for experiential training (internship or field placement);

(2) recruiting students interested in behavioral health practice;

(3) recruiting students in accordance with subsection (b)(1);

(4) developing and implementing interprofessional training and integration within primary care;

(5) developing and implementing accredited field placements and internships; and

(6) collecting data on the number of students trained in behavioral health care and the number of available accredited internships and field placements.

(f) AUTHORIZATION OF APPROPRIATIONS.—For each of fiscal years 2019 through 2023, there are authorized to be appropriated to carry out this section \$50,000,000, to be allocated as follows:

(1) For grants described in subsection (a)(1), \$15,000,000.

(2) For grants described in subsection (a)(2), \$15,000,000.

(3) For grants described in subsection (a)(3), \$10,000,000.

(4) For grants described in subsection (a)(4), \$10,000,000.

\* \* \* \* \*

**PART G—INCREASING WORKFORCE DIVERSITY  
IN THE PROFESSIONS OF PHYSICAL THER-  
APY, OCCUPATIONAL THERAPY, RES-  
PIRATORY THERAPY, AUDIOLOGY, AND  
SPEECH-LANGUAGE PATHOLOGY**

**SEC. 783. SCHOLARSHIPS AND STIPENDS.**

(a) *IN GENERAL.*—The Secretary may award grants and contracts to eligible entities to increase educational opportunities in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology for eligible individuals by—

(1) providing student scholarships or stipends, including for—

(A) completion of an accelerated degree program;

(B) completion of an associate's, bachelor's, master's, or doctoral degree program; and

(C) entry by a diploma or associate's degree practitioner into a bridge or degree completion program;

(2) providing assistance for completion of prerequisite courses or other preparation necessary for acceptance for enrollment in the eligible entity; and

(3) carrying out activities to increase the retention of students in one or more programs in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology.

(b) *CONSIDERATION OF RECOMMENDATIONS.*—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of national organizations representing the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology, including the American Physical Therapy Association, the American Occupational Therapy Association, the American Speech-Language-Hearing Association, the American Association for Respiratory Care, the American Academy of Audiology, and the Academy of Doctors of Audiology.

(c) *REQUIRED INFORMATION AND CONDITIONS FOR AWARD RECIPIENTS.*—

(1) *IN GENERAL.*—The Secretary may require recipients of awards under this section to report to the Secretary concerning the annual admission, retention, and graduation rates for eligible individuals in programs of the recipient leading to a degree in any of the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology.

(2) *FALLING RATES.*—If any of the rates reported by a recipient under paragraph (1) fall below the average for such recipient over the two years preceding the year covered by the report, the recipient shall provide the Secretary with plans for immediately improving such rates.

(3) *INELIGIBILITY.*—A recipient described in paragraph (2) shall be ineligible for continued funding under this section if the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.

(d) *DEFINITIONS.*—In this section:

(1) *ELIGIBLE ENTITIES.*—The term “eligible entity” means an accredited education program that is carrying out a program for recruiting and retaining students underrepresented in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology (including racial or ethnic minorities, or students from disadvantaged backgrounds).

(2) *ELIGIBLE INDIVIDUAL.*—The term “eligible individual” means an individual who—

(A) is a member of a class of persons who are underrepresented in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology, including individuals who are—

(i) racial or ethnic minorities;

(ii) from disadvantaged backgrounds; or

(iii) individuals with a disability (as defined in section 3(1) of the Americans with Disabilities Act of 1990), or who have an individualized education program (as defined in section 602 of the Individuals with Disabilities Education Act), are covered under section 504 of the Rehabilitation Act of 1973, or have other documentation establishing the student’s disability (as such term is defined in section 3(1) of the Americans with Disabilities Act of 1990);

(B) has a financial need for a scholarship or stipend; and

(C) is enrolled (or accepted for enrollment) at an audiology, speech-language pathology, respiratory therapy, physical therapy, or occupational therapy program as a full-time student at an eligible entity.

(e) *AUTHORIZATION OF APPROPRIATIONS.*—There is authorized to be appropriated to carry out this section \$8,000,000 for the first fiscal year commencing after the date of enactment of the Allied Health Workforce Diversity Act of 2021 and each of the 4 succeeding fiscal years.

## **PART [G] H—GENERAL PROVISIONS**

### **SEC. 791. PREFERENCES AND REQUIRED INFORMATION IN CERTAIN PROGRAMS.**

(a) *PREFERENCES IN MAKING AWARDS.*—

(1) *IN GENERAL.*—Subject to paragraph (2), in making awards of grants or contracts under any of sections 747 and 750, the Secretary shall give preference to any qualified applicant that—

(A) has a high rate for placing graduates in practice settings having the principal focus of serving residents of medically underserved communities;

(B) during the 2-year period preceding the fiscal year for which such an award is sought, has achieved a significant increase in the rate of placing graduates in such settings; or

(C) utilizes a longitudinal evaluation (as described in section 761(d)(2)) and reports data from such system to the national workforce database (as established under section 761(b)(2)(E)).

(2) LIMITATION REGARDING PEER REVIEW.—For purposes of paragraph (1), the Secretary may not give an applicant preference if the proposal of the applicant is ranked at or below the 20th percentile of proposals that have been recommended for approval by peer review groups.

(b) DEFINITION.—For purposes of this section, the term “graduate” means, unless otherwise specified, an individual who has successfully completed all training and residency requirements necessary for full certification in the health profession selected by the individual.

(c) EXCEPTIONS FOR NEW PROGRAMS.—

(1) IN GENERAL.—To permit new programs to compete equitably for funding under this section, those new programs that meet at least 4 of the criteria described in paragraph (3) shall qualify for a funding preference under this section.

(2) DEFINITION.—As used in this subsection, the term “new program” means any program that has graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

(3) CRITERIA.—The criteria referred to in paragraph (1) are the following:

(A) The mission statement of the program identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.

(B) The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.

(C) Substantial clinical training experience is required under the program in medically underserved communities.

(D) A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in medically underserved communities.

(E) The entire program or a substantial portion of the program is physically located in a medically underserved community.

(F) Student assistance, which is linked to service in medically underserved communities following graduation, is available to the students in the program.

(G) The program provides a placement mechanism for deploying graduates to medically underserved communities.

\* \* \* \* \*