

115TH CONGRESS
2D SESSION

H. R. 5917

To authorize the Secretary of Health and Human Services to award grants for career support for skilled, internationally educated health professionals, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 22, 2018

Ms. ROYBAL-ALLARD 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 skilled, internationally educated health professionals, 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.**

4 This Act may be cited as the “Professional’s Access
5 to Health Workforce Integration Act of 2018”.

6 **SEC. 2. FINDINGS.**

7 The Congress finds the following:

1 (1) According to the Association of Schools of
2 Public Health, projections indicate a nationwide
3 shortage of up to 250,000 public health workers by
4 2020.

5 (2) According to the Bureau of Labor Statis-
6 tics, the registered nurse workforce is projected to
7 have 1,088,400 job openings by 2024 due to growth
8 and replacement needs.

9 (3) Similar trends are projected for other health
10 professions indicating shortages across disciplines,
11 including within the fields of neurology physicians
12 (about 1,000 by 2025), geriatric physicians (nearly
13 27,000 by 2025), mental and behavioral health, pri-
14 mary care (up to 43,100 by 2030), and community
15 and allied health.

16 (4) A nationwide health workforce shortage will
17 result in serious health threats and more severe and
18 costly health care needs, due to, in part, a delayed
19 response to food-borne outbreaks, emerging infec-
20 tious diseases, natural disasters, fewer cancer
21 screenings, and delayed treatment.

22 (5) Vulnerable and underserved populations and
23 health professional shortage areas will be most se-
24 verely impacted by the health workforce shortage.

1 (6) According to the New American Economy,
2 World Education Services (WES), and Migration
3 Policy Institute (MPI), nearly 2,000,000 college-edu-
4 cated immigrants in the United States are unem-
5 ployed or underemployed in low-skilled or semiskilled
6 jobs that fail to draw on their education and exper-
7 tise.

8 (7) According to the New American Economy,
9 WES, and MPI report using data from 2009 to
10 2013, 27 percent of highly skilled and internation-
11 ally educated naturalized citizens, 33 percent of
12 highly skilled and internationally educated legal per-
13 manent residents, and 10 percent of highly skilled
14 and internationally educated temporary visa holders
15 were unemployed or underemployed.

16 (8) According to the New American Economy,
17 WES, and MPI report using data from 2009 to
18 2013, 15 percent of immigrants with undergraduate
19 degrees in medical health sciences and services were
20 either underemployed or unemployed.

21 (9) According to the New American Economy,
22 WES, and MPI, underemployment of immigrants—
23 highly skilled immigrants who are working in lower
24 skilled occupations—results in an estimated loss of

1 \$10.2 billion in tax revenue at the Federal, State,
2 and local levels.

3 (10) According to Upwardly Global and the
4 Welcome Back Initiative, with proper guidance and
5 support, underemployed, skilled immigrants typically
6 increase their income by 215 percent to 900 percent.

7 (11) According to the Brookings Institution and
8 the Partnership for a New American Economy, im-
9 migrants working in the health workforce are, on av-
10 erage, better educated than United States-born
11 workers in the health workforce.

12 **SEC. 3. GRANTS FOR CAREER SUPPORT FOR SKILLED,**
13 **INTERNATIONALLY EDUCATED HEALTH PRO-**
14 **FESSIONALS.**

15 (a) **AUTHORITY.**—The Secretary of Health and
16 Human Services acting through the Bureau of Health
17 Workforce of the Health Resources and Services Adminis-
18 tration, the Director of the National Institute on Minority
19 Health and Health Disparities of the National Institutes
20 of Health, or the Deputy Assistant Secretary for Minority
21 Health (in this section referred to as the “Secretary”) may
22 award 5 grants to eligible entities for career support for
23 skilled, internationally educated health professionals, as
24 described in subsection (c).

1 (b) ELIGIBILITY.—To be eligible to receive a grant
2 under this section, an entity shall—

3 (1) be a clinical, public health, or health serv-
4 ices organization, a community-based or nonprofit
5 entity, an academic institution, a faith-based organi-
6 zation, a State, county, or local government, an Area
7 Health Education Center, or another entity deter-
8 mined appropriate by the Secretary; and

9 (2) submit to the Secretary an application at
10 such time, in such manner, and containing such in-
11 formation as the Secretary may require.

12 (c) AUTHORIZED ACTIVITIES.—Subject to the re-
13 quirement in subsection (d), a grant awarded under this
14 section shall be used—

15 (1) to provide services to assist unemployed and
16 underemployed skilled immigrants, residing in the
17 United States, who have legal, permanent work au-
18 thorization and who are internationally educated
19 health professionals—

20 (A) to enter into the United States health
21 workforce with employment matching their
22 health professional skills and education; and

23 (B) to advance in employment to positions
24 that better match their health professional ex-
25 pertise and education;

1 (2) to provide training opportunities to reduce
2 barriers to entry and advancement in the health
3 workforce for skilled, internationally educated immi-
4 grants;

5 (3) to educate employers regarding the abilities
6 and capacities of internationally educated health
7 professionals;

8 (4) to assist in the evaluation of the foreign cre-
9 dentials of skilled, internationally educated health
10 professionals; and

11 (5) to facilitate access to contextualized and ac-
12 celerated courses on English as a second language
13 for skilled, internationally educated health profes-
14 sionals.

15 (d) SERVICE PERIOD.—

16 (1) IN GENERAL.—As a condition on receipt of
17 a grant under this section, an eligible entity shall
18 agree to require each health professional or immi-
19 grant receiving assistance pursuant to the grant (as
20 described in paragraph (1), (2), (4), or (5) of sub-
21 section (c)) to commit to provide health care services
22 to a medically underserved community for a service
23 period determined under paragraph (2).

1 (2) DURATION OF SERVICE PERIOD.—The du-
2 ration of service period under paragraph (1) for an
3 individual—

4 (A) shall not exceed 1 year; and

5 (B) shall be determined by the eligible en-
6 tity receiving the grant under this section, in
7 consultation with the Secretary.

8 (3) REMEDIES FOR BREACH OF SERVICE COM-
9 MITMENT.—The Secretary shall determine the rem-
10 edies to be made applicable in agreements pursuant
11 to paragraph (1) for the breach by an individual of
12 the service commitment required by such paragraph.

13 (e) PERIOD OF A GRANT.—The period of a grant
14 under this section shall be 3 years.

15 (f) GRANTEE EVALUATION.—An eligible entity re-
16 ceiving a grant under this section shall use amounts pro-
17 vided through the grant—

18 (1) to measure the impacts of activities funded
19 through the grant over the 3-year grant period; and

20 (2) to submit a reports to the Secretary on the
21 results of such measurements.

22 (g) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there is authorized to be appropriated
24 \$4,500,000 for the period of fiscal years 2019 through
25 2021.

1 **SEC. 4. GRANT FOR DATA COLLECTION SYSTEM.**

2 (a) **AUTHORITY.**—The Secretary of Health and
3 Human Services acting through the Bureau of Health
4 Workforce of the Health Resources and Services Adminis-
5 tration, the Director of the National Institute on Minority
6 Health and Health Disparities of the National Institutes
7 of Health, or the Deputy Assistant Secretary for Minority
8 Health (in this section referred to as the “Secretary”) may
9 award 1 grant to an entity to establish, improve, or main-
10 tain a data collection system to analyze and track the out-
11 comes of programs in the United States (including those
12 funded under section 3) for career support for skilled,
13 internationally educated health professionals.

14 (b) **AUTHORIZATION OF APPROPRIATIONS.**—To carry
15 out this section, there is authorized to be appropriated
16 \$250,000 for the period of fiscal years 2019 through
17 2021.

18 **SEC. 5. DEFINITIONS.**

19 In this Act:

20 (1) The term “health professional” means an
21 individual trained for employment in the field of
22 public health, health management, dentistry, health
23 administration, medicine, nursing, pharmacy, psy-
24 chology, social work, psychiatry, other mental and
25 behavioral health, allied health, community health or

1 wellness (including fitness and nutrition), or other
2 fields as determined appropriate by the Secretary.

3 (2) The term “internationally educated” means
4 having obtained an educational degree outside of the
5 United States.

6 (3) The term “medically underserved commu-
7 nity” has the meaning given to that term in section
8 799B of the Public Health Service Act (42 U.S.C.
9 295p).

10 (4) The term “underemployed” means being
11 employed at less skilled tasks than an employee’s
12 training or abilities would otherwise permit.

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