

April 14, 2022

RE: Join Congressional Black Caucus Health Braintrust Chairwoman Congresswoman Robin Kelly, PhD, as an original co-sponsor of the Health Equity and Accountability Act of 2022.

Dear Member of Congress:

As organizations committed to achieving health equity, **we ask that you join Congresswoman Robin Kelly (IL-2) and sign on as an original co-sponsor of the Health Equity and Accountability Act (HEAA) of 2022.**

COVID-19 has and continues to highlight the great inequities in health and healthcare, showing that low-income communities of color are disproportionately impacted.ⁱ ⁱⁱ The pandemic has exposed long-standing racial and ethnic health disparities that we have sought to eliminate for decades, including:

- Adult minorities are significantly less likely to seek mental health treatment. In 2020, only 37% of Black adults, 35% of Latino adults, and 21% of Asian adults with mental illness in the U.S. received treatment, compared to over 50% of White adults.ⁱⁱⁱ
- Black adults are diagnosed with diabetes at 1.6 times^{iv} and Native Hawaiian/Pacific Islander adults are diagnosed with diabetes at 2.5 times^v the rate of White adults.
- Gun violence remains the leading cause of premature death in the U.S. and claims an average of 38,000 lives a year.^{vi} Almost 10,000 lives have been lost to gun violence already this year and gun violence disproportionately affects communities of color.^{vii}
- Black women are three to four times more likely to experience a pregnancy-related death than White women.^{viii}
- People of color represent almost 40% of the U.S. population but only represent 2% to 16% of patients in clinical trials.^{ix}
- In 2019, 76% of commercial health plans did not report complete race data for their members and 94% did not report complete ethnicity data.^x

That is why it is imperative that we work together to advance inclusive policies like those included in HEAA to eliminate barriers to coverage, expand access to affordable health care, and target investments that strengthen the health care system so that it works for all, and to eliminate health disparities.

HEAA is the only legislation that directly addresses the intersections of health inequities with race and ethnicity, as well as immigration status, age, disability, sex, gender, sexual orientation, gender identity and expression, language, and socio-economic status. Since the 108th Congress, HEAA has provided policymakers with a comprehensive set of smart, strategic policy solutions designed to eliminate racial and ethnic health disparities. The Congressional Tri-Caucus, comprised of the Congressional Asian Pacific American Caucus (CAPAC), the Congressional Black Caucus (CBC), and the Congressional Hispanic Caucus (CHC), has led the reintroduction of HEAA

every Congress. For the 117th Congress, the CBC is the lead for the bill's introduction and Congresswoman Robin Kelly is the lead sponsor.

HEAA provides Congress with a comprehensive blueprint of policy solutions that are designed to respond to ongoing threats against the health and well-being of communities that experience health disparities, build on the coverage gains made under the Affordable Care Act (ACA), and ensure access to quality, affordable health care for all.

As we collectively work to respond to today's unprecedented public health and economic crises, HEAA serves as a timely and strategic approach for Congress to champion. Since the 108th Congress, under the leadership of Congressmen John Lewis and Elijah Cummings, HEAA has received widespread support from more than 300 health advocacy organizations and more than 150 members of Congress. For these reasons, we ask that you join Congresswoman Robin Kelly and sign on as an original co-sponsor for HEAA this Congress.

Thank you for your leadership and commitment to achieving health equity for all.

Sincerely,

AIDS Alliance for Women, Infants, Children, Youth & Families
American Cancer Society Cancer Action Network
American College of Nurse-Midwives
American Federation of Teachers
American Kidney Fund
American Society of Hematology
American Society of Nephrology
Asian & Pacific Islander American Health Forum (APIAHF)
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
Association of Asian Pacific Community Health Organizations (AAPCHO)
Association of Minority Health Professions Schools (AMHPS)
Autistic Self Advocacy Network
Black Women's Health Imperative
Campaign for Tobacco-Free Kids
Cancer Support Community
Center for Disability Rights
Center for Independence of the Disabled, NY
Center for Law and Social Policy (CLASP)
CenterLink: The Community of LGBT Centers
Coalition for Asian American Children and Families
Compassion & Choices
Epilepsy Foundation
Equality California

Families USA
First Focus Campaign for Children
GLMA: Health Professionals Advancing LGBTQ Equality
Harris Health
Health Equity Coalition on Chronic Disease (HECCD)
Hep B United
Hepatitis B Foundation
Hyperemesis Education and Research Foundation
In Our Own Voice: National Black Women's Reproductive Justice Agenda
Justice in Aging
Lanai Community Health Center
Mental Health America
MomsRising
Morehouse School of Medicine (MSM)
NAACP
NASTAD
National AHEC Organization (NAO)
National Asian American Pacific Islander Mental Health Association
National Birth Equity Collaborative
National Black Women's HIV/AIDS Network, Inc.
National Center for Lesbian Rights
National Center for Transgender Equality
National Council for Diversity in Health Professions (NCDHP)
National Health Law Program
National Hispanic Medical Association
National Immigration Law Center
National Kidney Foundation
National LGBT Cancer Network
National Medical Association
National Minority Quality Forum
National Network for Arab American Communities (NNAAC)
National Partnership for Women & Families
National Patient Advocate Foundation
National Urban League
National Working Positive Coalition
Planned Parenthood Federation of America
Prevention Institute
Safe States Alliance
Silver State Equality
Silver State Equality-Nevada
Southeast Asia Resource Action Center (SEARAC)

The Leadership Conference on Civil and Human Rights
Treatment Action Group
Trust for America's Health
URGE: Unite for Reproductive & Gender Equity

ⁱ [COVID-19 Racial and Ethnic Disparities \(cdc.gov\)](https://www.cdc.gov/coronavirus/2019-ncov/racial-ethnic-disparities/index.html)

ⁱⁱ [The COVID-19 Needs Assessment | National Urban League \(nul.org\)](https://nul.org/2020/04/20/the-covid-19-needs-assessment/)

ⁱⁱⁱ [Mental Health By the Numbers | NAMI](https://www.nami.org/About-NAMI/Statistics-and-Facts/Mental-Health-By-the-Numbers)

^{iv} [Diabetes and African Americans - The Office of Minority Health](https://www.hhs.gov/office-of-minority-health/diabetes-and-african-americans)

^v [Diabetes and Native Hawaiians/Pacific Islanders – The Office of Minority Health](https://www.hhs.gov/office-of-minority-health/diabetes-and-native-hawaiians-pacific-islanders)

^{vi} [Gun Violence | APHA](https://www.apa.org/topics/gun-violence)

^{vii} [Gun Violence Archive](https://www.gunviolencearchive.org/)

^{viii} [Black Women Over Three Times More Likely to Die in Pregnancy, Postpartum Than White Women, New Research Finds | PRB](https://www.prb.org/black-women-over-three-times-more-likely-to-die-in-pregnancy-postpartum-than-white-women-new-research-finds/)

^{ix} [Addressing Demographic Disparities in Clinical Trials | HBR](https://www.hbr.org/addressing-demographic-disparities-in-clinical-trials)

^x [A New Effort To Address Racial And Ethnic Disparities In Care Through Quality Measurement | Health Affairs](https://www.healthaffairs.org/content/policy/a-new-effort-to-address-racial-and-ethnic-disparities-in-care-through-quality-measurement/20200422)



The Health Equity and Accountability Act of 2022

The Health Equity and Accountability Act (HEAA) is a comprehensive and strategic legislative roadmap that aims to eliminate racial and ethnic health inequities. HEAA is the only legislation that directly addresses the intersection of health inequities with race and ethnicity, as well as immigration status, age, disability, sex, gender, sexual orientation, gender identity and expression, language, and socio-economic status. Since 2003, HEAA has been introduced by the Congressional Tri-Caucus, comprised of the Congressional Asian Pacific American Caucus (CAPAC), the Congressional Black Caucus (CBC), and the Congressional Hispanic Caucus (CHC). The CBC is leading the introduction of HEAA for the 117th Congress and Congresswoman Robin Kelly, Chair of the CBC Health Braintrust, is the lead sponsor.

HEAA builds on the gains made under the Affordable Care Act (ACA) and lays out a vision of additional investments Congress should make to enhance the health and well-being of systemically marginalized and underserved communities, address health inequities and ensure access to high quality and affordable health care for all. HEAA addresses a wide range of issues including:

- *Reducing racial and ethnic health inequities across the life span*, including infant and maternal mortality rates.
- *Ensuring all behavioral health, services are culturally responsive* for racially and ethnically diverse communities
- *Supporting diversity among healthcare workers* with grants to HBCUs and other MSIs, among other federal investments
- *Improving health care access and quality for all*, including low-income communities and undocumented children and families.
- *Strengthening health data collection* to inform policies that eradicate racial and ethnic health inequities
- *Enhancing language access and culturally-informed care* for limited English proficient (LEP) immigrants, and other communities of color.
- *Addressing social determinants of health* to mitigate the effects of systemic racism, poverty, and discrimination.

Over 300 racial and health equity organizations, researchers, provider groups, and community-based organizations have contributed to the development of HEAA since its inception. Additionally, over 150 Members of Congress have co-sponsored HEAA over the past decade.

CONTACT

For questions about HEAA, please contact Dr. Anita Burgos with Congresswoman Kelly's office (anita.burgos@mail.house.gov).

The Health Equity and Accountability Act of 2022
Sec.-by-Sec.

TITLE I – DATA COLLECTION AND REPORTING

Overall. Title I focuses on the collection and reporting of data related to disparities associated with the demographic factors of race, ethnicity, sex, primary written and spoken language, disability status, sexual orientation, gender identity, age and socioeconomic status. It creates a commission and a task force to explore data collection practices to achieve health equity and best practices to integrate artificial intelligence and algorithmic bias, respectively. It also expands the scope of impact for programs that understand and address minority health concerns and health disparities.

Sec. 1001. Strengthening Data Collection, Improving Data Analysis, and Expanding Data Reporting. This Sec. made several amendments to the Public Health Service Act to promote equitable inclusion for underrepresented groups within HHS’ data collection standards and the remedial efficacy of those standards with respect to health disparities, interoperability of health information systems, safe data security practices. Additional amendments expand capacity for culturally and linguistically appropriate data collection activities. Further, the Sec. amends Sec. 1707(g) of the *Public Health Service Act* to include “Middle Easterners and North Africans” within the definition of “racial and ethnic minority group.”

Sec. 1002. Elimination of Prerequisite of Direct Appropriations for Data Collection and Analysis. Under current law, data may not be collected under the PHSA unless funds are directly appropriated for that purpose. Sec. 102 repeals that language.

Sec. 1003. Collection of data for the Medicare Program. Extends the requirement to abide by the HHS’ minimum data standards to the Medicare program within the Social Security Administration and expands capacity for compliance with data standards.

Sec. 1004. revision of HIPAA claims standards. Requires HHS to revise HIPAA claims standards to utilize the HHS standards for data collection on race, ethnicity, primary language, disability, sex, sexual orientation, gender identity, and socioeconomic status.

Sec. 1005. national center for health statistics.

Extends authorization of appropriations to the National Center for Health Statistics for select activities until 2024.

Sec. 1006. Disparities Data Collected by the Federal Government. Requires all agencies that have collected data related to race, ethnicity, sex, primary language, sexual orientation, disability status, gender identity, age and socioeconomic status during the previous year to submit these data to a centralized electronic repository of government data on the well-being of the U.S. population. Requires HHS to use these data to prepare data sets for public use that relate to disparities in health status, health care access, health care quality, health outcomes, public health, and other areas of health and well-being by factors that include race, ethnicity, sex, primary language, sexual orientation, disability status, gender identity, age and socioeconomic status.

Requires HHS to submit a report to Congress on the availability to and use of these data by public stakeholders.

Sec. 1007. Data Collection and Analysis Grants to Minority-Serving Institutions. Establishes grants through the National Institute for Minority Health and Health Disparities and the Office of Minority Health to minority-serving institutions with accredited public health, health policy, or health services programs to access and analyze race, ethnicity, and, where possible, other health disparity data.

Sec. 1008. Safety and effectiveness of drugs with respect to racial and ethnic background. Amends the Federal Food, Drug, and Cosmetic Act to require investigation into evidence that there may be a disparity on the basis of racial or ethnic background as to the safety or effectiveness of a drug. Investigation may include both pre-approval and post-market testing. Requires the drug to be labeled accordingly if the existence of such a disparity is found. Requires pre-approval and, in some cases, post-market studies if there is evidence that there may be a disparity in the safety or effectiveness of a drug on the basis of racial or ethnic background.

Sec. 1009. Improving Health Data Regarding Native Hawaiians and Pacific Islanders. Requires the National Center for Health Statistics (NCHS) to develop and implement an ongoing and sustainable national strategy for identifying and evaluating the health status and health care needs of Native Hawaiians and Pacific Islanders (NHPI). Requires an NCHS preliminary health survey to identify the major areas and regions in which Native Hawaiians and Pacific Islanders reside, a progress report after two years, and a study and report by the National Academies of Science, Engineering, and Medicine.

Sec. 1010. Clarification of Simplified Administrative Reporting Requirement. Amends the Food and Nutrition Act of 2008 to establish a simplified administrative reporting requirement for exceptions granted under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

SEC. 1011. Data Collection Regarding Pandemic Preparedness, Testing, Infections, and Deaths. Amends the Social Security Act to establish data collection requirements for congregate settings—including skilled nursing facilities, assisted nursing facilities, assisted living facilities, prisons and jails, residential behavioral health care and psychiatrist facilities—during the event of a public health emergency. Requires congregate settings to report on the age, race, ethnicity, sex, sexual orientation, gender identity, socioeconomic status, disability status, and preferred language of the residents of such settings, in addition to other information. Also requires that such data be reported, promulgated, and routinely updated within 60 days of the declaration of a public health emergency.

Sec. 1012. Commission on ensuring data for health equity. Requires the establishment of a “Commission on Ensuring Data for Health Equity” to convene the resources and technical expertise necessary to achieve health equity through data collection activities.

Sec. 1013. Task Force on Preventing Bias in AI and Algorithms.

Requires the establishment of a “Task Force on Preventing AI and Algorithmic Bias in Healthcare” to provide practical and ethical guidance on the integration of artificial intelligence and algorithms in the healthcare service delivery process.

TITLE II - CULTURALLY AND LINGUISTICALLY APPROPRIATE HEALTH AND HEALTH CARE

Overall. Title II focuses on improving access to and the quality of care that is culturally and linguistically appropriate through pilot programs that test interpreting services, federal reimbursement of language access services in Medicaid, CHIP and Medicare, and accountability of federal programs providing Federal financial assistance.

Sec. 2001. Definitions; Findings. Provides findings that effective communication is essential to meaningful access to quality physical and mental health care; Situates the responsibility of funding language services in the provision of health care and health care-related services as a societal one.

Sec. 2002. Improving access to services for individuals with limited English proficiency. Stipulates requirements for how Federal agencies should improve access to services for persons with limited English proficiency, including steps that agencies should take to ensure that populations directly impacted by language access services are properly served and consulted on the services provided.

Sec. 2003. Ensuring standards for culturally and linguistically appropriate services in health care. Establishes standards for any health program or activity that is receiving Federal financial assistance, including through contracts, subcontracts, or other support, on providing language assistance and culturally appropriate services. Includes language access requirements for comments accepted through notice and comment rulemaking.

Sec. 2004. Culturally and linguistically appropriate health care in the Public Health Service Act. Amends the Public Health Service Act by adding Title XXXIV- Culturally and Linguistically Appropriate Health Care. Establishes the Robert T. Matsui Center for Culturally and Linguistically Appropriate Health Care to provide culturally and linguistically appropriate materials and authorizes \$5,000,000 for each of fiscal years 2023 through 2027 to be appropriated to carry out this section. Establishes a grants program to enable the design, implementation, and evaluation of innovative, cost-effective programs to improve culturally and linguistically appropriate access to health care services for individuals with limited English proficiency and individuals with a disability. Expands research concerning cultural and language competence.

Sec. 2005. Pilot program for improvement and development of state medical interpreting services. Authorizes competitive grants for states to design, implement, and evaluate statewide programs to provide on-site medical interpreting services under Medicaid for a period of three fiscal years. Authorizes the appropriation of \$5,000,000 to carry out this section.

Sec. 2006. Training tomorrow’s doctors for culturally and linguistically appropriate care: Graduate Medical Education. Amends the Direct Graduate Medical Education and Indirect

Medical Education programs to include cultural competency training, education, and training in linguistically appropriate service delivery for all medically underserved populations as defined in the Public Health Service Act.

Sec. 2007. Federal reimbursement for culturally and linguistically appropriate services under the Medicare, Medicaid, and State Children's Health Insurance Programs.

Establishes a grant program for eligible Medicare service providers to provide culturally and linguistically appropriate services to all Medicare beneficiaries, with the number of grants corresponding to each of the ten Centers for Medicare & Medicare Services regions. Includes language assistance services for Medicare beneficiaries in both urban and rural settings. Clarifies the applicability of Title VI and ACA Sec. 1557 to eligible providers, including Medicare Advantage organizations, prescription drug plans, hospice providers, and palliative care providers.

Sec. 2008. Increasing understanding of and improving health literacy. Establish grants to hospitals, health centers or clinics, health plans, or other health entities across all areas of health care, including end of life, to improve health care for patient populations that have low functional health literacy.

Sec. 2009. Requirements for health programs or activities receiving Federal funds. Requires health programs or activities that receive Federal assistance to ensure the right of individuals with limited English proficiency to receive access to quality health by ensuring staff receive ongoing education and training at least annually in culturally and linguistically appropriate service delivery.

Sec. 2010. Report on Federal efforts to provide culturally and linguistically appropriate health care services. Directs Department of Health and Human Services to commission a report from the National Academy of Medicine that describes federal efforts to ensure that all individuals with limited English proficiency have meaningful access to health care and health care-related services that are culturally and linguistically appropriate.

Sec. 2011. English instruction for individuals with limited English proficiency. Establishes Department of Education grants to state or community-based organizations to develop and implement a plan for assuring the availability of English as a second language instruction (ESL) that integrates information about the nature of the United States health care system, how to access care, and language skills that may be required for individuals to access and regularly negotiate the health care system effectively.

Sec. 2012. Implementation. Clarifies that there is no state immunity under the 11th Amendment for failing to provide language access services and a rule of construction clarifying that this measure should not limit other Federal financial assistance.

Sec. 2013. Language access services. Adds language access services, including oral interpretation and written translations, as a required category of Essential Health Benefits and employer-sponsored minimum essential coverage under the ACA. Strengthens the regulations governing the processes for internal claims and appeals for health plans to provide oral interpretation and translated notices. Directs the HHS Secretary to modify the single streamlined

application to collect the preferred spoken and written language for each household member for those applying for coverage under the ACA and to collect an annual report from Federal and State call centers on their implementation of language access services.

Sec. 2014. Medically underserved populations. Amends the Public Health Service Act to include a definition of medically underserved populations as the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services or a population of individuals, not confined to a particular urban or rural area, who are designated by the Secretary as having a shortage of personal health services due to a specific demographic trait.

TITLE III—HEALTH WORKFORCE DIVERSITY

Overall. Title III recognizes the need to improve the diversity and quality of the nation’s whole health care workforce. It provides grant and loan repayment programs to promote inclusion in a number of different health professions. It focuses on directing funding to underrepresented students who may not otherwise be able to achieve the education needed to participate in the workforce. Title III also provides resources to medical institutions to allow them to better provide growth opportunities for their staff.

Sec. 3001. Amendment to the Public Health Service Act. Establishes:

- A National Working Group on Workforce Diversity to review workforce diversity initiatives, identify successful program and practices, and examine development and implementation challenges;
- A technical clearinghouse for health workforce diversity within HHS;
- Grants to educational institutions or entities that historically produce or train meaningful numbers of underrepresented minority health professionals to expand existing or implement new workforce diversity programs or evaluate existing or new programs;
- Grants to support scientists and researchers and promote the inclusion of underrepresented minorities in health professions and in clinical research;
- Grants to provide career support for non-research health professionals;
- Grants to expand research on the link between health workforce diversity and quality;
- A health and health care disparities and inequities education program at HHS.

Sec. 3002. Hispanic-serving institutions, Historically Black Colleges and Universities, Asian American and Native American Pacific Islander-serving institutions, Tribal colleges, Regional community-based organizations and National minority medical associations.

Establishes grants to Hispanic-serving health professions schools, Historically Black Colleges & Universities, Historically Black Graduate Institutions, Asian American and Native American Pacific Islander-serving institutions, Tribal Colleges, Regional community-based organizations and national minority medical associations, for counseling, mentoring and information on scholarships and financial assistance to recruit underrepresented minority individuals to enroll in and graduate from health professions schools. Authorizes appropriations of “such sums as necessary” for FY2023 to 2028 to carry out this section.

Sec. 3003. Loan repayment program of Centers for Disease Control and Prevention.

Reauthorizes through FY 2028 a program that permits HHS to repay up to \$50,000 of educational loans for health professionals who agree to conduct prevention activities as employees of CDC and the Agency for Toxic Substances and Disease Registry.

Sec. 3004. Allied health workforce diversity. This Sec. allows the Department of Health and Human Services to provide grants to accredited education programs to increase diversity in the physical therapy, occupational therapy, respiratory therapy, audiology, and speech-language pathology professions. Grants may be used to provide scholarships or to support recruitment and retention of students from underrepresented groups.

Sec. 3005. Cooperative agreements for online degree programs at schools of public health and schools of allied health. Establishes cooperative agreements between HHS and schools of public health and schools of allied health to design and implement online degree programs with priority to any school of public health or school of allied health that has an established track record of serving medically underserved communities.

Sec. 3006. National Health Care Workforce Commission. Emphasizes that, in carrying out its duties, the National Health Care Workforce Commission should give attention to the needs of racial and ethnic minorities, individuals with low socioeconomic status, individuals with mental, developmental, and physical disabilities, and lesbian, gay, bisexual, transgender, queer, and questioning populations, and individuals who are members of multiple minority or special population groups. This Sec. also reauthorizes appropriations for Commission at \$3M for each year in FY23-25.

Sec. 3007. Scholarship and fellowship programs. Creates:

- David Satcher Public Health and Health Services Corps grants to increase awareness among post-primary and post-secondary students of career opportunities in health professions (with priority given to entities with diverse populations, with experience in health disparity elimination programs that facilitate entry of disadvantaged individuals into higher education institutions, and that provide services to assist disadvantaged individuals in completing postsecondary education);
- Louis Stokes Public Health Scholars program to award scholarships to post-secondary students who seek a career in public health (with priority to students with disadvantaged backgrounds who are admitted to a minority-serving institution and have identified a health professional mentor and an academic advisor);
- Patsy Mink Health and Gender Research Fellowship program that awards research fellowships to postbaccalaureate students to conduct research that will examine gender and health disparities and to pursue a career in the health professions, specifically in women's sexual and reproductive health including family planning (with priority given to applicants that are from disadvantaged backgrounds and who have identified a mentor and academic advisor and secured a research assistant position);
- Paul David Wellstone International Health Fellowship program to award research fellowships to college students or recent graduates to advance their understanding of international health (with priority given to applicants that are from disadvantaged backgrounds and have identified a mentor and advisor);

- Edward R. Roybal Healthcare Scholar program to award grants to eligible entities to expose entering graduate students to the health professions (with priority given to entities that have experience with health disparity elimination programs, facilitate training in specified health professions fields, and provide services to assist individuals in completing postsecondary education);
- The Leadership Fellowship Program shall award grants to eligible entities to develop leadership fellowship programs for underrepresented health professionals to become future leaders in public health and health care delivery institutions; and
- Authorizes appropriations of “such sums as necessary” for FY2023-2028.

Sec. 3008. McNair Postbaccalaureate Achievement Program. Amends the McNair program by requiring the Secretary of Education to coordinate with the Secretary of HHS to ensure collaboration on programs that promote health workforce diversity and encourage participants to consider health profession careers.

Sec. 3009. Rules for determination of full-time equivalent residents for cost reporting periods. Clarifies that, for the purposes of cost reporting periods, teaching hospitals may count all time residents spend in approved residency programs, including the time residents spend on research, didactic teaching, and training in public health departments. This eliminates regulatory barriers that prevented training programs from placing residents in non-hospital settings.

Sec. 3010. Developing and implementing strategies for local health equity. To better integrate health equity efforts at universities and academic medical centers to increase health equity in their locales, establishes grant programs through a collaborative effort among HHS, the Department of Education, and Department of Labor to:

- Develop capacity at academic institutions to build an evidence base for successful strategies and to serve as national models of driving local health equity;
- Develop strategic partnerships between academic institutions and the communities in which they are situated;
- Collect data and evaluate the programs’ effectiveness and to enable programs to adapt accordingly; and
- Authorizes appropriations of “such sums as necessary” for FY2023-2028 to carry out this section.

Sec. 3011. Health Professions Workforce Fund. Establishes a mandatory Health Professions Workforce Fund to provide for expanded and sustained investments in the health professions and nursing workforce development programs under Title VII and Title VIII of the Public Health Service Act.

Sec. 3012. Future Advancement of Academic Nursing. This Sec. authorizes the Health Resources and Services Administration (HRSA) to award grants to nursing schools to increase capacity to respond to public health emergencies and pandemics and otherwise enhance nursing education programs. In awarding these grants, HRSA shall prioritize historically Black colleges and universities and other minority-serving institutions, schools that are located in medically underserved communities, and schools in areas with shortages of health professionals.

Sec. 3013. Findings, sense of Congress related to graduate medical education. Emphasizes that eliminating the freeze on graduate medical education support under the Medicare program is critical to ensuring an appropriate supply of physicians to meet the nation’s health care needs, facilitating equitable access to health care, increasing the racial and ethnic diversity of physicians

in the United States and mitigating disparities and inequities in health and health care. Increased pathway programs for underrepresented communities and international medical graduates (IMG) to help make medical education and training more accessible to help reduce physician shortages.

Sec. 3014. Career support for skilled, internationally educated health professionals.

Establishes a grant program to:

- provide services to assist unemployed and underemployed internationally-educated health professionals authorized to work in the United States to enter the American health workforce and find employment matching their skill and education;
- reduce barriers for internationally-educated health professionals to enter and advance in the health workforce;
- educate employers on the abilities and capabilities of internationally-educated health professionals;
- assist in the evaluation of foreign credentials;
- support preceptorships for international medical graduates in hospital primary care settings; and
- facilitate access to contextualized and accelerated courses on English as a second language.

Sec. 3015. Study and report on strategies for increasing diversity. Directs the Comptroller General of the United States to conduct a study on strategies to increase diversity in the health professional workforce including an analysis of strategies for increasing the number of health professionals from rural, low income, and underrepresented minority communities. Requires the submission of a report to Congress two years after the enactment of this Act with suggestions for legislation and administrative action.

Sec. 3016. Conrad State 30 and physician retention. Modifies the Conrad 30 Waiver program, which incentivizes qualified international physicians to serve in underserved communities. It also extends statutory authority for the program, modifies employment protections for physicians and allotment of CONRAD 30 waivers.

Sec. 3017. National Hispanic Nurses Day. This Sec. supports the designation of National Hispanic Nurses day and recognizes the contribution of these nurses to the U.S. health care system.

Sec. 3018. Expanding medical education. This Sec. authorizes the Health Resources and Services Administration (HRSA) to award grants to institutions of higher education, or consortia of such institutions, to establish or expand medical schools. In awarding these grants, HRSA must prioritize minority-serving institutions or those that propose to establish or expand schools in medically underserved communities or areas with shortages of health professionals where no such schools exist.

TITLE IV—IMPROVING HEALTH CARE ACCESS AND QUALITY

Overall. Title IV addresses systemic barriers to quality care for disparities-impacted populations through expanding coverage, improving access, innovating in delivery, and creating health empowerment zones. It brings down barriers to coverage for immigrants, people living in U.S.

territories, Native Americans, Medicare beneficiaries, and at-risk youth. It improves community health, funding for providers of care, addresses rural health needs, and ensures those enrolled in health insurance can access the providers and benefits they need. It recognizes the ongoing efforts in delivery and payment system reforms and the need to include the impact on health disparities in those efforts.

Subtitle A – Reducing Barriers to Accessing Care

Sec. 4001. Protecting protected areas. Codifies and improves upon existing Department of Homeland Security guidance to protect individuals from immigration enforcement across multiple protected areas, including health facilities, schools, early childhood programs, and other places where people access social services and supports. Includes organizations or subdivisions of government that provide emergency and disaster, food and nutrition, housing or income assistance that are funded by state or local government, charitable giving, SNAP, WIC, or the United States Housing Act.

Sec. 4002. Repeal of requirement for documentation evidencing citizenship or nationality under the Medicaid program. Repeals provisions of the Deficit Reduction Act of 2005 that require documentation of U.S. citizenship for Medicaid participants.

Sec. 4003. Availability of basic assistance to lawfully present noncitizens. Repeals provisions of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 that restricts the eligibility of lawfully present immigrants for federal means tested assistance programs.

Sec. 4004. Improve affordability and reduce premium costs of health insurance for consumers. Permanently increases the Affordable Care Act’s premium subsidies as passed in the American Rescue Plan Act.

Sec. 4005. Removing citizenship and immigration barriers to access to affordable health care under ACA. Eliminates eligibility criteria based on immigration or citizenship status from Affordable Care Act tax credits and subsidies

Sec. 4006 Removing barriers to access to affordable health care for lawfully residing immigrants under Medicaid and CHIP. Repeals restrictions, including the “five year bar,” on lawfully present immigrants’ eligibility for Medicaid and CHIP.

Sec. 4007. Consistency in health insurance coverage for individuals with federally authorized presence, including Deferred Action. Affirms that anyone with federally authorized presence is considered lawfully present for purposes of Affordable Care Act, CHIP and Medicaid coverage, thereby ensuring that recipients of Deferred Action for Childhood Arrivals are eligible.

Sec. 4008. Study on the uninsured. Requires HHS to study, in accordance with the standards under Sec. 3101 of the Public Health Service Act, and report on the demographic characteristics of the uninsured and the projected demographic characteristics of the population of individuals who will not have health insurance and/or oral health coverage after the end of open enrollment or any special enrollment period.

Sec. 4009. Medicaid fallback coverage program for low-income adults in non-expansion States. Creates a federal Medicaid look-alike program that is run and administered by the Centers for Medicare and Medicaid Services (CMS), and provides the same full benefits of Medicaid.

Sec. 4010. Increase and extension of temporary enhanced FMAP for States which begin to expend amounts for certain mandatory individuals. Gives states additional and extended funding to expand Medicaid through a significant federal medical assistance percentage (FMAP) increase.

Subtitle B – Improvement of Coverage

Sec. 4101. Medicaid in the territories. Permanently eliminates Medicaid funding limitations for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa and provides parity in FMAP payments for the territories and insular possessions beginning in fiscal year 2024. Permits all five territories to have waiver authority under 1902(j) of the Social Security Act. Adjusts allocation of DSH payments for the territories.

Sec. 4102. Extension of the supplemental security income program to Puerto Rico, the United States Virgin Islands, Guam, and American Samoa. Ensures that eligible recipients in the U.S. can receive SSI in the U.S. territories.

Sec. 4103. Extension of Medicare secondary payer. Establishes a 42-month “coordination period” for patients with end-stage-renal disease and under a group health plan so that the group health plan is the primary payer for 42 months, after which Medicare becomes the primary provider.

Sec. 4104. Indian defined in Title I of the Patient Protection and Affordable Care Act. Amends the Patient Protection and Affordable Care Act to define an "Indian" for purposes of Title I (Quality, Affordable Health Care for All Americans) of that Act.

Sec. 4105. Removing Medicare barrier to health care. Makes individuals who are lawfully present in the United States eligible for Medicare.

Sec. 4106. Lowering Medicare premiums and prescription drug costs. Provides for the passage of the Lowering Medicare Premiums and Prescription Drug Costs Act, establishing a program under Medicare to assist low-income Medicare beneficiaries with premiums, coinsurance, deductibles, and other costs.

Sec. 4107. Reducing cost-sharing, aligning income and resource eligibility tests, simplifying enrollment, and other program improvements for low-income beneficiaries. Expands access to affordable care by increasing the income eligibility levels for Medicare recipients to qualify for the Medicare Savings Program.

Sec. 4108. 100 percent FMAP for medical assistance provided by urban Indian Health Centers. Amends Sec. 1905 of the Social Security Act to include medical assistance provided by Indian Health Centers.

Sec. 4109. 100 percent FMAP for medical assistance provided to Native Hawaiians through a federally qualified health center or a Native Hawaiian health care system under the Medicaid program. Provides permanent 100 percent FMAP for Native Hawaiian treatment or care.

Sec. 4110. Repeal of requirement for estate recovery under the Medicaid program. Deletes the requirement that states be forced to place liens on the heirs of Medicaid recipients.

Sec. 4111. Allow for suspension of Medicare benefits and premium liability for individuals who are incarcerated and provide a special enrollment period around the date of release. Suspends Medicare benefits and liabilities for those who are incarcerated, allowing a Medicare beneficiary to keep their active Medicare case while incarcerated and gives them an open enrollment period to allow continuity of coverage once released.

Sec. 4112. Federal employee health benefit plans. Requires the Office of Personnel Management to issue regulations to consider pregnancy as a change in family status and a qualifying life event for an individual who is eligible but unenrolled in a Federal Employees Health Benefit Plan.

Sec. 4113. Continuation of Medicaid income eligibility standard for pregnant individuals and infants. Guarantees 12-months of continuous Medicaid eligibility for postpartum women.

Subtitle C— Expansion of Access

Part 1 – General Provisions

Sec. 4201. Amendment to the Public Health Service Act. Establishes grants for demonstration projects to improve the quality of and access to health care by health entities that provide patients with access to services regardless of their ability to pay and serve patient populations that are composed of uninsured, vulnerable populations, racial and ethnic minorities, or the limited-English proficient. Requires HHS to designate centers of excellence at public hospitals and other health systems serving large numbers of minority patients. Requires HHS to provide direct financial assistance to health providers and centers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the United States Virgin Islands, Puerto Rico, and Hawaii.

Sec. 4202. Border Health Grants. Authorizes a grant program for local organizations improve the health of residents near the United States-Mexico border.

Sec. 4203. Critical Access Hospital improvements. Eliminates the requirement that rural ambulance services be at least 35 miles from one another in order to qualify for Medicare reimbursement; for areas served by a community ambulance where ambulance transport is to or from the critical access hospital (CAH), the community ambulance would receive cost-based payment by billing Medicare under arrangement through the hospital. Provides an alternative to the current 25 inpatient bed limit, under which states may elect to count 730 inpatient bed days at a CAH. Under current law, CAHs may have a maximum of 25 acute care inpatient beds (counting any hospital-type bed located in or adjacent to any location where the bed could be used for

inpatient care), with exceptions for swing bed agreements, examination or procedure beds, stretchers, operating room tables, and others.

Sec. 4204. Medicare remote monitoring pilot projects. Requires HHS to conduct pilot projects to provide incentives to home health agencies to utilize home monitoring and communications technologies that enhance health outcomes for Medicare beneficiaries and reduce expenditures.

Sec. 4205. Community health center collaborative access expansion. Facilitates cooperation between a rural health clinic and a community health center.

Sec. 4206. Facilitating the provision of telehealth services across State lines. Requires HHS to consult with States, physicians, healthcare practitioners, and patient advocates to encourage and facilitate the adoption of telehealth services under the Medicare program with multistate practitioner practice across State lines.

Sec. 4207. Scoring of preventive health savings. Requires the Congressional Budget Office, upon request by the chairman or ranking member of either Budget Committee, to determine if a proposed measure would result in reductions in budget outlays in budgetary outyears through the use of preventive health and preventive health services.

Sec. 4208. Sense of Congress on maintenance of effort provisions regarding children's health. Establishes Sense of Congress that maintenance of effort provisions of the ACA for children on Medicaid and CHIP are critical for the protection of vulnerable populations, including communities of color, and must be strictly enforced.

Sec. 4209: Protection of the HHS Offices of Minority Health. Maintains that, regardless of any changes in HHS structure, the Offices of Minority Health report to the Secretary of HHS and expresses the sense of Congress of the critical nature of OMH.

Sec. 4210: Office of Minority Health in Veterans Health Administration of Department of Veterans Affairs. Establishes Office of Minority Health in the Veterans Health Administration (VHA) to establish goals and objectives and coordinate all other activities within the VHA that relate to disease prevention, health promotion, health care services delivery, and health care research concerning veterans who are members of a racial or ethnic minority group.

Sec. 4211. Study of DSH payments to ensure hospital access for low-income patients. No later than January 1, 2023, the Comptroller General of the United States shall evaluate and examine the continued need for payments to disproportionate share hospitals under Sec. 1886(d)(5)(F) of the Social Security Act and Sec. 1923 of such Act to ensure timely access to health care services for low-income patients after the expansion of coverage under Medicaid programs, as well as how such funding should be allocated among hospital and provide recommendations.

Sec. 4212. Reauthorization of the Native Hawaiian Health Care Improvement Act. Amends the Native Hawaiian Health Care Improvement Act to include necessary funding indefinitely.

Part 2- Rural

Sec. 4221. Establishment of Rural Community Hospital (RCH) Program. Establishes a rural community hospital program in which HHS can designate hospitals located in a rural area, having fewer than 51 acute care inpatient beds, and that make available 24-hour emergency care services, as being eligible for reimbursement of 101 percent of the reasonable costs of services provided.

Sec. 4222 Rural health quality advisory commission and demonstration projects. Establishes a commission to develop, coordinate, and facilitate implementation of a national plan for rural health quality improvement and five demonstration projects to implement and evaluate methods for improving the quality of health care in rural communities.

Sec. 4223. Rural health care services. Requires HHS to conduct pilot projects to provide incentives to home health agencies to utilize home monitoring and communications technologies that enhance health outcomes for Medicare beneficiaries and reduce expenditures.

Part 3 – Indian Communities

Sec. 4231. Assistant Secretary of the Indian Health Service. Establishes that any reference by law, regulation, document, paper, or other record of the United States to the Director of the Indian Health Service be changed to reference the Assistant Secretary of the Indian Health Service.

Sec. 4232. Extension of full Federal medical assistance percentage to Indian health care providers. Increases the FMAP for Urban Indian Health Programs to 100 percent and authorizes Medicaid payment for services furnished by Tribal facilities outside of the facility.

Sec. 4233. Conferring with urban Indian organizations. Requires the Secretary of Health and Human Services to ensure urban Indian organizations are conferred with in carrying out this act and other laws around Indian health care.

Part 4 - Providers

Sec. 4241. Availability of non-English language speaking providers. Amends Sec. 1311 of the ACA with respect to the provider's ability to provide care in a language other than English either through the provider speaking such language or having a trained medical interpreter available. Codifies the standard adopted in Sec. 1557 of the ACA regulations regarding qualified interpreter and translator.

Sec. 4242. Access to essential community providers. Amends Sec. 1311 of the ACA to increase the percentage of essential community providers and establish data and reporting requirements on essential community providers.

Sec. 4243. Provider network adequacy in communities of color. Amends Sec. 1311 of the ACA to include network adequacy standards, as established by the Secretary, which may include appointment wait time, transportation data on travel time and distance, extended hours of operation and coverage of services for enrollees through out-of-network providers at no additional cost when in-network providers are unable to comply with adequacy standards.

Requires network adequacy standards to apply to fee-for-service and managed care plans in Medicaid.

Part 5 – Dental

Sec. 4251. Improving access to dental care. Requires that GAO and HRSA each submit a report to Congress on dental programs, dental shortage areas, areas lacking Medicaid-participating dentists, and how states are improving access to timely dental care among communities of color and people with disabilities. Expands coverage for oral health services under the Indian Health Care Improvement Act, Medicare, providing definitions of dental coverage and processes for reimbursement, and Medicaid, through an enhanced FMAP. Also makes oral health services an essential health benefit under the ACA. Creates demonstration programs on alternative dental health care services for underserved veterans and through the Indian Health Service.

Sec 4252. Oral health literacy and awareness campaign. Requires HRSA to create a public health awareness campaign around oral health literacy.

Subtitle D – Advancing Health Equity through Payment and Delivery Reform

Sec. 4301. Sense of Congress. Establishes Sense of Congress that eliminating health disparities and achieving health equity must be central to efforts to achieve a high value health care system. Considers the holistic needs of patients and the behavioral health, oral health, history of adverse childhood experiences, social determinants of health, unmet social needs, the burden of intergenerational racial and other inequities.

Sec. 4302. Centers for Medicare & Medicaid Services Reporting and Value Based Programs. Directs CMS to explicitly integrate “achieving health equity” across all measures and activities in the Quality Payment Program. Directs CMS to highly weigh providing language services for non-English speakers in the Quality Payment Program. Directs CMS to include stratification of data by disparity variables and implementation of Culturally and Linguistically Accessible Standards as clinical practice improvement activities.

Sec. 4303. Development and testing of disparity reducing delivery and payment models. Directs the Center for Medicare and Medicaid Innovation (CMMI) to establish dedicated funding for identifying, piloting, evaluating, and scaling delivery and payment models that target the reduction of racial and ethnic health disparities. Requires all CMMI models to include measures that assess and track the model’s impact on health disparities.

Sec. 4304. Diversity in Centers for Medicare and Medicaid consultation. Requires the Centers for Medicare and Medicaid Innovation (CMMI) to consult representatives of relevant federal agencies and experts on the health care needs of minority, rural, and underserved populations, and experts on the financial needs of safety net, community based, and rural providers. Requires CMMI to use open door forums to seek external feedback from interested parties and incorporate that feedback into the development of models.

Sec. 4305. Supporting safety net and community-based providers to compete in value-based payment systems. Requires all alternative payment models developed and tested by any HHS

agency to be assessed for impact on safety net, community-based, and critical access providers, including federally qualified health centers.

Subtitle E – Health Empowerment Zones

Sec. 4401. Designation of health empowerment zones. Defines eligibility for and requires HHS to designate at least 110 communities with disproportionate disparities in health status and healthcare as health empowerment zones, with at least one in each state, DC, and territory or possession. Each health empowerment zone is eligible for a grant under Sec. 455. In applying, each entity must set forth goals to be achieved and a strategic plan for achieving those goals.

Sec. 4402. Assistance to those seeking designation. Authorizes HHS to provide technical assistance or grants for entities seeking to apply as a health empowerment zone.

Sec. 4403. Benefits of designation. Authorizes grants for health empowerment zones to implement their strategic plan. HHS will establish metrics for measuring the progress of grantees.

Sec. 4404. Definition of Secretary. HHS shall act through the Administrator of HRSA and the Deputy Assistant Secretary for Minority Health, in cooperation with the Director of the Office of Community Services and the Director of the National Institute on Minority Health and Health Disparities.

Sec. 4405. Authorization of appropriations. To carry out this subtitle, there is authorized to be appropriated \$100,000,000 for fiscal year 2024.

Subtitle F – Equitable Health Care for All

Sec. 4501. Findings.

Sec. 4502. Data collection and reporting. Requires the Secretary of Health and Human Services, in consultation with other senior officials, to promulgate regulations requiring health care providers and facilities to disaggregate data on health outcomes by demographic characteristics. Requires creation of a publicly available repository of disaggregated data on health care outcomes, which may not include personally identifiable information

Sec. 4503. Requiring equitable health care in the hospital value-based purchasing program. Requires inclusion of quality measures of equitable health care in hospital value-based purchasing program, which provides incentive payments to inpatient hospitals for quality of care

Sec. 4504. Provision of inequitable health care as a basis for permissive exclusion from Medicare and State health care programs. Establishes a pattern of inequitable care as a basis for permissive exclusion from payment under Medicare or Medicaid. Ensures protection for health care providers that provide care for underserved and low in-come communities

Sec. 4505. Office for Civil Rights and Health Equity of the Department of

Health and Human Services. Renames the Office of Civil Rights at the Department of Health and Human Services as the Office of Civil Rights and Health Equity, and renames the Director of the Office for Civil Rights the Director of the Office for Civil Rights and Health Equity

Sec. 4506. Prohibiting discrimination in health care. Requires health care providers to provide a notice of patient rights described under this section. Prohibits any person or entity providing health care from subjecting a person to inequitable health care on the basis of race, national origin, sex (including sexual orientation and gender identity), disability, age, or religion. Defines inequitable health care as 1) failing to meet a high-quality care standard, and 2) is discriminatory in intent or effect based on in whole, or in part, race, national origin, sex (including sexual orientation and gender identity), disability status, age, or religion. Establishes an administrative process for the Office of Civil Rights and Health Equity to receive and investigate complaints of violations of prohibition on inequitable care. Process modeled on Fair Housing Act. An aggrieved person may commence a civil action in state or federal district court to obtain appropriate relief for a violation of Sec. 7 not later than 2 years after the occurrence of the violation and not sooner than the earlier of the completion of the administrative process in sub Sec. (b) or 180 days. When the AG has reasonable cause to believe that a person or entity has engaged in a pattern or practice that denies the rights specified in Sec. 7 and that the denial raises an issue of general public importance, the Attorney General may commence a civil action in US district court. Ensures that nothing in the legislation can be construed as repealing or limiting the effect of Title VI of the Civil Rights Act of 1964, Sec. 1557 of the Patient Protection and Affordable Care Act, Sec. 504 of the Rehabilitation Act of 1973, or the Age Discrimination Act of 1975.

Sec. 4507. Federal Health Equity Commission. Implements a 2010 recommendation by the HHS Advisory Commission on Minority Health to create a Federal Health Equity Commission. Commission made up of 8 members, no more than 4 of whom may be from the same political party, with recognized expertise in health care, civil rights, and equitable health care. Four members appointed by the president, 2 appointed by the Speaker, and 2 appointed by the President pro tem, serving terms of 6 years. The commission shall monitor and report on implementation of the Equal Health Care for All Act and on progress towards health equity and reducing health disparities.

Sec. 4508. Grants for hospitals to promote equitable health care and outcomes. Authorizes grants to hospitals for the purpose of establishing or expanding programs aimed at providing equal health care to all patients and ensuring equitable health care outcomes. Hospitals that receive disproportionate share payments shall receive priority for grants under this Sec.

Subtitle G—Investing in Equity

Sec. 4601. Definitions.

Sec. 4602. Strategy to incentivize health equity. Requires the Secretary of Health and Human Services to establish goals for federal health insurance programs to incorporate health equity, including using equity measures in payment models.

Sec. 4603. Pay for Equity Advisory Council. Requires the Secretary to convene a council of stakeholders to consult on developing the strategy in Sec. 4602.

TITLE V—IMPROVING HEALTH OUTCOMES FOR WOMEN, CHILDREN, AND FAMILIES

Overall. Title V addresses a range of sexual and reproductive health needs, including pregnancy-related care, as well as infant and child health needs for historically and currently excluded and underserved individuals and communities. It seeks to dismantle barriers to and inequities in access to health and health-related services and coverage, information and education, and other vital resources. It also focuses on the research, tools, data-based models, workforce capacity-building, programs, and other resources necessary to promote the health and wellbeing of Black, Indigenous, Latinx, Asian American, Pacific Islander, and other people of color; women; lesbian, gay, bisexual, transgender, queer or questioning, gender non-conforming, and nonbinary (LGBTQ+) people; immigrants; infants; children; and families.

Subtitle A—In General

Sec. 5001. Grants to promote health for underserved communities. Authorizes a U.S. Department of Health and Human Services (HHS) grant program to promote health for underserved communities, with preference given to projects that benefit racial and ethnic minority women, racial and ethnic minority children, adolescents, and LGBTQ+ people, and to strengthen health outreach initiatives in medically underserved communities, including linguistically isolated populations. Grants may be used to support community health workers to educate and provide outreach regarding enrollment in health insurance including the Children's Health Insurance Program (CHIP), Medicare, and Medicaid; to educate about health problems; to target behavioral risk factors; to promote positive health behaviors; to promote community wellness; and to educate and refer target populations for health services.

Subtitle B—Pregnancy Screening

Sec. 5101. Pregnancy intention screening initiative demonstration program. Directs the Secretary, acting through the Director of the CDC, to establish a demonstration program to facilitate clinical adoption of pregnancy intention screening initiatives by health care and social services providers. Directs the Director of the CDC to consult with independent experts, including doctors, registered nurses, nurse midwives and other health care providers who specialize in sexual and reproductive health, including pregnancy-related health, and other public health experts prior to evaluating demonstration programs.

Sec. 5102. Birth defects prevention, risk reduction, and awareness. Directs CDC to establish and implement a birth defects prevention and public awareness program that includes a nationwide media campaign to increase awareness among health care providers and at-risk populations about pregnancy and breastfeeding information services. Grants for the provision of, or campaigns to increase awareness about, pregnancy and breastfeeding information services and grants for the conduct or support of surveillance of or research on maternal exposures, including climate or weather-related hazards, and maternal health conditions.

Subtitle C—Pregnancy-Related Care

Sec. 5201. Mothers and Offspring Mortality and Morbidity Awareness (MOMMAs). Establishes a grant program to regional centers of excellence to address implicit bias and cultural

competency in patient-provider interactions. Requires the Director of the CDC and Health Resources and Services Administration (HRSA) to provide technical assistance to states and report comprehensive maternal mortality data. Requires the Director of the CDC to release best practices within one year of the bill's enactment. Creates an Alliance for Innovation and Maternal (AIM) health grant program, under the direction of the HHS Secretary, that funds, collects and analyzes the implementation of maternal safety procedures. Expands Medicaid and CHIP benefits for pregnant people to include oral health services. Extends postpartum coverage under Medicaid and CHIP from 60 days to 1 year, with 100% federal financing for the first five years and 90% thereafter. Includes maintenance of effort requirements for states to maintain Medicaid eligibility for pregnant people at current levels for five years after enactment. Provides states with the option to extend SNAP benefits to people for two years postpartum. Directs HHS to establish Centers of Excellence on cultural competency training for health care providers.

Sec. 5202. Maximizing Outcomes for Moms Through Medicaid Improvement and Enhancement of Services (MOMMIES). Addresses inequities in maternal health outcomes by extending pregnancy-related Medicaid coverage through a year after pregnancy ends, with an emphasis on comprehensive benefits including oral health services. The bill also establishes a demonstration project for states to establish Maternity Care Homes. The act extends a bump in reimbursement for primary care services, with the inclusion of additional providers. The bill increases access to doula support by requiring a MACPAC report and CMS guidance on the coverage of doula services. The act also calls for a GAO report on state Medicaid programs' use of telehealth to increase access to maternity care.

Sec. 5203. Justice for Incarcerated Moms Act. Makes federal funding to states through the Edward Byrne Memorial Justice Grant Program conditional on states having laws like the First Step Act for federal prisons that ban the use of restraints on incarcerated pregnant individuals ("shackling") in their respective state's detention facilities. Creates model programs for the care of incarcerated individuals in prenatal and postpartum periods by providing funding to the federal Bureau of Prisons and state and local prisons and jails to establish programs for pregnant and postpartum incarcerated individuals that include access to: doula services and support from other perinatal health workers, including midwives and OB/GYNs; healthy foods and nutrition counseling; training for correctional officers and medical personnel to ensure that pregnant incarcerated individuals receive care that promotes their health and safety; counseling and treatment for pregnant and postpartum individuals with substance use disorders, mental health conditions, and chronic conditions; and other programs. Establishes funding for diversion programs as alternatives to incarceration for pregnant individuals and primary caretakers of minor children. Commissions a GAO report that would serve as the first-ever comprehensive study on maternal health for incarcerated individuals with a particular focus on racial and ethnic disparities in outcomes to understand the scope of the maternal and infant health crisis and the impact of health care coverage gaps among incarcerated individuals. Commissions a MACPAC study on the impacts of Medicaid coverage termination for individuals when they become incarcerated.

Sec. 5204. IMPACT to Save Moms Act. Creates a new CMMI demonstration project to establish a perinatal care alternative payment model (APM) in consultation with a diverse range of stakeholders. Commissions a study on continuity of health insurance coverage for pregnant and postpartum individuals.

Sec. 5205. Protecting Moms and Babies Against Climate Change. Includes definitions for adverse maternal and infant health outcomes, institutions of higher education, minority-serving institutions, racial and ethnic minority groups, risks associated with climate change, stakeholder organization, and vulnerable individuals. Provides funding to community-based programs and other local entities to identify climate change-related risks for pregnant and postpartum people and their infants, provide supports to those patients, and mitigate levels of and exposure to those risks, particularly in communities of color. Provides funding to health professional schools to prepare future nurses, doctors, and other health care professionals to identify, understand, and address climate change-related risks for patients. Establishes an NIH consortium to advance research on the impacts of climate change-related risks on maternal and infant health outcomes. Requires the development of a program to identify and designate climate change risk zones for pregnant and postpartum people and their babies across the United States.

Sec. 5206. Tech to Save Moms. Encourages CMMI to consider the adoption and use of telehealth tools to support screening, monitoring, and management of common pregnancy-related complications during pregnancy and in the postpartum period. Establishes a grant program to support technology-enabled collaborative learning and capacity building models to develop and disseminate instructional programming and training for maternity care providers in underserved areas and areas with significant racial and ethnic disparities in maternal health outcomes. Establishes a grant program to promote access to digital tools related to maternal health care for the purposes of reducing racial and ethnic disparities in maternal health outcomes. Requires the Secretary of HHS to submit a report to Congress that evaluates the grant program and makes recommendations related to the use of technology to improve maternal health outcomes for pregnant and postpartum individuals from racial and ethnic minority groups. Commissions a study through the National Academies of Sciences, Engineering, and Medicine to assess current and future uses of innovative technologies and patient monitoring devices in maternity care, including artificial intelligence and pulse oximeter devices.

Sec. 5207. Social Determinants for Moms. Establishes a task force to develop coordinated strategies to address social determinants of maternal health. Establishes a “Housing for Moms” grant program to provide funding to community-based organizations and local health departments to increase access to safe, stable, affordable, and adequate housing for pregnant and postpartum individuals and their families. Commissions a report from the Department of Transportation that assesses transportation barriers and safety risks that pregnant and postpartum women face in accessing maternal health care services and relevant social services. Establishes a grant program to develop or expand initiatives to deliver healthy food, infant formula, diapers, and clean water to pregnant and postpartum individuals living in food deserts. Commissions a study through the National Academies of Sciences, Engineering, and Medicine to assess the social and environmental impacts on maternal and infant health outcomes, with a particular focus on pregnant and postpartum individuals and infants from racial and ethnic minority groups. Establishes a grant program to offer free and accessible drop-in child care services for families to utilize when they have prenatal and postpartum appointments. Establishes a grant program to address the unique social determinants of maternal health needs of pregnant and postpartum individuals in their respective communities, with a particular focus on ending racial and ethnic disparities in maternal health outcomes.

Sec. 5208. Data to Save Moms. Provides additional funding to Maternal Mortality Review

Committees (MMRCs) for the purposes of including racially, ethnically, geographically, and professionally diverse members in the MMRC, including people with non-clinical experiences, with a particular focus on outreach to people from racial and ethnic minority groups; and establishing the first Tribal MMRC. Promotes MMRC reviews of cases of severe maternal morbidity and consultation with community-based organizations to consider both clinical and non-clinical factors in reviews of pregnancy-associated deaths. Initiates a comprehensive review of maternal health data collection and reporting processes, and maternity care quality measures. Commissions a comprehensive study on the scope of the maternal health crisis among American Indian and Alaska Native individuals. Establishes a grant program to support maternal health research at Minority-Serving Institutions (MSIs) like HBCUs, TCUs, HSIs, and AAPISIs.

Sec. 5209. Kira Johnson Act. Establishes a grant program to invest in community-based organizations committed to preventing adverse maternal health outcomes for Black birthing people through initiatives to support perinatal health workers, address social determinants of maternal health, and advance other programs to promote maternal health justice and equity. Establishes a Women of Color Grant Program to invest in community-based organizations committed to preventing adverse maternal health outcomes for birthing people in underserved communities. Establishes a grant program to implement trainings on bias, racism, and discrimination and to promote respectful, culturally congruent, trauma-informed maternity care. Commissions a study on bias, racism, and discrimination trainings to determine the types of trainings that are most effective in reducing bias and advancing respectful, culturally congruent, trauma-informed care. Establishes a program to support the establishment of “Respectful Maternity Care Compliance Programs” in hospitals and other birth settings. These programs will establish mechanisms to report cases of racism in the delivery of maternity care and to require follow-up, transparency, and the development of accountability mechanisms through the Secretary of HHS. Commissions a GAO report to assess the extent to which hospitals have established Respectful Maternity Care Compliance Programs and evaluates the impact of the programs.

Sec. 5210. Moms Matter. Establishes a grant program to support local initiatives to address maternal mental health conditions and substance use disorders, with a particular focus on pregnant and postpartum individuals from racial and ethnic minority groups. Establishes a grant program to establish or expand schools or programs that provide education and training to individuals seeking appropriate licensing or certification as mental or behavioral health care providers who will specialize in maternal mental health conditions or substance use disorders.

Sec. 5211. Taskforce Recommending Improvements for Unaddressed Mental and Perinatal & Postpartum Health (TRIUMPH) for New Moms. This bill temporarily establishes within the Department of Health and Human Services the Task Force on Maternal Mental Health. The task force must develop a national strategy for maternal mental health and report on best practices, policies, and programs to prevent, screen for, diagnose, treat, and reduce disparities in maternal mental health conditions. The report must identify opportunities for state- and local-level partnerships to address maternal mental health, and the task force must share those opportunities with state governors.

Sec. 5212. Protect Moms from Domestic Violence. This bill establishes a grant program and requires studies to address adverse maternal health outcomes among victims of intimate partner violence, human trafficking, forced marriage, and similar harms. Specifically, HRSA must award

grants to state, tribal, or local governments, maternal care providers, institutions of higher education, and community organizations for improving maternal and child health outcomes for victims of such harms. In addition, HHS must study the relative risk of maternal mortality and severe maternal morbidity for victims of such harms. HHS must also contract with the National Academy of Medicine (or a similar entity) to conduct another study examining whether these harms increase the risk of suicide and substance use among pregnant and postpartum persons and other maternal health topics. Finally, the bill requires HHS to disseminate guidance on developing protocols and creating partnerships to address intimate partner violence and similar harms.

Sec. 5213. Perinatal workforce. Requires the Secretary of HHS to issue guidance to promote the recruitment and retainment of racially, ethnically, and professionally diverse maternity care teams that provide respectful, culturally congruent care. Commissions a study on ways in which respectful culturally congruent maternity care can improve maternal health outcomes for pregnant and postpartum individuals from racial and ethnic minority groups. Establishes a grant program to establish or expand schools or programs that provide education and training to individuals seeking appropriate licensing or certification as physician assistants or perinatal health workers. Establishes a grant program to provide funding to accredited schools of nursing for the purposes of growing and diversifying the workforce of nurse practitioners and clinical nurse specialists focusing on maternal and perinatal health. Commissions a GAO report to assess the barriers that prevent individuals—and low-income and minority women in particular—from pursuing careers as maternity care providers. The report also assesses disparities in access to maternity care providers and perinatal health workers, stratified by race, ethnicity, gender identity, geographic location, and insurance type, and includes recommendations to promote greater access equity.

Sec. 5214. Midwives schools and programs expansion. Establishes grants within the Health Resources and Services Administration (HRSA) for establishing or expanding midwifery programs at institutions of higher education and nursing schools. HRSA may prioritize funding for institutions that focus on increasing the number of midwife professionals from underrepresented groups and that promote practicing in areas with limited access to professional health care.

Sec. 5215. Gestational diabetes. Directs CDC to develop a multisite gestational diabetes research project to expand and enhance surveillance data and public health research on gestational diabetes. Directs HHS to expand and intensify public health research on gestational diabetes. Directs CDC to award grants for demonstration projects to reduce the incidence of gestational diabetes, the recurrence of such disease in subsequent pregnancies, and the development of type-2 diabetes in individuals with a history of gestational diabetes. Directs CDC to work with state and Indian tribal- based diabetes prevention and control programs assisted by the CDC to encourage postpartum follow-up after gestational diabetes.

Sec. 5216. Consumer education campaign. Amends Sec. 229 of the Public Health Service Act by establishing the development and implementation of a four-year culturally and linguistically appropriate multimedia consumer education campaign that is designed to promote understanding and acceptance of evidence-based maternity practices and models of care.

Sec. 5217. Bibliographic database of systematic reviews for care of childbearing individuals and newborns. Establishes an online bibliographic database identifying systematic reviews for

care of childbearing individuals and newborns.

Sec. 5218. Development of interprofessional maternity care education models and tools.

Directs the Secretary and Administrator for HRSA to establish an Interprofessional Maternity Provider Education Commission to develop recommendations for standard physiologic maternity care curriculum, suggestions for multidisciplinary use of the curriculum that includes implicit bias training, strategies to integrate and coordinate education across maternity care disciplines, and pilot demonstrations of interprofessional educational models. The HHS Secretary shall submit a report to Congress containing the recommendations by the Commission and make the report publicly available.

Sec. 5219. Dissemination of the Quality Family Planning guidelines. Provides grants for publicly funded health centers to implement the HHS Office of Population Affairs' Quality Family Planning (QFP) recommendations.

Subtitle D—Federal Agency Coordination on Maternal Health

Sec. 5301. Interagency coordinating committee on the promotion of optimal maternity outcomes. Amends part A of Title II of the Public Health Service Act to establish the Interagency Coordinating Committee on the Promotion of Optimal Maternity Outcomes (ICCPOM). The ICCPOM shall guide policy and program development across the Federal Government with respect to promotion of optimal maternity care, including quality and performance measures. The ICCPOM should work with stakeholder groups and submit an annual report to Congress summarizing federal program policies, and data concerning maternal and infant health.

Sec. 5302. Expansion of CDC prevention research centers program to include centers on optimal maternity outcomes. Establishes additional Prevention Research Centers administered by the CDC and be known as a Center for Excellence on Optimal Maternity Outcomes. Each center must incorporate the use of interdisciplinary providers and conduct research in service areas related to mental health, doula labor support, nutrition education, childbirth education, social work, physical and occupational therapy, substance use disorders, and home visits. Develops performance and quality measures for accountability to improve maternity outcomes.

Sec. 5303. Expanding models to be tested by Center for Medicare and Medicaid Innovation to explicitly include maternity care and children's health models. Amends Sec. 1115A of the Social Security Act to include and promote evidence-based models of care that have been associated with reductions in pregnancy-related, infant, and child health inequities. Requires development and testing of new mandatory health equity models testing value-based doula payment, episode-based payment for whole-person pregnancy-related and newborn care, perinatal health worker service delivery, and early intervention and prevention for children. Models will be selected and evaluated based on their impact on quality, equity, and developmental outcomes. Adds additional factors for the selection of models focused on promoting health equity.

Sec. 5304. Interagency update to the Quality Family Planning Guidelines. Requires the CDC and Office of Population Affairs to expand the QFP recommendations to address health inequities and the importance of patient-directed contraceptive decision-making.

Subtitle E—Reproductive and Sexual Health

Sec. 5401. Findings; Sense of Congress on urgent barriers to abortion access and vital solutions. Provides findings that describe barriers to abortion access and legislative solutions. Includes a Sense of Congress that calls for an end to the Hyde amendment and passage of the Women’s Health Protection Act (which creates a statutory right for health care providers to provide abortion care) and Equal Access to Abortion Coverage Act (which creates a right to abortion coverage in Medicaid and other federally funded health care programs, thereby ending Hyde).

Sec. 5402. Emergency contraception education and information programs. Directs CDC to develop public information on emergency contraceptives, including, at a minimum, a description of emergency contraceptives and an explanation of the use, safety, efficacy, affordability, and availability, including over the counter access of such contraceptives and options for access without cost-sharing through insurance or other programs. Directs HRSA to develop and disseminate information on emergency contraception to health care providers, including pharmacists.

Sec. 5403. Access to birth control duties of pharmacies to ensure provision of FDA-approved contraception. Amends Part B of title II of the Public Health Service Act to ensure that pharmacies that receive FDA-approved drugs or devices in interstate commerce provide customers contraceptives or a medication related to a contraceptive that is in-stock without delay; locate or refer to a pharmacy of the customer’s choice if the contraceptives are out of stock; and/or order contraceptives when out of stock. Prohibits pharmacy staff from engaging in intimidating, threatening, harassing, obstructing, or deceiving behavior as related to a customer’s request for a contraceptive or a medication related to a contraceptive. Clarifies the applicability of Title VI of the Civil Rights Act.

Sec. 5404. Real Education and Access for Healthy Youth Act. Provides for the overall health and wellbeing of young people by requiring grants to support access to evidence informed, comprehensive in scope, confidential, equitable, accessible, medically accurate and complete, developmentally appropriate, trauma informed, resilience oriented and culturally responsive sexual health education and services. Directs HHS to establish and award grant to entities providing sexual health education and sexual health services. Repeals abstinence only until marriage programs.

Sec. 5405. Compassionate assistance for rape emergencies. Ensures that no federal funds are provided to a hospital under Medicare or Medicaid unless the hospital provides any person who is a victim of sexual assault, is accompanied by someone who states the person is a victim of assault, or whom hospital personnel have reason to believe is a victim of sexual assault, with medically and factually accurate and unbiased written and oral communication about emergency contraception and post-exposure prophylaxis protocol for the prevention of HIV. Upon request, requires provision of both unless the medical professional determines that further evaluation is required or that the medication will be harmful to the individual’s health.

Sec. 5406. Menstrual Equity for All Act. Increases the availability and affordability of menstrual products (e.g., tampons, pads, other items) for individuals with limited access, including Medicaid enrollees, students, incarcerated individuals and detainees, people

experiencing homelessness, and other populations.

Sec. 5407. Additional focus area for the Office of Women’s Health. Expands access to evidence based quality maternity care services by adding a focus area for the Office of Women’s Health on optimal maternity care; developing an interagency coordinating committee on the promotion of optimal maternity outcomes; directing consumer education campaigns; creating bibliographic database of systematic reviews of care of pregnant and birthing individuals and newborns; identifying maternity health professional shortage areas; expanding CDC prevention research centers program to include Centers on Optimal Maternity Outcomes; expanding models to be tested by CMS to include maternity care models; developing interprofessional maternity care educational models and tools; providing interprofessional training; and providing grants to professional organizations to increase diversity in maternity care professions. Includes developing measures that enable a more robust, balanced standardized assessment of and accountability for maternity care, including performance and quality measures.

Sec. 5408. Including services furnished by certain students, interns, and residents supervised by certified nurse midwives or certified midwives within inpatient hospital services under Medicare. Amends Secs. 1861(b) of the Social Security Act to include services in a hospital or osteopathic hospital furnished by students, interns, and residents supervised by certified nurse midwives and certified midwives.

Sec. 5409. Grants to professional organizations and minority-serving institutions to increase diversity in maternal, reproductive, and sexual health professionals. Requires that the Secretary and Administrator of HRSA establish a grant program for eligible health professional organizations with the purpose of addressing workforce inequities and barriers to enter eligible health professions. Planning and implementation grant awards should not exceed \$300,000 and \$500,000, respectively. Grantees must submit a report to the Secretary containing information on the extent and distribution of workforce inequities and reasonable objectives and strategies to address such inequities. Requires that the Secretary and Administrator of HRSA establish a grant program for eligible minority serving institutions to develop or expand academic programs to educate maternity care clinicians and maternity care support personnel to address inequities by providing high-quality culturally congruent care and support. Planning and implementation grant awards should not exceed \$400,000 and \$1,000,000, respectively. Grantees must submit reports to the Secretary about plans, progress, and results.

Subtitle F—Children’s Health

Sec. 5501. CARING for Kids Act. Permanently funds CHIP and related programs that support the development of child health quality measures and outreach and enrollment efforts. The bill also permanently authorizes the Medicaid and CHIP express lane eligibility option, which allows states to use information from designated programs (e.g., the Supplemental Nutrition Assistance Program) to streamline eligibility determinations for children.

Sec. 5502. End Diaper Need Act of 2021. This section establishes and expands programs to increase access to diapers and related supplies primarily for low-income families. The Department of Health and Human Services must award demonstration grants to entities with experience in community distribution of basic necessities or other community services to meet diapering needs of eligible families with infants and toddlers. Additionally, the bill permits states

to use Medicaid funds to provide medically necessary diapers and supplies to certain low-income families. These families must have a child who is over age three and diagnosed with a serious condition such as bowel or bladder incontinence. It also allows individuals to buy medically necessary diapers and supplies with funds from health savings accounts and other tax-advantaged accounts for health care expenses.

Sec. 5503. Decreasing the risk factors for sudden unexpected infant death and sudden unexplained death in childhood. Establishes a culturally and linguistically appropriate public health awareness and education campaign at HHS to provide information focused on decreasing the risk factors for sudden unexpected infant death and sudden unexplained death in childhood.

Subtitle G—Nutrition for Women, Children, Families

Sec. 5601. Removing barriers to health care and nutrition assistance for children, pregnant persons, and lawfully present individuals. Removes eligibility restrictions on the basis of immigration status for individuals who are lawfully present to access coverage and benefits under the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and CHIP. Expands eligibility for SNAP, Medicaid, and CHIP for families with children. Expands eligibility for Medicaid to lawfully present individuals who are pregnant for the duration of their pregnancy and 12 months after pregnancy. Ensures proper screening by providing a method that does not require unnecessary information that would restrict welfare and public benefits for lawfully present individuals who would be eligible for such programs.

Sec. 5602. Closing the meal gap. Amends the Food and Nutrition Act of 2008 to require that supplemental nutrition assistance program benefits be calculated using the value of the low-cost food plan, and for other purposes.

Sec. 5603. Repeal of denial of Supplemental Nutrition Assistance Program (SNAP) benefits. Restores SNAP eligibility to people with drug-related felony convictions, ending the Personal Responsibility and Work Opportunity Reconciliation Act's lifetime ban.

Subtitle H—Universal School Meals Program

Sec. 5701. Short title. Table of Contents

Sec. 5702. Effective date. 1 year after the date of enactment.

Sec. 5703. Free school breakfast program. Establishes a free breakfast program, so that all children can eat breakfast for free regardless of their parents' income, participation in an entitlement program, or ability to fill out complicated forms. Increases the reimbursement rate to \$2.72 per breakfast. During the transition period, requires schools to provide a free breakfast to all children who wish to participate in the program, prohibits school from shaming children who participate in the breakfast program, and prevents schools from collecting unpaid school breakfast debt from parents and guardians.

Sec. 5704. Apportionment to States. Increases the reimbursement rate to \$3.81 per meal. Provides an incentive of \$.30 per lunch for schools to purchase at least 30% of their food locally. Defines local food as a farm product that is produced within 250 miles of or within the same

state as the School Food Authority and distributed through direct sale or intermediate channels, such as a food hubs.

Sec. 5705. Nutritional and other program requirements. Eliminates the income requirements for free and reduced price lunch. Makes all children enrolled at a school eligible for free school lunch. Makes conforming amendments to several other laws that reference free and reduced school lunch participation. During the transition period, requires schools to provide a free lunch to all children who wish to participate in the program, prohibits school from shaming children who participate in the lunch program, and prevents schools from collecting unpaid school lunch debt from parents and guardians.

Sec. 5706. Special assistance program. Makes conforming amendments to the Richard B. Russell National School Lunch Program Act.

Sec. 5707. Price for a paid lunch. Increases the reimbursement rate for school lunch to \$3.81 per lunch.

Sec. 5708. Summer food service program for children. Makes all communities eligible to participate in the Summer Food Service program regardless of the surrounding community's income. Allows the Summer Food Service Program to operate from May to September, during school vacations, and on any days that the schools might be closed due to natural disasters, repairs, or other similar hurdles. Expands the number of meal services eligible for reimbursement to 3 meals and 1 snack per child per day.

Sec. 5709. Summer Electronic Benefit Transfer for Children Program. Provides a \$60 per month per child SNAP EBT benefit for three summer months for all children whose families make less than 200% of the poverty line annually (\$49,200 for a family of four). Allows states that participated in the Summer EBT Demonstration Program and used WIC to continue to operate the program using WIC.

Sec. 5710. Child and adult care food program. Eliminates the two-tier system and reimburses all child care facilities (public, private, and for-profit) to receive the higher, tier 1 reimbursement regardless of the incomes of the families whose children attend the facility or the income of the surrounding community. Allows childcare facilities to be reimbursed for 3 meals and 1 snack. Modifies the "Program for At-Risk School Children" to the "Afterschool Meal and Snack Program," and expands it to 1 meal and 1 snack on school days and 3 meals and 1 snack on all other days.

Sec. 5711. Meals and supplements for children in afterschool care. Expands the afterschool snack program to all schools so that all schools will be reimbursed for a free meal and a snack for children who participate in afterschool care or activities.

Sec. . 5712. Access to local foods: farm to school program. Conforming amendment to alter program eligibility criteria from a high proportion of children who are eligible for free and reduced-price lunch to a high proportion of "identified students."

Sec. 5713. Fresh fruit and vegetable program. Conforming amendment to remove the mention of free and reduced-price lunch. Provides outreach to high-need schools to ensure they are aware

of this program.

Sec. 5714. Training, technical assistance, and Food Service Management Institute. Conforming amendment to remove the mention of free and reduced-price lunch.

Sec. 5715. Reimbursement of school meal delinquent debt program. Directs USDA to establish a program to allow schools to apply for a one-time reimbursement for all delinquent debt from unpaid meal fees under the School Breakfast Program and the National School Lunch Program. All payments shall be made no later than two years after the effective date.

Sec. 5716. Conforming amendments.

Sec. 5717. Measure of poverty. Modifies the definition of “identified student” under the Elementary and Secondary Education Act of 1965 for the purposes of determining eligibility for Title I funding and other programs to include children who are runaway or homeless youth, foster children, migratory children, eligible for Medicaid, participate in SNAP, TANF, FDPIR, or Head Start; and includes a multiplier of 1.6.

Sec. 5718. Supplemental nutrition assistance program. Conforming amendment to remove the mention of free and reduced-price lunch.

Sec. 5719. Higher Education Act of 1965. Conforming amendment to remove the mention of free and reduced-price lunch.

Sec. 5720. Elementary and Secondary Education Act of 1965. Conforming amendment to remove the mention of free and reduced-price lunch.

Sec. 5721. America COMPETES Act. Conforming amendment to remove the mention of free and reduced-price lunch.

Sec. 5722. Workforce Innovation and Opportunity Act. Conforming amendment to remove the mention of free and reduced-price lunch.

Sec. 5723. National Science Foundation Authorization Act of 2002. Conforming amendment to remove the mention of free and reduced-price lunch.

Sec. 5724. Child care and development block grant. Conforming amendment to remove the mention of free and reduced-price lunch and alter the metric to reference “identified students.”

Sec. 5725. Children’s Health Act of 2000. Conforming amendment to remove the mention of free and reduced-price lunch and alter the metric to reference “identified students.”

Sec. 5726. Juvenile justice and delinquency prevention. Provides free lunch to all children in public and non-profit juvenile detention centers.

Subtitle I—Elder Care

Sec. 5801. Expenses for household and elder care services necessary for gainful employment. Creates a new tax credit for a taxpayer's employment-related expenses necessary

to care for a dependent who has attained age 50. Employment-related expenses include (1) expenses for household services; and (2) expenses for the care of the dependent, including respite care and hospice care. The expenses must be incurred to enable the taxpayer to be gainfully employed for any period for which there are one or more dependents that qualify for the credit. Limits the amount of such credit to \$3,000 for the care of one dependent and \$6,000 for the care of two or more dependents of the taxpayer in a taxable year.

Subtitle J—Miscellaneous Provisions

Sec. 5901. Clarification supporting permissible use of funds for stillbirth prevention activities. This bill expands the scope of the Maternal and Child Health Services Block Grant to include research and activities to prevent stillbirths.

TITLE VI—MENTAL HEALTH AND SUBSTANCE USE DISORDER

Overall. Title VI focuses on strengthening protective factors and resources that bolster mental health, and on eliminating structural barriers that contribute to mental health and substance use disorder inequities. The title addresses the interplay between structural factors and traumas including systemic racism and discrimination, violence, adverse weather events, and COVID-19 and the resulting mental health impacts for the communities of focus under this act. Provisions provide for expanding coverage and access to necessary supports and services across community settings; promising interventions through demonstration projects; research to enhance knowledge and understanding of mental health and substance use inequities; strengthening the mental health workforce; and strategies to address unmet needs in underserved populations.

Sec. 6001. Mental health findings. Provides findings that describe the structural barriers and factors that contribute to mental health and substance use disorder inequities across different communities of color and for people with disabilities. Describes the culturally and linguistically responsive services and supports, and the community protective factors and resources that need to be in place to bolster mental health and wellbeing.

Sec. 6002. Sense of Congress. Includes a Sense of Congress that a comprehensive public health approach to addressing trauma and mental health care be focused on care delivery that is culturally and linguistically appropriate.

Subtitle A—Access to Care and Funding Streams

Sec. 6011. Coverage of marriage and family therapist services, mental health counselor services and substance abuse counselor services under part B of the Medicare program. Expands coverage of marriage and family therapist services, mental health counselor services, peer support specialist services and substance abuse counseling services under Medicare Part B to diversify the availability of mental health care services and expands the availability of benefits for rural areas.

Sec. 6012. Reauthorization of Minority Fellowship Program. Amends Sec. 597(c) of the Public Health Service Act to reauthorize the Minority Fellowship Program to \$25,000,000 for each of fiscal years 2023 through 2027.

Sec. 6013. Additional funds for National Institutes of Health. Authorizes an additional \$100,000,000 for the National Institutes of Health for each of fiscal years 2023 through 2027 to build relations with communities and conduct or support clinical research, including clinical research on racial or ethnic disparities in physical and mental health.

Sec. 6014. Additional funds for National Institute on Minority Health and Health Disparities. Authorizes an additional \$650,000,000 for the National Institute on Minority Health and Health Disparities for each of fiscal years 2023 through 2027.

Sec. 6015. Grants for increasing racial and ethnic minority access to high-quality trauma support services and mental health care. Establishes a 4-year grants program for eligible community-based programs or organizations to increase racial and ethnic minority access to high quality trauma-support services and mental health care. Grants shall be prioritized for eligible entities proposing to serve communities that have faced high rates of community trauma, including from exposure to law enforcement violence, intergenerational poverty, civil unrest, discrimination, or oppression. Authorizes \$20,000,000 for each of fiscal years 2023 through 2027 to carry out this section.

Sec. 6016. Grants for unarmed 9-1-1 response programs. Amends Part D of title V of the Public Health Service Act to allow for grants to States, territories, political subdivisions of States and territories, Tribal governments, and consortia of Tribal to dispatch unarmed, specialize healthcare or social service providers to respond to non-violent 911 calls instead of law enforcement officers.

Subtitle B – Interprofessional care

Sec. 6021. Health professions competencies to address racial and ethnic mental health inequities. Establishes a grant program to national organizations with direct responsibility for the development and dissemination of educational curricula or core competencies for mental health professionals that address mental health inequities among racial and ethnic population groups. The development of educational curricula and core competencies development should include input and leadership from communities of color with lived experiences; and grants would be used in the training of students in the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance abuse. Authorizes such sums as may be necessary for each of fiscal years 2023 through 2027 to carry out this section.

Sec. 6022. Interprofessional healthcare teams for behavioral healthcare. Amends Part D of title V of the Public Health Service Act to create grants that establish interprofessional health care teams that provide behavioral health care. Eligible entities include Federally qualified health centers, rural health clinics, women’s health clinics, or behavioral health programs (including any such program operated by a community-based organization) serving a high proportion of individuals from racial and ethnic minority groups. Requires not less than \$10,000 of the grant funds on a loan forgiveness program for practitioners who commit to working in the mental health field for a period of 2 years. Authorizes \$20,000,000 for each of fiscal years 2023 through 2027 to carry out this section.

Sec. 6023. Integrated health care demonstration program. Establishes and expands programs to address racial and ethnic inequities in mental health by awarding grants to establish interprofessional behavioral health care teams for eligible entities including Federally qualified health centers, rural health clinics, or behavioral health programs, serving a high proportion of individuals from racial and ethnic minority groups. Authorizes \$20,000,000 for each of the first 5 fiscal years following the date of enactment of the Pursuing Equity in Mental Health Act to carry out this section.

Subtitles C–Workforce development

Sec. 6031. Building an effective workforce in mental health. Directs the Secretary of Health and Human Services in coordination with the Assistant Secretary of Mental Health and Substance use, the Administrator of the Health Resources and Services Administration, and the Secretary of Labor to coordinate with advocacy and behavioral and mental health organizations serving vulnerable populations including youth and young adults, people with low incomes, and people of color in developing, strengthening, and implementing strategies to bolster career pathways for mental health professionals. Authorizes \$50,000,000 for each of fiscal years 2023 through 2033 to carry out this section.

Sec. 6032. Pilot program to increase language access at Federally qualified health centers. Establishes a four-year pilot program to provide additional benefits to mental health professionals who commit to serving in specific Federally Qualified Health Centers, preferably at which at least 20% of the patients are best served in a language other than English. Mental health professionals who participate in the program would receive additional annual loan repayment compensation, and even greater loan repayment compensation would be available to those who are fluent in a language other than English, needed by the health center at which they commit to serve. Also establishes a new grant program that would provide federal grants to community health centers to help them recruit, hire, and employ qualified mental health professionals who are fluent in a language other than English. Authorizes \$75,000,000 for each of fiscal years 2023 through 2027 to carry out this section.

Sec. 6033. Health professions competencies to address racial and ethnic minority mental health disparities. Establishes a grant program to incorporate best practices and competencies to address mental health inequities among racial and ethnic minority groups in curricula for training students in the professions of social work, psychology, psychiatry, marriage and family therapy, mental health counseling, and substance abuse counseling; and certifying peer wellness specialists with respect to such best practices and core competencies.

Subtitle D – Children’s Mental Health

Sec. 6041. Pediatric behavioral healthcare. Amends subpart V of Part D of title III of the Public Health Service Act to establish grants to support pediatric behavioral health care integration and coordination to meet local community needs and flexibly fund a range of community-based activities including community health workers or navigators to coordinate family access, pediatric practice integration, funding to support telehealth treatment, pediatric training for crisis response, mental and behavioral health urgent care, community-based initiatives such as school-based partnerships, and initiatives to decompress emergency

departments. Appropriates \$500,000,000 for each of fiscal years 2023 through 2027 to carry out this section.

Sec. 6042. Mental health in schools. Expands the scope of Project AWARE (Advancing Wellness and Resiliency in Education) State Educational Agency Grant Program that is administered by the Substance Abuse and Mental Health Services Administration to support trauma informed, school-based mental health services, including screening, treatment, and outreach programs for children with potential mental health conditions or unmet mental health needs. A comprehensive school mental health program funded under this bill must build awareness of individual trauma and the intergenerational continuum of impacts of trauma on populations; train appropriate staff to identify, and screen for, signs of trauma exposure, mental health and cooccurring conditions, or risk of suicide; and incorporate positive behavioral interventions, family engagement, student treatment, and multigenerational supports to foster the health and development of children, prevent mental health disorders, and ameliorate the impact of trauma. Authorizes \$130,000,000 for each of fiscal years 2023 through 2026 to carry out this section.

Sec. 6043. Additional support for youth and young adult mental health service provision. Amends Sec. 1903 of the Social Security Act to allow States to provide medical assistance for qualifying youth and young mental health and substance use intervention services beginning on the first day of the fiscal year quarter that begins on or after January 1, 2024. Priority service includes community based mobile crisis intervention service, telehealth, youth peer support, screening for adverse childhood experiences, trauma responsive care, and other priority youth services. Qualified mental health providers include professionals or paraprofessionals with expertise in youth and young adult behavioral health or mental health, including social workers, peer support specialists, recovery coaches, community health workers, mental health clinicians and others. Qualifying youth and young adults include individuals who are 16 to 25 years of age and experiencing a mental health or substance use disorder crisis; subject to the juvenile justice system; experiencing homelessness; pregnant or parenting; living with a disability; low income and requiring additional assistance to enter or complete an education program or secure employment; or living in a community that has faced acute or long-term exposure to substantial discrimination, historical oppression, intergenerational poverty, civil unrest, or high rates of violence or drug overdose deaths. Allows for an increase to 100% of the Federal medical assistance percentage expended by States for qualifying youth and young adult intervention services furnished under this section.

Sec. 6044. Early intervention and prevention programs for transition-age youth. Amends Sec. 1912(b)(1) of the Public Health Service Act to carry out demonstration grants or contracts for early intervention and prevention programs for transition-age youth of 16 to 25 years of age that include set asides of at least 15% of the amount of the allotment of the State pursuant to a funding agreement under Sec. 1911 for each fiscal year to support such programs.

Sec. 6045. Strategies to increase access to telehealth under Medicaid and Children's Health Insurance Program. Requires the Secretary of Health and Human Services to issue and disseminate guidance to States to clarify strategies to overcome existing barriers and increase access to telehealth under the Medicaid program under title XIX of the Social Security Act and the Children's Health Insurance Program under title XXI of such Act.

Sec. 6046. Youth and young adult mental health promotion, prevention, intervention, and treatment. Establishes grants to eligible entities to develop, maintain, or enhance youth and young adult mental health promotion, prevention, intervention, and treatment programs that use community-driven, evidence-informed, or evidence-based models, practices, and methods that are, as appropriate, culturally and linguistically appropriate, and can be replicated in other appropriate settings. Authorizes \$25,000,000 for each of fiscal years 2024 through 2033 to carry out this section.

Sec. 6047. Study on the Effects of Smartphone and Social Media Use on Adolescents. Requires the Secretary of Health and Human Services to conduct or support research and disseminate the findings on smartphone and social media use by adolescents; and the effects of such use on emotional, behavioral, and physical health and development; and disparities in minority and underserved populations.

Subtitle E – Community Based Care

Sec. 6051. Mental health at the border. Requires the Commissioner of U.S. Customs and Border Protection (CBP) in consultation with the Assistant Secretary for Mental Health and Substance Use, the Administrator of the Health Resources and Services Administration, and nongovernmental experts in the delivery of health care in humanitarian crises and in the delivery of health care to children to develop and implement a training curriculum for U.S. CBP agents and officers assigned to U.S. CBP facilities to identify risk factors and warning signs in immigrants and refugees of mental health issues relating to trauma. Requires staffing of at least one qualified mental or behavioral health expert to each U.S. CBP facility and outlines the sharing of information or records concerning mental health of an immigrant or refugee obtained or produced by a mental or behavioral health professional while in a shelter or otherwise in custody of the Federal government. Authorizes \$50,000 for fiscal year 2023 to develop the training curriculum; \$20,000 for each of fiscal years 2024 through 2028 to implement the training; and such sums as may be necessary to review and make recommendations for the training.

Sec. 6052. Asian American, African American, Native Hawaiian, Pacific Islander, Indigenous, Middle Eastern and North African, and Hispanic and Latino behavioral and mental health outreach and education strategies. Amends Part D of title V of the Public Health Service Act to direct the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop and implement an outreach and education strategy to promote behavioral and mental health and reduce stigma associated with mental health conditions and substance abuse among the Asian American, African American, Native Hawaiian, Pacific Islander, Indigenous, Middle Eastern and North African and Hispanic and Latino populations. Requires the Secretary to submit to Congress and make publicly available a report on the extent to which such strategies increased behavioral and mental health outcomes associated with mental health conditions and substance use. Authorizes appropriations of \$10,000,000 for each of fiscal years 2024 through 2028 to carry out this section.

Subtitle F –Reports

Sec. 6061. Addressing racial and ethnic mental health inequities research gaps. Requires a study and report under the direction of the National Institute on Minority Health and Health Disparities on the existing knowledge of mental and behavioral health outcomes in racial and ethnic minority groups, including the degree of co-occurrence of mental health conditions in such racial and ethnic groups; compilations on the impact of community violence, community trauma, adverse childhood experiences, weather extremes, substance use, and other psychological traumas; compilations of information on the impact of intersectionality of transgender individuals, gender non-binary individuals, sexual orientation and age in racial and ethnic minority groups; and descriptions of how protective factors contrast and compare among different communities of color.

Sec. 6062. Research on adverse health effects associated with interactions with law-enforcement. Directs the Secretary of Health and Human Services, acting through the Director of the Office of Minority Health of the Centers for Disease Control and Prevention to conduct research and issue a report to Congress with findings and recommendations on the adverse health effects associated with interactions with law enforcement, with an emphasis on the health consequences among racial and ethnic minorities.

Sec. 6063. Geoaccess study. Directs the Assistant Secretary for Mental Health and Substance Use to conduct a study to determine which geographic areas of the United States have shortages of specialty mental health providers—including specialty mental health providers of color; mental health providers trained to assist clients with multiple cognitive and developmental disabilities as well as mental health disabilities; and to assess the preparedness of specialty mental health providers to deliver culturally and linguistically appropriate, affordable, and accessible services.

Sec. 6064. Cooccurring conditions. Calls for a GAO report to examine barriers to accessing behavioral health treatment and substance use disorder treatment for low-income, uninsured, and Medicaid-enrolled adults, and recommendations for addressing such barriers, particularly for women and diverse racial and ethnic groups. Includes a focus on the impacts of COVID-19 in receiving and accessing treatment for behavioral health, substance use disorders, for diverse racial and ethnic groups, and recommendations for addressing such barrier.

Sec. 6065. Technical correction. Amends Title V of the Public Health Service Act by redesignating the second Sec. 550 (relating to Sobriety Treatment And Recovery Teams) as Sec. 552A; and (2) by moving such Sec., as so redesignated, so as to appear after Sec. 552.

Subtitle G – Miscellaneous Provisions

Sec. 6071. Children’s Mental Health Infrastructure act. Amends Part D of title III of the Public Health Service Act to authorize grants to children’s hospitals for increasing their capacity to provide pediatric behavioral health services. Establishes an appropriation of \$2,000,000,000 for each of fiscal years 2022 through 2026 to carry out this section.

Sec. 6072. Mental Health for Latinos. Amends Part D of title V of the Public Health Service Act to provide for a behavioral and mental health outreach and education strategy to reduce stigma associated with mental health among the Hispanic and Latino population.

Sec. 6073. Strengthening Mental Health Supports for BIPOC Communities. Amends Sec. 1942(a) of the Public Health Service Act to reduce health inequities experienced by individuals who are members of historically racial and ethnic minority groups under State plans under the community mental health services block grant program.

Sec. 6074. STRONG Support for Children. Amends title XXXI of the Public Health Service Act to support the development and implementation of programs using data analysis to identify and facilitate strategies to improve outcomes for children in geographic areas with a high prevalence of trauma from exposure to adverse childhood experiences.

Sec. 6075. Improving access to mental health. Amends title XVIII of the Social Security Act to improve access to mental health services under the Medicare program.

Sec. 6076. Mental Health in Schools Excellence Program. Establishes the Mental Health in Schools Excellence Program to increase the recruitment and retention of school-based mental health services providers.

Sec. 6077. School Social Workers Improving Student Success. Amends the Elementary and Secondary Education Act of 1965 to provide grants to hire and retain school social workers. Authorizes \$100,000,000 for each of fiscal years 2023 through 2027 to carry out this section. Sec.

TITLE VII—ADDRESSING HIGH IMPACT MINORITY DISEASES

Subtitle A—Cancer

Sec. 7001. Lung cancer mortality reduction. Amends the Public Health Service Act to require the Secretary of Health and Human Services (HHS) to implement a comprehensive program to achieve a 50% reduction in the mortality rate of lung cancer by 2020. Requires the program to include initiatives throughout HHS, including: (1) a strategic review and prioritization by the National Cancer Institute of research grants; (2) the establishment by the Food and Drug Administration (FDA) of quality standards and guidelines for facilities that conduct computed tomography screening for lung cancer; and (3) the provision of funds to the Centers for Disease Control and Prevention (CDC) to establish a Lung Cancer Early Detection Program that provides low-income, uninsured, and underserved populations that are at high risk for lung cancer access to early detection services. Requires the Secretary of Defense (DOD) and the Secretary of Veterans Affairs (VA) to coordinate with the Secretary of HHS in implementing this Act and implementing coordinated care programs for military personnel and veterans diagnosed with lung cancer. Requires the Secretary of HHS to establish: (1) the Lung Cancer Computed Tomography Screening and Treatment Demonstration Project; and (2) the Lung Cancer Advisory Board to monitor the programs established under this Act.

Sec. 7002. Expanding prostate cancer research, outreach, screening, testing, access, and treatment effectiveness. Addresses health inequities in prostate cancer through improved access to effective and cost efficient diagnosis and treatment of prostate cancer through advances in

testing, research, and education, including through telehealth, comparative effectiveness research, and identification of best practices in patient education and outreach particularly with respect to underserved racial, ethnic and rural populations and men with a family history of prostate cancer.

Sec. 7003. Prostate research, imaging, and men’s education (PRIME). Expands and intensifies research for prostate cancer detection, diagnosis, and treatment.

Sec. 7004. Prostate cancer detection research and education. Establishes an advisory council on prostate cancer, coordinates research, and implements a public awareness and education campaign.

Sec. 7005. National Prostate Cancer Council. Establishes the National Prostate Cancer Council on Screening, Early Detection, Assessment, and Monitoring of Prostate Cancer.

Sec. 7006. Improved Medicaid coverage for certain breast and cervical cancer patients in the territories. Applies enhanced FMAP to provide medical assistance for breast and cervical cancer patients.

Sec. 7007. Cancer prevention and treatment demonstration for ethnic and racial minorities. Establishes demonstration projects to address disparities in early detection and treatment of cancer.

Sec. 7008. Reducing cancer disparities within Medicare. Develops quality measures for cancer care in Medicare

Subtitle B—Viral Hepatitis and Liver Cancer Control and Prevention

Sec. 7051. Viral hepatitis and liver cancer control and prevention. Establishes a biennial assessment of the Secretary’s plan for the prevention, control, and medical management of, and education and research relating to, hepatitis B and C. Establishes education and awareness program, immunization, prevention, and control programs, and a national surveillance program.

Sec. 7052. Liver cancer and disease prevention, awareness, and patient tracking grants. Establishes a grant program to expand and support prevention programs, detection programs, and surveillance.

Subtitle C—Acquired Bone Marrow Failure Diseases

Sec. 7101. Acquired bone marrow failure diseases. Establishes the National Acquired Bone Marrow Failure Disease Registry, establishes the Advisory Committee on Acquired Bone Marrow Failure Diseases, establishes a grant program.

Subtitle D—Cardiovascular Disease, Chronic Disease, Obesity, and Other Disease Issues

Sec. 7151. Guidelines for disease screening for minority patients. The Secretary will develop guidelines for disease screening for minority impacted populations.

Sec. 7152. CDC Wisewoman Screening Program. Establishes appropriations for the CDC Wisewoman Screening Program.

Sec. 7153. Report on cardiovascular care for women and minorities. Requires the Secretary to prepare a report on the quality of and access to care for women and minorities with heart disease, stroke, and other cardiovascular diseases.

Sec. 7154. Coverage of comprehensive tobacco cessation services in Medicaid, CHIP, and private health insurance. Requires Medicaid, CHIP, and private health insurance to cover counseling and pharmacotherapy for cessation of tobacco use.

Sec. 7155. Clinical research funding for oral health. Expands and intensifies the conduct and support of research on oral health.

Sec. 7156. Guide on evidence-based strategies for public health department obesity prevention programs. Requires the Secretary to develop a guide on evidence-based Strategies to effective obesity prevention programs and to provide technical assistance on implementing guides.

Sec. 7157. Stephanie Tubbs Jones Uterine Fibroid Research and Education Act. Directs the Department of Health and Human Services (HHS) to expand research on, and take other actions to address, uterine fibroids. In coordination with the National Institutes of Health and appropriate federal agencies, HHS must undertake research activities on uterine fibroids. In addition, HHS must establish a database of services furnished to individuals diagnosed with uterine fibroids under Medicaid or the Children's Health Insurance Program and must develop a report on federal and state expenditures for such services. Additionally, HHS must disseminate information on uterine fibroids to the public and to health care providers, including information on the elevated risk for minority women and available treatments.

Subtitle E—HIV/AIDS

Sec. 7201. Statement of policy. States the United States' policy to achieve an AIDS-free generation.

Sec. 7202. Findings. Establishes findings about the health inequities of HIV infection.

Sec. 7203. Additional funding for AIDS drug assistance program treatments. Provides additional funding for AIDS drug assistance program treatments.

Sec. 7204. Enhancing the national HIV surveillance system. Provides grants to support integration of public health surveillance systems into electronic health records.

Sec. 7205. Evidence-based strategies for improving linkage to, and retention in, appropriate care. The Secretary of Health and Human Services, in collaboration with the Director of the Centers for Disease Control and Prevention, the Assistant Secretary for Mental Health and Substance Use, the Director of the Office of AIDS Research, the Administrator of the Health Resources and Services Administration, and the Administrator of the Centers for

Medicare & Medicaid Services will establish evidence-based strategies to improve linkage to, retention in appropriate care.

Sec. 7206. Improving entry into, and retention in, care and antiretroviral adherence for persons with HIV. Establishes grants to ensure awareness of PrEP and antiretrovirals.

Sec. 7207. Services to reduce HIV/AIDS in racial and ethnic minority communities. Establishes grants to conduct outreach activities on testing and prevention.

Sec. 7208. Minority AIDS initiative. Expands funding for the Minority AIDS Initiative.

Sec. 7209. Health care professionals treating individuals with HIV. Expands, intensifies, and coordinates workforce development programs for the HIV health workforce.

Sec. 7210. HIV/AIDS provider loan repayment program. Establishes a loan repayment program for physicians, nurse practitioners, physician assistants, dentists, and clinical pharmacists for up to five years of service providing HIV-related care and treatment in areas with health professional shortages or at Ryan White-funded clinical sites

Sec. 7211. Dental education loan repayment program. Establishes a loan repayment program for dentist who work at a facility with a critical shortage of dentists in an area with a high incidence of HIV.

Sec. 7212. Reducing new HIV infections among injecting drug users. Establishes grants and technical assistance for the purpose of reducing the rate of HIV infections among injecting drug users.

Sec. 7213. Report on impact of HIV/AIDS in vulnerable populations. Requests an annual report from the Secretary on the impact of HIV/AIDS for racial and ethnic minority communities, women, and youth aged 24 and younger.

Sec. 7214. National HIV/AIDS observance days. Highlights the following observance days: National Black HIV/AIDS Awareness Day, National Latino AIDS Awareness Day, National Asian and Pacific Islander HIV/AIDS Awareness Day, National Native American HIV/AIDS Awareness Day, and National Youth HIV/AIDS Awareness Day.

Sec. 7215. Review of all Federal and State laws, policies, and regulations regarding the criminal prosecution of individuals for HIV-related offenses. Directs the Department of Justice (DOJ), the Department of Health and Human Services (HHS), the Department of Defense (DOD), and the White House Office of National AIDS Policy to initiate a national review of federal (including military) and state laws, policies, regulations, and judicial precedents and decisions regarding criminal and related civil commitment cases involving people living with HIV/AIDS. DOJ must transmit to Congress and make publicly available the results of such review with related recommendations. The White House Office of National AIDS Policy must also develop and publicly release guidance to assist states with handling relevant cases. The office, DOJ, HHS, and DOD must transmit to the President and Congress any proposals necessary to implement adjustments to federal laws, policies, or regulations.

Sec. 7216. Expanding support for condoms in prisons. Allows STI counseling, STI prevention education, and sexual barrier protection devices in federal correctional facilities.

Sec. 7217. Automatic reinstatement or enrollment in Medicaid for people who test positive for HIV before reentering communities. Provides automatic enrollment or reinstatement in Medicaid for people being released from prison and provides supplemental funding for automatic reinstatement of Medicaid benefits.

Sec. 7218. Stop HIV in prison. Directs the Bureau of Prisons to develop a comprehensive policy to provide HIV testing, treatment, and prevention for federal inmates in prison and upon reentry. Requires an HIV test for each convicted federal offender sentenced to prison for any length of time regardless of risk factors, unless the individual declines; makes the HIV test part of the routine health screening conducted at intake; and requires a pre-release HIV test, unless the individual declines.

Sec. 7219. Transfer of funds for implementation of ending the HIV Epidemic: A Plan for America. Transfers funding for the implementation of Ending the HIV Epidemic: A Plan for America and the National HIV AIDS Strategy.

Sec. 7220. PrEP access and coverage. Creates a program to increase PrEP Access and Coverage.

Subtitle F—Diabetes

Sec. 7251. Research, treatment, and education. Expands, intensifies, and supports ongoing research and other activities with respect to prediabetes and diabetes, particularly type 2, in minority populations,

Sec. 7252. Research, education, and other activities. Increases research and public health activities for minority populations.

Sec. 7253. Programs to educate health providers on the causes and effects of diabetes in minority populations. Supports programs to educate health professionals on diabetes.

Sec. 7254. Research, education, and other activities regarding diabetes in American Indian populations. Conducts and supports research and other activities with respect to diabetes; and coordinates the collection of data on clinically and culturally appropriate diabetes treatment, care, prevention, and services by health care professionals to the American Indian population.

Sec. 7255. Updated report on health disparities. The Secretary shall provide a report updating the 2003 report “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care”

Subtitle G—Lung Disease

Sec. 7301. National asthma burden. Convenes a workgroup, provides recommendations, and a report on the national asthma burden.

Sec. 7302. Asthma-related activities of the Centers for Disease Control and Prevention.

Develops state asthma plans, conducts asthma surveillance activities, and coordinates data collection.

Sec. 7303. Influenza and pneumonia vaccination campaign. Enhances annual campaign and education materials for influenza and pneumonia vaccination.

Sec. 7304. Chronic obstructive pulmonary disease. Develops a national action plan on chronic obstructive pulmonary disease, implements public education and awareness activities, makes grants to reduce burden in disproportionately impacted communities, and assesses the data quality on chronic obstructive pulmonary disease.

Subtitle H—Tuberculosis

Sec. 7351. Elimination of all forms of tuberculosis. Establishes findings related to the impact of tuberculosis on minority populations and calls for additional federal support.

Sec. 7352. Additional funding for States in combating and eliminating tuberculosis.

Authorizes fundings for states to combat and eliminate tuberculosis.

Sec. 7353. Strengthening clinical research funding for tuberculosis. Expands and intensifies support for current and prospective research activities related to tuberculosis.

Subtitle I—Osteoarthritis and Musculoskeletal Diseases

Sec. 7401. Findings. Establishes findings about the impact of osteoarthritis and musculoskeletal diseases on minority populations.

Sec. 7402. Osteoarthritis and other musculoskeletal health-related activities of the Centers for Disease Control and Prevention. Conducts and expands public education campaigns on arthritis and other musculoskeletal activities.

Sec. 7403. Grants for comprehensive osteoarthritis and musculoskeletal disease health education within health professions schools. Provides grants to health professional schools to provide people with a comprehensive education on arthritis and other musculoskeletal disease.

Subtitle J—Sleep and Circadian Rhythm Disorders

Sec. 7451. Short title; findings. Establishes findings on sleep and circadian rhythm disorders and their impact on society.

Sec. 7452. Sleep and circadian rhythm disorders research activities of the National Institutes of Health. Appropriates funding for continuing of research on addressing sleep health disparities and the implementation of the NIH Sleep Disorders Research Plan.

Sec. 7453. Sleep and circadian rhythm health disparities-related activities of the Centers for Disease Control and Prevention. Appropriates funding for surveillance and education activities for sleep and circadian rhythm disorders.

Sec. 7454. Grants for comprehensive sleep and circadian health education within health professions schools. Authorizes grants for to academic health science centers, health professions schools, and institutions of higher education to enable such centers, schools, and institutions to provide people with comprehensive education on sleep and circadian health.

Sec. 7455. Report on impact of sleep and circadian health disorders in vulnerable and racial/ethnic populations. Requires the Secretary to submit a report on the impact of sleep and circadian health disorders for racial and ethnic minority communities and other vulnerable populations.

Subtitle K—Kidney Disease Research, Surveillance, Prevention, and Treatment

Sec. 7501. Kidney disease, research, surveillance, prevention, and treatment. Establishes findings about the impact of kidney disease.

Sec. 7502. Kidney disease research in minority populations. Expands kidney disease research and calls for the inclusion of minority participants as study subjects in clinical trials.

Sec. 7503. Kidney disease action plan. Requires the development of a National Action Plan on Kidney Disease.

Sec. 7504. Home dialysis and increasing end-stage renal disease treatment modalities in minority communities action plan. Increases payment for staff-assisted home dialysis, increases patient education, and develops an action plan on home assisted dialysis.

Sec. 7505. Increasing kidney transplants in minority populations. Expands, intensifies, and supports ongoing research and other activities with respect to kidney transplants in minority populations.

Sec. 7506. Environmental and occupational health programs. Supports research into environmental and occupational causes and biological mechanisms that contribute to kidney disease.

Sec. 7507. Understanding the treatment patterns associated with providing care and treatment of kidney failure in minority populations. Conducts a study on treatment patterns in Medicare, Medicaid, and private insurance for minority populations with kidney failure.

Sec. 7508. Improving access in underserved areas. Adds nephrology to the definition of primary care services, the National Health Service Corps Scholarship Program, and the National Health Service Corps Loan Repayment Program.

Sec. 7509. The Jack Reynolds Memorial Medigap Expansion Act; Medigap coverage

for beneficiaries with end-stage renal disease. Expands guaranteed issue rights with respect to Medigap policies (Medicare supplemental health insurance policies) to all beneficiaries with end-stage renal disease. (Guaranteed issue rights require that a policy be offered to any eligible applicant without regard to health status.)

Subtitle L—Diversity in Clinical Trials

Sec. 7551. FDA review of clinical trial best practices. Directs the FDA to aggregate and analyze best practices for clinical trial diversity.

Sec. 7552. Diversifying Investigations Via Equitable Research Studies for Everyone Trials Act. Requires activities to increase diversity in clinical trials. It also expands reporting by laboratories that test for and diagnose COVID-19 and requires a study on data collection and data sharing during public health emergencies. Specifically, the Food and Drug Administration (FDA) must issue guidance on decentralized clinical trials to promote meaningful demographic and geographic diversity in patient engagement, enrollment, and participation. Decentralized clinical trials include those executed through telemedicine or other digital technologies to allow for the remote collection and assessment of clinical trial data. The FDA may also work with foreign regulators to harmonize international regulations governing decentralized clinical trials and the use of digital health technology. In addition, the Department of Health and Human Services (HHS) may support community education, outreach, and recruitment activities for clinical trials of treatments for conditions that disproportionately impact populations underrepresented in clinical trials.

Sec. 7553. Clinical Trial Diversity. Requires NIH to work with clinical trial sponsors to develop clear and measurable diversity goals based on disease/condition prevalence; requires sponsors receiving NIH funds to provide alternative follow-ups for participants in clinical trials; and requires NIH to use existing penalties with sponsors who do not work towards meeting diversity goals. Requires the Director of the NIH to conduct a study on the need for a review of human subject regulations, the modernization of such regulations, and updated safe harbor rules that allow for the reimbursement for costs associated with clinical trial participation. Finally, this section would require the Secretary of HHS to carry out a national campaign that would increase awareness and knowledge surrounding the need for diverse clinical trials.

Sec. 7554. Patient Experience. Requires drug manufacturers/sponsors to collect and report on patient experience data as part of the clinical trial; requires FDA to fully consider all patient experience data collected during the clinical trial; and requires reporting of patient experience data in a transparent manner that is uniform, meaningful and informative to patients and providers.

Subtitle M— Additional Provisions Addressing High Impact Minority Diseases

Sec. 7601. Medicare Coverage Multi-Cancer Early Detection Screening Tests. Provides for Medicare coverage and payment for multi-cancer early detection screening tests that are approved by the Food and Drug Administration and that are used to screen for cancer across many cancer types. The Government Accountability Office must report on the resulting utilization and effectiveness of such tests.

Sec. 7602. Amputation Reduction and Compassion Act. Provides for coverage of peripheral artery disease screening tests without cost-sharing under Medicare, Medicaid, and private health insurance for certain at-risk individuals, and requires the development of certain educational programs and Medicare quality measures to reduce amputations relating to such disease.

Sec. 7603. Eliminating the coinsurance requirement for certain colorectal cancer screening tests furnished under the Medicare program. Eliminates Medicare coinsurance requirements with respect to colorectal cancer screening tests, regardless of the code billed for a resulting diagnosis or procedure, beginning in 2023 (rather than 2030).

Sec. 7604. Expanding the Availability of Medical Nutrition Therapy Services Under the Medicare Program. Expands Medicare coverage of medical nutrition therapy services.

Sec. 7605. Encouraging the development and use of DISARM antimicrobial drugs. Requires additional payment under Medicare's inpatient prospective payment system for services that involve certain antimicrobial drugs, in accordance with specified limitations. Additionally, the Government Accountability Office must report on the barriers to developing such antimicrobial drugs and must recommend ways to address such barriers.

Sec. 7606. Treat and Reduce Obesity Act. Expands Medicare coverage of intensive behavioral therapy for obesity. Allows coverage for therapy that is provided by a physician who is not a primary care physician; or other health care providers (e.g., physician assistants and nurse practitioners) and approved counseling programs, if provided upon a referral from, and in coordination with, a physician or primary care practitioner. Allows coverage under Medicare's prescription drug benefit of drugs used for the treatment of obesity or for weight loss management for individuals who are overweight.

TITLE VIII—HEALTH INFORMATION TECHNOLOGY

Overall. Title VIII updates the definition of certified electronic health information technology, requires assessments of and provides funding opportunities for adoption of health information technology in racial and ethnic minority communities, and extends Medicaid electronic health record incentive payments to community health centers, rehabilitation facilities, long-term care, home health agencies, and physician assistants.

Sec. 8001. Definitions. Defines certified electronic health information technology and interoperability.

Subtitle A—Reducing Health Disparities Through Health IT

Sec. 8101. HRSA assistance to health centers for promotion of health IT. Expands and intensifies HRSA's programs and activities to provide technical assistance and resources to health centers to adopt and meaningfully use certified electronic health information technology – including establishing basic connectivity such as 5G internet for telemedicine capabilities, grant funding to implement the next generation electronic medical records, and funding for technology hardware –for the management of chronic disease and health conditions and reduction of health disparities.

Sec. 8102. Assessment of impact of health IT on racial and ethnic minority communities; outreach and adoption of health IT in such communities. Requires the Office of the National Coordinator of Health Information Technology (ONC) to assess and report on the level of interoperability, access, use and accessibility of certified health information technology, including electronic health records, in racial and ethnic minority communities and by providers participating in Medicare and Medicaid programs. Requires that ONC promulgate a certification criterion and module of certified E.H.R. that stratifies quality measures by disparity characteristics (incl. race, ethnicity, gender identity, sexual orientation, etc.) and reports to CMS the quality measures stratified by races and least two other disparity characteristics. Requires the National Center for Health Statistics to provide to Congress more detailed data about the adoption of certified health information technology. Requires HHS to collect the races and ethnicities of providers attesting to the Medicare and Medicaid EHR Incentive Program and the Medicare Merit-based Incentive Payment System, (MIPS). Requires the ONC to assess the impact of health IT on communities with a high proportion of individuals from racial and ethnic minority groups, including people with disabilities in those groups.

Sec. 8103. Nondiscrimination and health equity in health information technology. Ensures that electronic and health information technology programs or activities under health entities that receive federal funding and established under the Affordable Care Act do not exclude individuals from participating.

Sec. 8104. Language access in health information technology. Requires the Office of the National Coordinator to provide access to certified Electronic Health Record technology to provide patients access to their personal health information in a computable format, hold a public hearing to identify best practices and promulgate a regulation and proposed rulemaking.

Subtitle B—Modifications to achieve parity in existing programs

Sec. 8201. Extending funding to strengthen the health IT infrastructure in racial and ethnic minority communities. Extends funding for health IT in communities with a high proportion of individuals from racial and ethnic minority groups; requires ONC to report on activities and expenditures.

Sec. 8202. Extending competitive grants for the development of loan programs to facilitate adoption of certified electronic health record technology by providers serving racial and ethnic minority groups. Extends competitive grants for loan programs to facilitate adoption of certified health information technology by providers serving communities with a high proportion of individuals from racial and ethnic minority groups.

Sec. 8203. Authorization of appropriations. Authorizes appropriations from fiscal years 2023 through 2028.

Subtitle C—Additional Research and Studies

Sec. 8301. Data collection and assessments conducted in coordination with minority-serving institutions. Requires the ONC to develop and implement a health IT impact assessment program in coordination with a minority-serving institution (such as an historically Black college or university, a Hispanic-serving institution, a tribal college or university, or an Asian American and

Native American and Pacific Islander-serving institution with an accredited public health, health policy or health services research program) to measure the effects of adoption and use of health IT in minority communities, and report to Congress with respect to this assessment program on an annual basis.

Sec. 8302. Study of health information technology in medically underserved communities.

Requires HHS to enter into agreement with the National Academies of Sciences, Engineering to conduct a study and report to Congress on the development, implementation, and effectiveness of health IT within medically underserved areas. The study shall identify barriers to implementation, examine the degree of interoperability among health information technology in medically underserved areas, examine the impact of health IT on improving health care-related decisions by both patients and providers and identify best practices for provision of physical accessibility and reasonable policy accommodations to individuals with disabilities.

Sec. 8303. Assessment of use and misuse of de-identified health data. Requires the Secretary of Health and Human Services, in agreement with ONC, to conduct a study on the impact of digital health technology on medically underserved areas in consultation with relevant stakeholders and submit a report to Congress that describes the result of the study with policy recommendations. The study shall examine the overall prevalence and existing practices of the use and misuse of de-identified protected health information to discriminate against or benefit medically underserved areas and identify best practices to leverage the benefits and prevent misuse of such protected health information.

Subtitle D—Closing Gaps in Funding to Adopt Certified EHRs

Sec. 8401. Extending Medicaid EHR incentive payments to community health centers, rehabilitation facilities, long-term care facilities, and home health agencies. Extends Medicaid EHR incentive payments to rehabilitation facilities, long-term care facilities, and home health agencies.

Sec. 8402. Extending physician assistant eligibility for Medicaid electronic health record incentive payments. Extends eligibility for Medicaid EHR payments for the adoption and meaningful use of certified electronic health records to physician assistants who are primary care providers.

Subtitle E—Expanding Access to Telehealth Services

Sec. 8501. Removing geographic requirements for telehealth services. Removes geographic requirements on telehealth payments in Medicare.

Sec. 8502. Expanding originating sites. Removes originating site requirements on telehealth payments in Medicare.

TITLE IX—ACCOUNTABILITY AND EVALUATION

Overall. Title IX ensures the federal government is responsive to, and responsible and held accountable for, efforts to reduce health inequities and disparities. It expands civil rights protections for anyone operating with Federal financial assistance, ensures populations in correctional facilities receive care, and ensures that there is transparency in how protections are

enforced. Requires a number of reports on how the government is addressing health inequities and disparities.

Sec. 9001. Prohibition on discrimination in Federal assisted health care services and research programs on the basis of race, color, age, sex, gender identity, pregnancy, and national origin. Establishes that no health care service or research activity receiving Federal financial assistance shall discriminate against individuals on the basis of race, color, age (which applies to persons of all ages), sex (including sex orientation and gender identity), pregnancy (including termination of pregnancy), disability status, or national origin.

Sec. 9002. Treatment of the Medicare payments under title VI of the Civil Rights Act of 1964. Clarifies that a payment under Medicare Sections A and B are to be considered a grant, and not a contract of insurance or guaranty. These payments also are to be deemed grants when made to subcontractors to eligible providers.

Sec. 9003. Accountability and transparency within the Department of Health and Human Services. Elevates the Office of Civil Rights and within it establishes an Office of Health Disparities which shall be headed by a director to be appointed by, and report directly to, the Secretary and the head of the White House Office on Racial and Ethnic Health Disparities. Ensures that the health programs, activities, policies, projects, procedures and operations of health entities that receive federal financial assistance are abiding by the prohibition on discrimination. Requires HHS to establish civil rights compliance officers in each agency that administer health programs. Adds “sexual orientation and gender identity” to the list of attributes (already including age, race, nationality, language, sex, etc.) that all recipients of Federal financial assistance under federal health programs must serve without discrimination. Strengthens health equity data collection, monitoring, analyzing and reporting, as well as around the social, political and other health determinants that worsen health inequities and disparities. Ensures the collection of disaggregated health and health care data by racial and ethnic minority populations. Calls for greater accountability and transparency around the status of health discrimination cases that have been filed.

Sec. 9004. United States Commission on Civil Rights. Requires the relevant offices and agencies within the Departments of Justice and HHS to coordinate activities carried out in health care and correctional facilities toward eliminating health disparities between the general population and racial and ethnic minorities.

Sec. 9005. Sense of Congress concerning full funding of activities to eliminate racial and ethnic health disparities. Expresses the sense of Congress that adequate funding should be allocated for health inequity and disparity elimination programs because racial and ethnic minority populations experience and suffer from health disparities and inequities that are caused by systemic and structural racism and discrimination, as well as implicit racial and ethnic bias in and throughout the health care system. Additionally, racial and ethnic minorities who also are gay, lesbian, bisexual, transgender, migrants, low-income individuals, etc., also are profoundly affected by racial and ethnic health disparities and inequities. Inadequate resources and funding across the federal government, and the continuation of legislation, policies and planning that includes language and directives that include vague, incomplete or no standards to reduce health disparities will continue to compromise racial and ethnic health equity efforts.

Sec. 9006. GAO and NIH Reports. Requires GAO to study the racial and ethnic diversity of all those involved in grant-making, including the grant reviewers, the applicants, grantees, and grant-makers) of NIH grants. Requires NIH to report on the progress of expanded planning, coordination, review and evaluation authority of the National Institute on Minority Health and Health Disparities. Requires a GAO report on the racial and ethnic diversity of recipients of ACA funding, looking specifically at how funds have been awarded to community-based organizations working on enrollment by racial and ethnic diversity and the impact of such community-based organizations' enrollment efforts on the insurance status of their communities. Requires an annual report from the Director of the National Institute on Minority Health and Health Disparities on the progress made by NIH to reduce health disparities.

Sec. 9007. Investigative and enforcement actions. Provides guidelines for the complaint process for the inequitable provision of health care. Includes information on the complaint process, response to complaints, possible conciliation activities, and consequences for failing to follow the outlined guidelines.

Sec. 9008. Federal Health Equity Commission. Establishes a Federal Health Equity Commission responsible for monitoring and reporting on the implementation of HEAA.

TITLE X—ADDRESSING SOCIAL DETERMINANTS AND IMPROVING ENVIRONMENTAL JUSTICE

Overall. Title X defines social determinants of health, and the role they play in creating health inequities. The title also describes the relationship between built environments and health, and how health income assessments and the implementation of evidence-based programs can remediate environmental hazards in communities. Sec. 1005 specifically calls for the creation of a CDC grant program to address these root causes. Title X also includes language on environmental justice, specifically in regard to clean air rules, lead and radon exposure, gun violence research and the impact of the Deepwater Horizon oil rig explosion in the Gulf Coast.

Subtitle A—In General

Sec. 10001. Definitions. Defines social determinants of health as “the circumstances in which people are born, grow up, live, work, and age, as well as systems put in place to deal with illness” and distinguishes “social determinants” from other determinants of health. Defines economic determinants of health and built environment.

Sec. 10002. Findings. Provides specific examples illustrating the nexus between the unequal distribution of the social determinants of health and health inequities across four categories prioritized by Healthy People 2030: (1) neighborhoods and the built environment including lead exposure; (2) social and community context; (3) education; and (4) economic stability. These findings are intended to capture pressing health disparities affecting minority communities that are caused by or correlated with non-traditional health factors. African American, Asian American, Native American, lesbian, gay, bisexual, and transgender individuals, people with disabilities and low-income children are among the particular populations covered in this section.

Sec. 10003. Health Impact Assessments. Establishes a program at the CDC in collaboration with the Department of Housing and Urban Development, Department of Transportation, and the Department of Agriculture to administer grants to implement evidence-based programs aimed at decreasing disparities that result from the built environment. Criteria are provided with which to evaluate how proposed activities affect health outcomes, including infectious disease, chronic disease, nutrition, mental health, and health disparities.

Sec. 10004. Grant program to conduct environmental health improvement activities and to improve social determinants of health. Establishes a new grant program at the CDC for state and local coalitions, including public health departments, health care providers, academic institutions, and child serving institutions, to conduct environmental health improvement activities. These activities are intended to address the root causes of chronic diseases disproportionately affecting racial and ethnic minorities and improve the built environment of communities.

Sec. 10005. Additional research on the relationship between the built environment and the health of community residents. Establishes a new grant program to conduct and coordinate research on the built environment and its influence on individual and population-based health.

Sec. 10006. Environment and public health restoration. Describes changes to law and regulations since 2001 that have negatively impacted public health and environment. Sets forth a partnership between the Federal government and other authorities in order to “act as a steward of the environment for the benefit of public health, to maintain air quality and water quality, to sustain the diversity of plant and animal species, to combat global climate change, and to protect the environment for future generations to enjoy.” Requires the National Academy of Sciences to complete a report on the impact on public health, air quality, water quality, wildlife, and the environment of specified regulations, laws, and proposed laws. Includes recent findings on changes and proposed changes to environmental laws.

Sec. 10007. GAO report on health effects of Deepwater Horizon oil rig explosion in the Gulf Coast. Requires GAO to conduct a study on the type and scope of health care services administered through the Department of HHS addressing the provision of health care to racial and ethnic minorities affected by the explosion of the mobile offshore drilling unit Deepwater Horizon that occurred on April 20, 2010. Requires that GAO report on the type, size, and scope of programs administered by HHS that focus on provision of health care to communities in the Gulf Coast, identify the merits and disadvantages associated with each program, perform an analysis of the costs and benefits of the programs, and determine whether there is any duplication of programs. Requires that GAO report no later than 180 days after the enactment of this Act to report its findings and recommendations to Congress for improving access to health care for racial and ethnic minorities.

Sec. 10008. Establish an interagency counsel and grant programs on social determinants of health. Directs the Secretary of HHS in coordination with the Administrator of the Centers for Medicare & Medicaid Services to establish an interagency council on social determinants of health. The Administrator may award grants to eligible entities for the development of social determinants accelerator plans. The Council shall submit an annual report to Congress with

summary of interventions and approached that will be supported by State, local, and Tribal governments.

Sec. 10009. Correcting hurtful and alienating names in government expression (CHANGE).

Requires an executive agency not to use the term “alien” or “illegal alien” in any proposed or final rule, regulation, interpretation, publication, other document, display, or sign issued by the agency after the date of the enactment of this Act. Reference in any Federal, statute, rule, regulation, Executive order, publication, or other document of the U.S. to the term “alien” or “illegal alien” is amended by inserting foreign national or undocumented foreign national.

Sec. 10010. Andrew Kears Accountability for Denial of Medical Care. This section makes it a federal criminal offense for failing to obtain medical attention for an individuals in federal custody who displays medical distress. It also criminalizes the negligent failure to obtain or provide medical attention that results in unnecessary pain, injury, or death.

Sec. 10011. Investing in Community Healing. This section calls for the examination of the health impacts associated with violent interactions with law enforcement, with specific focus on minority groups. This section also authorizes grant funding to support community-based programs to increase support for trauma and mental health care.

Sec. 10012. Environmental Justice Mapping and Data Collection. This section establishes an interagency Environmental Justice Mapping Committee that identifies environmental justice communities. Environmental justice communities are communities with significant representation of communities of color, low-income communities, or tribal and indigenous communities that experience, or are at risk of experiencing, higher or more adverse human health or environmental effects, as compared to other communities.

Sec. 10013. Anti-Racism in Public Health. This section establishes a national center on antiracism and health which views racism as a public health crisis that threatens the physical and mental health of the United States and the world. It calls for data collection and analysis on the public health impact of racism and requires this data to be made publicly available. It also establishes grants for antiracism research.

Sec. 10014. Improving Data Collection on the Sexual Orientation and Gender Identity of Deceased Individuals Through the National Violent Death Reporting System (NVDSS).

Improves the collection of sexual orientation and gender identity information in the CDC and NVDSS to fill current gaps in which no reliable and systematic data on Lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied (LGBTQIA+) identity has been collected nationally despite increases in violence against LGBTQIA+ persons. The policy will inform public health and better understand the current disparities.

Sec. 10015. Social Determinants Accelerator. This section establishes the Social Determinants Accelerator Interagency Council that aims to increase coordination among health and social service programs and provide technical assistance to increase the impact of such programs. The council must also assist the Centers for Medicare & Medicaid Services to award up to 25 grants to state, local, or tribal health or human services agencies for social determinants accelerator plans.

Sec. 10016. Improving Social Determinants of Health. This section requires the Centers for Disease Control and Prevention (CDC) to establish a program to improve health outcomes and reduce health inequities by coordinating activities across the CDC. The CDC must award grants to eligible organizations to build capacity to address social determinants of health.

Subtitle B—Gun Violence

Sec. 10101. Reaffirming research authority of the Centers for Disease Control and Prevention. Clarifies that the CDC may conduct research into gun violence (repeals the “Dickey Amendment”) while affirming it may not advocate for gun control.

Sec. 10102. National violent death reporting system. Requests CDC work to improve by expanding, on a voluntary basis, participation in the National Violent Death Reporting System.

Sec. 10103. Report on effects of gun violence on public health. Requires a Surgeon General report on the impact of gun violence on public health.

Sec. 10104. Report on effects of gun violence on mental health in minority communities. Requires an Office of Minority Health Report on the impact of gun violence on public health, particularly on the mental health of minority communities.