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(Original Signature of Member)

119TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To amend the Public Health Service Act to provide for a health care workforce innovation program.

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IN THE HOUSE OF REPRESENTATIVES

Mr. GARBARINO introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To amend the Public Health Service Act to provide for a health care workforce innovation program.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Care Workforce  
5 Innovation Act of 2025”.

1 **SEC. 2. HEALTH CARE WORKFORCE INNOVATION PRO-**  
2 **GRAM.**

3 Section 755(b) of the Public Health Service Act (42  
4 U.S.C. 294e(b)) is amended by adding at the end the fol-  
5 lowing:

6 “(5)(A) Supporting and developing new innova-  
7 tive, community-driven approaches for the education  
8 and training of allied health professionals, including  
9 those described in subparagraph (F)(i), with an em-  
10 phasis on expanding the supply of such professionals  
11 located in, and meeting the needs of, underserved  
12 communities and rural areas. Grants or contracts  
13 under this paragraph shall be awarded through a  
14 new program (referred to as the ‘Health Care Work-  
15 force Innovation Program’ or in this paragraph as  
16 the ‘Program’).

17 “(B) To be eligible to receive a grant or con-  
18 tract under the Program an entity shall—

19 “(i) be a Federally qualified health center  
20 (as defined in section 1905(l)(2)(B) of the So-  
21 cial Security Act), a State-level association or  
22 other consortium that represents and is com-  
23 prised of Federally qualified health centers, a  
24 certified rural health clinic that meets the re-  
25 quirements of section 334, or an accredited,  
26 nonprofit post-secondary vocational program

1           that trains allied health professionals to work in  
2           primary care settings; and

3           “(ii) submit to the Secretary an application  
4           that, at a minimum, contains—

5                   “(I) a description of how all trainees  
6                   will be trained in accredited training pro-  
7                   grams either directly or through partner-  
8                   ships with public or nonprofit private enti-  
9                   ties, such as schools of allied health;

10                   “(II) a description of the community-  
11                   driven health care workforce innovation  
12                   model to be carried out under the grant or  
13                   contract, including the specific allied health  
14                   professions to be funded;

15                   “(III) the geographic service area that  
16                   will be served, including quantitative data,  
17                   if available, showing that such particular  
18                   area faces a shortage of allied health pro-  
19                   fessionals and lacks access to health care;

20                   “(IV) a description of the benefits  
21                   provided to each health care professional  
22                   trained under the proposed model during  
23                   the education and training phase;

24                   “(V) a description of the experience  
25                   that the applicant has in the recruitment,

1 retention, and promotion of the well-being  
2 of workers and volunteers;

3 “(VI) a description of how the fund-  
4 ing awarded under the Program will sup-  
5 plement rather than supplant existing  
6 funding;

7 “(VII) a description of the scalability  
8 and replicability of the community-driven  
9 approach to be funded under the Program;

10 “(VIII) a description of the infra-  
11 structure, outreach and communication  
12 plan, and other program support costs re-  
13 quired to operationalize the proposed  
14 model; and

15 “(IX) any other information, as the  
16 Secretary determines appropriate.

17 “(C)(i) An entity shall use amounts received  
18 under a grant or contract awarded under the Pro-  
19 gram to carry out the innovative, community-driven  
20 model described in the application under subpara-  
21 graph (B). Such amounts may be used for launching  
22 new or expanding existing innovative health care  
23 professional partnerships, including the following  
24 specific uses:

1           “(I) Establishing or expanding a partner-  
2           ship between such entity and 1 or more high  
3           schools, accredited public or nonprofit private  
4           vocational-technical schools, accredited public or  
5           nonprofit private 2-year colleges, area health  
6           education centers, and entities with clinical set-  
7           tings for the provision of education and training  
8           opportunities not available at the grantee’s fa-  
9           cilities.

10           “(II) Providing education and training  
11           programs to improve allied health professionals’  
12           readiness in settings that serve underserved  
13           communities and rural areas; encouraging stu-  
14           dents from underserved and disadvantaged  
15           backgrounds and former patients to consider  
16           careers in health care, and better reflecting and  
17           meeting community needs; providing education  
18           and training programs for individuals to work  
19           in patient-centered, team-based, community-  
20           driven health care models that include integra-  
21           tion with other clinical practitioners and train-  
22           ing in cultural and linguistic competence; pro-  
23           viding pre-apprenticeship and apprenticeship  
24           programs for health care technical, support,  
25           and entry-level occupations, particularly for

1           those enrolled in dual or concurrent enrollment  
2           programs; building a preceptorship training-to-  
3           practice model for medical, behavioral health,  
4           oral health, and public health disciplines in an  
5           integrated, community-driven setting; providing  
6           and expanding internships, career ladders, and  
7           development opportunities for health care pro-  
8           fessionals, including new and existing staff; or  
9           investing in training equipment, supplies, and  
10          limited renovations or retrofitting of training  
11          space needed for grantees to carry out their  
12          particular model.

13           “(ii) Amounts received under a grant or con-  
14          tract awarded under the Program shall not be used  
15          to support construction costs or to supplant funding  
16          from existing programs that support the applicant’s  
17          health workforce.

18           “(iii) Models funded under the Program shall  
19          be for a duration of at least 3 years.

20           “(D) In awarding grants or contracts under the  
21          Program, the Secretary shall give priority to appli-  
22          cants that will use grant or contract funds to sup-  
23          port workforce innovation models that increase the  
24          number of individuals from underserved and dis-  
25          advantaged backgrounds working in such health care

1 professions, improve access to health care (including  
2 medical, behavioral health and oral health) in under-  
3 served communities, or demonstrate that the model  
4 can be replicated in other underserved communities  
5 in a cost-efficient and effective manner to achieve  
6 the purposes of the Program.

7 “(E) An entity that receives a grant or contract  
8 under the Program shall provide periodic reports to  
9 the Secretary detailing the findings and outcomes of  
10 the innovative, community-driven model carried out  
11 under the grant. Such reports shall contain informa-  
12 tion in a manner and at such times as determined  
13 appropriate by the Secretary.

14 “(F) In this paragraph:

15 “(i) The term ‘allied health professional’  
16 includes individuals who provide clinical support  
17 services, including medical assistants, dental as-  
18 sistants, dental hygienists, dental therapists,  
19 pharmacy technicians, physical therapists, phys-  
20 ical therapist assistants, and health care inter-  
21 preters; individuals providing non-clinical sup-  
22 port, such as billing and coding professionals  
23 and health information technology profes-  
24 sionals; dietitians; medical technologists; emer-  
25 gency medical technicians; community health

1 workers; health education specialists; health  
2 care paraprofessionals; and peer support spe-  
3 cialists.

4 “(ii) The term ‘rural area’ has the mean-  
5 ing given such term by the Administrator of the  
6 Health Resources and Services Administration.

7 “(iii) The term ‘underserved communities’  
8 means areas, population groups, and facilities  
9 designated as health professional shortage areas  
10 under section 332, medically underserved areas  
11 as defined under section 330I(a)), or medically  
12 underserved populations as defined under sec-  
13 tion 330(b)(3).

14 “(G)(i) There are authorized to be appropriated  
15 such sums as may be necessary for each of fiscal  
16 years 2026 through 2028, to carry out this para-  
17 graph, to remain available until expended.

18 “(ii) A grant or contract provided under the  
19 Program shall not exceed \$2,500,000 for a grant pe-  
20 riod.”.