

  
(Original Signature of Member)

118TH CONGRESS  
2D SESSION

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

To authorize the Secretary of Health and Human Services to award grants for career support for a skilled, internationally educated health care workforce.

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IN THE HOUSE OF REPRESENTATIVES

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

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**A BILL**

To authorize the Secretary of Health and Human Services to award grants for career support for a skilled, internationally educated health care workforce.

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

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Welcome Back to the  
5 Health Care Workforce Act”.

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

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

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

8 “(a) GRANTS AUTHORIZED.—

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

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

20 “(b) APPLICATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

20          “(d) USE OF FUNDS.—

21               “(1) SUPPORTED PROJECTS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

23                   “(i) support for the licensing process;

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

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

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

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

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

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

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

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

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

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

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

22                  “(f) EVALUATIONS AND REPORTS.—

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

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

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

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

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

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

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

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

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

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

22                   “(g) DEFINITIONS.—In this section:

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

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

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

6           “(C) An institution of higher education.

7           “(D) An area health education center.

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

10          “(F) A Federally qualified health center.

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

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

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

21          “(4) INDIAN TRIBE.—The term ‘Indian Tribe’  
22          means the recognized governing body of any Indian  
23          or Alaska Native Tribe, band, nation, pueblo, village,  
24          community band, or component reservation individ-  
25          ually identified (including parenthetically) in the list

1 published most recently as of the date of enactment  
2 of the Welcome Back to the Health Care Workforce  
3 Act, pursuant to section 104 of the Federally Recog-  
4 nized Indian Tribe List Act of 1994 (25 U.S.C.  
5 5131).

6 “(5) INSTITUTION OF HIGHER EDUCATION.—  
7 The term ‘institution of higher education’ has the  
8 meaning given the term in section 102 of the Higher  
9 Education Act of 1965.

10 “(6) INTERNATIONALLY EDUCATED HEALTH  
11 CARE PROFESSIONAL.—The term ‘internationally  
12 educated health care professional’ means an indi-  
13 vidual who—

14 “(A) completed the education requirements  
15 for a health care workforce profession in an-  
16 other country; and

17 “(B) is—

18 “(i) lawfully admitted for permanent  
19 residence;

20 “(ii) admitted as a refugee under sec-  
21 tion 207 of the Immigration and Nation-  
22 ality Act;

23 “(iii) granted asylum under section  
24 208 of such Act; or

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

3           “(h) AUTHORIZATION OF APPROPRIATIONS.—There  
4 are authorized to be appropriated to carry out this section  
5 such sums as may be necessary for each of fiscal years  
6 2025 through 2029.”.