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Senate HELP Committee Chairman Sanders and Senator Marshall Release Bipartisan Workforce Legislation and Schedule Markup on Three Additional Bills

Today, Senate Health, Education, Labor and Pensions (HELP) Committee Chairman Bernie Sanders (I-VT) and Senator Roger Marshall (R-KS) unveiled the Bipartisan Primary Care and Health Workforce Act (bill text/section by section). The bill will be marked up in the HELP Committee next Thursday, along with S. 1573, PREEMIE Reauthorization Act of 2023, S. 2415, Preventing Maternal Deaths Reauthorization Act of 2023, and S. 1624, Gabriella Miller Kids First Research Act 2.0.

- **Policy Outlook.** This bipartisan workforce bill is a slimmed down version of Senator Sanders' sweeping legislation from earlier this summer (Impact Summary) that would have spent $20 billion a year over five years to overhaul the nation's primary care health system. This new bill reauthorizes a plethora of health care workforce programs, many of which are set to expire on September 30, including Community Health Centers and the National Health Service Corps. Of note, the Childrens Graduate Medical Education (CHGME) program, which also expires on September 30, is not included in this legislation. House Republicans are pushing a reauthorization bill that would prohibit CHGME funding to go to entities that provide gender affirming care to minors, which Democrats are avidly against.

- **Funding Levels.** Though much more modest than Senator Sanders originally intended, most programs receive higher funding levels than the House provides. The bill also includes a one-time $300 million investment to provide 17 grants to medical schools to increase the number of primary care doctors.

- **Pay-Fors.** Senator Sanders' original bill included controversial pay-fors, including prohibiting facility fees for services provided in off-campus hospital outpatient departments and for some services in on-campus outpatient departments, including evaluation and management and telehealth. The new legislation only prohibits facility fees for evaluation and management services and telehealth. Additionally, the bill uses $980 million of the Public Health Emergency Fund.

- **House Activity.** Last week House leadership from the Energy and Commerce (E&C), Ways and Means (W&M) and Education and Workforce Committees introduced the Lower Costs, More Transparency Act – bipartisan legislation that includes legislation to reauthorize Community Health Centers, the Teaching Health Center GME program, and National Health Service Corps, all of which passed the House Energy & Commerce Committee earlier this summer. A floor vote on this legislation could happen this month. The Senate bill is not only much broader than what the

House will consider but is more expensive. It will be yet another piece of legislation where the House and Senate will need to find common ground to proceed.

- **Next Steps.** Chairman Sanders has scheduled a markup for next Thursday, September 21. Three additional bills have also been scheduled for markup, including the PREEMIE Reauthorization Act of 2023, the Preventing Maternal Deaths Reauthorization Act of 2023, and the Gabriella Miller Kids First Research Act 2.0. All three of these bills are bipartisan and have been passed by the House Energy & Commerce Committee.

A detailed summary of all four bills follows:

I. Primary Care and Health Work Force Act

Title I – Extension for Community Health Centers, National Health Service Corps, and Teaching Health Centers that Operate GME Programs.

- **Section 101, Teaching Health Center Graduate Medical Education:** The bill will reauthorize the program through FY2028, totaling $1.5 billion, a $600 million decrease from Senator Sanders' original proposal. In addition, the provision requires HRSA to provide a minimum level of funding per resident to stabilize programs, templates for developing a Teaching Health Center, and reporting of retention rates for program graduates. Funding would establish more than 700 new primary care residency slots, resulting in up to 2,800 additional doctors by 2031. This program increases the number of primary care physicians and dental residents trained in community-based settings.

- **Section 102, Community Health Centers:** The bill will reauthorize the Community Health Center Fund through FY 2026. Mandatory levels are increased to $5.8 billion per year of the authorizing period, totaling $17.4 billion. Authorizing discretionary levels are also amended to $2.2 billion per year through FY2026, totaling $6.6 billion. Increased funding levels are allocated to go towards a 15% base adjustment. In addition, the provision directs HHS to prioritize funds for certain activities including expanded hours of operation and school-based services. The provision also establishes a one-time $3 billion capital investment to support construction, renovation, and other capital improvements at health centers, with priority given to dental and behavioral health projects. HHS is directed to create a strategic plan to improve health outcomes through nutrition for populations with diet related chronic conditions. Health centers will be newly required to provide nutrition services. Further, the Office of the Inspector General will report on how HRSA monitors the health centers' collaborative relationships with health care providers, care quality, and financial responsibility.

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- **Section 103, National Health Service Corps:** Reauthorizes the mandatory program at $950 million per year from FY2024 to FY2026, totaling $2.85 billion, this is a decrease from the $8.3 billion over five years that Senator Sanders originally proposed. Increased funding is estimated to support 20,000 new loan repayment awards and 2,100 scholarship awards per year to qualified health care providers working in underserved urban, rural, and tribal areas.

- **Section 104, Government Accountability Office Report:** This provision instructs the Government Accountability Office to study and report on the effectiveness of the National Health Service Corps at attracting health care professionals to Health Professional Shortage Areas (HPSA), and requires an evaluation of HPSA calculation.

- **Section 105, Application of Provisions:** Applies the Hyde Amendment language included in past reauthorizations which prohibits covered funds from being expended for abortions or to provide health benefits coverage that includes abortion to mandatory programs including Community Health Centers, Teaching Health Center Graduate Medical Education, and the National Health Service Corps programs.

Title II- Supporting the Health Care Workforce

- **Section 201, Rural Residency Planning and Development Program:** This program is reauthorized through FY 2026 and funding is increased to $13 million in FY 2024, $13.5 million in FY 2025, and $14 million in FY 2026. This program increases the number of rural residency training programs as well as the number of physicians training and practicing in rural areas.

- **Section 202, Primary Care Training and Enhancement Program:** This section reauthorizes the program for three years at the cost of $148.75 million. This program supports the training for primary care clinicians and faculty particularly in rural and underserved areas, by supporting innovative training programs that integrate behavioral health into primary care, training primary care physicians in maternal health clinical services, and focuses on training non-physician providers to expand access to primary care nationally, and enhancing accredited residency programs in family medicine, general pediatrics, and general internal medicine.

- **Section 203, Expanding the Number of Primary Care Doctors**: This provision provides a one-time, $300 million mandatory investment to provide 17 grants to medical schools to increase the number of primary care doctors. Funds are allocated to increase class sizes at medical schools that have at least one-third of their graduates practicing primary care. At least 20 percent of the funds will be provided to Minority Serving Institutions, including medical schools at historically black institutions. Funding is estimated to support 2,000 primary care physicians by 2032. Grant funding can be used for costs associated with faculty, construction and capital improvements,

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clinical support, research support, student supports, and any other costs, as determined by the Secretary.

- **Section 204, Telehealth Technology-Enabled Learning (Project ECHO):** Reauthorizes the program through FY2026 at $11 million per year.

- **Section 205, Nurse Education Practice, Quality, and Retention Program:** The bill provides $240 million per year through FY2028 and a one-time investment, totaling $1.2 billion. Funding is allocated to not-for-profit community colleges and state universities to increase the number of students enrolled in accredited, two-year registered nursing programs. Overall funding is expected to train up to 60,000 additional 2-year nurses.

- **Section 207, Nurse Faculty Demonstration Program**: This section authorizes a demonstration program with $15 million in annual discretionary appropriations in FY2024 and FY2025, for grants to nursing schools to close the salary gap between nursing faculty and nurse clinicians.

- **Section 208, NURSE Corps Scholarship and Loan Repayment Program:** Reauthorizes the program through FY2026 and increases discretionary funding levels from $93 million in 2023 to $93.6 million in FY2024, $94.6 million in FY2025 and $95.6 million in FY2026. Last year, the program funded 264 scholarships for new nurses and more than 1,200 loan repayment awards.

- **Section 209, Primary Care Nurse Practitioner Training Programs:** This provision is funded at $30 million per year through FY 2026, the same level as current funding.

- **Section 210, State Oral Health Workforce Improvement Grant Program**: This program is reauthorized through FY2026 with a small increase to $15.2 million in FY2024, $15.5 million in 2025, and $15.8 million in FY2026. It provides funding to states to increase access to and quality of oral health care in dental professional shortage areas.

- **Section 211, Oral Health Training Programs:** This program is reauthorized through FY 2026 with a $700,000 increase per year.

- **Section 212, Allied Health Professionals:** This section establishes a new $300 million ($100 million for each of FY2024 through FY2026) workforce innovation grant program within HRSA for community health centers and rural health clinics to carry out innovative, community-driven models to educate and train a wide range of allied health professionals, including through partnerships with high schools, community colleges, and other entities. Current law is also amended to authorize the Secretary to award grants and contracts to provide allied health training opportunities for high school students.

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Title III – Reducing Health Care Costs for Patients

- **Section 301, Banning anticompetitive terms in facility and insurance contracts that limit access to higher quality, lower cost care:** This provision prohibits commercial insurance plans from entering into agreements with a provider, network or association providers, or other service provider offering access to a network of service providers if the agreement contains anti-competitive practices.

- **Section 302, Requiring a separate identification number and an attestation for each off-campus outpatient department of a provider:** This provision will require off-campus hospital outpatient departments to bill under a separate National Provider Identifier.

- **Section 303, Banning facility fees for certain services:** Starting on January 1, 2026, health care providers and facilities are prohibited from billing facility fees for telehealth services and for in-person evaluation and management health care services, with the exception of services billed with specific codes and conducted in an emergency room.

- **Section 304, Prevention and Public Health Fund:** Reduces the Prevention and Public Health Fund by $980 million.

II. **PREEMIE Reauthorization Act of 2023 (S. 1573)** – This bipartisan bill was introduced in May by Senators Michael Bennet (D-CO) and John Boozman (R-AR). A similar bill was passed by the House Energy & Commerce Committee in July. The bill would reauthorize the Prematurity Research Expansion and Education for Mothers who deliver Infants Early (PREEMIE) Act through FY 2028 along with some other provisions to better understand and address preterm birth, including:

- **CDC** – The PREEMIE Act authorizes the Centers for Disease Control and Prevention (CDC) to perform research, data collection, and prevention activities for preterm birth, including a risk assessment monitoring survey.

- **HRSA** – This section would reauthorize the Health Resources and Services Administraiton (HRSA) to education providers about preterm birth, newly including screening for chronic conditions, through FY 2028.

- **Interagency Working Group** – HHS would also be required to establish an interagency working group within 18 months of enactment to coordinate activities related to preterm birth.

- **Study on Preterm Births** – The bill would require HHS to work with the National Academies of Sciences, Engineering, and Medicine to convene a committee on experts on maternal health within

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30 days of enactment to study premature births. A report would be required within two years that addresses:

- Financial costs of premature birth;
- The factors that impact pre-term birth rates;
- Gaps in public health programs that have caused increases in premature birth; and
- Analysis of: Research strategies to develop effective drugs, treatment, or interventions; best practices to reduce premature birth rates; opportunities to address developmental origins of health with respect to premature birth rates; and precision medicine and preventive care approaches starting early in the life course with a focus on behavioral and biological influences on premature birth, child health, and the trajectory of these approaches into adulthood.

III. **Preventing Maternal Deaths Reauthorization Act of 2023 (S. 2415)** – This bipartisan bill was introduced by Senators Shelley Capito Moore (R-WV), Raphael Warnock (D-GA), Roger Marshall (R-KS), Cory Booker (D-NJ), Thom Tillis (R-NC), and Tina Smith (D-MN) in July. A similar bipartisan bill passed the House Energy and Commerce Committee. This bill would reauthorize federal support for state efforts to promote maternal health through FY 2028. This includes Maternal Mortality Review Committees, along with a new requirement for the CDC to annually disseminate best practices to prevent maternal morbidity and mortality.

IV. **Gabriella Miller Kids First Research Act 2.0 (S. 1624)** – This bipartisan bill was introduced in May by Senators Jerry Moran (R-KS), Tim Kaine (D-VA), and Mark Warner (D-VA). A similar bill was passed by the House Energy & Commerce Committee in July. The Senate bill would:

- **Funding** – This legislation would require some civil monetary penalties to be transferred to a fund for the Gabriella Miller Kids First Pediatric Research Program at the National Institutes of Health (NIH). These penalties would come from violators of foreign trade prohibitions related to Food and Drug Administration (FDA) registration requirements and requirements for dietary supplements and cosmetics. This funding would replace appropriations with a general fund.
- **NIH Leadership** – This section states that Congress believes that the Director of NIH should oversee and coordinate research on pediatric cancer and other pediatric diseases and conditions.
- **Report** – HHS would be required to submit a report within four years of enactment that describes pediatric research projects and initiatives that receive funding under this act, and summarizes advances made by that research.