117TH CONGRESS
1ST SESSION

S. ______

To implement a nationwide community health workforce program to ensure a sustainable workforce capable of preventing, preparing for, and responding to, public health crises and reducing longstanding health disparities, and for other purposes.

IN THE SENATE OF THE UNITED STATES

____________________ introduced the following bill; which was read twice and referred to the Committee on ____________________

A BILL

To implement a nationwide community health workforce program to ensure a sustainable workforce capable of preventing, preparing for, and responding to, public health crises and reducing longstanding health disparities, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **SECTION 1. SHORT TITLE.**
4 This Act may be cited as the "Building a Sustainable
5 Workforce for Healthy Communities Act of 2021".

SEC. 2. PURPOSE.

The purpose of this Act is to establish, fund, and implement a nationwide community health workforce program to employ approximately 150,000 community health workers in the United States. Workforce members would serve 23,000,000 individuals so that the Nation's communities in highest need have a sustainable workforce capable of preventing, preparing for, and responding to public health crises, including the COVID–19 pandemic, and reducing longstanding health disparities.

SEC. 3. DEFINITIONS.

In this Act:

(1) COMMUNITY HEALTH WORKER.—The term ''community health worker'' means a frontline health worker who is a trusted member of the community, who has an unusually close understanding of the community in which the individual serves that enables the worker to promote health and provide tailored and holistic social support by—

(A) conducting individual and community needs assessment;

(B) serving as a liaison between communities and health care agencies;

(C) providing social support to community members;

1 (D) enhancing the ability of community
2 members to effectively communicate with health
3 care providers;
4 (E) providing culturally and linguistically
5 appropriate health education or support serv-
6 ices;
7 (F) advocating for individual and commu-
8 nity health;
9 (G) promoting healthy behaviors through
10 individual or community outreach;
11 (H) providing case management, system
12 navigation, or referral and follow-up services, or
13 otherwise coordinating care;
14 (I) proactively identifying and enrolling eli-
15 gible individuals in Federal, State, local, and
16 private health and human services programs;
17 and
18 (J) providing preventive services.
19 (2) COMMUNITY HEALTH WORKER STAND-
20 ARDS.—The term ''community health worker stand-
21 ards'' means evidence-informed guidelines for—
22 (A) recruiting community health workers
23 through community-based organizations and
24 networks;

1 (B) employing community health workers
2 who share life experience with the community
3 served and have interpersonal skills;
4 (C) minimizing barriers to employment, in-
5 cluding formal educational requirements, where
6 appropriate;
7 (D) compensating community health work-
8 ers and fostering career development;
9 (E) training community health workers on
10 core competencies such as those established by
11 the Community Health Worker Core Consensus
12 Project;
13 (F) ensuring that community health work-
14 ers have manageable caseloads that allow them
15 sufficient time building relationships and trust;
16 (G) enabling community health workers to
17 provide tailored, holistic, person-centered sup-
18 port based on client needs and preferences;
19 (H) ensuring community health worker
20 safety and access to needed personal protective
21 equipment; and
22 (I) providing adequate supervision for
23 coaching, performance assessment, and support,
24 with integration of community health workers
25 with other care team members.

1 (3) ELIGIBLE ENTITY.—The term ''eligible enti-
2 ty'' means an entity described in section 399V(k)(3)
3 of the Public Health Service Act (42 U.S.C. 280g–
4 11(k)(3)).
5 (4) INDIAN TRIBE AND TRIBAL ORGANIZA-
6 TION.—The terms ''Indian Tribe'' or ''Tribal organi-
7 zation'' have the meanings given the terms ''Indian
8 tribe'' and ''tribal organization'', respectively, in sec-
9 tion 4 of the Indian Health Care Improvement Act
10 (25 U.S.C. 1603).
11 (5) PREVENTIVE SERVICES.—The term ''pre-
12 ventive services'' means diagnostic, screening, pre-
13 ventive and rehabilitative services to prevent illness,
14 disease (including chronic illness), injury (including
15 suicide), or any other physical or mental health con-
16 dition, reduce physical or mental disability, and re-
17 store an individual to the best possible functional
18 level. Such services include the following:
19 (A) Services described in section
20 1905(a)(13) of the Social Security Act (42
21 U.S.C. 1396d(a)(13)).
22 (B) Assessment of individual and commu-
23 nity needs.
24 (C) Containment of infectious disease out-
25 breaks, including providing in-language, cul-

1 turally specific, and trusted support services,
2 such as public health outreach and contact trac-
3 ing to enable self-isolation.
4 (D) Provision of social support to combat
5 stress, anxiety, depression, and social isolation.
6 (E) Case management and linkage to re-
7 sources to alleviate financial strain, including
8 food, housing, health care coverage, and med-
9 ical care.
10 (F) Care coordination and connection to
11 preventive care services, including for chronic
12 conditions, such as diabetes, asthma, chronic
13 obstructive pulmonary disease, congestive heart
14 disease, autoimmune disease, or behavioral
15 health conditions.
16 (G) Promotion of healthy behaviors, such
17 as hand-washing, wearing face masks (when
18 recommended by public health officials), phys-
19 ical activity, and smoking cessation.
20 (H) Advocacy on behalf of individuals,
21 families, and communities.
22 (I) Other services, as the Secretary deter-
23 mines appropriate to preserve and improve the
24 public health.

(6) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(7) SERVICE PRIORITIES.—The term ''service priorities'' means services for—

(A) low-income populations, including medically underserved populations (as defined in section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3)));

(B) populations residing in health professional shortage areas (as defined in section 332(a) of the Public Health Service Act (42 U.S.C. 254e(a)));

(C) populations residing in racially, ethnically, or geographically diverse areas, as determined by the Secretary; and

(D) populations that may have difficulty accessing health care, social, or other community-based support services due to age or disability.

(8) STATE.—The term ''State'' means each of the 50 States, the District of Columbia, and any territory of the United States.

SEC. 4. NATIONAL COMMUNITY HEALTH WORKFORCE FOR COVID–19 CONTAINMENT AND RECOVERY.

(a) ESTABLISHMENT OF GRANT PROGRAM.—

1 (1) IN GENERAL.—The Secretary, in consulta-
2 tion with the Director of the Centers for Disease
3 Prevention and Control, the Administrator of the
4 Centers for Medicare & Medicaid Services, the Di-
5 rector of the Indian Health Service, the Adminis-
6 trator of the Health Resources and Services Admin-
7 istration, and State, local, Tribal, and territorial
8 health departments, shall establish a grant program
9 that expands and supports the community health
10 care workforce that addresses both public health
11 emergencies, including the public health emergency
12 declared by the Secretary under section 319 of the
13 Public Health Service Act (42 U.S.C. 247d) on Jan-
14 uary 31, 2020, with respect to COVID–19, and
15 longer-term and ongoing community health needs.
16 (2) OTHER CONSULTATION.—In establishing
17 the grant program under paragraph (1), the Sec-
18 retary may consult with other relevant stakeholders,
19 as appropriate, including public or private nonprofit
20 entities (or consortia of entities), community-based
21 organizations, such as organizations led by commu-
22 nity health workers, institutions of higher education
23 (including minority institutions of higher education,
24 such as historically Black colleges and universities
25 and Hispanic institutions), medical centers, research

1 institutions and organizations, professional organiza-
2 tions, third party payors, and other governmental
3 agencies.
4 (b) COMPETITIVE GRANT.—
5 (1) IN GENERAL.—Using not less than 90 per-
6 cent of the funds appropriated under subsection (g),
7 the Secretary, in collaboration with the Director of
8 the Centers for Disease Control and Prevention and
9 the Director of the Indian Health Service, shall
10 make competitive awards to eligible entities for the
11 purposes described in subsection (a).
12 (2) TECHNICAL ASSISTANCE.—In addition to
13 awarding competitive grants under subparagraph
14 (1), the Secretary may provide technical assistance
15 to grantees to develop capacity and provide evidence-
16 informed programs and services according to com-
17 munity health worker standards, and may do so
18 through the awarding of grants, contracts, or coop-
19 erative agreements. The Secretary may, when
20 awarding such a grant or entering into such a con-
21 tract or collaborative agreement, take into consider-
22 ation whether the eligible entity is community-based
23 or led by community health workers.
24 (3) GRANT AMOUNTS.—The Secretary shall
25 award grants under this subsection in amounts the

Secretary determines appropriate, taking into account population need and strength of the recipient's proposal with respect to alignment with community health worker standards.

(4) GRANT PROCESS.—The Secretary shall ensure that the grant application process under this section is streamlined to ensure high quality programs.

(c) REQUIREMENTS.—Each entity receiving an award under this section shall implement a program that—

(1) aligns with community health worker standards for hiring, training, supervision, and work practice; and

(2) ensures that members of the community health workforce provide preventive services in accordance with the service priorities.

(d) REVIEW.—The Secretary shall conduct periodic reviews of the programs funded under this section to ensure that such programs align with the community health worker standards.

(e) GUIDANCE.—

(1) DRAFT GUIDANCE.—The Secretary shall, not later than 60 days after the date of enactment of this Act, issue draft guidance regarding recruiting, hiring, compensating, training (including con-

tinuing education and training), managing, and evaluating members of the community health workforce using evidence-informed tools and templates in order to respond to the COVID–19 pandemic, as well as for longer-term, ongoing, and future community health needs. The Secretary shall request public comment on such draft guidance.

(2) FINAL GUIDANCE.—Not later than 180 days after the date of enactment of this Act, the Secretary shall finalize guidance described in paragraph (1). Such guidance shall inform States, localities, territories, Indian Tribes, and Tribal organizations on how to sustain a community health workforce beyond the COVID–19 pandemic, to address ongoing public health needs, and to prepare for, and respond to, future public health emergencies. The Secretary shall update the guidance under this subsection in 2022 and every 4 years thereafter.

(f) NATIONAL HEALTH SECURITY STRATEGY.—Section 2802(a)(3) of the Public Health Service Act (42 U.S.C. 42 U.S.C. 300hh–1(a)(3)) is amended by striking ‘‘environmental health’’ and inserting ‘‘community health, environmental health,’’.

(g) AUTHORIZATION OF APPROPRIATIONS.—

1 (1) IN GENERAL.—To carry out this section
2 (other than subsection (f)), there are authorized to
3 be appropriated, and there are hereby appropriated,
4 out of amounts in the Treasury not otherwise appro-
5 priated, $8,000,000,000 for each of fiscal years
6 2020 and 2021, to remain available until expended.
7 (2) EMERGENCY DESIGNATION.—
8 (A) IN GENERAL.—The amounts appro-
9 priated under paragraph (1) are designated as
10 an emergency requirement pursuant to section
11 4(g) of the Statutory Pay-As-You-Go Act of
12 2010 (2 U.S.C. 933(g)).
13 (B) DESIGNATION IN SENATE.—In the
14 Senate, paragraph (1) is designated as an
15 emergency requirement pursuant to section
16 4112(a) of H. Con. Res. 71 (115th Congress),
17 the concurrent resolution on the budget for fis-
18 cal year 2018.
19 (3) SUPPLEMENT NOT SUPPLANT.—Amounts
20 appropriated under this subsection shall be in addi-
21 tion to any other amounts otherwise appropriated
22 pursuant to any other provision of law.

1 **SEC. 5. STATE MEDICAID OPTION TO SUPPORT COMMUNITY**
2 **HEALTH WORKFORCE FOR COVID–19 CON-**
3 **TAINMENT AND PUBLIC HEALTH RECOVERY.**

4 Section 1903 of the Social Security Act (42 U.S.C.
5 1396b) is amended by adding at the end the following new
6 subsection:

7 ‘‘(bb) COMMUNITY HEALTH WORKFORCE SUP-
8 PORT.—

9 ‘‘(1) IN GENERAL.—Notwithstanding section
10 1902(a)(1) (relating to statewideness), section
11 1902(a)(10)(B) (relating to comparability), and any
12 other provision of this title that the Secretary deter-
13 mines is necessary to waive in order to implement
14 this subsection, beginning January 1, 2021, a State,
15 at its option as a State plan amendment, may pro-
16 vide for medical assistance for diagnostic, screening,
17 preventive and rehabilitative services furnished by a
18 community health worker.

19 ‘‘(2) REQUIREMENTS.—The Secretary shall not
20 approve a State plan amendment under this sub-
21 section unless the State meets the following require-
22 ments:

23 ‘‘(A) The State limits the provision of
24 medical assistance for preventive services that
25 are furnished by community health workers to
26 providers that implement evidence-informed

1 community health worker standards for recruit-
2 ing, hiring, training, and managing community
3 health workers.
4 "(B) The State makes medical assistance
5 available for each category of preventive serv-
6 ices.
7 "(C) If a State plan amendment is sub-
8 mitted under this subsection during the public
9 health emergency described in section
10 1135(g)(1)(B), the amendment includes a de-
11 scription of how—
12 "(i) the State will ensure that the pre-
13 ventive services furnished by community
14 health workers under the amendment will
15 respond to such public health emergency;
16 and
17 "(ii) following the public health emer-
18 gency, the preventive services furnished by
19 community health workers under the
20 amendment will transition to long-term
21 community health supports.
22 "(3) DEFINITIONS.— The terms 'community
23 health worker', 'community health worker stand-
24 ards', and 'preventive services' have the meaning
25 given such terms in section 3 of the Building a Sus-

tainable Workforce for Healthy Communities Act of 2021.''.

SEC. 6. REPORTING.

(a) IN GENERAL.—The Secretary shall report annually to the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate and the Committee on Energy and Commerce and the Committee on Ways and Means of the House of Representatives on the impacts of the community health workforce on the public health, during the previous fiscal year, including relevant metrics including—

(1) the number of members of the community health workforce nationally for the previous fiscal year;

(2) Federal funds expended to establish, implement, and maintain the community health workforce for the previous fiscal year;

(3) mortality rates;

(4) hospitalizations;

(5) patient-reported outcomes, including quality of life, mental and physical health self-assessments, adverse event surveys, and other evidence-based tools;

(6) adherence to community health worker standards;

(7) unmet social needs, including housing instability and food insecurity;

(8) with respect to any reporting period during the period that begins on the effective date of the public health emergency declared by the Secretary under section 319 of the Public Health Service Act (42 U.S.C. 247d) on January 31, 2020, with respect to COVID–19, and ends one year after the end of such public health emergency—

(A) the number of COVID–19 cases, as determined by molecular diagnostic tests;

(B) the number of deaths due to COVID–19; and

(C) the number of hospitalizations due to COVID–19; and

(9) other metrics, as the Secretary determines appropriate for assessing the effectiveness of the community health workforce by the Secretary.

(b) REPORTS TO THE SECRETARY.—Each entity receiving an award under section 4 and each State with a State plan amendment approved under subsection (bb) of section 1903 of the Social Security Act (42 U.S.C. 1396b) shall provide to the Secretary, on an annual basis during the period of the award and once not later than one year after such award has expired, a report on the impacts of

1 the community health workforce on the public health dur-
2 ing the previous fiscal year, in the applicable jurisdiction,
3 including, at minimum—
4 (1) the number of members of the community
5 health workforce in the previous fiscal year;
6 (2) Federal funds expended to establish, imple-
7 ment, and maintain the community health workforce
8 for the previous fiscal year; and
9 (3) other metrics, as the Secretary determines
10 appropriate for assessing the effectiveness of the
11 community health workforce, such as—
12 (A) mortality rates;
13 (B) hospitalizations;
14 (C) patient-reported outcomes, including
15 quality of life, mental and physical health self-
16 assessments, adverse event surveys, and other
17 evidence-based tools;
18 (D) adherence to community health worker
19 standards;
20 (E) unmet social needs including housing
21 instability and food insecurity; and
22 (F) with respect to any reporting period
23 during the period that begins on the effective
24 date of the public health emergency declared by
25 the Secretary under section 319 of the Public

Health Service Act (42 U.S.C. 247d) on January 31, 2020, with respect to COVID–19, and ends one year after the end of such public health emergency—

(i) the number of COVID–19 cases as determined by molecular diagnostic tests;

(ii) the number of deaths due to COVID–19; and

(iii) the number of hospitalizations due to COVID–19.

(c) DISAGGREGATION OF DATA.—The reports under subsections (a) and (b) shall provide data disaggregated by demographics, including age, race, ethnicity, income, gender identity, sexual orientation, and geographic location.