

119TH CONGRESS
2D SESSION

H. R. 8541

To support the direct care professional workforce, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 28, 2026

Mrs. DINGELL (for herself and Ms. MATSUI) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Education and Workforce, Ways and Means, the Judiciary, House Administration, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To support the direct care professional workforce, 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; TABLE OF CONTENTS.**

4 (a) IN GENERAL.—This Act may be cited as the
5 “Long-Term Care Workforce Support Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings and purposes.
- Sec. 3. Definitions.

TITLE I—IMPROVING REIMBURSEMENT

- Sec. 101. Additional support for Medicaid long-term care services provided by direct care professionals.
- Sec. 102. Additional support for Medicaid long-term care services and direct care professionals.
- Sec. 103. Making permanent the State option to extend protection under Medicaid for recipients of home and community-based services against spousal impoverishment.
- Sec. 104. Permanent extension of money follows the person rebalancing demonstration.

TITLE II—TRAINING, RECRUITMENT, CAREER ADVANCEMENT,
AND WORKER SUPPORTS

Subtitle A—Improving Workforce Training

CHAPTER 1—GRANTS FOR SUPPORTING THE DIRECT CARE PROFESSIONAL
WORKFORCE

- Sec. 201. Definitions.
- Sec. 202. Authority to award grants.
- Sec. 203. Project plans.
- Sec. 204. Uses of funds; supplement, not supplant.

CHAPTER 2—OTHER WORKFORCE TRAINING GRANTS

- Sec. 205. Workforce investment activities grants for domestic workers.
- Sec. 206. Direct care professional career advancement demonstration projects.
- Sec. 207. Pathways to health careers.
- Sec. 208. Increasing workforce diversity in allied health professionals and direct support professionals.

Subtitle B—Improving Workforce Recruitment

- Sec. 211. Technical assistance center for building the direct care professional workforce.
- Sec. 212. Report on efforts to enhance the direct care professional workforce.
- Sec. 213. Comprehensive geriatric education.
- Sec. 214. Review of the availability and quality of apprenticeship programs in long-term care settings.
- Sec. 215. Rural health workforce grant program.

Subtitle C—Providing Career Advancement Opportunities; Assessment of
Worker Well-being

- Sec. 221. Assessment of direct care professional well-being.
- Sec. 222. National Direct Care Professional Training Standards Commission.

Subtitle D—Increasing Supports for the Existing Direct Care Professional
Workforce

- Sec. 231. Mental health services.
- Sec. 232. Dissemination of best practices with respect to mental health of direct care professionals.
- Sec. 233. Education and awareness initiative encouraging use of mental health and substance use disorder services by direct care professionals.

- Sec. 234. Direct care professional training grants.
- Sec. 235. Credit for certain health care professionals.
- Sec. 236. Direct Care Professional Workforce Equity Technical Assistance Center.

TITLE III—WORKFORCE LABOR PROTECTIONS

Subtitle A—Long-term Care Workforce Wage Theft Prevention and Wage Recovery Act

- Sec. 301. Definitions.
- Sec. 302. Direct care professional workforce wage theft prevention and wage recovery grant program.

Subtitle B—Direct Care Professional Rights

- Sec. 311. Definitions.
- Sec. 312. Written agreements.
- Sec. 313. Fair scheduling practices.
- Sec. 314. Right to request and receive temporary changes to scheduled work hours due to personal events.
- Sec. 315. Privacy.
- Sec. 316. Breaks for meals and rest.
- Sec. 317. Prohibited acts.
- Sec. 318. Enforcement authority.
- Sec. 319. Effect on existing employment benefits and other laws.

Subtitle C—Workplace Violence Prevention for Health Care and Social Services Workers Act

- Sec. 321. Workplace Violence Prevention Standard.
- Sec. 322. Scope and application.
- Sec. 323. Requirements for Workplace Violence Prevention Standard.
- Sec. 324. Rules of construction.
- Sec. 325. Definitions.
- Sec. 326. Application of the Workplace Violence Prevention Standard to certain facilities receiving Medicare funds.

Subtitle D—Improving Access to Job Benefits

- Sec. 331. Definitions.
- Sec. 332. Paid sick time.
- Sec. 333. Notice requirement.
- Sec. 334. Prohibited acts.
- Sec. 335. Enforcement authority.
- Sec. 336. Education and outreach.
- Sec. 337. Effect on existing employment benefits.
- Sec. 338. Encouragement of more generous leave policies.
- Sec. 339. Regulations.
- Sec. 339A. Effective date.
- Sec. 339B. Collection of data and further study.

TITLE IV—NATIONAL DIRECT CARE PROFESSIONAL COMPENSATION STRATEGY

- Sec. 401. Definitions.
- Sec. 402. National Direct Care Professional Compensation Strategy.
- Sec. 403. National Direct Care Professional Compensation Advisory Council.

Sec. 404. Sunset provision.

TITLE V—IMPROVING OVERSIGHT AND ACCOUNTABILITY

Sec. 501. Evaluation of implementation and outcomes.

1 **SEC. 2. FINDINGS AND PURPOSES.**

2 (a) FINDINGS.—Congress finds the following:

3 (1) The nearly 5,000,000 direct care profes-
4 sionals in the United States play a vital role in sup-
5 porting the health, well-being, and independence of
6 older individuals and people with disabilities.

7 (2) The United States faces a growing crisis in
8 its direct care professional workforce at the same
9 time that demand for services is rising at unprece-
10 dented rates.

11 (3) There will be an estimated 9,300,000 total
12 direct care professional job openings from 2021 to
13 2031, including new jobs to support the growing
14 number of people who need care and to fill the jobs
15 of such professionals leaving the direct care profes-
16 sional workforce.

17 (4) Workforce turnover and shortages have a
18 direct impact on older individuals, people with dis-
19 abilities, and their families who suffer because they
20 cannot get the high-quality care that they need and
21 deserve.

1 (5) The median hourly wage for all direct care
2 professionals in 2022 was only \$15.43, with home
3 care workers earning the least.

4 (6) One in 8 direct care professionals live in
5 poverty and three quarters earn less than the aver-
6 age living wage in their State.

7 (7) Forty-six percent of direct care profes-
8 sionals rely on public assistance, such as Medicaid,
9 food and nutrition assistance, or cash assistance.

10 (8) Direct care professionals report high levels
11 of burnout and professional fatigue from their phys-
12 ically and emotionally demanding work, lack of re-
13 spect for the essential, skilled care they provide, and
14 lasting trauma from battling the COVID-19 pan-
15 demic, all of which further drives high turnover.

16 (9) The long-term care industry is struggling to
17 hire and retain direct care professionals, with a na-
18 tional turnover rate between 77 to nearly 100 per-
19 cent.

20 (10) Ninety-two percent of nursing home re-
21 spondents and nearly 70 percent of assisted living
22 facilities surveyed report significant or severe work-
23 force shortages.

1 (11) More than half of nursing homes surveyed
2 in 2022 reported that they limited new patient ad-
3 missions due to staffing shortages.

4 (12) A survey of State home and community-
5 based services (referred to in this section as
6 “HCBS”) programs showed that every State reports
7 a shortage of workers, and in 43 States, some
8 HCBS providers have closed permanently.

9 (13) The low-quality of direct care professional
10 jobs reflects and perpetuates the racial and gender
11 inequities faced by direct care professionals, who are
12 disproportionately women, immigrants, and people of
13 color.

14 (14) Efforts to support the direct care profes-
15 sional workforce have focused on specific care set-
16 tings, even though these issues are widespread
17 across the long-term care landscape and direct care
18 professionals across settings face similar challenges
19 of low wages, few benefits, limited training and sup-
20 port, worker exploitation, and a lack of meaningful
21 career ladders.

22 (15) Stabilizing, growing, and supporting the
23 direct care professional workforce across the con-
24 tinuum of long-term care is essential to ensuring a
25 strong, qualified pipeline of workers, and improving

1 the lives of direct care professionals and the older
2 individuals, people with disabilities, and the families
3 and communities that they support.

4 (b) PURPOSES.—The purposes of this Act are as fol-
5 lows:

6 (1) To increase the capacity of the direct care
7 professional workforce to ensure that older individ-
8 uals, people with disabilities, and their families re-
9 ceive the services they need in the settings of their
10 choice as they deserve to live healthy, independent
11 lives.

12 (2) To increase compensation so that direct
13 care professionals are paid a living wage and have
14 access to essential job benefits, and so that direct
15 care professional jobs are good jobs.

16 (3) To ensure that direct care professionals are
17 treated with respect, provided with a safe working
18 environment, protected from exploitation, and fairly
19 compensated for the skilled work they do.

20 (4) To improve access to and quality of long-
21 term care, including collecting meaningful and ac-
22 tionable data on the direct care professional work-
23 force and the people they support.

1 (5) To eliminate the race, gender, sexual ori-
2 entation, age, and gender identity disparities that
3 exist across the direct care professional workforce.

4 (6) To strengthen the direct care professional
5 workforce in order to support the 53,000,000 unpaid
6 family caregivers who are often providing complex
7 services and supports to their loved ones who are
8 older individuals and people with disabilities in their
9 homes, communities, and residential settings.

10 **SEC. 3. DEFINITIONS.**

11 In this Act:

12 (1) **ACTIVITIES OF DAILY LIVING.**—The term
13 “activities of daily living” means basic, personal, ev-
14 eryday activities, including tasks such as eating,
15 toileting, grooming, dressing, bathing, and transfer-
16 ring.

17 (2) **AGING AND DISABILITY RESOURCE CEN-**
18 **TER.**—The term “Aging and Disability Resource
19 Center” has the meaning given such term in section
20 102 of the Older Americans Act of 1965 (42 U.S.C.
21 3002).

22 (3) **APPRENTICESHIP PROGRAM.**—The term
23 “apprenticeship program” means an apprenticeship
24 program registered under the Act of August 16,
25 1937 (commonly known as the “National Appren-

1 ticeship Act”; 50 Stat. 664, chapter 663; 29 U.S.C.
2 50 et seq.), including any requirement, standard, or
3 rule promulgated under such Act.

4 (4) APPROPRIATE COMMITTEES OF CON-
5 GRESS.—The term “appropriate committees of Con-
6 gress” means—

7 (A) the Committee on Finance of the Sen-
8 ate;

9 (B) the Committee on Health, Education,
10 Labor, and Pensions of the Senate;

11 (C) the Special Committee on Aging of the
12 Senate;

13 (D) the Committee on Ways and Means of
14 the House of Representatives;

15 (E) the Committee on Energy and Com-
16 merce of the House of Representatives; and

17 (F) the Committee on Education and
18 Workforce of the House of Representatives.

19 (5) AREA AGENCY ON AGING.—The term “area
20 agency on aging” has the meaning given such term
21 in section 102 of the Older Americans Act of 1965
22 (42 U.S.C. 3002).

23 (6) ASSISTED LIVING FACILITY.—The term
24 “assisted living facility” means an adult care facility
25 that—

1 (A) is a residential care setting licensed
2 and regulated by the State in which the facility
3 is located (or, if there is no State law providing
4 for such licensing and regulation by the State,
5 by the municipality or other political subdivision
6 in which the facility is located);

7 (B)(i) makes available to residents sup-
8 portive services to assist the residents in car-
9 rying out activities of daily living;

10 (ii) provides 24-hour on-site monitoring,
11 personal care planning, food services, and per-
12 sonal care; and

13 (iii) may make available to residents home
14 health care services, such as nursing and ther-
15 apy; and

16 (C) provides dwelling units for residents,
17 each of which may contain a full kitchen, bed-
18 room, and bathroom, and which includes com-
19 mon rooms and other facilities appropriate for
20 the provision of supportive services to the resi-
21 dents of the facility.

22 (7) CERTIFIED NURSING ASSISTANT.—The
23 term “certified nursing assistant” means a nurse
24 aide who has completed a State-approved training
25 and competency evaluation program.

1 (8) COMMERCE.—Except as provided in section
2 331, the term “commerce” has the meaning given
3 such term in section 3 of the Fair Labor Standards
4 Act of 1938 (29 U.S.C. 203).

5 (9) COMMUNITY OR TECHNICAL COLLEGE.—
6 The term “community or technical college” means a
7 public institution of higher education at which the
8 highest degree that is predominantly awarded to stu-
9 dents is an associate’s degree, including Tribal Col-
10 leges or Universities receiving grants under section
11 316 of the Higher Education Act of 1965 (20
12 U.S.C. 1059c) that offer a 2-year program for com-
13 pletion of such degree and State public institutions
14 of higher education that offer such a 2-year pro-
15 gram.

16 (10) DEVELOPMENTAL DISABILITY.—The term
17 “developmental disability” has the meaning given
18 such term in section 102 of the Developmental Dis-
19 abilities Assistance and Bill of Rights Act of 2000
20 (42 U.S.C. 15002).

21 (11) DIRECT CARE PROFESSIONAL.—The term
22 “direct care professional” means—
23 (A) a personal or home care aide;
24 (B) a home and community-based services
25 worker;

- 1 (C) a direct support professional;
- 2 (D) a certified nursing assistant;
- 3 (E) a nurse aide or nursing assistant;
- 4 (F) a respite care provider;
- 5 (G) a paid family caregiver;
- 6 (H) a home health aide;
- 7 (I) a private duty nurse; or
- 8 (J) any other individual providing relevant
- 9 services (as determined by the Secretary of
- 10 Health and Human Services) for compensation,
- 11 in the course of the profession of such indi-
- 12 vidual, at a long-term care setting to a resident
- 13 of such setting.

14 (12) DIRECT CARE PROFESSIONAL MANAGER.—

15 The term “direct care professional manager” means

16 a person who is a manager, or supervisory staff,

17 with coaching, training, managerial, supervisory, or

18 other oversight responsibilities of direct care profes-

19 sionals.

20 (13) DIRECT CARE PROFESSIONAL WORK-

21 FORCE.—The term “direct care professional work-

22 force” means the broad workforce of direct care pro-

23 fessionals across all long-term care settings.

24 (14) DISABILITY.—The term “disability”, ex-

25 cept as provided in paragraph (10), has the meaning

1 given such term in section 3 of the Americans with
2 Disabilities Act of 1990 (42 U.S.C. 12102).

3 (15) DOMESTIC PARTNER.—

4 (A) IN GENERAL.—The term “domestic
5 partner”, with respect to an individual, means
6 another individual with whom the individual is
7 in a committed relationship.

8 (B) COMMITTED RELATIONSHIP DE-
9 FINED.—The term “committed relationship”
10 for purposes of subparagraph (A)—

11 (i) means a relationship between 2 in-
12 dividuals, each at least 18 years of age, in
13 which both individuals share responsibility
14 for a significant measure of each other’s
15 common welfare; and

16 (ii) includes any such relationship be-
17 tween 2 individuals, including individuals
18 of the same sex, that is granted legal rec-
19 ognition by a State or political subdivision
20 of a State as a marriage or analogous rela-
21 tionship, including a civil union or domes-
22 tic partnership.

23 (16) EMPLOY.—The term “employ” has the
24 meaning given the term in section 3 of the Fair
25 Labor Standards Act of 1938 (29 U.S.C. 203).

1 (17) EMPLOYEE; EMPLOYER.—Except as pro-
2 vided in section 331, the terms “employee” and
3 “employer” have the meanings given such terms in
4 section 3 of such Act.

5 (18) HOME AND COMMUNITY-BASED SERV-
6 ICES.—The term “home and community-based serv-
7 ices” means any of the following (whether provided
8 on a fee-for-service, risk, or other basis):

9 (A) Home health care services authorized
10 under paragraph (7) of section 1905(a) of the
11 Social Security Act (42 U.S.C. 1396d(a)).

12 (B) Personal care services authorized
13 under paragraph (24) of such section.

14 (C) PACE services authorized under para-
15 graph (26) of such section.

16 (D) Home and community-based services
17 authorized under subsections (b), (c), (i), (j),
18 and (k) of section 1915 of such Act (42 U.S.C.
19 1396n), such services authorized under a waiver
20 under section 1115 of such Act (42 U.S.C.
21 1315), and such services provided through cov-
22 erage authorized under section 1937 of such
23 Act (42 U.S.C. 1396u–7).

24 (E) Case management services authorized
25 under section 1905(a)(19) of the Social Secu-

1 rity Act (42 U.S.C. 1396d(a)(19)) and section
2 1915(g) of such Act (42 U.S.C. 1396n(g)).

3 (F) Rehabilitative services, including those
4 related to behavioral health, described in section
5 1905(a)(13) of such Act (42 U.S.C.
6 1396d(a)(13)).

7 (G) Such other services specified by the
8 Secretary of Health and Human Services.

9 (19) HOME AND COMMUNITY-BASED SERVICES
10 SETTING.—The term “home and community-based
11 services setting” means a setting where home and
12 community-based services authorized under State
13 options described in subsection (c) or (i) of section
14 1915 of the Social Security Act (42 U.S.C. 1396n)
15 or, as relevant, demonstration projects authorized
16 under section 1115 of such Act (42 U.S.C. 1315),
17 are provided to individuals enrolled for medical as-
18 sistance under a State plan under title XIX (or
19 under a waiver of such a plan).

20 (20) HOME AND COMMUNITY-BASED SERVICES
21 WORKER.—The term “home and community-based
22 services worker”—

23 (A) means an individual who provides
24 home and community-based services for com-
25 pensation; and

1 (B) may include individuals described in
2 subparagraph (A) who are physical therapists,
3 occupational therapists, or speech or language
4 therapists.

5 (21) INDIAN TRIBE; TRIBAL ORGANIZATION.—
6 The terms “Indian Tribe” and “Tribal organiza-
7 tion” have the meanings given such terms in section
8 4 of the Indian Self-Determination and Education
9 Assistance Act (25 U.S.C. 5304).

10 (22) INSTITUTION OF HIGHER EDUCATION.—
11 The term “institution of higher education” means—

12 (A) an institution of higher education de-
13 fined in section 101 of the Higher Education
14 Act of 1965 (20 U.S.C. 1001); or

15 (B) an institution of higher education de-
16 fined in section 102(a)(1)(B) of such Act (20
17 U.S.C. 1002(a)(1)(B)).

18 (23) INSTRUMENTAL ACTIVITIES OF DAILY LIV-
19 ING.—The term “instrumental activities of daily liv-
20 ing” means tasks that are not necessary for funda-
21 mental functioning, but allow an individual to live
22 independently in a community of daily living. Such
23 tasks include—

24 (A) housekeeping and room cleaning;

25 (B) meal preparation;

- 1 (C) taking medications;
- 2 (D) laundry;
- 3 (E) transportation;
- 4 (F) shopping for groceries, clothing, or
- 5 other items;
- 6 (G) managing communications, such as
- 7 using the telephone;
- 8 (H) managing finances;
- 9 (I) writing letters; and
- 10 (J) obtaining appointments.

11 (24) LOCAL EDUCATIONAL AGENCY.—The term
12 “local educational agency” has the meaning given
13 the term in section 8101 of the Elementary and Sec-
14 ondary Education Act of 1965 (20 U.S.C. 7801).

15 (25) LONG-TERM CARE SERVICES.—The term
16 “long-term care services” means any services pro-
17 vided by a direct care professional in a long-term
18 care setting.

19 (26) LONG-TERM CARE SETTING.—The term
20 “long-term care setting” means—

- 21 (A) a nursing home;
- 22 (B) a home and community-based services
- 23 setting;
- 24 (C) an assisted living facility;
- 25 (D) an intermediate care facility;

1 (E) a State home, as defined in section
2 101(19) of title 38, United States Code;

3 (F) a Tribal nursing home operated pursu-
4 ant to an Indian health program (as defined in
5 section 4 of the Indian Health Care Improve-
6 ment Act (25 U.S.C. 1603));

7 (G) a private home;

8 (H) a respite setting; or

9 (I) any other setting in which an individual
10 provides relevant services (as determined by the
11 Secretary of Health and Human Services), in
12 the course of the profession of such individual,
13 to a resident of such setting.

14 (27) MEDICAID PROGRAM.—The term “Med-
15 icaid program” means, with respect to a State, the
16 State program under title XIX of the Social Security
17 Act (42 U.S.C. 1396 et seq.) (including any waiver
18 or demonstration under such title or under section
19 1115 of such Act (42 U.S.C. 1315) relating to such
20 title).

21 (28) NURSE AIDE.—The term “nurse aide” has
22 the meaning given such term in section 1919(b)(5)
23 of the Social Security Act (42 U.S.C. 1396r(b)(5)).

24 (29) NURSING ASSISTANT.—The term “nursing
25 assistant” means an individual who provides or as-

1 sists with the basic care or support of a patient
2 under the direction of onsite licensed nursing staff,
3 which may include performing duties such as—

4 (A) monitoring of the health status, feed-
5 ing, bathing, dressing, grooming, toileting, or
6 ambulation of patients or residents in a health
7 facility or nursing home; and

8 (B) medication administration and other
9 health-related tasks of patients in a health facil-
10 ity or nursing home.

11 (30) NURSING HOME.—The term “nursing
12 home” means—

13 (A) a nursing facility as defined in section
14 1919(a) of the Social Security Act (42 U.S.C.
15 1396r(a)); or

16 (B) a skilled nursing facility as defined in
17 section 1819(a) of such Act (42 U.S.C. 1395i-
18 3(a)).

19 (31) OLDER INDIVIDUAL.—The term “older in-
20 dividual” has the meaning given the term in section
21 102 of the Older Americans Act of 1965 (42 U.S.C.
22 3002).

23 (32) PERSONAL OR HOME CARE AIDE.—

24 (A) IN GENERAL.—The term “personal or
25 home care aide” means an individual who helps

1 older individuals and people with serious illness,
2 physical disability, cognitive impairment (in-
3 cluding Alzheimer’s disease or other dementias,
4 a developmental disability, or another disability
5 involving a mental impairment) to live in their
6 own home or a residential care facility (such as
7 a nursing home, assisted living facility, or any
8 other facility the Secretary of Health and
9 Human Services determines appropriate that is
10 not described in subparagraph (B)(i)) by pro-
11 viding personal care services for compensation.

12 (B) PERSONAL CARE SERVICES.—For pur-
13 poses of subparagraph (A), the term “personal
14 care services” means assistance or services—

15 (i) provided to an individual who is
16 not an inpatient or resident of a hospital
17 or institution for mental disease; and

18 (ii) that enable the recipient to accom-
19 plish activities of daily living or instru-
20 mental activities of daily living.

21 (33) SECONDARY SCHOOL.—The term “sec-
22 ondary school” has the meaning given such term in
23 section 8101 of the Elementary and Secondary Edu-
24 cation Act of 1965 (20 U.S.C. 7801).

1 (34) SELF-DIRECTED CARE PROFESSIONAL.—

2 The term “self-directed care professional” (also
3 known as an “independent provider”)—

4 (A) means a direct care professional who is
5 employed by an individual who is an older indi-
6 vidual, a person with a disability, or a rep-
7 resentative of such older individual or person
8 with a disability, and such older individual or
9 person with a disability has the decision-making
10 authority over certain supports and services
11 provided by the direct care professional and
12 takes direct responsibility to manage those sup-
13 ports and services; and

14 (B) includes paid family caregivers.

15 (35) STATE.—The term “State”, except as oth-
16 erwise provided in this Act, has the meaning given
17 such term for purposes of title XIX of the Social Se-
18 curity Act (42 U.S.C. 1396 et seq.).

19 (36) STATE EDUCATIONAL AGENCY.—The term
20 “State educational agency” has the meaning given
21 the term in section 8101 of the Elementary and Sec-
22 ondary Education Act of 1965 (20 U.S.C. 7801).

23 (37) URBAN INDIAN ORGANIZATION.—The term
24 “urban Indian organization” has the meaning given

the term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(38) WORKFORCE INNOVATION AND OPPORTUNITY ACT TERMS.—The terms “career pathway”, “career planning”, “in-demand industry sector or occupation”, “individual with a barrier to employment”, “local board”, “on-the-job training”, “recognized postsecondary credential”, “region”, and “State board” have the meanings given such terms in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

(39) WORK-BASED LEARNING.—The term “work-based learning” has the meaning given such term in section 3 of the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2302).

TITLE I—IMPROVING REIMBURSEMENT

SEC. 101. ADDITIONAL SUPPORT FOR MEDICAID LONG-TERM CARE SERVICES PROVIDED BY DIRECT CARE PROFESSIONALS.

Section 1905 of the Social Security Act (42 U.S.C. 1396d) is amended—

(1) in subsection (b), by striking “and (ii)” and inserting “(ii), and (kk)”; and

1 (2) by adding at the end the following new sub-
2 section:

3 “(kk) ADDITIONAL SUPPORT FOR LONG-TERM CARE
4 SERVICES PROVIDED BY DIRECT CARE PROFES-
5 SIONALS.—

6 “(1) IN GENERAL.—Notwithstanding sub-
7 sections (b) and (ff), in the case of a State that sat-
8 isfies the conditions described in paragraph (2), for
9 each fiscal quarter during the period of fiscal years
10 2026 through 2035, the Federal medical assistance
11 percentage otherwise determined for such State
12 under such subsection (b) or (ff) shall, after the ap-
13 plication of any other increase to the Federal med-
14 ical assistance percentage for the State and quarter
15 applicable under any other provision of law, be in-
16 creased by 10 percentage points (but not to exceed
17 95 percent) with respect to amounts expended by the
18 State for medical assistance for long-term care serv-
19 ices that are provided by direct care professionals
20 during such quarter.

21 “(2) REQUIREMENTS.—As a condition for re-
22 ceipt of the increase under paragraph (1) to the
23 Federal medical assistance percentage determined
24 for a State, the State shall submit to the Secretary,
25 at such time and in such manner as specified by the

1 Secretary, an application that includes, in addition
2 to such other information as the Secretary shall re-
3 quire—

4 “(A) a description of which activities de-
5 scribed in paragraph (4) that a State plans to
6 implement and a description of how it plans to
7 implement such activities;

8 “(B) assurances that all Federal funds at-
9 tributable to the increase under paragraph (1)
10 will be—

11 “(i) expended by the State in accord-
12 ance with this subsection not later than
13 September 30, 2037; and

14 “(ii) used—

15 “(I) to implement the activities
16 described in paragraph (4);

17 “(II) to supplement, and not sup-
18 plant, the level of State funds ex-
19 pended for long-term care services
20 provided by direct care professionals
21 under the State plan (or under a
22 waiver of such plan) as of the date of
23 enactment of this subsection; and

24 “(III) to increase reimbursement
25 rates for long-term care services pro-

1 vided by direct care professionals
2 under the State plan (or under a
3 waiver of such plan) to a level that
4 will support recruitment and retention
5 of a sufficient workforce to provide
6 such services under the State plan (or
7 waiver);

8 “(C) assurances that the State will use a
9 portion of the Federal funds attributable to the
10 increase under paragraph (1) to ensure greater
11 service capacity, including reducing waiting lists
12 and improving compensation, benefits, working
13 conditions, and training for direct care profes-
14 sionals and direct care managers; and

15 “(D) assurances that the State will con-
16 duct adequate oversight and ensure the validity
17 of such data as may be required by the Sec-
18 retary.

19 “(3) APPROVAL OF APPLICATION.—Not later
20 than 90 days after the date of submission of an ap-
21 plication of a State under paragraph (2), the Sec-
22 retary shall certify if the application is complete.
23 Upon certification that an application of a State is
24 complete, the application shall be deemed to be ap-
25 proved for purposes of this section.

1 “(4) ACTIVITIES TO IMPROVE THE DIRECT
2 CARE PROFESSIONAL WORKFORCE.—

3 “(A) IN GENERAL.—A State shall work
4 with community partners such as Area Agencies
5 on Aging, centers for independent living, as de-
6 scribed in part C of title VII of the Rehabilita-
7 tion Act of 1973, nonprofit long-term care serv-
8 ices providers, and other entities to implement
9 some or all of the purposes described in sub-
10 paragraph (B).

11 “(B) FOCUSED AREAS OF IMPROVE-
12 MENT.—The purposes described in this para-
13 graph, with respect to a State, are the fol-
14 lowing:

15 “(i) To increase rates for service pro-
16 vider agencies that employ direct care pro-
17 fessionals (including independent providers
18 in a self-directed or consumer-directed
19 model) to provide long-term care services
20 under the State plan (or under a waiver of
21 such plan), provided that any service pro-
22 vider agency or individual that receives
23 payment under such an increased rate in-
24 creases the compensation it pay its direct
25 care professionals.

1 “(ii) To provide paid sick leave, paid
2 family leave, and paid medical leave for di-
3 rect care professionals.

4 “(iii) To provide hazard pay, overtime
5 pay, and shift differential pay for direct
6 care professionals.

7 “(iv) To improve stability of direct
8 care professional jobs, including consistent
9 hours, scheduling, pay, and benefit eligi-
10 bility.

11 “(v) To provide home and community-
12 based services to individuals who are on
13 waiting lists for programs approved under
14 sections 1115 or 1915.

15 “(vi) To purchase emergency supplies
16 and equipment, which may include items
17 not typically covered under the State plan
18 (or under a waiver of such plan), such as
19 personal protective equipment, necessary to
20 enhance access to services and to protect
21 the health and well-being of direct care
22 professionals.

23 “(vii) To pay for the travel of direct
24 care professionals to conduct their job re-
25 sponsibilities.

1 “(viii) To recruit new direct care pro-
2 fessionals.

3 “(ix) To pay for training for direct
4 care professionals, including apprenticeship
5 programs.

6 “(x) To pay for assistive technologies,
7 staffing, and training to facilitate eligible
8 individuals’ communication, and other
9 costs incurred in order to facilitate commu-
10 nity integration and ensure an individual’s
11 person-centered service plan is fully imple-
12 mented.

13 “(xi) To prepare information and pub-
14 lic health and educational materials in ac-
15 cessible formats (including formats acces-
16 sible to people with low literacy or intellec-
17 tual disabilities about prevention, treat-
18 ment, recovery, and other aspects of com-
19 municable diseases and threats to the
20 health of individuals who are enrolled for
21 medical assistance under the State plan (or
22 under a waiver of such plan)), their fami-
23 lies, and the general community served by
24 agencies described in clause (i).

1 “(xii) To protect the health and safety
2 of direct care professionals during public
3 health emergencies and natural disasters.

4 “(xiii) To pay for interpreters to as-
5 sist in providing long-term care services to
6 individuals under the State plan (or under
7 a waiver of such plan) and to inform the
8 general public about communicable dis-
9 eases and other public health threats.

10 “(xiv) To pay for other expenses
11 deemed appropriate by the Secretary to en-
12 hance, expand, or strengthen long-term
13 care services under the State plan (or
14 under a waiver of such plan).

15 “(5) REPORTING REQUIREMENTS.—

16 “(A) STATE REPORTING REQUIRE-
17 MENTS.—Not later than December 31, 2028,
18 and every 2 years thereafter until December 31,
19 2040, any State with respect to which an appli-
20 cation is approved by the Secretary pursuant to
21 paragraph (3) shall submit a report to the Sec-
22 retary that contains the following information:

23 “(i) Activities and programs that were
24 funded using Federal funds attributable to
25 the increase to the Federal medical assist-

1 ance percentage of the State under para-
2 graph (1).

3 “(ii) The number of individuals en-
4 rolled under the State plan (or under a
5 waiver of such plan) who were served by
6 such activities and programs.

7 “(iii) A detailed accounting of all
8 spending of funds attributable to the in-
9 crease to the Federal medical assistance
10 percentage of the State under paragraph
11 (1) by the State and by any providers with
12 whom the State entered into contracts or
13 agreements to fulfill the requirements of
14 this subsection.

15 “(B) NON-APPLICATION OF THE PAPER-
16 WORK REDUCTION ACT.—Chapter 35 of title
17 44, United States Code (commonly referred to
18 as the ‘Paperwork Reduction Act of 1995’),
19 shall not apply to the provisions of this sub-
20 section.

21 “(6) ENFORCEMENT.—

22 “(A) IN GENERAL.—If the Secretary deter-
23 mines that a State with respect to which an ap-
24 plication is approved pursuant to paragraph (3)
25 has failed to comply with the requirements of

1 this subsection (including the requirement that
2 all Federal funds attributable to the increase to
3 the Federal medical assistance percentage of
4 the State under paragraph (1) be spent in ac-
5 cordance with paragraph (4)) for any quarter
6 during the period of fiscal years described in
7 paragraph (1), the Secretary may reduce the
8 number of percentage points by which the Fed-
9 eral medical assistance percentage for the State
10 and quarter would otherwise be increased under
11 paragraph (1) for such quarter.

12 “(B) PENALTY BASED ON SEVERITY OF
13 FAILURE.—The Secretary shall impose reduc-
14 tions under this paragraph based on the degree
15 to which a State has failed to comply with the
16 requirements of this subsection.

17 “(7) EVALUATION.—Not later than 2028 and
18 annually until 2037, the Secretary, in conjunction
19 with the Secretary of Labor, shall evaluate the im-
20 plementation and outcomes of this subsection on the
21 availability of staff to cover shifts in all long-term
22 care settings serving, worker credentials and skills,
23 and worker compensation through a contract with
24 an external evaluator who has experience with eval-

1 uation related to people with disabilities and older
2 individuals.

3 “(8) DEFINITIONS.—In this subsection:

4 “(A) DIRECT CARE PROFESSIONAL.—The
5 term ‘direct care professional’ has the meaning
6 given such term in section 3 of the Long-Term
7 Care Workforce Support Act.

8 “(B) HOME AND COMMUNITY-BASED SERV-
9 ICES.—The term ‘home and community-based
10 services’ means any of the following:

11 “(i) Home health care services author-
12 ized under paragraph (7) of subsection (a).

13 “(ii) Personal care services authorized
14 under paragraph (24) of such subsection.

15 “(iii) PACE services authorized under
16 paragraph (26) of such subsection.

17 “(iv) Home and community-based
18 services authorized under subsections (b),
19 (c), (i), (j), and (k) of section 1915, such
20 services authorized under a waiver under
21 section 1115, and such services through
22 coverage authorized under section 1937.

23 “(v) Case management services au-
24 thorized under subsection (a)(19) of this
25 section and section 1915(g).

1 “(vi) Rehabilitative services, including
 2 those related to behavioral health, de-
 3 scribed in subsection (a)(13) of this sec-
 4 tion.

5 “(vii) Such other services specified by
 6 the Secretary.”.

7 **SEC. 102. ADDITIONAL SUPPORT FOR MEDICAID LONG-**
 8 **TERM CARE SERVICES AND DIRECT CARE**
 9 **PROFESSIONALS.**

10 (a) IN GENERAL.—Not later than 18 months after
 11 the date of enactment of this Act, the Secretary of Health
 12 and Human Services (referred to in this section as the
 13 “Secretary”) shall award grants to States for the purpose
 14 of supporting and strengthening services provided by di-
 15 rect care professionals across direct care settings and im-
 16 proving recruitment, compensation, and retention of the
 17 direct care professional workforce.

18 (b) APPLICATION.—Not later than 6 months after
 19 the date of enactment of this Act, each State that seeks
 20 to receive a grant under this section shall submit an appli-
 21 cation, in such form and manner as the Secretary shall
 22 require, to the Secretary that includes—

23 (1) information on how the State will use grant
 24 funds to improve long-term care services and the re-
 25 cruitment, compensation, and retention of direct

1 care professionals in a manner that maximizes the
2 independence of people with disabilities and older in-
3 dividuals, limits unnecessary institutionalization, and
4 supports people living in residential settings;

5 (2) specifies the proportion of grant funds that
6 the State plans to spend on activities to support
7 long-term professional care workers in nursing
8 homes, home health settings, and home and commu-
9 nity-based services settings, respectively;

10 (3) a plan for sustaining the work at the con-
11 clusion of the grant period; and

12 (4) such other information as the Secretary
13 shall require.

14 (c) GRANT AMOUNTS.—The Secretary shall award
15 each State that submits an application to the Secretary
16 that meets the requirements of subsection (b) a 5-year
17 grant in an amount that bears the same proportion to the
18 amount appropriated under subsection (e) as—

19 (1) the number of individuals who are enrolled
20 for medical assistance under the Medicaid program
21 of the State involved (as determined by the Sec-
22 retary using the most recent data available as of the
23 date of enactment of this Act); bears to

24 (2) the total number of individuals who are en-
25 rolled for medical assistance under the Medicaid pro-

1 grams of all States that submit to the Secretary an
2 application that meets the requirements of sub-
3 section (b).

4 (d) USE OF GRANT FUNDS.—

5 (1) IN GENERAL.—A State that receives a
6 grant under this section shall use the funds of such
7 grant in accordance with the requirements of this
8 subsection.

9 (2) SUPPLEMENT, NOT SUPPLANT.—A State
10 shall use funds from a grant awarded under this sec-
11 tion to supplement, and not supplant, the level of
12 State funds expended for services in long-term care
13 settings through programs in effect as of January 1,
14 2026.

15 (3) REQUIRED IMPLEMENTATION OF CERTAIN
16 ACTIVITIES.—The State shall use funds from a
17 grant awarded under this section to implement and
18 evaluate, or supplement the implementation of, ac-
19 tivities (which shall include the activities described
20 in paragraph (4)) to enhance, expand, or strengthen
21 long-term care services and to improve compensation
22 to the workforce that provides such services.

23 (4) ACTIVITIES TO STRENGTHEN AND EXPAND
24 THE DIRECT CARE PROFESSIONAL WORKFORCE.—

1 (A) IN GENERAL.—The State strengthens
2 and expands the direct care professional work-
3 force that provides services across long-term
4 care settings by—

5 (i) adopting a salary review process to
6 ensure that the rates payable for long-term
7 care services under the State Medicaid pro-
8 gram are sufficient to ensure access to
9 such services under such program;

10 (ii) requiring that a percentage of all
11 payments for long-term care services that
12 are made under the State Medicaid pro-
13 gram, including base payments and supple-
14 mental payments, improve compensation,
15 benefits, working conditions, and training
16 for direct care professionals and direct care
17 managers; and

18 (iii) updating, developing, and adopt-
19 ing qualification standards and training
20 opportunities for the continuum of direct
21 care professionals, including programs for
22 independent direct care professionals and
23 agency direct care professionals, as well as
24 unique programs.

1 (B) PAYMENT RATES.—In carrying out
2 subparagraph (A)(i), the State shall—

3 (i) address insufficient payment rates
4 under the State Medicaid program for de-
5 livery of long-term care services with an
6 emphasis on supporting the recruitment
7 and retention of direct care professionals;

8 (ii) update payment rates under the
9 State Medicaid program for long-term care
10 services, including home and community-
11 based services, nursing home services,
12 skilled nursing facility services, and inter-
13 mediate care facility services at least every
14 2 years through a transparent process in-
15 volving meaningful input from stake-
16 holders, in which the majority of stake-
17 holders are recipients of such services,
18 families, direct care professionals, family
19 caregivers, chosen representatives of direct
20 care workers, aging, disability, and work-
21 force advocates, long-term care providers,
22 and may also include health plans; and

23 (iii) ensure that, with respect to any
24 increases in the payment rates under the

1 State Medicaid program for long-term care
2 services—

3 (I) at a minimum, increases in
4 the payment rates for long-term care
5 services are proportionately passed
6 through to direct care professionals
7 and direct care professional managers
8 who provide such services and in a
9 manner that is determined with input
10 from the stakeholders described in
11 clause (ii);

12 (II) such payment rate increases
13 are incorporated into payment rates
14 for such services provided under title
15 XIX of the Social Security Act (42
16 U.S.C. 1396 et seq.) by a managed
17 care entity (as defined in section
18 1932(a)(1)(B) of the Social Security
19 Act (42 U.S.C. 1396u–2(a)(1)(B)) or
20 a prepaid inpatient health plan or pre-
21 paid ambulatory health plan, as de-
22 fined in section 438.2 of title 42,
23 Code of Federal Regulations (or any
24 successor regulation)), under a con-
25 tract with the State;

1 (III) such payment rate increases
2 are appropriately distributed across
3 settings, populations, and services so
4 as to promote independence of people
5 with disabilities and older individuals,
6 not result in increased institutional-
7 ization, and assists in the facilitation
8 of rebalancing the Medicaid program
9 towards the least restrictive settings
10 appropriate for individuals receiving
11 services; and

12 (IV) such payment rate increases
13 are prioritized toward home and com-
14 munity-based service workers in
15 States that have a waiting list for
16 home and community based services
17 and have been determined by the Cen-
18 ters for Medicare & Medicaid Service
19 to have inadequate capacity for such
20 services.

21 (e) APPROPRIATION.—There is appropriated to the
22 Secretary for awarding grants under this section an
23 amount equal to \$100,000,000,000.

24 (f) EVALUATION OF IMPACT ON HCBS WAITING
25 LISTS.—The Secretary shall evaluate the implementation

1 and outcomes of this title on State Medicaid program
 2 waiting lists for home and community-based services
 3 through a contract with an external evaluator who has ex-
 4 perience with evaluation related to people with disabilities
 5 and older individuals.

6 **SEC. 103. MAKING PERMANENT THE STATE OPTION TO EX-**
 7 **TEND PROTECTION UNDER MEDICAID FOR**
 8 **RECIPIENTS OF HOME AND COMMUNITY-**
 9 **BASED SERVICES AGAINST SPOUSAL IMPOV-**
 10 **ERISHMENT.**

11 (a) IN GENERAL.—Section 1924(h)(1)(A) of the So-
 12 cial Security Act (42 U.S.C. 1396r–5(h)(1)(A)) is amend-
 13 ed by striking “is described in section
 14 1902(a)(10)(A)(ii)(VI)” and inserting the following: “is
 15 eligible for medical assistance for home and community-
 16 based services provided under subsection (c), (d), or (i)
 17 of section 1915, under a waiver approved under section
 18 1115, or who is eligible for such medical assistance by rea-
 19 son of being determined eligible under section
 20 1902(a)(10)(C) or by reason of section 1902(f) or other-
 21 wise on the basis of a reduction of income based on costs
 22 incurred for medical or other remedial care, or who is eligi-
 23 ble for medical assistance for home and community-based
 24 attendant services and supports under section 1915(k)”.

1 (b) CONFORMING AMENDMENT.—Section 2404 of the
 2 Patient Protection and Affordable Care Act (42 U.S.C.
 3 1396r–5 note) is amended by striking “September 30,
 4 2027” and inserting “the date of enactment of the Long-
 5 Term Care Workforce Support Act”.

6 **SEC. 104. PERMANENT EXTENSION OF MONEY FOLLOWS**
 7 **THE PERSON REBALANCING DEMONSTRA-**
 8 **TION.**

9 (a) IN GENERAL.—Subsection (h)(1) of section 6071
 10 of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a
 11 note) is amended—

12 (1) in subparagraph (K), by striking “; and”
 13 and inserting a semicolon;

14 (2) in subparagraph (L), by striking “through
 15 2027.” and inserting “through 2026; and”; and

16 (3) by adding at the end the following new sub-
 17 paragraph:

18 “(M) \$500,000,000 for each fiscal year
 19 after fiscal year 2026.”.

20 (b) REDISTRIBUTION OF UNEXPENDED GRANT
 21 AWARDS.—Subsection (e)(2) of section 6071 of the Deficit
 22 Reduction Act of 2005 (42 U.S.C. 1396a note) is amended
 23 by adding at the end the following new sentence: “Any
 24 portion of a State grant award for a fiscal year under this
 25 section that is unexpended by the State at the end of the

1 fourth succeeding fiscal year shall be rescinded by the Sec-
 2 retary and added to the appropriation for the fifth suc-
 3 ceeding fiscal year for grants under this section.”.

4 **TITLE II—TRAINING, RECRUIT-**
 5 **MENT, CAREER ADVANCE-**
 6 **MENT, AND WORKER SUP-**
 7 **PORTS**

8 **Subtitle A—Improving Workforce**
 9 **Training**

10 **CHAPTER 1—GRANTS FOR SUPPORTING**
 11 **THE DIRECT CARE PROFESSIONAL**
 12 **WORKFORCE**

13 **SEC. 201. DEFINITIONS.**

14 In this chapter:

15 (1) **ELIGIBLE ENTITY.**—The term “eligible enti-
 16 ty” means an entity—

17 (A) that is—

18 (i) a State;

19 (ii) a labor organization, joint labor-
 20 management organization, or employer of
 21 direct care professionals;

22 (iii) a nonprofit entity with experience
 23 in aging, disability, or supporting the
 24 rights and interests of, the training of, or
 25 educating direct care professionals;

1 (iv) an Indian Tribe, Tribal organiza-
 2 tion, or Urban Indian organization;

3 (v) a community or technical college
 4 or other institution of higher education; or

5 (vi) a consortium of entities listed in
 6 any of clauses (i) through (v);

7 (B) that agrees, as applicable with respect
 8 to the type of grant the entity is seeking under
 9 this chapter and the activities supported
 10 through such grant, to include as advisors and
 11 trainers in such activities—

12 (i) older individuals;

13 (ii) people with disabilities;

14 (iii) direct care professionals; and

15 (iv) family members of such individ-
 16 uals, persons, or professionals; and

17 (C) that agrees to consult with the State
 18 Medicaid agency of the State (or each State)
 19 served by the grant on the grant activities, to
 20 the extent that such agency (or each such agen-
 21 cy) is not the eligible entity.

22 (2) PROJECT PARTICIPANT.—The term “project
 23 participant” means an individual participating in a
 24 project or activity assisted with a grant under this
 25 chapter, including (as applicable for the category of

1 the grant) a direct care professional or an individual
2 training to be such a professional.

3 (3) SECRETARY.—The term “Secretary” means
4 the Secretary of Health and Human Services.

5 (4) SUPPORTIVE SERVICES.—The term “sup-
6 portive services” means services that are necessary
7 to enable an individual to participate in activities as-
8 sisted with a grant under this chapter, such as
9 transportation, child care, dependent care, housing,
10 workplace accommodations, employee benefits such
11 as paid sick leave and child care, workplace health
12 and safety protections, wages and overtime pay, and
13 needs-related payments.

14 **SEC. 202. AUTHORITY TO AWARD GRANTS.**

15 (a) GRANTS.—

16 (1) IN GENERAL.—Not later than 12 months
17 after the date of enactment of this Act, the Sec-
18 retary, in consultation with the Administrator of the
19 Centers for Medicare & Medicaid Services, the Sec-
20 retary of Labor, and the Secretary of Education,
21 shall award grants described in paragraph (2) to eli-
22 gible entities. A grant awarded under this section
23 may be in more than 1 category described in such
24 paragraph.

1 (2) CATEGORIES OF GRANTS.—The categories
2 of grants described in this paragraph are each of the
3 following:

4 (A) DIRECT CARE PROFESSIONALS
5 GRANTS.—Grants to eligible entities to create
6 and carry out projects for the purposes of re-
7 cruiting, retaining, or providing advancement
8 opportunities for direct care professionals who
9 are not described in subparagraph (B), (C), or
10 (D), including through education or training
11 programs for such professionals or individuals
12 seeking to become such professionals.

13 (B) DIRECT CARE PROFESSIONAL MAN-
14 AGERS GRANTS.—Grants to eligible entities to
15 create and carry out projects for the purposes
16 of recruiting, retaining, or providing advance-
17 ment opportunities for direct care professional
18 managers, including through education or train-
19 ing programs for such managers or individuals
20 seeking to become such managers.

21 (C) SELF-DIRECTED CARE PROFESSIONALS
22 GRANTS.—Grants to eligible entities to create
23 and carry out projects for the purposes of re-
24 cruiting, retaining, or providing advancement
25 opportunities for self-directed care profes-

1 sionals, including through education or training
2 programs for such professionals or individuals
3 seeking to become such professionals.

4 (D) HOME AND COMMUNITY-BASED SERV-
5 ICES GRANTS.—Grants to eligible entities to
6 create and carry out projects to recruit, retain,
7 or provide advancement opportunities for home
8 and community-based services workers pro-
9 viding services and supports to older individ-
10 uals, or people with disabilities, who are eligible
11 for coverage under a State Medicaid program.

12 (3) PROJECTS FOR ADVANCEMENT OPPORTUNI-
13 TIES.—Not less than 30 percent of projects assisted
14 with grants under this chapter shall be projects to
15 provide career pathways that offer opportunities for
16 professional development and advancement opportu-
17 nities to direct care professionals.

18 (b) TREATMENT OF CONTINUATION ACTIVITIES.—

19 An eligible entity that carries out activities described in
20 subsection (a)(2) prior to receipt of a grant under this
21 chapter may use such grant to continue carrying out such
22 activities, and, in using such grant to continue such activi-
23 ties, shall be treated as an eligible entity carrying out a
24 project through a grant under this chapter.

1 **SEC. 203. PROJECT PLANS.**

2 (a) IN GENERAL.—An eligible entity seeking a grant
3 under this chapter shall submit to the Secretary a project
4 plan for each project to be developed and carried out (in-
5 cluding for activities to be continued as described in sec-
6 tion 202(b)) with the grant. Such project plan shall be
7 submitted at such time, in such manner, and containing
8 such information as the Secretary may require.

9 (b) CONTENTS.—A project plan submitted by an eli-
10 gible entity under subsection (a) shall include a descrip-
11 tion of information determined relevant by the Secretary
12 for purposes of the category of the grant and the activities
13 to be carried out through the grant. Such information may
14 include (as applicable) the following:

15 (1) Demographic information regarding the
16 population in the State, city or municipality, or re-
17 gion to be served by the project, including a descrip-
18 tion of the populations likely to need services pro-
19 vided by direct care professionals, such as people
20 with disabilities and older individuals.

21 (2) Projections of unmet need for services pro-
22 vided by direct care professionals based on enroll-
23 ment waiting lists under home and community-based
24 waivers under section 1115 of the Social Security
25 Act (42 U.S.C. 1315) or section 1915(c) of such Act
26 (42 U.S.C. 1396n(c)) and other relevant data to the

1 extent practicable and feasible, such as direct care
2 professional workforce vacancy rates and crude separation rates and the number of direct care professionals, including such professionals who are managers or supervisors, in the State or region to be
3 served by the project.
4

5 (3) An advisory committee to advise the eligible
6 entity on activities to be carried out through the
7 grant. Such advisory committee—
8

9 (A) shall include—
10

11 (i) older individuals and people with
12 disabilities receiving services from the direct care professionals targeted by the
13 project;
14

15 (ii) organizations representing the
16 rights and interests of people receiving
17 services by the direct care professionals
18 targeted by the project;

19 (iii) individuals who are direct care
20 professionals targeted by the project and
21 organizations representing the rights and
22 interests of such direct care professionals;

23 (iv) as applicable, employers of individuals described in clause (iii) and labor
24

1 organizations representing such individ-
2 uals;

3 (v) representatives of the State Med-
4 icaid agency, the State agency defined in
5 section 102 of the Older Americans Act of
6 1965 (42 U.S.C. 3002), the State develop-
7 mental disabilities office, and the State
8 mental health agency, in the State (or each
9 State) to be served by the project;

10 (vi) parents or caregivers of children
11 with disabilities or chronic conditions; and

12 (vii) representatives reflecting diverse
13 racial, cultural, ethnic, geographic, socio-
14 economic, and gender identity and sexual
15 orientation perspectives; and

16 (B) may include any other individuals or
17 entities listed in paragraph (12).

18 (4) Current or projected job openings for, or
19 relevant labor market information related to, the di-
20 rect care professionals targeted by the project in the
21 State or region to be served by the project, and the
22 geographic scope of the workforce to be served by
23 the project.

24 (5) Specific efforts and strategies that the
25 project will undertake to reduce barriers to recruit-

1 ment, retention, or advancement of the direct care
2 professionals targeted by the project, including an
3 assurance that such efforts will include—

4 (A) an assessment of the wages or other
5 compensation or benefits necessary to recruit
6 and retain the direct care professionals targeted
7 by the project;

8 (B) a description of the project’s projected
9 compensation or benefits for the direct care
10 professionals targeted by the project at the
11 State or local level, including a comparison of
12 such projected compensation or benefits to re-
13 gional and national compensation or benefits
14 and a description of how wages and benefits re-
15 ceived by project participants will be impacted
16 by the participation in and completion of the
17 project; and

18 (C) a description of the projected impact of
19 workplace safety issues on the recruitment and
20 retention of direct care professionals targeted
21 by the project, including the availability of per-
22 sonal protective equipment.

23 (6) In the case of a project offering an edu-
24 cation or training program for direct care profes-
25 sionals, a description of such program (including

1 how the core competencies identified by the Centers
2 for Medicare & Medicaid Services will be incor-
3 porated, curricula, models, and standards used
4 under the program, and any associated recognized
5 postsecondary credentials for which the program
6 provides preparation, as applicable), which shall in-
7 clude an assurance that such program will provide to
8 each project participant in such program—

9 (A) relevant training regarding the rights
10 of recipients of long-term care services, includ-
11 ing their rights to—

12 (i) receive services in integrated set-
13 tings that provide access to the broader
14 community;

15 (ii) exercise self-determination;

16 (iii) be free from all forms of abuse,
17 neglect, or exploitation; and

18 (iv) person-centered planning and
19 practices, including participation in plan-
20 ning activities;

21 (B) relevant training to ensure that each
22 project participant has the necessary skills to
23 recognize abuse and understand their obliga-
24 tions with regard to reporting and responding

1 to abuse appropriately in accordance with rel-
2 evant Federal and State law;

3 (C) relevant training regarding the provi-
4 sion of culturally competent and disability com-
5 petent supports to recipients of services pro-
6 vided by the direct care professionals targeted
7 by the project;

8 (D) an apprenticeship program, work-
9 based learning, or on-the-job training opportu-
10 nities;

11 (E) supervision or mentoring; and

12 (F) for any on-the-job training portion of
13 the program, a progressively increasing, clearly
14 defined schedule of wages to be paid to each
15 such participant that—

16 (i) is consistent with skill gains or at-
17 tainment of a recognized postsecondary
18 credential received as a result of participa-
19 tion in or completion of such program;

20 (ii) ensures the entry wage is not less
21 than the greater of—

22 (I) the minimum wage required
23 under section 6(a) of the Fair Labor
24 Standards Act of 1938 (29 U.S.C.
25 206(a)); or

1 (II) the applicable minimum
2 wage required by other applicable
3 Federal or State law, or a collective
4 bargaining agreement; and

5 (iii) does not use a certificate under
6 section 14(c) of the Fair Labor Standards
7 Act of 1938 (29 U.S.C. 214(c)).

8 (7) Any other innovative models or processes
9 the eligible entity will implement to support the re-
10 tention and career advancement of the direct care
11 professionals targeted by the project.

12 (8) The supportive services and benefits to be
13 provided to the project participants in order to sup-
14 port the employment, retention, or career advance-
15 ment of the direct care professionals targeted by the
16 project.

17 (9) How the eligible entity will make use of ca-
18 reer planning to support the identification of ad-
19 vancement opportunities and career pathways for
20 the direct care professionals in the State or region
21 to be served by the project.

22 (10) How the eligible entity will collect and sub-
23 mit to the Secretary direct care professional work-
24 force data and outcomes of the project.

25 (11) How the project—

1 (A) will—

2 (i) provide adequate and safe equip-
3 ment and facilities for training and super-
4 vision, including a safe work environment
5 free from discrimination, which may in-
6 clude the provision of personal protective
7 equipment and other necessary equipment
8 to prevent the spread of infectious disease
9 among the direct care professionals tar-
10 geted by the project and recipients of serv-
11 ices provided by such professionals;

12 (ii) incorporate remote training and
13 education opportunities or technology-sup-
14 ported opportunities;

15 (iii) for training and education cur-
16 ricula, incorporate evidence-supported
17 practices for adult learners and universal
18 design for learning and ensure recipients
19 of services provided by the direct care pro-
20 fessionals targeted by the project partici-
21 pate in the development and implementa-
22 tion of such training and education cur-
23 ricula;

1 (iv) use outreach, recruitment, and re-
2 tention strategies designed to reach and re-
3 tain a diverse workforce;

4 (v) incorporate methods to monitor
5 satisfaction with project activities for
6 project participants and individuals receiv-
7 ing services from such participants; and

8 (vi) incorporate core competencies
9 identified by the Centers for Medicare &
10 Medicaid Services; and

11 (B) may incorporate continuing education
12 programs and specialty training, with a specific
13 focus on—

14 (i) trauma-informed care;

15 (ii) behavioral health;

16 (iii) developmental disabilities or other
17 disabilities involving mental impairment;

18 (iv) co-occurring behavioral health
19 conditions and a disability described in
20 clause (iii);

21 (v) Alzheimer's and dementia care;

22 (vi) infection prevention and control
23 measures;

24 (vii) chronic disease management;

25 (viii) age-related conditions; and

1 (ix) the use of supportive or assistive
2 technology.

3 (12) How the eligible entity will consult
4 throughout the implementation of the project, or co-
5 ordinate the project with, each of the following:

6 (A) Older individuals and people with dis-
7 abilities.

8 (B) The State Medicaid agency, the State
9 agency defined in section 102 of the Older
10 Americans Act of 1965 (42 U.S.C. 3002), and
11 the State developmental disabilities office for
12 the State (or each State) to be served by the
13 project.

14 (C) The local board and State board for
15 each region, or State, to be served by the
16 project.

17 (D) In the case of a project that carries
18 out an education or training program, a non-
19 profit organization with demonstrated experi-
20 ence in the development or delivery of curricula
21 or coursework.

22 (E) A nonprofit organization, including a
23 labor organization, that fosters the professional
24 development and collective engagement of the
25 direct care professionals targeted by the project.

1 (F) Organizations representing the rights
2 and interests of people receiving services by the
3 direct care professionals targeted by the project.

4 (G) Area agencies on aging.

5 (H) Centers for independent living, as de-
6 scribed in part C of chapter I of title VII of the
7 Rehabilitation Act of 1973 (29 U.S.C. 796f et
8 seq.).

9 (I) The State Council on Developmental
10 Disabilities (as such term is used in subtitle B
11 of title I of the Developmental Disabilities As-
12 sistance and Bill of Rights Act of 2000 (42
13 U.S.C. 15021 et seq.)) for the State (or each
14 State) to be served by the project.

15 (J) Aging and Disability Resource Centers.

16 (K) A nonprofit State provider association
17 that represents providers who employ the direct
18 care professionals targeted by the project,
19 where such associations exist.

20 (L) An entity that employs the direct care
21 professionals targeted by the project.

22 (M) University Centers for Excellence in
23 Developmental Disabilities Education, Re-
24 search, and Service supported under subtitle D
25 of title I of the Developmental Disabilities As-

1 sistance and Bill of Rights Act of 2000 (42
2 U.S.C. 15061 et seq.).

3 (N) The State protection and advocacy
4 system described in section 143 of such Act (42
5 U.S.C. 15043) of the State (or each State) to
6 be served by the project.

7 (O) Direct care professionals, and direct
8 care professional workforce organizations, rep-
9 resenting underserved communities, including
10 communities of color.

11 (P) Individuals employed or working as the
12 direct care professionals targeted by the project.

13 (Q) Representatives of such professionals.

14 (R) Individuals receiving services from
15 such professionals.

16 (S) The families of such professionals.

17 (T) The families of individuals receiving
18 services from such professionals.

19 (U) Individuals receiving education or
20 training to become such professionals.

21 (13) Outreach efforts to individuals for partici-
22 pation in such project, including targeted outreach
23 efforts to—

24 (A) individuals who are recipients of assist-
25 ance under a State program funded under part

1 A of title IV of the Social Security Act (42
2 U.S.C. 601 et seq.) or individuals who are eligi-
3 ble for such assistance; and

4 (B) individuals with a barrier to employ-
5 ment.

6 (c) CONSIDERATIONS.—In selecting eligible entities
7 to receive a grant under this chapter, the Secretary shall
8 ensure—

9 (1) equitable geographic and demographic di-
10 versity, including by selecting recipients serving
11 rural areas and selecting recipients serving urban
12 areas; and

13 (2) that selected eligible entities will serve areas
14 where the occupation of direct care professional, or
15 a related occupation, is an in-demand industry sec-
16 tor or occupation.

17 **SEC. 204. USES OF FUNDS; SUPPLEMENT, NOT SUPPLANT.**

18 (a) USES OF FUNDS.—

19 (1) IN GENERAL.—Each eligible entity receiving
20 a grant under this chapter shall use the funds of
21 such grant to carry out at least 1 project described
22 in section 202(a)(2).

23 (2) ADMINISTRATIVE COSTS.—Each eligible en-
24 tity receiving a grant under this chapter shall not
25 use more than 5 percent of the funds of such grant

1 for costs associated with the administration of activi-
2 ties under this chapter.

3 (3) DIRECT SUPPORT.—Each eligible entity re-
4 ceiving a grant under this chapter shall use not less
5 than 5 percent of the funds of such grant to provide
6 direct financial benefits or supportive services to di-
7 rect care professionals to support the financial needs
8 of such participants during the duration of the
9 project activities.

10 (b) SUPPLEMENT, NOT SUPPLANT.—An eligible enti-
11 ty receiving a grant under this chapter shall use such
12 grant only to supplement, and not supplant, the amount
13 of funds that, in the absence of such grant, would be avail-
14 able to address the recruitment, training and education,
15 retention, and advancement of direct care professionals,
16 in the State or region served by the eligible entity.

17 (c) PROHIBITION.—No amounts made available
18 under this chapter may be used for any activity that is
19 subject to the reporting requirements set forth in section
20 203(a) of the Labor-Management Reporting and Disclo-
21 sure Act of 1959 (29 U.S.C. 433(a)).

22 (d) AUTHORIZATION OF APPROPRIATIONS.—There
23 are authorized to be appropriated for grants under section
24 202, \$500,000,000 for each of fiscal years 2026 through
25 2030.

**CHAPTER 2—OTHER WORKFORCE
TRAINING GRANTS**

**SEC. 205. WORKFORCE INVESTMENT ACTIVITIES GRANTS
FOR DOMESTIC WORKERS.**

(a) DEFINITIONS.—In this section:

(1) DOMESTIC SERVICES.—The term “domestic services”—

(A) means services—

(i) of a household nature;

(ii) provided in interstate commerce;

and

(iii) performed by an individual in or about a private home (permanent or temporary); and

(B) includes services performed by individuals such as companions, housekeepers, nurses, home health aides, or personal or home care aides.

(2) DOMESTIC WORKER.—The term “domestic worker”—

(A) means, except as provided in subparagraph (B), an individual, including an employee, who is compensated directly or indirectly for the performance of domestic services; and

(B) does not include—

1 (i) an individual who is a family mem-
2 ber, friend, neighbor, or parent of a child
3 and who provides child care for the child in
4 the child’s home; and

5 (ii) any employee described in section
6 13(a)(15) of the Fair Labor Standards Act
7 of 1938 (29 U.S.C. 213(a)(15)).

8 (3) SECRETARY.—The term “Secretary” means
9 the Secretary of Labor, in consultation with the Sec-
10 retary of Education and the Secretary of Health and
11 Human Services.

12 (4) SUPPORTIVE SERVICES; TRAINING SERV-
13 ICES; WORKFORCE INVESTMENT ACTIVITIES.—The
14 terms “supportive services”, “training services”, and
15 “workforce investment activities” have the meanings
16 given the terms in section 3 of the Workforce Inno-
17 vation and Opportunity Act (29 U.S.C. 3102).

18 (b) NATIONAL GRANT PROGRAM FOR DOMESTIC
19 WORKERS.—Every 3 years, the Secretary shall, on a com-
20 petitive basis, make grants to, or enter into contracts with,
21 eligible entities to carry out the activities described in sub-
22 section (d). The Secretary shall make the grants, or enter
23 into the contracts, for periods of 4 years.

24 (c) ELIGIBILITY.—

1 (1) ELIGIBLE ENTITIES.—To be eligible to re-
2 ceive a grant or enter into a contract under this sec-
3 tion, an entity—

4 (A) shall have experience working with
5 older individuals or people with disabilities; and

6 (B) shall be—

7 (i)(I) a nonprofit organization that is
8 described in paragraph (3), (5), or (6) of
9 section 501(c) of the Internal Revenue
10 Code of 1986, and exempt from taxation
11 under section 501(a) of such Code;

12 (II) an organization with a board of
13 directors, at least one-half of the members
14 of which is comprised of—

15 (aa) domestic workers; or

16 (bb) representatives of an organi-
17 zation of such workers, including such
18 workers who are direct care profes-
19 sionals, which organization is inde-
20 pendent from all businesses, organiza-
21 tions, corporations, or individuals that
22 would pursue any financial interest in
23 conflict with that of the workers;

1 (III) an organization that is inde-
2 pendent as described in subclause (II)(bb);
3 and

4 (IV) an organization that has exper-
5 tise in domestic work and the workforce of
6 domestic workers, including such workers
7 who are direct care professionals;

8 (ii) an eligible provider of training
9 services listed pursuant to section 122(d)
10 of the Workforce Innovation and Oppor-
11 tunity Act (29 U.S.C. 3152(d)); or

12 (iii) an entity that carries out an ap-
13 prenticeship program.

14 (2) PROGRAM PLAN.—

15 (A) IN GENERAL.—To be eligible to receive
16 a grant or enter into a contract under this sec-
17 tion, an entity described in paragraph (1) shall
18 submit to the Secretary of Labor a plan that
19 describes a 4-year strategy for meeting the
20 needs of domestic workers, including such work-
21 ers who are direct care professionals, in the
22 area to be served by such entity.

23 (B) CONTENTS.—Such plan shall—

24 (i) describe the domestic worker popu-
25 lation, which shall include domestic work-

1 ers who provide long-term care services, to
2 be served and identify the needs of such
3 population to be served for workforce in-
4 vestment activities and related assistance,
5 which may include employment and sup-
6 portive services;

7 (ii) identify the manner in which ca-
8 reer pathways to be provided will strength-
9 en the ability of the domestic workers to be
10 served to obtain or retain employment and
11 to improve wages or working conditions,
12 including improved employment standards
13 and opportunities in the field of domestic
14 work;

15 (iii) specifically address how the fund-
16 ing provided through the grant or contract
17 for services under this section to domestic
18 workers will improve wages and skills for
19 domestic workers in a way that helps meet
20 the need to recruit workers for and retain
21 workers in in-demand occupations or ca-
22 reers; and

23 (iv) provide an assurance that the
24 workforce investment activities and related
25 assistance carried out under this section

1 will include relevant training for domestic
2 workers who are direct care professionals,
3 including—

4 (I) training regarding the rights
5 of recipients of long-term care serv-
6 ices, including the rights of such re-
7 cipients to—

8 (aa) receive services in inte-
9 grated settings that provide ac-
10 cess to the broader community;

11 (bb) exercise self-determina-
12 tion;

13 (cc) be free from all forms
14 of abuse, neglect, or exploitation;
15 and

16 (dd) receive person-centered
17 planning and practices, including
18 through the participation of such
19 recipients in planning activities;

20 (II) training to ensure that each
21 participant of such training has the
22 necessary skills to recognize abuse
23 and understand their obligations with
24 regard to reporting and responding to
25 abuse appropriately in accordance

1 with relevant Federal and State law;
2 and

3 (III) training regarding the pro-
4 vision of culturally competent and dis-
5 ability-competent supports to recipi-
6 ents of long-term care services.

7 (3) AWARDS AND ADMINISTRATION.—The
8 grants and contracts under this subsection shall be
9 awarded by the Secretary using full and open com-
10 petitive procedures and shall be administered by the
11 Secretary.

12 (d) AUTHORIZED ACTIVITIES.—Funds made avail-
13 able under this section shall be used to carry out workforce
14 investment activities and provide related assistance for do-
15 mestic workers, including such workers who are direct care
16 professionals, which may include—

17 (1) outreach, employment, training services,
18 educational assistance, digital literacy assistance,
19 English language and literacy instruction, worker
20 safety training, supportive services, school dropout
21 prevention and recovery activities, individual career
22 services, and career pathways;

23 (2) follow-up services for those individuals
24 placed in employment;

1 (3) development or education as needed by do-
2 mestic workers, including domestic workers who are
3 direct care professionals;

4 (4) customized career and technical education
5 in occupations that will lead to higher wages, en-
6 hanced benefits, and long-term employment in do-
7 mestic work or another area; and

8 (5) the creation or maintenance of employment
9 and training-related placement services, including
10 digital placement services.

11 (e) FUNDING ALLOCATION.—From the funds appro-
12 priated and made available to carry out this section, the
13 Secretary shall reserve not more than 1 percent for discre-
14 tionary purposes related to carrying out this section, such
15 as providing technical assistance to eligible entities.

16 (f) ELIGIBLE PROVIDER PERFORMANCE REPORTS.—
17 Each eligible entity shall prepare performance reports to
18 report on outcomes achieved by the programs of workforce
19 investment activities and related assistance carried out
20 under this section. The performance report for an eligible
21 entity shall include, with respect to each such program (re-
22 ferred to in this subsection as a “program of study”) of
23 such entity—

24 (1) information specifying the levels of perform-
25 ance achieved with respect to the primary indicators

1 of performance described in subclauses (I) through
2 (V) of section 116(b)(2)(A)(i) of the Workforce In-
3 novation and Opportunity Act (29 U.S.C.
4 3141(b)(2)(A)(i)) with respect to all individuals en-
5 gaging in the program of study;

6 (2) the total number of individuals exiting from
7 the program of study;

8 (3) the total number of participants who re-
9 ceived training services through the program;

10 (4) the total number of participants who exited
11 from training services, disaggregated by the type of
12 entity that provided the training services, during the
13 most recent program year and the 3 preceding pro-
14 gram years;

15 (5) the average cost per participant for the par-
16 ticipants who received training services,
17 disaggregated by the type of entity that provided the
18 training services, during the most recent program
19 year and the 3 preceding program years; and

20 (6) information on indicators specified by the
21 Secretary concerning the impact of the training serv-
22 ices on the wages, skills, recruitment, and retention
23 of participants.

1 (g) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$10,000,000 for each of fiscal years 2026 through 2030.

4 **SEC. 206. DIRECT CARE PROFESSIONAL CAREER ADVANCE-**
5 **MENT DEMONSTRATION PROJECTS.**

6 (a) IN GENERAL.—Section 2008 of the Social Secu-
7 rity Act (42 U.S.C. 1397g) is amended—

8 (1) by adding at the end the following new sub-
9 section:

10 “(e) DIRECT CARE PROFESSIONAL CAREER AD-
11 VANCEMENT DEMONSTRATION PROJECTS.—

12 “(1) IN GENERAL.—The Secretary, in consulta-
13 tion with the Secretary of Labor, shall award, from
14 the amount appropriated under paragraph (4),
15 grants to eligible entities to conduct demonstration
16 projects that are designed to provide eligible individ-
17 uals with opportunities for education, training, and
18 career advancement as a direct care professional, in-
19 cluding as a personal or home care aide, home
20 health aide, or nursing aide or assistant.

21 “(2) DEFINITIONS.—In this subsection:

22 “(A) ELIGIBLE ENTITY.—The term ‘eligi-
23 ble entity’ has the meaning given such term in
24 subsection (a).

1 “(B) ELIGIBLE INDIVIDUAL.—The term
2 ‘eligible individual’ means an individual—

3 “(i) whose income does not exceed
4 200 percent of the poverty line (as defined
5 in section 2110(c)(5)) applicable to a fam-
6 ily of the size involved; and

7 “(ii) who is employed as a direct care
8 professional who—

9 “(I) has at least 30 percent pa-
10 tient volume (as estimated in accord-
11 ance with a methodology established
12 by the Secretary) attributable to indi-
13 viduals who are receiving medical as-
14 sistance under title XIX; or

15 “(II) is employed by an agency
16 that is a provider of personal or home
17 care services that has at least 30 per-
18 cent of the agency’s patient volume
19 (as so estimated) attributable to such
20 individuals.

21 “(C) DIRECT CARE PROFESSIONAL.—The
22 term ‘direct care professional’ has the meaning
23 given such term in section 3 of the Long-Term
24 Care Workforce Support Act.

25 “(3) REQUIREMENTS.—

1 “(A) PRIORITIZATION OF PROJECTS THAT
2 SUPPORT RURAL AREAS, UNDERSERVED AREAS,
3 AND WOMEN, INDIVIDUALS FROM COMMUNITIES
4 OF COLOR, AND INDIVIDUALS WITH DISABIL-
5 ITIES.—The Secretary shall ensure that not less
6 than half of the demonstration projects sup-
7 ported by grants awarded under this subsection
8 support—

9 “(i) eligible individuals in rural areas
10 (as defined in section 2007(f)(5));

11 “(ii) eligible individuals in under-
12 served urban areas (including urban health
13 professional shortage areas (as defined in
14 section 332 of the Public Health Service
15 Act);

16 “(iii) eligible individuals who are
17 women, who are from communities of
18 color, or who belong to other underserved
19 and diverse populations such as Asian, Pa-
20 cific Islander, Native American, or Alaska
21 Native communities; and

22 “(iv) eligible individuals with disabil-
23 ities.

24 “(B) AMOUNT OF GRANT.—In no case
25 shall the Secretary award an eligible entity a

1 grant to conduct a demonstration project under
2 this subsection in an amount that exceeds
3 \$750,000 for each year that the entity conducts
4 such project.

5 “(C) REPORTS.—

6 “(i) INTERIM REPORTS.—An eligible
7 entity awarded a grant to conduct a dem-
8 onstration project under this subsection
9 shall submit interim reports to the Sec-
10 retary on the activities carried out under
11 the project and a final report on such ac-
12 tivities upon the conclusion of the entities’
13 participation in the project.

14 “(ii) EVALUATION.—The Adminis-
15 trator of the Health Resources and Serv-
16 ices Administration shall evaluate the dem-
17 onstration projects conducted under this
18 subsection. Such evaluation shall include
19 identification of successful activities for
20 creating opportunities for developing and
21 sustaining, particularly with respect to low-
22 income individuals and direct care profes-
23 sionals, a health or human services profes-
24 sions workforce that has accessible oppor-
25 tunities for career advancement, that

1 meets high standards for education, train-
2 ing, certification, and professional develop-
3 ment, that provides increased wages and
4 affordable benefits, including health care
5 coverage, that are responsive to the
6 workforce's needs, and that is responsive
7 to the needs of diverse racial and ethnic
8 communities.

9 “(iii) REPORT TO CONGRESS.—Not
10 later than 1 year after the demonstration
11 projects conducted under this subsection
12 conclude, the Secretary shall submit a final
13 report to Congress on such demonstration
14 projects that includes—

15 “(I) the result of the evaluation
16 conducted under clause (ii);

17 “(II) recommendations for best
18 practices; and

19 “(III) such recommendations for
20 legislation or administrative actions as
21 the Secretary deems appropriate.

22 “(iv) ADDITIONAL REPORT.—Not
23 later than 1 year after the demonstration
24 projects conducted under this subsection
25 conclude, the Secretary shall submit to the

1 Committee on Health, Education, Labor,
2 and Pensions and the Special Committee
3 on Aging of the Senate and the Committee
4 on Education and the Workforce and the
5 Committee on Energy and Commerce of
6 the House of Representatives and make
7 publicly available, a report on the activities
8 and results of such projects. Such report
9 shall describe—

10 “(I) the number and geographic
11 distribution of the grants awarded
12 under this subsection;

13 “(II) the participation of under-
14 represented and economically dis-
15 advantaged participants in demonstra-
16 tion projects conducted under this
17 subsection; and

18 “(III) recommendations for pro-
19 gram revisions to achieve the desired
20 program outcome.

21 “(4) APPROPRIATION.—Out of any funds in the
22 Treasury not otherwise appropriated, there are ap-
23 propriated to the Secretary to carry out this sub-
24 section \$10,000,000 for each of fiscal years 2026
25 through 2030.”.

1 (b) INCENTIVE PAYMENTS FOR LONG-TERM CARE
2 SERVICES FURNISHED BY DIRECT CARE PROFESSIONALS
3 WHO COMPLETE CERTAIN TRAINING.—Section 1834 of
4 the Social Security Act (42 U.S.C. 1395m) is amended
5 by adding at the end the following new subsection:

6 “(aa) INCENTIVE PAYMENTS FOR DIRECT CARE
7 SERVICES FURNISHED BY DIRECT CARE PROFESSIONALS
8 WHO COMPLETE CERTAIN TRAINING.—In the case of
9 long-term care services furnished on or after October 1,
10 2026, by a direct care professional who has successfully
11 completed education or training under a demonstration
12 project under section 2008(e), in addition to the amount
13 of payment that would otherwise be made for such services
14 under this part, there also shall be paid an amount equal
15 to 25 percent of the payment amount for the service under
16 this part to be paid to the direct care professional.”.

17 **SEC. 207. PATHWAYS TO HEALTH CAREERS.**

18 Effective October 1, 2026, title XX of the Social Se-
19 curity Act (42 U.S.C. 1397–1397n–13) is amended by
20 adding at the end the following:

1 **“Subtitle D—Career Pathways**
2 **Through Health Profession Op-**
3 **portunity Grants**

4 **“SEC. 2071. CAREER PATHWAYS THROUGH HEALTH PRO-**
5 **FESSION OPPORTUNITY GRANTS.**

6 “(a) APPLICATION REQUIREMENTS.—An eligible en-
7 tity desiring a grant under this section for a project shall
8 submit to the Secretary an application for the grant, that
9 includes the following:

10 “(1) A description of how the applicant will use
11 a career pathways approach to train eligible individ-
12 uals for health professions, including direct care pro-
13 fessionals, that will put eligible individuals on a ca-
14 reer path to an occupation that pays well, under the
15 project.

16 “(2) A description of the adult basic education
17 and literacy activities, work readiness activities,
18 training activities, and case management, career
19 coaching, and mentoring support services that the
20 applicant will use to assist eligible individuals to
21 gain work experience, connection to employers, and
22 job placement, and a description of the plan for re-
23 cruiting, hiring, and training staff to provide the
24 case management, mentoring, and career coaching
25 services, under the project directly or through local

1 governmental, apprenticeship, educational, or chari-
2 table institutions.

3 “(3) A demonstration that the applicant has ex-
4 perience working with low-income populations, or a
5 description of the plan of the applicant to work with
6 a partner organization that has the experience.

7 “(4) A plan for providing post-employment sup-
8 port and ongoing training as part of a career path-
9 way under the project.

10 “(5) A description of the support services that
11 the applicant will provide under the project, includ-
12 ing a plan for how child care and transportation
13 support services will be guaranteed and, if the appli-
14 cant will provide a cash stipend or wage supplement,
15 how the stipend or supplement would be calculated
16 and distributed.

17 “(6) A certification by the applicant that the
18 project development included—

19 “(A) consultation or commitment to con-
20 sult with a local workforce development board;

21 “(B) consideration of registered appren-
22 ticeship and pre-apprenticeship models;

23 “(C) consideration of career pathway pro-
24 grams in the State in which the project is to be
25 conducted; and

1 “(D) a review of the State plan under sec-
2 tion 102 or 103 of the Workforce Innovation
3 and Opportunity Act.

4 “(7) A description of the availability and rel-
5 evance of recent labor market information and other
6 pertinent evidence of in-demand jobs or worker
7 shortages.

8 “(8) A certification that the applicant will di-
9 rectly provide or contract for the training services
10 described in the application.

11 “(9) A commitment by the applicant that, if the
12 grant is made to the applicant, the applicant will—

13 “(A) during the planning period for the
14 project, provide the Secretary with any informa-
15 tion needed by the Secretary to establish ade-
16 quate data reporting and administrative struc-
17 ture for the project;

18 “(B) hire a person to direct the project not
19 later than the end of the planning period appli-
20 cable to the project;

21 “(C) accept all technical assistance offered
22 by the Secretary with respect to the grant;

23 “(D) participate in peer technical assist-
24 ance conferences as are regularly scheduled by
25 the Secretary; and

1 “(E) provide all data required by the Sec-
2 retary under subsection (g).

3 “(b) ADDITIONAL APPLICATION ELEMENT.—In con-
4 sidering applications for a grant under this section, the
5 Secretary shall require qualified applicants to have at least
6 1 of the following application elements:

7 “(1) Applications submitted by applicants to
8 whom a grant was made under this section or any
9 predecessor to this section.

10 “(2) Applications submitted by applicants who
11 have business and community partners in each of
12 the following categories:

13 “(A) State and local government agencies
14 and social service providers, including a State
15 or local entity that administers a State program
16 funded under part A of this title.

17 “(B) Institutions of higher education, ap-
18 prenticeship programs, and local workforce de-
19 velopment boards.

20 “(C) Health care employers, home and
21 community-based services agencies, health care
22 industry or sector partnerships, labor unions,
23 and labor-management partnerships.

1 “(3) Applications that include opportunities for
2 mentoring or peer support, and make career coach-
3 ing available, as part of the case management plan.

4 “(4) Applications which describe a project that
5 will serve a rural area in which—

6 “(A) the community in which the individ-
7 uals to be enrolled in the project reside is lo-
8 cated;

9 “(B) the project will be conducted; or

10 “(C) an employer partnership that has
11 committed to hiring individuals who successfully
12 complete all activities under the project is lo-
13 cated.

14 “(5) Applications that include a commitment to
15 providing project participants with a cash stipend or
16 wage supplement.

17 “(6) Applications submitted by applicants who
18 are serving or situated in communities of color and
19 other underserved communities.

20 “(7) Applications which have an emergency
21 cash fund to assist project participants financially in
22 emergency situations.

23 “(c) GRANTS.—

24 “(1) COMPETITIVE GRANTS.—

25 “(A) GRANT AUTHORITY.—

1 “(i) IN GENERAL.—The Secretary
2 shall make a grant in accordance with this
3 paragraph to an eligible entity whose appli-
4 cation for the grant is approved by the
5 Secretary, to conduct a project designed to
6 train low-income individuals for allied
7 health professions, health information tech-
8 nology, physician assistants, nursing as-
9 sistants, licensed practical/vocational
10 nurse, registered nurse, advanced practice
11 nurse, direct care professionals, and other
12 professions considered part of a health
13 care career pathway model.

14 “(ii) GUARANTEE OF GRANTEES IN
15 EACH STATE AND THE DISTRICT OF CO-
16 LUMBIA.—For each grant cycle, the Sec-
17 retary shall award a grant under this para-
18 graph to at least 2 eligible entities in each
19 State that is not a territory, to the extent
20 there are a sufficient number of applica-
21 tions that have a high likelihood of success
22 and that are submitted by the entities that
23 meet the requirements applicable with re-
24 spect to such a grant. If, for a grant cycle,
25 there are fewer than 2 such eligible entities

1 in a State that have submitted applications
2 with a high likelihood of success, the Sec-
3 retary shall identify qualified eligible appli-
4 cants located elsewhere, that are otherwise
5 approved but un-funded, and issue a Sub-
6 stitution of Grant and tailored technical
7 assistance. In the preceding sentence, the
8 term ‘issue a Substitution of Grant’
9 means, in a case in which an approved
10 grantee does not complete its full project
11 period, or in which there are fewer than 2
12 qualified grantees per State with a high
13 likelihood of success, substitute an appli-
14 cant located in another State that was ap-
15 proved but un-funded during the competi-
16 tion for the award for the award recipient.

17 “(B) GUARANTEE OF GRANTS FOR INDIAN
18 POPULATIONS.—The Secretary shall award a
19 grant under this paragraph to at least 10 eligi-
20 ble entities that are an Indian tribe, a tribal or-
21 ganization, or a tribal college or university, to
22 the extent there are a sufficient number of ap-
23 plications submitted by the entities that meet
24 the requirements applicable with respect to such
25 a grant.

1 “(C) GUARANTEE OF GRANTEES IN THE
2 TERRITORIES.—The Secretary shall award a
3 grant under this paragraph to at least 2 eligible
4 entities that are located in a territory, to the
5 extent there are a sufficient number of applica-
6 tions submitted by the entities that meet the re-
7 quirements applicable with respect to such a
8 grant.

9 “(2) GRANT CYCLE.—The grant cycle under
10 this section shall be not less than 5 years, with a
11 planning period of not more than the first 12
12 months of the grant cycle. During the planning pe-
13 riod, the amount of the grant shall be in such lesser
14 amount as the Secretary determines appropriate.

15 “(d) USE OF GRANT.—

16 “(1) IN GENERAL.—An entity to which a grant
17 is made under this section shall use the grant in ac-
18 cordance with the approved application for the
19 grant.

20 “(2) SUPPORT TO BE PROVIDED.—

21 “(A) REQUIRED SUPPORT.—A project for
22 which a grant is made under this section shall
23 include the following:

24 “(i) An assessment for adult basic
25 skill competency, and provision of adult

1 basic skills education if necessary for eligi-
2 ble individuals to enroll in the project and
3 go on to enter and complete post-secondary
4 training, through means including the fol-
5 lowing:

6 “(I) Establishing a network of
7 partners that offer pre-training activi-
8 ties for project participants who need
9 to improve basic academic skills or
10 English language proficiency before
11 entering a health occupational train-
12 ing career pathway program.

13 “(II) Offering resources to enable
14 project participants to continue ad-
15 vancing adult basic skill proficiency
16 while enrolled in a career pathway
17 program.

18 “(III) Embedding adult basic
19 skill maintenance as part of ongoing
20 post-graduation career coaching and
21 mentoring.

22 “(ii) A guarantee that child care and
23 transportation are available and affordable
24 support services for project participants
25 through means such as the following:

1 “(I) Referral to, and assistance
2 with, enrollment in a subsidized child
3 care program.

4 “(II) Direct payment to a child
5 care provider if a slot in a subsidized
6 child care program is not available or
7 reasonably accessible.

8 “(III) Payment of co-payments
9 or associated fees for child care and
10 transportation.

11 “(iii) Case management plans that in-
12 clude career coaching (with the option to
13 offer appropriate peer support and men-
14 toring opportunities to help develop soft
15 skills and social capital), which may be of-
16 fered on an ongoing basis before, during,
17 and after initial training as part of a ca-
18 reer pathway model.

19 “(iv) A plan to provide project partici-
20 pants with transportation through means
21 such as the following:

22 “(I) Referral to, and assistance
23 with enrollment in, a subsidized trans-
24 portation program.

1 “(II) If a subsidized transpor-
2 tation program is not reasonably
3 available, direct payments to subsidize
4 transportation costs.

5 “(B) TRANSPORTATION.—For purposes of
6 this paragraph, the term ‘transportation’ in-
7 cludes public transit, or gasoline for a personal
8 vehicle if public transit is not reasonably acces-
9 sible or available.

10 “(C) ALLOWED SUPPORT.—The goods and
11 services provided under a project for which a
12 grant is made under this section may include
13 the following:

14 “(i) A cash stipend.

15 “(ii) A reserve fund for financial as-
16 sistance to project participants in emer-
17 gency situations.

18 “(iii) Tuition, certification exam fees,
19 and training materials such as books, soft-
20 ware, uniforms, shoes, connection to the
21 internet, hair nets, and personal protective
22 equipment.

23 “(iv) In-kind resource donations such
24 as interview clothing and conference at-
25 tendance fees.

1 “(v) Assistance with accessing and
2 completing high school equivalency or adult
3 basic education courses as necessary to
4 achieve success in the project and make
5 progress toward career goals.

6 “(vi) Other support services as
7 deemed necessary for family well-being,
8 success in the project, and progress toward
9 career goals.

10 “(3) TRAINING.—The number of hours of train-
11 ing provided to an eligible individual under a project
12 for which a grant is made under this section, for a
13 recognized postsecondary credential (including an in-
14 dustry-recognized credential, and a certificate
15 awarded by a local workforce development board),
16 which is awarded in recognition of attainment of
17 measurable technical or occupational skills necessary
18 to gain employment or advance within an occupa-
19 tion, shall be—

20 “(A) not less than the number of hours of
21 training required for certification in that level
22 of skill by the State in which the project is con-
23 ducted; or

1 “(B) if there is no such requirement, such
2 number of hours of training as the Secretary
3 finds is necessary to achieve that skill level.

4 “(4) INCLUSION OF TANF RECIPIENTS.—In the
5 case of a project for which a grant is made under
6 this section that is conducted in a State that has a
7 program funded under part A of title IV, at least 10
8 percent of the eligible individuals to whom support
9 is provided under the project shall meet the income
10 eligibility requirements under that State program,
11 without regard to whether the individuals receive
12 benefits or services directly under that State pro-
13 gram.

14 “(5) INCOME LIMITATION.—An entity to which
15 a grant is made under this section shall not use the
16 grant to provide support to a person who is not an
17 eligible individual.

18 “(6) PROHIBITION.—An entity to which a grant
19 is made under this section shall not use the grant
20 for purposes of entertainment, except that case man-
21 agement and career coaching services may include
22 celebrations of specific career-based milestones such
23 as completing a semester, graduation, or job place-
24 ment.

25 “(e) TECHNICAL ASSISTANCE.—

1 “(1) IN GENERAL.—The Secretary shall provide
2 technical assistance—

3 “(A) to assist eligible entities in applying
4 for grants under this section;

5 “(B) that is tailored to meet the needs of
6 grantees at each stage of the administration of
7 projects for which grants are made under this
8 section;

9 “(C) that is tailored to meet the specific
10 needs of Indian tribes, tribal organizations, and
11 tribal colleges and universities;

12 “(D) that is tailored to meet the specific
13 needs of the territories;

14 “(E) that is tailored to meet the specific
15 needs of applicants, eligible entities, and grant-
16 ees, in carrying out dedicated career pathway
17 projects pursuant to subsection (h); and

18 “(F) to facilitate the exchange of informa-
19 tion among eligible entities regarding best prac-
20 tices and promising practices used in the
21 projects.

22 “(2) CONTINUATION OF PEER TECHNICAL AS-
23 SISTANCE CONFERENCES.—The Secretary shall con-
24 tinue to hold peer technical assistance conferences
25 for entities to which a grant is made under this sec-

1 tion or was made under the immediate predecessor
2 of this section. The preceding sentence shall not be
3 interpreted to require any such conference to be held
4 in person.

5 “(f) EVALUATION OF DEDICATED CAREER PATH-
6 WAYS.—

7 “(1) IN GENERAL.—The Secretary shall, by
8 grant, contract, or interagency agreement, conduct
9 rigorous and well-designed evaluations of the dedi-
10 cated career pathway projects carried out pursuant
11 to subsection (h).

12 “(2) REQUIREMENT APPLICABLE TO SECOND
13 CHANCE CAREER PATHWAY.—In the case of a
14 project of the type described in subsection (i), the
15 evaluation shall include identification of successful
16 activities for creating opportunities for developing
17 and sustaining, particularly with respect to low-in-
18 come individuals with arrest or conviction records, a
19 health professions workforce that has accessible
20 entry points, that meets high standards for edu-
21 cation, training, certification, and professional devel-
22 opment, and that provides increased wages and af-
23 fordable benefits, including health care coverage,
24 that are responsive to the needs of the workforce.

1 “(g) REPORTS.—As a condition of funding, an eligi-
2 ble entity awarded a grant to conduct a project under this
3 section shall submit interim reports to the Secretary on
4 the activities carried out under the project, and, on the
5 conclusion of the project, a final report on the activities.

6 “(h) SECOND CHANCE CAREER PATHWAY.—

7 “(1) GRANT AUTHORITY.—The Secretary shall
8 award grants in accordance with this subsection to
9 eligible entities to conduct career pathway projects
10 for the purpose of providing education and training
11 for eligible individuals with arrest or conviction
12 records to enter and follow a career pathway in the
13 health professions through occupations that are ex-
14 pected to experience a labor shortage or be in high
15 demand.

16 “(2) DURATION.—A grant awarded under this
17 subsection shall have the same grant cycle as is pro-
18 vided in subsection (c)(2), and as a condition of
19 funding the grantee shall comply with all data re-
20 porting requirements associated with the grant cycle.

21 “(3) APPLICATION REQUIREMENTS.—An entity
22 seeking a grant under this subsection for a project
23 shall submit to the Secretary an application for the
24 grant, that includes the following:

1 “(A) A demonstration that the State in
2 which the project is to be conducted has in ef-
3 fect policies or laws that permit certain allied
4 health and behavioral health care credentials to
5 be awarded to people with certain arrest or con-
6 viction records (which policies or laws shall in-
7 clude appeals processes and other opportunities
8 to demonstrate rehabilitation to obtain licensure
9 and approval to work in the proposed health ca-
10 reers), and a plan described in the application
11 which will use a legally permitted career path-
12 way to train people with such a record to be
13 trained and employed in such a career.

14 “(B) A discussion of how the project or fu-
15 ture strategic hiring decisions will demonstrate
16 the experience and expertise of the project in
17 working with job seekers who have arrest or
18 conviction records or employers with experience
19 working with people with arrest or conviction
20 records.

21 “(C) A demonstration that the applicant
22 has experience working with low-income popu-
23 lations, or a description of the plan of the appli-
24 cant to work with a partner that has the experi-
25 ence.

1 “(D) An identification of promising inno-
2 vations or best practices that can be used to
3 provide the training.

4 “(E) A proof of concept or demonstration
5 that the applicant has done sufficient research
6 on workforce shortage or in-demand jobs for
7 which people with certain types of criminal
8 records can be hired.

9 “(F) A plan for recruiting students who
10 are eligible individuals into the project.

11 “(G) A plan for providing post-employment
12 support and ongoing training as part of a ca-
13 reer pathway under the project.

14 “(4) SUPPORT TO BE PROVIDED.—A recipient
15 of a grant under this subsection for a project shall
16 provide—

17 “(A) access to legal assistance for project
18 participants for the purpose of addressing ar-
19 rest or conviction records and associated work-
20 force barriers;

21 “(B) assistance with programs and activi-
22 ties deemed necessary to address arrest or con-
23 viction records as an employment barrier; and

24 “(C) required supportive services described
25 in subsection (d)(2)(A) to participants who

1 need the services, and may expend funds on eli-
2 gible supportive services described in subsection
3 (d)(2)(B).

4 “(i) DEFINITIONS.—In this section:

5 “(1) ALLIED HEALTH PROFESSION.—The term
6 ‘allied health profession’ has the meaning given in
7 section 799B(5) of the Public Health Service Act.

8 “(2) CAREER PATHWAY.—The term ‘career
9 pathway’ has the meaning given that term in section
10 3(7) of the Workforce Innovation and Opportunity
11 Act.

12 “(3) DIRECT CARE PROFESSIONAL.—The term
13 ‘direct care professional’ has the meaning given such
14 term in section 3 of the Long-Term Care Workforce
15 Support Act.

16 “(4) ELIGIBLE ENTITY.—The term ‘eligible en-
17 tity’ means any of the following entities that dem-
18 onstrates in an application submitted under this sec-
19 tion that the entity has the capacity to fully develop
20 and administer the project described in the applica-
21 tion:

22 “(A) A local workforce development board
23 established under section 107 of the Workforce
24 Innovation and Opportunity Act.

1 “(B) A State or territory, a political sub-
2 division of a State or territory, or an agency of
3 a State, territory, or such a political subdivi-
4 sion, including a State or local entity that ad-
5 ministers a State program funded under part A
6 of this title.

7 “(C) An Indian tribe, a tribal organization,
8 or a tribal college or university.

9 “(D) An institution of higher education (as
10 defined in the Higher Education Act of 1965).

11 “(E) A hospital (as defined in section
12 1861(e)).

13 “(F) A high-quality skilled nursing facility.

14 “(G) A Federally qualified health center
15 (as defined in section 1861(aa)(4)).

16 “(H) A nonprofit organization described in
17 section 501(c)(3) of the Internal Revenue Code
18 of 1986, a labor organization, or an entity with
19 shared labor-management oversight, that has a
20 demonstrated history of providing health profes-
21 sion training to eligible individuals.

22 “(I) An opioid treatment program (as de-
23 fined in section 1861(jjj)(2)), and other com-
24 prehensive addiction care providers.

1 “(J) A home and community-based serv-
2 ices provider agency.

3 “(5) ELIGIBLE INDIVIDUAL.—The term ‘eligible
4 individual’ means an individual whose family income
5 does not exceed 200 percent of the Federal poverty
6 level and has not been charged with or convicted of
7 a violent crime or financial fraud (as determined by
8 the Secretary).

9 “(6) FEDERAL POVERTY LEVEL.—The term
10 ‘Federal poverty level’ means the poverty line (as de-
11 fined in section 673(2) of the Omnibus Budget Rec-
12 onciliation Act of 1981, including any revision re-
13 quired by such section applicable to a family of the
14 size involved).

15 “(7) INDIAN TRIBE; TRIBAL ORGANIZATION.—
16 The terms ‘Indian tribe’ and ‘tribal organization’
17 have the meaning given the terms in section 4 of the
18 Indian Self-Determination and Education Assistance
19 Act (25 U.S.C. 450b).

20 “(8) INSTITUTION OF HIGHER EDUCATION.—
21 The term ‘institution of higher education’ has the
22 meaning given the term in section 101 or
23 102(a)(1)(B) of the Higher Education Act of 1965.

24 “(9) TERRITORY.—The term ‘territory’ means
25 the Commonwealth of Puerto Rico, the United

1 States Virgin Islands, Guam, the Northern Mariana
2 Islands, and American Samoa.

3 “(10) TRIBAL COLLEGE OR UNIVERSITY.—The
4 term ‘tribal college or university’ has the meaning
5 given the term in section 316(b) of the Higher Edu-
6 cation Act of 1965.

7 “(j) EVALUATION.—The Secretary of Health and
8 Human Services, in conjunction with the Secretary of
9 Labor, shall evaluate the implementation and outcomes of
10 this section on the adoption of paid leave by long-term
11 care services providers and the recruitment and retention
12 of direct care professionals through a contract with an ex-
13 ternal evaluator who has experience with evaluation of
14 labor practices and people with disabilities and older indi-
15 viduals.

16 “(k) FUNDING.—In addition to amounts otherwise
17 available, there is appropriated to the Secretary—

18 “(1) \$318,750,000 for grants under subsection
19 (c)(1)(A) for each of fiscal years 2026 through
20 2030;

21 “(2) \$17,000,000 for grants under subsection
22 (c)(1)(B) for each of fiscal years 2026 through
23 2030;

1 “(3) \$21,250,000 for grants under subsection
2 (c)(1)(C) for each of fiscal years 2026 through
3 2030;

4 “(4) \$25,500,000 for projects conducted under
5 subsection (h) for each of fiscal years 2026 through
6 2030;

7 “(5) \$25,500,000, plus all amounts referred to
8 in paragraphs (1) through (4) of this subsection that
9 remain unused after all grant awards are made for
10 the fiscal year, for each of fiscal years 2026 through
11 2030, for the provision of technical assistance and
12 administration; and

13 “(6) \$17,000,000 for each of fiscal years 2026
14 through 2030 for studying the effects of the projects
15 for which a grant is made under this section, and for
16 administration, for the purpose of supporting the
17 rigorous evaluation of the projects, and supporting
18 the continued study of the short-, medium-, and
19 long-term effects of all such projects, including the
20 effectiveness of new or added elements of the
21 projects.”.

1 **SEC. 208. INCREASING WORKFORCE DIVERSITY IN ALLIED**
2 **HEALTH PROFESSIONALS AND DIRECT SUP-**
3 **PORT PROFESSIONALS.**

4 Title VII of the Public Health Service Act is amend-
5 ed—

6 (1) by redesignating part G (42 U.S.C. 295j et
7 seq.) as part H; and

8 (2) by inserting after part F (42 U.S.C. 295h
9 et seq.) the following new part:

10 **“PART G—INCREASING WORKFORCE DIVERSITY**
11 **IN ALLIED HEALTH PROFESSIONALS AND DI-**
12 **RECT CARE PROFESSIONALS**

13 **“SEC. 783. SCHOLARSHIPS AND STIPENDS.**

14 “(a) IN GENERAL.—The Secretary may award grants
15 and contracts to eligible entities to increase educational
16 opportunities in the professions of physical therapy, occu-
17 pational therapy, respiratory therapy, audiology, speech-
18 language pathology, and direct care professionals for eligi-
19 ble individuals by—

20 “(1) providing student scholarships or stipends,
21 including for—

22 “(A) completion of an accelerated degree
23 program;

24 “(B) completion of an associate’s, bach-
25 elor’s, master’s, or doctoral degree program;
26 and

1 “(C) entry by a diploma or associate’s de-
2 gree practitioner into a bridge or degree com-
3 pletion program;

4 “(2) providing assistance for completion of pre-
5 requisite courses or other preparation necessary for
6 acceptance for enrollment in the eligible entity;

7 “(3) carrying out activities to increase the re-
8 tention of students in 1 or more programs in the
9 professions of physical therapy, occupational ther-
10 apy, respiratory therapy, audiology, speech-language
11 pathology, and direct care professionals; and

12 “(4) building or strengthening career pipeline
13 programs, including those for high school students,
14 older workers and retirees, veterans, and other dis-
15 placed workers.

16 “(b) CONSIDERATION OF RECOMMENDATIONS.—In
17 carrying out subsection (a), the Secretary shall take into
18 consideration the recommendations of national organiza-
19 tions representing the professions of physical therapy, oc-
20 cupational therapy, respiratory therapy, audiology, speech-
21 language pathology, and direct care professionals, includ-
22 ing the American Physical Therapy Association, the Amer-
23 ican Occupational Therapy Association, the American
24 Speech-Language-Hearing Association, the American As-
25 sociation for Respiratory Care, the American Academy of

1 Audiology, the Academy of Doctors of Audiology, and the
2 National Alliance for Direct Support Professionals.

3 “(c) REQUIRED INFORMATION AND CONDITIONS FOR
4 AWARD RECIPIENTS.—

5 “(1) IN GENERAL.—The Secretary may require
6 recipients of awards under this section to report to
7 the Secretary concerning the annual admission, re-
8 tention, and graduation rates for eligible individuals
9 in programs of the recipient leading to a degree in
10 any of the professions of physical therapy, occupa-
11 tional therapy, respiratory therapy, audiology,
12 speech-language pathology, and direct care profes-
13 sionals.

14 “(2) FALLING RATES.—If any of the rates re-
15 ported by a recipient under paragraph (1) fall below
16 the average for such recipient over the 2 years pre-
17 ceding the year covered by the report, the recipient
18 shall provide the Secretary with plans for imme-
19 diately improving such rates.

20 “(3) INELIGIBILITY.—A recipient described in
21 paragraph (2) shall be ineligible for continued fund-
22 ing under this section if the plan of the recipient
23 fails to improve the rates within the 1-year period
24 beginning on the date such plan is implemented.

25 “(d) EVALUATION.—

1 “(1) IN GENERAL.—In accordance with para-
2 graph (2), the Secretary, in conjunction with the
3 Secretary of Labor, shall evaluate the implementa-
4 tion and outcomes of this section on the recruitment
5 and retention in long-term care settings of certified
6 nursing assistants, physical therapists, occupational
7 therapists, audiologists, speech-language patholo-
8 gists, respiratory therapists, direct support profes-
9 sionals, and any other direct care professionals de-
10 termined by the Secretary.

11 “(2) EXTERNAL EVALUATOR.—The Secretary
12 shall conduct the evaluation under paragraph (1)
13 through a contract with an external evaluator who
14 has experience with evaluation related to people with
15 disabilities and older individuals.

16 “(e) DEFINITIONS.—In this section:

17 “(1) DIRECT CARE PROFESSIONAL; DIS-
18 ABILITY.—The terms ‘direct care professional’ and
19 ‘disability’ have the meanings given such terms in
20 section 3 of the Long-Term Care Workforce Support
21 Act.

22 “(2) ELIGIBLE ENTITY.—The term ‘eligible en-
23 tity’ means an education program that—

24 “(A) is accredited by—

1 “(i) the Council on Academic Accredi-
2 tation in Audiology and Speech-Language
3 Pathology or the Accreditation Commission
4 for Audiology Education;

5 “(ii) the Commission on Accreditation
6 in Physical Therapy Education;

7 “(iii) the Accreditation Council for
8 Occupational Therapy Education;

9 “(iv) the Commission on Accreditation
10 for Respiratory Care; or

11 “(v) the National Alliance for Direct
12 Support Professionals Certification Pro-
13 gram; and

14 “(B) is carrying out a program for recruit-
15 ing and retaining students underrepresented in
16 the professions of physical therapy, occupa-
17 tional therapy, respiratory therapy, audiology,
18 speech-language pathology, and direct care pro-
19 fessionals (including racial or ethnic minorities,
20 students with disabilities, or students from dis-
21 advantaged backgrounds).

22 “(3) ELIGIBLE INDIVIDUAL.—The term ‘eligible
23 individual’ means an individual who—

24 “(A) is a member of a class of persons who
25 are underrepresented in the professions of phys-

1 ical therapy, occupational therapy, respiratory
2 therapy, audiology, speech-language pathology,
3 and direct care professionals, including—

4 “(i) individuals who are racial or eth-
5 nic minorities; or

6 “(ii) individuals who are from dis-
7 advantaged backgrounds;

8 “(B) has a financial need for a scholarship
9 or stipend; and

10 “(C) is enrolled (or accepted for enroll-
11 ment) at a physical therapy, occupational ther-
12 apy, respiratory therapy, audiology, speech-lan-
13 guage pathology, or direct care professionals
14 program as a full-time student at an eligible en-
15 tity.

16 “(4) INDIVIDUALIZED EDUCATION PROGRAM.—

17 The term ‘individualized education program’ has the
18 meaning given such term in section 602 of the Indi-
19 viduals with Disabilities Education Act.

20 “(5) LONG-TERM CARE SETTING.—The term

21 ‘long-term care setting’ has the meaning given such
22 term in section 3 of the Long-Term Care Workforce
23 Support Act.

1 “(6) OLDER INDIVIDUAL.—The term ‘older in-
 2 dividual’ has the meaning given such term in section
 3 102 of the Older Americans Act of 1965.

4 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 5 is authorized to be appropriated to carry out this section
 6 \$10,000,000 for each of fiscal years 2026 through 2030.”.

7 **Subtitle B—Improving Workforce** 8 **Recruitment**

9 **SEC. 211. TECHNICAL ASSISTANCE CENTER FOR BUILDING** 10 **THE DIRECT CARE PROFESSIONAL WORK-** 11 **FORCE.**

12 (a) GRANT PROGRAM AUTHORIZED.—

13 (1) IN GENERAL.—The Secretary of Health and
 14 Human Services (referred to in this section as the
 15 “Secretary”) shall award a grant, on a competitive
 16 basis, to an eligible partnership described in sub-
 17 section (b) to create a national technical assistance
 18 center (referred to in this section as the “Center”) for
 19 supporting direct care professional workforce cre-
 20 ation, training and education, recruitment, retention,
 21 and advancement, including through the activities
 22 under subsection (c).

23 (2) CONSULTATION.—The Center shall carry
 24 out activities under this section in consultation with
 25 the Secretary of Labor, the Secretary of Education,

1 the Secretary of Veterans Affairs, the Administrator
2 of the Administration for Community Living, the
3 Administrator of the Centers for Medicare & Med-
4 icaid Services, the Administrator of the Health Re-
5 sources and Services Administration, and the heads
6 of other entities as necessary.

7 (b) ELIGIBLE PARTNERSHIPS.—

8 (1) IN GENERAL.—An eligible partnership de-
9 scribed in this subsection is a partnership of 3 or
10 more of the following:

11 (A) An institution of higher education.

12 (B) A disability-led organization.

13 (C) An organization focusing on older indi-
14 viduals.

15 (D) An organization focusing on direct
16 care professionals.

17 (E) An organization that represents service
18 provider agencies that employ direct care pro-
19 fessionals.

20 (F) An organization, including a labor or-
21 ganization, that fosters professional develop-
22 ment.

23 (G) A University Center for Excellence in
24 Developmental Disabilities Education, Re-
25 search, and Service supported under subtitle D

1 of title I of the Developmental Disabilities As-
2 sistance and Bill of Rights Act of 2000 (42
3 U.S.C. 15061 et seq.).

4 (H) An agency implementing a State pro-
5 tection and advocacy system described in sec-
6 tion 143 of such Act (42 U.S.C. 15043).

7 (I) A State Council on Developmental Dis-
8 abilities (as such term is used in subtitle B of
9 title I of the Developmental Disabilities Assist-
10 ance and Bill of Rights Act of 2000 (42 U.S.C.
11 15021 et seq.)).

12 (J) An organization representing a center
13 for independent living, as described in part C of
14 title VII of the Rehabilitation Act of 1973 (29
15 U.S.C. 796f et seq.).

16 (K) An organization representing veterans.

17 (L) An organization representing parents
18 or caregivers of children with disabilities or
19 chronic conditions.

20 (M) Any other entity the Secretary des-
21 ignates as important to improving the direct
22 care professional workforce.

23 (2) APPLICATIONS.—To be eligible for a grant
24 under this section, an eligible partnership described
25 in paragraph (1) shall submit an application to the

1 Secretary at such time, in such manner, and con-
2 taining such information as the Secretary may re-
3 quire.

4 (c) ACTIVITIES.—The Center may—

5 (1) develop recommendations for training and
6 education curricula for direct care professionals,
7 which such recommendations may include rec-
8 ommendations for curricula for higher education,
9 postsecondary credentials, and programs with com-
10 munity and technical colleges;

11 (2) develop learning and dissemination strate-
12 gies to—

13 (A) engage States and other entities in ac-
14 tivities supported under this section and best
15 practices for supporting the direct care profes-
16 sional workforce; and

17 (B) distribute findings from activities sup-
18 ported by the grant under this section;

19 (3) explore the national data gaps, workforce
20 shortage areas, and data collection strategies for di-
21 rect care professionals and make recommendations
22 to the Director of the Office of Management and
23 Budget for an occupation category in the Standard
24 Occupational Classification system for direct care

professionals as a healthcare support occupation;
and

(4) recommend career development and advancement opportunities for direct care professionals, which may include occupational frameworks, national standards, recruitment campaigns, pre-apprenticeship and on-the-job training opportunities, apprenticeship programs, career pathways, specializations or certifications, educational information about career opportunities in long-term care settings, or other activities.

(d) ADVISORY COUNCIL.—

(1) IN GENERAL.—The Secretary shall convene an advisory council to provide recommendations to the Center with respect to the duties of the Center under this section and may engage individuals described in paragraph (2) for service on the advisory council.

(2) INDIVIDUALS.—The individuals described in this paragraph include—

(A) older individuals and people with disabilities;

(B) organizations representing the rights and interests of people receiving services from direct care professionals;

1 (C) individuals who are direct care profes-
2 sionals and organizations representing the
3 rights and interests of direct care professionals;

4 (D) as applicable, employers of individuals
5 described in subparagraph (C) and labor orga-
6 nizations representing such individuals;

7 (E) representatives of State Medicaid
8 agencies, State agencies defined in section 102
9 of the Older Americans Act of 1965 (42 U.S.C.
10 3002), State developmental disabilities offices,
11 and State mental health agencies;

12 (F) representatives reflecting diverse ra-
13 cial, cultural, ethnic, geographic, socioeconomic,
14 and gender identity and sexual orientation per-
15 spectives;

16 (G) representatives of local boards and
17 State boards;

18 (H) a nonprofit organization with dem-
19 onstrated experience in the development or de-
20 livery of curricula or coursework;

21 (I) a nonprofit organization, including a
22 labor organization, that fosters the professional
23 development and collective engagement of direct
24 care professionals;

25 (J) area agencies on aging;

1 (K) centers for independent living, as de-
2 scribed in part C of title VII of the Rehabilita-
3 tion Act of 1973 (29 U.S.C. 796f et seq.);

4 (L) representatives of State Councils on
5 Developmental Disabilities (as such term is
6 used in subtitle B of title I of the Develop-
7 mental Disabilities Assistance and Bill of
8 Rights Act of 2000 (42 U.S.C. 15021 et seq.));

9 (M) representatives of Aging and Dis-
10 ability Resource Centers;

11 (N) representatives of nonprofit State pro-
12 vider associations that represents providers who
13 employ direct care professionals;

14 (O) representatives of entities that employ
15 direct care professionals;

16 (P) representatives of University Centers
17 for Excellence in Developmental Disabilities
18 Education, Research, and Service supported
19 under subtitle D of title I of the Developmental
20 Disabilities Assistance and Bill of Rights Act of
21 2000 (42 U.S.C. 15061 et seq.);

22 (Q) representatives of State protection and
23 advocacy systems described in section 143 of
24 such Act (42 U.S.C. 15043); and

1 (R) representatives of direct care profes-
2 sional organizations representing underserved
3 communities, including communities of color.

4 (e) AUTHORIZATION OF APPROPRIATIONS.—There
5 are authorized to be appropriated \$10,000,000 to carry
6 out this section for each of fiscal years 2026 through
7 2030.

8 **SEC. 212. REPORT ON EFFORTS TO ENHANCE THE DIRECT**
9 **CARE PROFESSIONAL WORKFORCE.**

10 Not later than 180 days after the date of enactment
11 of this Act, the Secretary of Health and Human Services
12 shall submit to the appropriate committees of Congress,
13 a report that contains an assessment of the programs and
14 activities of the Department of Health and Human Serv-
15 ices related to enhancing the direct care professional work-
16 force, including the extent to which programs and activi-
17 ties authorized under titles VII and VIII of the Public
18 Health Service Act (42 U.S.C. 292 et seq.; 42 U.S.C. 296
19 et seq.) address—

20 (1) increasing nursing faculty who are trained
21 in geriatric nursing;

22 (2) increasing individuals preparing for careers
23 in or advanced degrees in geriatric nursing or long-
24 term care;

25 (3) increasing direct care professionals;

- 1 (4) the extent to which the Department coordi-
2 nates with other Federal departments regarding pro-
3 grams designed to improve the direct care profes-
4 sional workforce; and
- 5 (5) recommendations for best practices.

6 **SEC. 213. COMPREHENSIVE GERIATRIC EDUCATION.**

7 Section 865 of the Public Health Service Act (42
8 U.S.C. 298) is amended—

9 (1) in subsection (a), by striking “the elderly”
10 and inserting “older individuals”;

11 (2) in subsection (b)—

12 (A) in paragraph (1), by striking “the el-
13 derly” and inserting “older individuals”;

14 (B) in paragraph (2), by striking “treat-
15 ment” and all that follows and inserting
16 “health care needs of older individuals;” and

17 (C) in paragraph (5), by striking “the el-
18 derly population” and inserting “older individ-
19 uals”;

20 (3) in subsection (d)—

21 (A) in the heading, by striking “ELIGIBLE
22 ENTITY” and inserting “DEFINITIONS”;

23 (B) by striking “For purposes of this sec-
24 tion, the term” and inserting “For purposes of
25 this section:

1 “(1) ELIGIBLE ENTITY.—The term”; and

2 (C) by adding at the end the following:

3 “(2) OLDER INDIVIDUAL.—The term ‘older in-
4 dividual’ has the meaning given such term in section
5 102 of the Older Americans Act of 1965.”; and

6 (4) in subsection (e), by striking “years” and
7 all that follows and inserting “years 2026 through
8 2030.”.

9 **SEC. 214. REVIEW OF THE AVAILABILITY AND QUALITY OF**
10 **APPRENTICESHIP PROGRAMS IN LONG-TERM**
11 **CARE SETTINGS.**

12 Not later than 180 days after the date of enactment
13 of this Act, the Secretary of Labor, in coordination with
14 the Secretary of Health and Human Services, shall submit
15 a report to the appropriate committees of Congress that—

16 (1) identifies the extent of vacancies at employ-
17 ers that employ direct care professionals at the State
18 and local levels within the direct care professional
19 workforce, including with respect to vacancies of di-
20 rect care professionals;

21 (2) review existing apprenticeship programs in
22 the direct care professional workforce;

23 (3) provide recommendations on the design of
24 apprenticeship programs in the direct care profes-
25 sional workforce, including about potential funding

1 opportunities, potential apprenticeship program
 2 sponsors, and a national competency-based occupa-
 3 tional framework; and

4 (4) identify opportunities for coordination with
 5 other State and local entities, including State edu-
 6 cational agencies, local educational agencies, career
 7 and technical education programs, institutions of
 8 higher education, State agencies with responsibility
 9 for administering a State Medicaid program, and
 10 labor management organizations, to create appren-
 11 ticeship programs and other ways to incorporate as-
 12 sociate and bachelor's degrees in apprenticeship pro-
 13 grams.

14 **SEC. 215. RURAL HEALTH WORKFORCE GRANT PROGRAM.**

15 Part D of title VII of the Public Health Service Act
 16 (42 U.S.C. 294 et seq.) is amended by adding at the end
 17 the following:

18 **“SEC. 760A. RURAL HEALTH WORKFORCE GRANT PRO-**
 19 **GRAM.**

20 “(a) DEFINITIONS.—In this section:

21 “(1) CARL D. PERKINS CAREER AND TECH-
 22 NICAL EDUCATION ACT DEFINITIONS.—The terms
 23 ‘career and technical education’, ‘career guidance
 24 and academic counseling’, and ‘program of study’
 25 have the meanings given the terms in section 3 of

1 the Carl D. Perkins Career and Technical Education
2 Act of 2006.

3 “(2) ESEA DEFINITIONS.—The terms ‘elemen-
4 tary school’, ‘local educational agency’, and ‘sec-
5 ondary school’ have the meanings given the terms in
6 section 8101 of the Elementary and Secondary Edu-
7 cation Act of 1965.

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

12 “(4) LONG-TERM CARE WORKFORCE SUPPORT
13 ACT.—The terms ‘direct care professional’ and ‘di-
14 rect care professional workforce’ have the meanings
15 given such terms in section 3 of the Long-Term
16 Care Workforce Support Act.

17 “(5) WORKFORCE INNOVATION AND OPPOR-
18 TUNITY ACT DEFINITIONS.—The terms ‘career path-
19 way’, ‘industry or sector partnership’, and ‘local
20 board’ have the meanings given the terms in section
21 3 of the Workforce Innovation and Opportunity Act.

22 “(b) AUTHORIZATION OF GRANTS.—

23 “(1) IN GENERAL.—The Secretary, acting
24 through the Administrator of the Health Resources
25 and Services Administration and in consultation

1 with the Secretary of Education, shall award grants
2 on a competitive basis to eligible entities to develop
3 career exploration programs aligned to career and
4 technical education programs of study to bring
5 awareness to elementary school and secondary school
6 students in underserved rural communities about
7 health care professions careers and provide children
8 and youth underserved rural community health care
9 experiences related to such careers.

10 “(2) GRANT AMOUNT.—Each grant awarded
11 under this section shall be in an amount that is not
12 more than \$250,000 per year.

13 “(3) GRANT PERIOD.—Each grant awarded
14 under this section shall be for a period not to exceed
15 5 years.

16 “(c) ELIGIBLE ENTITIES.—

17 “(1) IN GENERAL.—To be eligible to receive a
18 grant under this section, an entity shall meet the fol-
19 lowing requirements:

20 “(A) Be a consortium consisting of a local
21 educational agency and at least 2 of the fol-
22 lowing:

23 “(i) An institution of higher education
24 that provides a recognized postsecondary
25 credential in health care.

1 “(ii) A health care practice, facility,
2 or provider organization.

3 “(iii) A State, Indian Tribe or Tribal
4 organization, or a local governmental enti-
5 ty.

6 “(iv) A local board.

7 “(v) An industry or sector partner-
8 ship.

9 “(vi) A nonprofit organization rep-
10 resenting the interests of underserved rural
11 communities and rural health care.

12 “(vii) An area health education cen-
13 ter.

14 “(viii) A rural health clinic.

15 “(ix) Any other entity as determined
16 appropriate by the Secretary.

17 “(B) Submit an application to the Sec-
18 retary at such time, in such manner, and con-
19 taining such information that the Secretary
20 may require, including a plan for the long-term
21 tracking of participants supported by the grant
22 under this section.

23 “(2) MATCHING FUNDS.—In order to ensure
24 the institutional commitment of an entity to a pro-
25 gram supported by a grant under this section, to be

1 eligible to receive such a grant, the Secretary may
2 require the entity seeking such grant to agree to
3 make available (directly or through contributions
4 from State, county or municipal governments, or the
5 public or private sector) recurring non-Federal con-
6 tributions in cash or in kind (including plant, equip-
7 ment, or services) towards the costs of operating the
8 program in an amount that is equal to not less than
9 50 percent of the total costs of operating such pro-
10 gram.

11 “(d) PRIORITY.—In awarding grants under this sec-
12 tion, the Secretary shall give priority to eligible entities
13 that—

14 “(1) include in its consortium—

15 “(A) an entity that has demonstrated
16 alignment with a State plan or local application
17 developed under the Carl D. Perkins Career
18 and Technical Education Act of 2006;

19 “(B) a high-need local educational agency,
20 as defined in section 200 of the Higher Edu-
21 cation Act of 1965, or a local educational agen-
22 cy eligible to receive assistance under part B of
23 title V of the Elementary and Secondary Edu-
24 cation Act of 1965;

1 “(C) an institution of higher education at
2 which at least 30 percent of the enrolled stu-
3 dents are Federal Pell Grant recipients;

4 “(D) a minority-serving institution of high-
5 er education described in any of paragraphs (1)
6 through (7) of section 371(a) of the Higher
7 Education Act of 1965; or

8 “(E) a local educational agency that serves
9 the greatest number of students; and

10 “(2) provide a plan to sustain the program
11 funded under the grant beyond the period of the
12 grant.

13 “(e) USE OF FUNDS; REQUIREMENTS.—An eligible
14 entity receiving a grant under this section shall use the
15 grant funds to establish, improve, or expand an under-
16 served rural community training program for elementary
17 school students and secondary school students that meets
18 the following requirements:

19 “(1) Carrying out program planning, includ-
20 ing—

21 “(A) development and support of a coordi-
22 nating body to organize, administer, and over-
23 see the activities of the consortium;

24 “(B) conducting a needs analysis using
25 data, including community demographics, work-

1 force estimates, and capacity of training pro-
2 grams to direct work of the consortium; and

3 “(C) developing a regional articulation
4 plan that benefits students with respect to re-
5 ducing barriers to program entry, reducing time
6 to graduation, and lower cost training options.

7 “(2) Carrying out age-appropriate education ac-
8 tivities and promotion of the program that align
9 with section 135(b)(1) of the Carl D. Perkins Career
10 and Technical Education Act of 2006, including—

11 “(A) engaging students in underserved
12 rural communities in elementary school for ex-
13 posure to health career workforce opportunities,
14 and including direct care professionals in edu-
15 cational opportunities as practicable;

16 “(B) exposing secondary school students in
17 underserved rural communities to health career
18 workforce opportunities available in their com-
19 munities, including by providing career guid-
20 ance and academic counseling on such opportu-
21 nities;

22 “(C) developing strategies to address resil-
23 iency and mental health among elementary
24 school and secondary school students in under-

1 served rural communities interested in health
2 care professions careers in such communities;

3 “(D) providing age-appropriate mentoring,
4 academic enrichment, or support for elementary
5 school and secondary school students in under-
6 served rural communities, carried out by health
7 care professionals or peers;

8 “(E) enrolling secondary school students
9 (including those in underserved rural commu-
10 nities) in health care career and technical edu-
11 cation programs of study or career pathways in
12 underserved rural communities;

13 “(F) developing and enrolling of secondary
14 school students in pre- and youth-apprentice-
15 ships or summer programs that provide clinical
16 or other health care professions focused experi-
17 ences in underserved rural communities;

18 “(G) providing financial supplemental sup-
19 port for student transportation to, and housing
20 at, the program site, as appropriate; and

21 “(H) such other activities as the Secretary
22 determines appropriate.

23 “(3) Each such program shall be carried out for
24 a term of not less than 5 years.

1 “(f) TECHNICAL ASSISTANCE.—The Administrator of
2 the Health Resources and Services Administration shall,
3 directly or indirectly, provide technical assistance to grant
4 recipients for purposes of carrying out the programs de-
5 scribed in subsection (e).

6 “(g) REPORTING.—

7 “(1) ANNUAL REPORTING BY RECIPIENTS.—

8 “(A) IN GENERAL.—An eligible entity re-
9 ceiving a grant under this section shall submit
10 an annual report to the Secretary on the
11 progress of the program supported by such
12 grant, based on criteria the Secretary deter-
13 mines appropriate, including the program selec-
14 tion of students who participated in the pro-
15 gram.

16 “(B) CONTENTS.—Each report required
17 under subparagraph (A) shall include any data
18 requested by the Secretary, which may include,
19 as appropriate, the number of participants and
20 the demographics of such participants served by
21 the program supported by the grant, including
22 the number of participants who enrolled in the
23 program and withdrew prior to completion of
24 the program.

25 “(2) REPORTS TO CONGRESS.—

1 “(A) ANNUAL REPORTS.—Not later than 2
2 years after the date of enactment of this sec-
3 tion, and annually thereafter until all programs
4 supported through a grant under this section
5 are completed, the Secretary shall prepare and
6 submit to Congress a report that includes the
7 progress of each program supported by a grant
8 under this section and the challenges experi-
9 enced by grantees with respect to such pro-
10 grams.

11 “(B) GRANT CYCLE FINAL REPORT.—Not
12 later than September 30, 2031, the Adminis-
13 trator of the Health Resources and Services Ad-
14 ministration shall submit a report to Congress
15 on the lessons learned through the programs
16 supported by grants under this section and that
17 based on such lessons identifies best practices
18 for career exploration programs with a focus on
19 underserved rural communities and the direct
20 care professional workforce.

21 “(h) REGULATIONS.—The Secretary shall, by regula-
22 tion, define the term ‘underserved rural community’ for
23 purposes of this section.

24 “(i) SUPPLEMENT NOT SUPPLANT.—Any eligible en-
25 tity receiving funds under this section shall use such funds

1 to supplement, not supplant, any other Federal, State, and
2 local funds that would otherwise be expended by such enti-
3 ty to carry out the activities described in this section.

4 “(j) EVALUATION.—

5 “(1) IN GENERAL.—The Secretary, in conjunc-
6 tion with the Secretary of Labor, shall evaluate the
7 implementation and outcomes of this section on the
8 recruitment of secondary school students residing in
9 underserved rural communities entering professions
10 of direct care professionals.

11 “(2) EXTERNAL EVALUATOR.—The Secretary
12 shall conduct the evaluation under paragraph (1)
13 through a contract with an external evaluator who
14 has experience with evaluation related to workforce
15 development and people with disabilities and older
16 individuals.

17 “(k) AUTHORIZATION OF APPROPRIATIONS.—There
18 are authorized to be appropriated to carry out this section
19 \$10,000,000 for each of fiscal years 2026 through 2030.”.

1 **Subtitle C—Providing Career Ad-**
2 **vancement Opportunities; As-**
3 **essment of Worker Well-being**

4 **SEC. 221. ASSESSMENT OF DIRECT CARE PROFESSIONAL**
5 **WELL-BEING.**

6 (a) IN GENERAL.—The Secretary of Health and
7 Human Services (referred to in this section as the “Sec-
8 retary”), in coordination with the Director of the National
9 Institute for Occupational Safety and Health of the Cen-
10 ters for Disease Control and Prevention, the Assistant
11 Secretary for Mental Health and Substance Use, and the
12 Administrator of the Health Resources and Services Ad-
13 ministration, shall—

14 (1) not later than 1 year after the date of en-
15 actment of this Act, develop a research-based tool
16 for assessing direct care professional well-being, as
17 described in subsection (b); and

18 (2) not less frequently than biennially, collect
19 data on worker well-being using the tool developed
20 pursuant to paragraph (1) and make such data pub-
21 licly available as described in subsection (c).

22 (b) ASSESSMENT TOOL.—The tool for the assessment
23 of direct care professional well-being developed under sub-
24 section (a)(1) shall—

1 (1) include the use of an anonymous, validated
2 survey of direct care professionals;

3 (2) at a minimum, assess and include the views
4 of such professionals on—

5 (A) workplace policies and culture, includ-
6 ing meaningful engagement of such profes-
7 sionals;

8 (B) workplace physical environment and
9 safety;

10 (C) circumstances outside of work for such
11 professionals; and

12 (D) the physical and mental health status
13 of such professionals; and

14 (3) be developed with input from direct care
15 professionals, older individuals, people with disabil-
16 ities, and family members of older individuals and
17 people with disabilities.

18 (c) PUBLIC AVAILABILITY OF AGGREGATE DATA AND
19 THE ASSESSMENT TOOL.—The Secretary shall—

20 (1) make available, through a publicly available
21 data repository, aggregated and de-identified data
22 collected by the assessment of direct care profes-
23 sional well-being under subsection (a);

24 (2) make the assessment tool developed under
25 subsection (a)(1) publicly available in a format that

1 allows employers, researchers, and other entities to
2 voluntarily use and administer such assessment for
3 purposes of using information collected by the as-
4 sessment to improve the well-being of direct care
5 professionals; and

6 (3) conduct outreach to employers, researchers,
7 and other relevant entities to increase awareness of
8 the availability of the tool for the assessment of the
9 well-being of direct care professionals.

10 (d) BURDEN ON PARTICIPANTS.—In developing the
11 assessment tool under subsection (a)(1), the Secretary
12 shall minimize the burden of the data collection process
13 on direct care professionals.

14 (e) CONFIDENTIALITY.—The Secretary shall ensure
15 that the assessment tool developed under subsection
16 (a)(1), the process of data collection under subsection (a),
17 and the publicly available data under subsection (c)(1), do
18 not involve the collection or disclosure of any individually
19 identifiable information regarding the direct care profes-
20 sionals who are being assessed.

21 (f) RULE OF CONSTRUCTION.—Nothing in this sec-
22 tion shall be construed to require that the assessment tool
23 developed under subsection (a)(1) or the data collected
24 through such tool be used for purposes of quality measure-
25 ment or payment systems under the Medicare program

1 under title XVIII of the Social Security Act (42 U.S.C.
2 1395 et seq.) or a State Medicaid program.

3 (g) REPORT.—Not later than 2 years after the date
4 of enactment of this Act, and biennially thereafter, the
5 Secretary shall—

6 (1) submit to Congress a report on the findings
7 of the assessment under subsection (a), including
8 any recommendations to address direct care profes-
9 sional well-being; and

10 (2) make such report publicly available on the
11 website of the Centers for Disease Control and Pre-
12 vention.

13 (h) DEFINITION OF WELL-BEING.—For purposes of
14 this section, the term “well-being”, with respect to a direct
15 care professional, means the quality of life with respect
16 to the health and work-related environment of such profes-
17 sional as related to organizational and psychosocial fac-
18 tors.

19 (i) AUTHORIZATION OF APPROPRIATIONS.—There is
20 authorized to be appropriated to the Secretary to carry
21 out this section \$6,000,000 for each of fiscal years 2026
22 through 2031.

23 **SEC. 222. NATIONAL DIRECT CARE PROFESSIONAL TRAIN-**
24 **ING STANDARDS COMMISSION.**

25 (a) ESTABLISHMENT.—

1 (1) IN GENERAL.—Not later than 1 year after
2 the date of enactment of this Act, the Secretary of
3 Health and Human Services shall establish the Na-
4 tional Direct Care Professional Training Standards
5 Commission (referred to in this section as the “Com-
6 mission”) to advise the Secretary on—

7 (A) developing national direct care profes-
8 sional training standards described in para-
9 graph (2) to recommend to States to imple-
10 ment; and

11 (B) providing support for States in imple-
12 menting such standards.

13 (2) STANDARDS.—The standards under this
14 subsection shall be—

15 (A) competency-based;

16 (B) industry-recognized; and

17 (C) portable across settings and States.

18 (3) MEMBERSHIP.—The Commission shall in-
19 clude representatives from the following:

20 (A) An organization representing older in-
21 dividuals.

22 (B) An organization led by people with dis-
23 abilities.

1 (C) An organization representing the
2 rights and interests of people receiving services
3 from direct care professionals.

4 (D) An organization (other than a labor
5 organization) representing direct care profes-
6 sionals.

7 (E) Labor organizations representing di-
8 rect care professionals.

9 (F) An organization representing State
10 Medicaid agencies, State agencies defined in
11 section 102 of the Older Americans Act of 1965
12 (42 U.S.C. 3002), State developmental disabil-
13 ities offices, and State mental health agencies.

14 (G) An organization representing local
15 boards and State boards.

16 (H) An organization representing area
17 agencies on aging.

18 (I) An organization representing centers
19 for independent living, as described in part C of
20 title VII of the Rehabilitation Act of 1973 (29
21 U.S.C. 796f et seq.).

22 (J) An organization representing State
23 Councils on Developmental Disabilities (as such
24 term is used in subtitle B of title I of the De-

1 velopmental Disabilities Assistance and Bill of
2 Rights Act of 2000 (42 U.S.C. 15021 et seq.)).

3 (K) An organization representing Aging
4 and Disability Resource Centers.

5 (L) An organization representing nonprofit
6 State provider associations.

7 (M) An organization representing entities
8 that employ direct care professionals.

9 (N) An organization representing Univer-
10 sity Centers for Excellence in Developmental
11 Disabilities Education, Research, and Service
12 supported under subtitle D of title I of the De-
13 velopmental Disabilities Assistance and Bill of
14 Rights Act of 2000 (42 U.S.C. 15061 et seq.).

15 (O) An organization representing State
16 protection and advocacy systems described in
17 section 143 of such Act (42 U.S.C. 15043).

18 (P) Representatives of direct care profes-
19 sional organizations representing underserved
20 communities, including communities of color.

21 (Q) Representatives reflecting diverse ra-
22 cial, cultural, ethnic, geographic, socioeconomic,
23 and gender identity and sexual orientation per-
24 spectives.

25 (4) PERIOD OF APPOINTMENT; VACANCIES.—

1 (A) IN GENERAL.—A member of the Com-
2 mission shall be appointed for the life of the
3 Commission.

4 (B) VACANCIES.—A vacancy in the Com-
5 mission—

6 (i) shall not affect the powers of the
7 Commission; and

8 (ii) shall be filled in the same manner
9 as the original appointment.

10 (5) MEETINGS.—

11 (A) INITIAL MEETING.—Not later than
12 180 days after the date on which all members
13 of the Commission have been appointed, the
14 Commission shall hold the first meeting of the
15 Commission.

16 (B) FREQUENCY.—The Commission shall
17 meet at the call of the Chairperson.

18 (C) QUORUM.—A majority of the members
19 of the Commission shall constitute a quorum,
20 but a lesser number of members may hold hear-
21 ings.

22 (6) CHAIRPERSON AND VICE CHAIRPERSON.—
23 The Commission shall select a Chairperson and Vice
24 Chairperson from among the members of the Com-
25 mission.

1 (b) DUTIES.—

2 (1) STUDY.—The Commission shall conduct a
3 thorough study of all matters relating to direct care
4 professional training standards.

5 (2) RECOMMENDATIONS.—The Commission
6 shall develop recommendations on—

7 (A) national training standards for direct
8 care professionals that meet the requirements
9 under subsection (a)(2); and

10 (B) methods for supporting States in im-
11 plementing such standards.

12 (3) REPORT.—Not later than 3 years after the
13 date of enactment of this Act, the Commission shall
14 submit to the Secretary and the appropriate commit-
15 tees of Congress a report that contains a detailed
16 statement of the findings and conclusions of the
17 Commission, together with the recommendations of
18 the Commission for such legislation and administra-
19 tive actions as the Commission considers appro-
20 priate.

21 (c) POWERS OF COMMISSION.—

22 (1) HEARINGS.—The Commission may hold
23 such hearings, sit and act at such times and places,
24 take such testimony, and receive such evidence as

1 the Commission considers advisable to carry out this
2 section.

3 (2) INFORMATION FROM FEDERAL AGENCIES.—

4 (A) IN GENERAL.—The Commission may
5 secure directly from a Federal department or
6 agency such information as the Commission
7 considers necessary to carry out this section.

8 (B) FURNISHING INFORMATION.—On re-
9 quest of the Chairperson of the Commission,
10 the head of the department or agency shall fur-
11 nish the information to the Commission.

12 (3) POSTAL SERVICES.—The Commission may
13 use the United States mails in the same manner and
14 under the same conditions as other departments and
15 agencies of the Federal Government.

16 (4) GIFTS.—The Commission may accept, use,
17 and dispose of gifts or donations of services or prop-
18 erty.

19 (d) COMMISSION PERSONNEL MATTERS.—

20 (1) COMPENSATION OF MEMBERS.—A member
21 of the Commission who is not an officer or employee
22 of the Federal Government shall be compensated at
23 a rate equal to the daily equivalent of the annual
24 rate of basic pay prescribed for level IV of the Exec-
25 utive Schedule under section 5315 of title 5, United

1 States Code, for each day (including travel time)
2 during which the member is engaged in the perform-
3 ance of the duties of the Commission.

4 (2) TRAVEL EXPENSES.—A member of the
5 Commission shall be allowed travel expenses, includ-
6 ing per diem in lieu of subsistence, at rates author-
7 ized for employees of agencies under subchapter I of
8 chapter 57 of title 5, United States Code, while
9 away from their homes or regular places of business
10 in the performance of services for the Commission.

11 (3) STAFF.—

12 (A) IN GENERAL.—The Chairperson of the
13 Commission may, without regard to the civil
14 service laws (including regulations), appoint
15 and terminate an executive director and such
16 other additional personnel as may be necessary
17 to enable the Commission to perform its duties,
18 except that the employment of an executive di-
19 rector shall be subject to confirmation by the
20 Commission.

21 (B) COMPENSATION.—The Chairperson of
22 the Commission may fix the compensation of
23 the executive director and other personnel with-
24 out regard to chapter 51 and subchapter III of
25 chapter 53 of title 5, United States Code, relat-

1 ing to classification of positions and General
2 Schedule pay rates, except that the rate of pay
3 for the executive director and other personnel
4 may not exceed the rate payable for level V of
5 the Executive Schedule under section 5316 of
6 that title.

7 (4) DETAIL OF GOVERNMENT EMPLOYEES.—A
8 Federal Government employee may be detailed to
9 the Commission without reimbursement, and such
10 detail shall be without interruption or loss of civil
11 service status or privilege.

12 (5) PROCUREMENT OF TEMPORARY AND INTER-
13 MITTENT SERVICES.—The Chairperson of the Com-
14 mission may procure temporary and intermittent
15 services under section 3109(b) of title 5, United
16 States Code, at rates for individuals that do not ex-
17 ceed the daily equivalent of the annual rate of basic
18 pay prescribed for level V of the Executive Schedule
19 under section 5316 of that title.

20 (e) TERMINATION OF COMMISSION.—The Commis-
21 sion shall terminate 90 days after the date on which the
22 Commission submits the report required under subsection
23 (b)(3).

24 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
25 authorized to be appropriated to carry out this section

1 \$500,000 for fiscal year 2026, to remain available, with-
2 out fiscal year limitation, until expended.

3 **Subtitle D—Increasing Supports**
4 **for the Existing Direct Care**
5 **Professional Workforce**

6 **SEC. 231. MENTAL HEALTH SERVICES.**

7 (a) PROGRAMS TO PROMOTE MENTAL HEALTH
8 AMONG DIRECT CARE PROFESSIONALS.—

9 (1) IN GENERAL.—The Secretary of Health and
10 Human Services (in this section referred to as the
11 “Secretary”) shall award grants, contracts, or coop-
12 erative agreements to eligible entities to establish or
13 enhance evidence-based or evidence-informed pro-
14 grams dedicated to improving mental health and re-
15 siliency for direct care professionals.

16 (2) ELIGIBILITY.—To be eligible to receive an
17 award under this subsection, an entity shall be—

18 (A) a State;

19 (B) a labor organization, joint labor man-
20 agement organization, or employer of direct
21 care professionals;

22 (C) a nonprofit entity with experience in
23 aging, disability, or supporting the rights and
24 interests of, the training of, or educating direct
25 care professionals; or

(D) an Indian Tribe, Tribal organization,
or Urban Indian organization.

(3) USE OF FUNDS.—A recipient of an award
under this subsection shall use funds received
through the award to implement and evaluate a new
program or enhance an existing program to promote
mental health among direct care professionals, which
may include—

(A) improving awareness among direct
care professionals about risk factors for, and
signs of, suicide and mental health or substance
use disorders, in accordance with evidence-
based or evidence-informed practices;

(B) establishing new, or enhancing exist-
ing, evidence-based or evidence-informed pro-
grams for preventing suicide and improving
mental health and resiliency among direct care
professionals;

(C) establishing new, or enhancing exist-
ing, peer-support programs for direct care pro-
fessionals; or

(D) providing—

(i) mental health care;

(ii) follow-up services or care by a li-
censed or certified mental health profes-

1 sional (including by means of telehealth);

2 or

3 (iii) a referral for such services or

4 care by such a professional, as appropriate.

5 (4) PRIORITY.—In awarding grants, contracts,

6 and cooperative agreements under this subsection,

7 the Secretary shall give priority to an eligible entity

8 in—

9 (A) a rural area; or

10 (B) an area where the number of direct

11 care professional vacancies, in the year of the

12 application, is greater than 30 percent of the

13 total number of direct care professional posi-

14 tions in the area.

15 (b) TRAINING GRANTS.—

16 (1) IN GENERAL.—The Secretary may establish

17 a program to award grants to eligible entities to

18 support the inclusion, in direct care professional

19 preparation programs and in training, continuing

20 education, or professional development programs for

21 direct care professionals, of evidence-based or evi-

22 dence-informed strategies—

23 (A) to address mental and substance use

24 disorders of direct care professionals; and

1 (B) to improve mental health and resil-
2 iency among direct care professionals.

3 (2) ELIGIBILITY.—To be eligible to receive a
4 grant under this subsection, an entity shall be—

5 (A) an institution of higher education;

6 (B) a State or local government;

7 (C) an Indian Tribe or Tribal organization;

8 (D) a public or private nonprofit entity de-
9 termined appropriate by the Secretary; or

10 (E) a consortia of entities described in any
11 of subparagraphs (A) through (D), including
12 such entities promoting multidisciplinary ap-
13 proaches.

14 (c) GRANT TERMS.—A grant, contract, or coopera-
15 tive agreement awarded under subsection (a) or (b) shall
16 be for a period of 3 years.

17 (d) APPLICATION SUBMISSION.—An entity seeking
18 an award under subsection (a) or (b) shall submit an ap-
19 plication to the Secretary at such time, in such manner,
20 and accompanied by such information as the Secretary
21 may require.

22 (e) ANNUAL REPORT.—An entity receiving an award
23 under subsection (a) or (b) shall submit to the Secretary
24 an annual report evaluating the activities supported by the
25 award.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—To carry
2 out this section, there is authorized to be appropriated
3 \$20,000,000 for each of fiscal years 2026 through 2030.

4 **SEC. 232. DISSEMINATION OF BEST PRACTICES WITH RE-**
5 **SPECT TO MENTAL HEALTH OF DIRECT CARE**
6 **PROFESSIONALS.**

7 Not later than 2 years after the date of enactment
8 of this Act, the Secretary of Health and Human Services
9 shall—

10 (1) identify evidence-based or evidence-informed
11 best practices—

12 (A) for preventing suicide and improving
13 mental health and resiliency among direct care
14 professionals; and

15 (B) for training direct care professionals in
16 appropriate strategies to promote their mental
17 health; and

18 (2) disseminate those best practices to the ap-
19 propriate committees of Congress.

20 **SEC. 233. EDUCATION AND AWARENESS INITIATIVE EN-**
21 **COURAGING USE OF MENTAL HEALTH AND**
22 **SUBSTANCE USE DISORDER SERVICES BY DI-**
23 **RECT CARE PROFESSIONALS.**

24 (a) IN GENERAL.—The Secretary of Health and
25 Human Services (referred to in this section as the “Sec-

1 retary’’), in consultation with relevant stakeholders, in-
2 cluding medical professional associations, shall establish a
3 national evidence-based or evidence-informed education
4 and awareness initiative—

5 (1) with the goal of preventing suicide, mental
6 health conditions, and substance use disorders of di-
7 rect care professionals, to—

8 (A) encourage direct care professionals to
9 seek support and care for their mental health or
10 substance use concerns;

11 (B) help such professionals identify risk
12 factors associated with suicide and mental
13 health conditions; and

14 (C) help such professionals learn how best
15 to respond to such risk factors; and

16 (2) to address stigma associated with seeking
17 mental health and substance use disorder services.

18 (b) REPORTING.—Not later than 2 years after the
19 date of enactment of this Act, the Secretary shall provide
20 to the appropriate committees of Congress an update on
21 the activities and outcomes of the initiative under sub-
22 section (a), including a description of quantitative and
23 qualitative metrics used to evaluate such activities and
24 outcomes.

1 **SEC. 234. DIRECT CARE PROFESSIONAL TRAINING GRANTS.**

2 Section 2041 of the Social Security Act (42 U.S.C.
3 1397m) is amended to read as follows:

4 **“SEC. 2041. DIRECT CARE PROFESSIONAL TRAINING**
5 **GRANTS.**

6 “(a) IN GENERAL.—

7 “(1) STATE ENTITLEMENT.—

8 “(A) IN GENERAL.—Each State shall be
9 entitled to receive from the Secretary for each
10 fiscal year specified in subsection (e) a grant in
11 an amount equal to the amount allotted to the
12 State under subparagraph (B).

13 “(B) STATE ALLOTMENTS.—

14 “(i) IN GENERAL.—Subject to clauses
15 (ii), (iii), and (iv) the amount allotted to a
16 State under this subparagraph for a fiscal
17 year shall be equal to the product of—

18 “(I) the available amount for the
19 fiscal year; and

20 “(II) the ratio of—

21 “(aa) the number of State
22 residents who have attained 60
23 years of age or are under a dis-
24 ability (as defined in section
25 216(i)(1)), as determined by the
26 Secretary using the most recent

1 version of the American Commu-
2 nity Survey published by the Bu-
3 reau of the Census or a successor
4 data set; divided by

5 “(bb) the total number of
6 such residents of all States.

7 “(ii) LIMITATION.—The amount allot-
8 ted to a State under this subparagraph for
9 a fiscal year shall be not less than 0.25
10 percent of the available amount for the fis-
11 cal year.

12 “(iii) ADJUSTMENT OF STATE ALLOT-
13 MENTS.—Subject to clause (ii), the Sec-
14 retary shall proportionately increase or de-
15 crease the amounts allotted under this sub-
16 paragraph for a fiscal year as necessary to
17 ensure that the available amount for the
18 fiscal year is allotted among the States.

19 “(iv) REDETERMINATIONS.—

20 “(I) FREQUENCY.—The Sec-
21 retary shall make the determination
22 referred to in clause (i)(II)(aa) every
23 5 years.

24 “(II) LIMITATION.—Subject to
25 clause (ii), the amount allotted to a

1 State under this subparagraph, on the
2 basis of such a determination, for a
3 fiscal year after fiscal year 2030 shall
4 be—

5 “(aa) not less than 90 per-
6 cent of the amount of the grant
7 made to the State under this
8 subparagraph for the preceding
9 fiscal year; and

10 “(bb) not more than 110
11 percent of the amount referred to
12 in item (aa).

13 “(2) GRANTS TO INDIAN TRIBES AND TRIBAL
14 ORGANIZATIONS.—

15 “(A) IN GENERAL.—The Secretary, in con-
16 sultation with the Secretary of the Interior,
17 shall make grants in accordance with this sec-
18 tion to Indian tribes and tribal organizations
19 who operate at least 1 eligible setting.

20 “(B) GRANT FORMULA.—The Secretary, in
21 consultation with the Secretary of the Interior,
22 shall devise a formula for distributing among
23 Indian tribes and tribal organizations the
24 amount required to be reserved by subsection
25 (e) for each fiscal year.

1 “(3) SUB-GRANTS.—A State, Indian tribe, or
2 tribal organization to which an amount is paid under
3 this section may use the amount to make sub-grants
4 to local organizations, including community organi-
5 zations, local non-profits, elder rights and justice
6 groups, and workforce development boards for any
7 purpose described in paragraph (1) or (2) of sub-
8 section (b).

9 “(b) USE OF FUNDS.—

10 “(1) REQUIRED USES.—A State, Indian tribe,
11 or tribal organization to which an amount is paid
12 under this section shall use the amount to—

13 “(A) provide wage subsidies to eligible in-
14 dividuals;

15 “(B) provide student loan repayment or
16 tuition assistance to eligible individuals for a
17 degree or certification in a field relevant to
18 their position referred to in subsection
19 (f)(2)(A);

20 “(C) guarantee affordable and accessible
21 child care for eligible individuals, including help
22 with referrals, co-pays, or other direct assist-
23 ance; and

24 “(D) provide assistance where necessary
25 with obtaining appropriate transportation, in-

1 cluding public transportation if available, or gas
2 money if public transportation is unavailable or
3 impractical based on work hours or location.

4 “(2) AUTHORIZED USES.—A State, Indian
5 tribe, or tribal organization to which an amount is
6 paid under this section may use the amount to—

7 “(A) establish a reserve fund for financial
8 assistance to eligible individuals in emergency
9 situations;

10 “(B) provide in-kind resource donations,
11 such as interview clothing and conference at-
12 tendance fees;

13 “(C) provide assistance with programs and
14 activities, including legal assistance, deemed
15 necessary to address arrest or conviction
16 records that are an employment barrier;

17 “(D) support employers operating an eligi-
18 ble setting in the State, Indian tribe, or tribal
19 organization in providing employees with not
20 less than 2 weeks of paid leave per year; or

21 “(E) provide other support services the
22 Secretary deems necessary to allow for success-
23 ful recruitment and retention of workers.

24 “(3) PROVISION OF FUNDS ONLY FOR THE
25 BENEFIT OF ELIGIBLE INDIVIDUALS IN ELIGIBLE

1 SETTINGS.—A State, Indian tribe, or tribal organi-
2 zation to which an amount is paid under this section
3 may provide the amount to only an eligible indi-
4 vidual or a partner organization serving an eligible
5 individual.

6 “(4) NONSUPPLANTATION.—A State, Indian
7 tribe, or tribal organization to which an amount is
8 paid under this section shall not use the amount to
9 supplant the expenditure of any State or tribal funds
10 for recruiting or retaining employees in an eligible
11 setting.

12 “(5) OBLIGATION DEADLINE.—A State, Indian
13 tribe, or tribal organization shall remit to the Sec-
14 retary for reallocation under this section any amount
15 paid under this section for a fiscal year that is not
16 obligated within 2 years after the end of the fiscal
17 year.

18 “(c) ADMINISTRATION.—A State, Indian tribe, or
19 tribal organization to which a grant is made under this
20 section shall reserve not more than 10 percent of the grant
21 to—

22 “(1) administer subgrants in accordance with
23 this section;

1 “(2) provide technical assistance and support
2 for applying for and accessing such a subgrant op-
3 portunity;

4 “(3) publicize the availability of the subgrants;

5 “(4) carry out activities to increase the supply
6 of eligible individuals; and

7 “(5) provide technical assistance to help sub-
8 grantees find and train individuals to provide the
9 services for which they are contracted.

10 “(d) REPORTS.—

11 “(1) STATE REPORTS.—Not less frequently
12 than annually, each State, Indian tribe, or tribal or-
13 ganization to which a grant has been made under
14 this section shall transmit to the Secretary a written
15 report describing the activities undertaken by the
16 State pursuant to this section during the period cov-
17 ered by the report, which shall include—

18 “(A) the total amount expended in the
19 State for each type of use described in para-
20 graph (1) or (2) of subsection (b);

21 “(B) the total number of non-State organi-
22 zations in the State to which grant funds were
23 provided, and the amount so provided to each
24 such organization;

1 “(C) the change in the number of individ-
2 uals working in each job category described in
3 subsection (f)(2)(A) in an eligible setting in the
4 State;

5 “(D) the average duration of employment
6 for each such job category;

7 “(E) the average annual wage of workers
8 in each job category described in subsection
9 (f)(2)(A) in an eligible setting in the State;

10 “(F) the average amount of paid time off
11 to which a worker in each job category de-
12 scribed in subsection (f)(2)(A) in an eligible set-
13 ting in the State is entitled by their contract;
14 and

15 “(G) such other data elements as the Sec-
16 retary deems relevant.

17 “(2) REPORT TO CONGRESS.—Not later than 3
18 years after the date of the enactment of this section,
19 and every 4 years thereafter, the Secretary shall
20 submit to the Committee on Health, Education,
21 Labor, and Pensions and the Special Committee on
22 Aging of the Senate and the Committee on Energy
23 and Commerce and the Committee on Education
24 and Workforce of the House of Representatives a
25 written report outlining how the grant recipients

1 have used the grants made under this section during
2 the period covered by the report, which shall in-
3 clude—

4 “(A) the total amount expended by each
5 State, Indian tribe, or tribal organization for
6 each type of use described in paragraph (1) or
7 (2) of subsection (b);

8 “(B) the total number of non-State or non-
9 tribal organizations in each State, Indian tribe,
10 or tribal organization to which grant funds were
11 provided, and the amount so provided to each
12 such non-State or non-tribal organization;

13 “(C) the change in the number of individ-
14 uals working in each job category described in
15 subsection (f)(2)(A) in an eligible setting;

16 “(D) the average duration of employment
17 for each such job category, by State, Indian
18 tribe, or tribal organization;

19 “(E) the average annual wage of workers
20 in each job category described in subsection
21 (f)(2)(A) in an eligible setting;

22 “(F) the average amount of paid time off
23 to which a worker in each job category de-
24 scribed in subsection (f)(2)(A) in an eligible set-
25 ting is entitled by their contract; and

1 “(G) such other data elements as the Sec-
2 retary deems relevant.

3 “(e) APPROPRIATION.—Out of any funds in the
4 Treasury not otherwise appropriated, there is appro-
5 priated to the Secretary \$400,000,000 for each of fiscal
6 years 2026 through 2030 to carry out this section, of
7 which 2 percent shall be reserved for grants to Indian
8 tribes and tribal organizations.

9 “(f) DEFINITIONS.—In this section:

10 “(1) AVAILABLE AMOUNT.—The term ‘available
11 amount’ means, with respect to a fiscal year, the
12 amount specified in subsection (e) that remains after
13 the reservation required by such subsection for the
14 fiscal year, plus all amounts remitted to the Sec-
15 retary under subsection (b)(5) that have not been
16 reallocated under subsection (a)(1)(B)(iii).

17 “(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible
18 individual’ means an individual who—

19 “(A)(i) is a qualified home health aide, as
20 defined in section 484.80(a) of title 42, Code of
21 Federal Regulations;

22 “(ii) is a nurse aide approved by the State
23 as meeting the requirements of sections
24 483.150 through 483.154 of such title, and is

1 listed in good standing on the State nurse aide
2 registry;

3 “(iii) is a personal care aide approved by
4 the State, and furnishes personal care services,
5 as defined in section 440.167 of such title;

6 “(iv) is a qualified hospice aide, as defined
7 in section 418.76 of such title;

8 “(v) is a licensed practical nurse or a li-
9 censed or certified social worker;

10 “(vi) is receiving training to be certified or
11 licensed as such an aide, nurse, or social work-
12 er; or

13 “(vii) is any other direct care professional;
14 and

15 “(B) provides (or, in the case of a trainee,
16 intends to provide) services as such an aide,
17 nurse, or social worker in an eligible setting.

18 “(3) ELIGIBLE SETTING.—The term ‘eligible
19 setting’ means—

20 “(A) a skilled nursing facility, as defined
21 in section 1819;

22 “(B) a nursing facility, as defined in sec-
23 tion 1919;

24 “(C) a home health agency, as defined in
25 section 1891;

1 “(D) a setting approved to deliver home or
 2 community-based services authorized under
 3 State options described in subsection (c) or (i)
 4 of section 1915 or, as relevant, demonstration
 5 projects authorized under section 1115;

6 “(E) a hospice, as defined in section 1814;

7 “(F) another long-term care setting; or

8 “(G) a tribal assisted living facility.

9 “(4) TRIBAL ORGANIZATION.—The term ‘tribal
 10 organization’ has the meaning given the term in sec-
 11 tion 4 of the Indian Self-Determination and Edu-
 12 cation Assistance Act.”.

13 **SEC. 235. CREDIT FOR CERTAIN HEALTH CARE PROFES-**
 14 **SIONALS.**

15 (a) IN GENERAL.—Subpart C of part IV of sub-
 16 chapter A of chapter 1 of the Internal Revenue Code of
 17 1986 is amended by inserting after section 36 the fol-
 18 lowing new section:

19 **“SEC. 36A. CREDIT FOR CERTAIN HEALTH CARE PROFES-**
 20 **SIONALS.**

21 “(a) ALLOWANCE OF CREDIT.—In the case of an in-
 22 dividual who is a health care professional described in sub-
 23 section (b) with respect to the taxable year, there shall
 24 be allowed a credit of \$5,000 against the tax imposed by
 25 this subtitle for such taxable year.

1 “(b) HEALTH CARE PROFESSIONALS DESCRIBED.—

2 A health care professional described in this subsection,
3 with respect to any taxable year, is any individual who,
4 at any time during such taxable year, is—

5 “(1) a practitioner, as defined in section
6 1842(b)(18)(C) of the Social Security Act (42
7 U.S.C. 1395u(b)(18)(C)), providing services for
8 compensation as such practitioner in a long-term
9 care setting,

10 “(2) a certified nursing assistant providing
11 services for compensation as such assistant in a
12 long-term care setting,

13 “(3) a licensed practical nurse, or registered
14 professional nurse, providing services for compensa-
15 tion as such a nurse in a long-term care setting,

16 “(4) a home health aide providing services for
17 compensation as such aide in a long-term care set-
18 ting,

19 “(5) a personal or home care aide providing
20 services for compensation as such aide in a long-
21 term care setting, or

22 “(6) a direct care professional, who is not oth-
23 erwise described in any of paragraphs (1) through
24 (5), providing services for compensation as such pro-
25 fessional in a long-term care setting.

1 “(c) DEFINITIONS.—For purposes of this section, the
 2 terms ‘direct care professional’, ‘long-term care setting’,
 3 and ‘personal or home care aide’ have the meanings given
 4 such terms in section 3 of the Long-Term Care Workforce
 5 Support Act.”.

6 (b) CONFORMING AMENDMENTS.—

7 (1) Section 6211(b)(4)(A) of the Internal Rev-
 8 enue Code of 1986 is amended by inserting “, 36A”
 9 after “36”.

10 (2) The table of section for subpart C of part
 11 IV of subchapter A of chapter 1 such Code is
 12 amended by amending by inserting after the item re-
 13 lating to section 36 the following new item:

“Sec. 36A. Credit for certain health care professionals.”.

14 (c) EFFECTIVE DATE.—The amendments made by
 15 this section shall apply to taxable years beginning after
 16 December 31, 2024.

17 **SEC. 236. DIRECT CARE PROFESSIONAL WORKFORCE EQ-**
 18 **UITY TECHNICAL ASSISTANCE CENTER.**

19 (a) IN GENERAL.—The Secretary of Health and
 20 Human Services (referred to in this section as the “Sec-
 21 retary”), in consultation with the Secretary of Labor, the
 22 Administrator of the Centers for Medicare & Medicaid
 23 Services, and the heads of other entities as necessary, shall
 24 establish a national technical assistance center to—

1 (1) address inequities and disparities facing the
2 direct care professional workforce; and

3 (2) ensure that long-term care settings are
4 meeting the unique demographic, cultural, and lin-
5 guistic needs of the community in which such set-
6 tings are situated and the community of workers
7 within such settings.

8 (b) ACTIVITIES.—The Center may—

9 (1) maintain a centralized online hub of equity-
10 focused direct care professional workforce resources;

11 (2) conduct studies and develop trainings and
12 resources on the inequities facing direct care profes-
13 sionals and enhancing diversity, equity, inclusion,
14 and accessibility among long-term care settings;

15 (3) develop equity-specific tools and resources
16 to support State and local governments in building
17 an equitable direct care professional workforce;

18 (4) design and inform interventions in the di-
19 rect care professional workforce that reduce dispari-
20 ties and promote equity within the direct care pro-
21 fessional workforce;

22 (5) convene experts in the direct care profes-
23 sional workforce, including direct care professionals,
24 to develop equity-based resources; and

1 (6) collaborate with organizations representing
2 people with disabilities, older individuals, people of
3 color, women, immigrants, and LGBT communities,
4 and others as determined by the Secretary.

5 (c) REPORTING.—Not later than 2 years after the
6 date of enactment of this Act, the Secretary shall provide
7 to the appropriate committees of Congress an update on
8 the activities and outcomes of the initiative under sub-
9 section (a).

10 (d) AUTHORIZATION OF APPROPRIATIONS.—To carry
11 out this section, there are authorized to be appropriated
12 to the Secretary \$10,000,000 for each of fiscal years 2026
13 through 2030.

14 **TITLE III—WORKFORCE LABOR**
15 **PROTECTIONS**
16 **Subtitle A—Long-term Care Work-**
17 **force Wage Theft Prevention**
18 **and Wage Recovery Act**

19 **SEC. 301. DEFINITIONS.**

20 In this subtitle:

21 (1) ADMINISTRATOR.—The term the “Adminis-
22 trator” means the Administrator of the Wage and
23 Hour Division of the Department of Labor.

24 (2) COMMUNITY PARTNER.—The term “com-
25 munity partner” means any stakeholder with a com-

1 mitment to enforcing wage and hour laws and pre-
2 venting abuses of such laws, including any—

3 (A) State department of labor;

4 (B) attorney general of a State or other
5 similar authorized official of a political subdivi-
6 sion thereof;

7 (C) law enforcement agency;

8 (D) consulate;

9 (E) employee or advocate of employees, in-
10 cluding a labor organization, community- and
11 faith-based organization, business association,
12 disability organization, older individual organi-
13 zation, or nonprofit legal aid organization;

14 (F) academic institution that plans, coordi-
15 nates, and implements programs and activities
16 to prevent wage and hour violations and recover
17 unpaid wages, damages, and penalties; or

18 (G) any municipal agency responsible for
19 the enforcement of local wage and hour laws.

20 (3) COMMUNITY PARTNERSHIP.—The term
21 “community partnership” means a partnership be-
22 tween—

23 (A) a working group consisting of commu-
24 nity partners; and

25 (B) the Department of Labor.

1 (4) COVERED EMPLOYEE.—The term “covered
2 employee” means a direct care professional working
3 in a long-term care setting.

4 (5) COVERED EMPLOYER.—The term “covered
5 employer” means an employer who employs covered
6 employees to work in or provide services in a long-
7 term care setting.

8 (6) ELIGIBLE ENTITY.—The term “eligible enti-
9 ty” means an entity that is any of the following:

10 (A) A nonprofit organization, including
11 such an organization that is a community-based
12 organization, faith-based organization, disability
13 organization, older individuals organization, or
14 labor organization, that provides services and
15 support to employees, including assisting such
16 employees in recovering unpaid wages.

17 (B) An employer.

18 (C) A business association.

19 (D) An institution of higher education, as
20 defined in section 101 of the Higher Education
21 Act of 1965 (20 U.S.C. 1001).

22 (E) A partnership between any of the enti-
23 ties described in subparagraphs (A) through
24 (D).

1 (7) SECRETARY.—The term “Secretary” means
2 the Secretary of Labor.

3 (8) STRATEGIC ENFORCEMENT.—The term
4 “strategic enforcement” means the process by which
5 the Secretary—

6 (A) targets highly noncompliant industries,
7 as identified by the Secretary, using industry-
8 specific structures to influence, and ultimately
9 reform, networks of interconnected employers;

10 (B) analyzes regulatory regimes under
11 which specific industries operate; and

12 (C) modifies the enforcement approach of
13 such regulatory regimes in order to ensure the
14 greatest impact.

15 (9) WAGE AND HOUR LAW.—The term “wage
16 and hour law” means any Federal law enforced by
17 the Wage and Hour Division of the Department of
18 Labor, including any provision of this Act enforced
19 by such division.

20 (10) WAGE AND HOUR VIOLATION.—The term
21 “wage and hour violation” refers to any violation of
22 a Federal law enforced by the Wage and Hour Divi-
23 sion of the Department of Labor, including any pro-
24 vision of this Act enforced by such division.

1 **SEC. 302. DIRECT CARE PROFESSIONAL WORKFORCE WAGE**
2 **THEFT PREVENTION AND WAGE RECOVERY**
3 **GRANT PROGRAM.**

4 (a) IN GENERAL.—The Secretary, acting through the
5 Administrator, shall provide grants to eligible entities to
6 assist such entities in enhancing the enforcement of wage
7 and hour laws, in accordance with this section and con-
8 sistent with the purposes of this Act.

9 (b) GRANTS.—A grant provided under this section
10 shall be designed to—

11 (1) support an eligible entity in establishing
12 and supporting the activities described in subsection
13 (c)(1); and

14 (2) develop community partnerships to expand
15 and improve cooperative efforts between enforcement
16 agencies and members of the community to—

17 (A) prevent and reduce wage and hour vio-
18 lations; and

19 (B) assist covered employees in recovering
20 back pay for any such violations.

21 (c) USE OF FUNDS.—

22 (1) PERMISSIBLE ACTIVITIES.—The grants de-
23 scribed in this section shall assist eligible entities in
24 establishing and supporting activities that include—

25 (A) disseminating information and con-
26 ducting outreach and training to educate cov-

1 ered employees about their rights under wage
2 and hour laws;

3 (B) conducting educational training for
4 covered employers about their obligations under
5 wage and hour laws;

6 (C) conducting orientations and trainings
7 jointly with officials of the Wage and Hour Di-
8 vision of the Department of Labor;

9 (D) providing assistance to covered em-
10 ployees in filing claims of wage and hour viola-
11 tions;

12 (E) assisting enforcement agencies in con-
13 ducting investigations, including in the collec-
14 tion of evidence and recovering back pay;

15 (F) monitoring compliance with wage and
16 hour laws;

17 (G) performing joint visitations to work-
18 sites that violate wage and hour laws with offi-
19 cials from the Wage and Hour Division of the
20 Department of Labor;

21 (H) establishing networks for education,
22 communication, and participation in the work-
23 place and community;

1 (I) evaluating the effectiveness of pro-
2 grams designed to prevent wage and hour viola-
3 tions and enforce wage and hour laws;

4 (J) recruiting and hiring of staff and vol-
5 unteers;

6 (K) production and dissemination of out-
7 reach and training materials;

8 (L) creation of a phone, short message
9 service, web, or other technology-based commu-
10 nication for reporting covered employee emer-
11 gencies, wage theft, or labor violations, seeking
12 emergency services, or seeking support or guid-
13 ance in lieu of emergency services; and

14 (M) any other activities as the Secretary
15 may reasonably prescribe through notice and
16 comment rulemaking.

17 (2) PROHIBITED ACTIVITIES.—Notwithstanding
18 paragraph (1), an eligible entity receiving a grant
19 under this section may not use the grant funds for
20 any purpose reasonably prohibited by the Secretary
21 through notice and comment rulemaking.

22 (d) TERM OF GRANTS.—Each grant made under this
23 section shall be available for expenditure for a period that
24 is not to exceed 3 years.

25 (e) APPLICATIONS.—

1 (1) IN GENERAL.—An eligible entity seeking a
2 grant under this section shall submit an application
3 for such grant to the Secretary in accordance with
4 this subsection.

5 (2) PARTNERSHIPS.—In the case of an eligible
6 entity that is a partnership described in section
7 301(4)(E), the eligible entity may submit a joint ap-
8 plication that designates a single entity as the lead
9 entity for purposes of receiving and disbursing
10 funds.

11 (3) CONTENTS.—An application under this sub-
12 section shall include—

13 (A) a description of a plan for the program
14 that the eligible entity proposes to carry out
15 with a grant under this section, including a
16 long-term strategy and detailed implementation
17 plan that reflects expected participation of, and
18 partnership with, community partners;

19 (B) information on the prevalence of wage
20 and hour violations in each community or State
21 of the eligible entity;

22 (C) information on any industry or geo-
23 graphic area targeted by the plan for such pro-
24 gram;

1 (D) information on the type of outreach
2 and relationship building that will be conducted
3 under such program;

4 (E) information on the training and edu-
5 cation that will be provided to covered employ-
6 ees and covered employers under such program;
7 and

8 (F) the method by which the eligible entity
9 will measure results of such program.

10 (f) SELECTION.—

11 (1) COMPETITIVE BASIS.—In accordance with
12 this subsection, the Secretary shall, on a competitive
13 basis, select grant recipients from among eligible en-
14 tities that have submitted an application under sub-
15 section (e).

16 (2) PRIORITY.—In selecting grant recipients
17 under paragraph (1), the Secretary shall give pri-
18 ority to eligible entities that—

19 (A) serve covered employees in the long-
20 term care industry or geographic area that is
21 most highly at risk for noncompliance with
22 wage and hour violations, as identified by the
23 Secretary; and

1 (B) demonstrate past and ongoing work to
2 prevent wage and hour violations or to recover
3 unpaid wages.

4 (3) OTHER CONSIDERATIONS.—In selecting
5 grant recipients under paragraph (1), the Secretary
6 shall also consider—

7 (A) the prevalence of ongoing community
8 support for each eligible entity, including finan-
9 cial and other contributions; and

10 (B) the eligible entity's past and ongoing
11 partnerships with other organizations.

12 (g) MEMORANDA OF UNDERSTANDING.—

13 (1) IN GENERAL.—Not later than 60 days after
14 receiving a grant under this section, the grant recipi-
15 ent shall negotiate and finalize with the Secretary a
16 memorandum of understanding that sets forth spe-
17 cific goals, objectives, strategies, and activities that
18 will be carried out under the grant by such recipient
19 through a community partnership.

20 (2) SIGNATURES.—A representative of the
21 grant recipient (or, in the case of a grant recipient
22 that is an eligible entity described in section
23 301(4)(E), a representative of each entity that
24 composes the grant recipient) and the Secretary

1 shall sign the memorandum of understanding under
2 this subsection.

3 (3) REVISIONS.—The memorandum of under-
4 standing under this subsection shall be reviewed and
5 revised by the grant recipient and the Secretary each
6 year of the duration of the grant.

7 (h) PERFORMANCE EVALUATIONS.—

8 (1) IN GENERAL.—Each grant recipient under
9 this section shall develop procedures for reporting,
10 monitoring, measuring, and evaluating the activities
11 of each program or project funded under this sec-
12 tion.

13 (2) GUIDELINES.—The procedures required
14 under paragraph (1) shall be in accordance with
15 guidelines established by the Secretary.

16 (i) REVOCATION OR SUSPENSION OF FUNDING.—If
17 the Secretary determines that a recipient of a grant under
18 this section is not in compliance with the terms and re-
19 quirements of the memorandum of understanding under
20 subsection (g), the Secretary may revoke or suspend (in
21 whole or in part) the funding of the grant.

22 (j) USE OF COMPONENTS.—

23 (1) IN GENERAL.—In addition to the Wage and
24 Hour Division, the Secretary (acting through the
25 Administrator) may use any division or agency of

1 the Department of Labor in carrying out this sub-
 2 title.

3 (2) CONSULTATION WITH HHS.—The Secretary
 4 may consult with the Secretary of Health and
 5 Human Services (acting through the Administrator
 6 for Community Living) to carry out this subtitle.

7 (k) EVALUATION.—The Secretary of Health and
 8 Human Services, in conjunction with the Secretary of
 9 Labor, shall evaluate the implementation and outcomes of
 10 this section on the occurrence of wage and hour violations
 11 through a contract with an external evaluator who has ex-
 12 perience with evaluation of labor regulations and long-
 13 term care services.

14 (l) AUTHORIZATION OF APPROPRIATIONS.—There
 15 are authorized to be appropriated to carry out this subtitle
 16 \$50,000,000 for each of fiscal years 2026 through 2030,
 17 to remain available until expended.

18 **Subtitle B—Direct Care** 19 **Professional Rights**

20 **SEC. 311. DEFINITIONS.**

21 (a) FAIR LABOR STANDARDS ACT DEFINITIONS.—
 22 In this subtitle—

23 (1) the terms “enterprise”, “enterprise engaged
 24 in commerce or in the production of goods for com-
 25 merce”, and “person” have the meanings given such

1 terms in section 3 of the Fair Labor Standards Act
2 of 1938 (29 U.S.C. 203); and

3 (2) the term “regular rate” has the meaning
4 given such term in section 7(e) of such Act (29
5 U.S.C. 207(e)).

6 (b) OTHER DEFINITIONS.—In this subtitle:

7 (1) CHILD.—The term “child”—

8 (A) means an individual who is under 18
9 years of age; and

10 (B) includes an individual described in
11 subparagraph (A) who is—

12 (i) a biological, foster, or adopted
13 child;

14 (ii) a stepchild;

15 (iii) a child of a domestic partner;

16 (iv) a legal ward; or

17 (v) a child of a person standing in
18 loco parentis.

19 (2) COVERED ENTITY.—The term “covered en-
20 tity”—

21 (A) means any person or agency who pro-
22 vides compensation directly or indirectly to a di-
23 rect care professional for the performance of
24 long-term care services; and

25 (B) includes—

1 (i) a person acting directly or indi-
2 rectly in the interest of the entity in rela-
3 tion to a direct care professional;

4 (ii) an employer of a direct care pro-
5 fessional; and

6 (iii) an agency that contracts with an
7 agency to provide direct care professionals.

8 (3) MEDICAID HCBS-ELIGIBLE OLDER INDIVIDUAL.—The term “Medicaid HCBS-eligible older
9 individual” means an individual who—
10 individual” means an individual who—

11 (A) is 60 years of age or older; and

12 (B) is eligible for and enrolled for medical
13 assistance for any of the following services
14 (whether provided on a fee-for-service, risk, or
15 other basis) under a State Medicaid program,
16 and includes an individual who becomes eligible
17 for medical assistance under a State Medicaid
18 program when removed from a waiting list:

19 (i) Home health care services author-
20 ized under paragraph (7) of section
21 1905(a) of the Social Security Act (42
22 U.S.C. 1396d(a)).

23 (ii) Personal care services authorized
24 under paragraph (24) of such section.

1 (iii) PACE services authorized under
2 paragraph (26) of such section.

3 (iv) Home and community-based serv-
4 ices authorized under subsections (b), (c),
5 (i), (j), and (k) of section 1915 of such Act
6 (42 U.S.C. 1396n), such services author-
7 ized under a waiver under section 1115 of
8 such Act (42 U.S.C. 1315), and such serv-
9 ices provided through coverage authorized
10 under section 1937 of such Act (42 U.S.C.
11 1396u-7).

12 (v) Case management services author-
13 ized under section 1905(a)(19) of the So-
14 cial Security Act (42 U.S.C. 1396d(a)(19))
15 and section 1915(g) of such Act (42
16 U.S.C. 1396n(g)).

17 (vi) Rehabilitative services, including
18 those related to behavioral health, de-
19 scribed in section 1905(a)(13) of such Act
20 (42 U.S.C. 1396d(a)(13)).

21 (vii) Such other services specified by
22 the Secretary of Health and Human Serv-
23 ices.

1 (4) ON-CALL SHIFT.—The term “on-call shift”
2 means any time a covered entity expects a direct
3 care professional to—

4 (A) be available to work; and

5 (B) wait to contact, or be contacted by, the
6 covered entity, or a designee of the entity, to
7 determine whether the direct care professional
8 shall report to work during such time.

9 (5) PARENT.—The term “parent”, with respect
10 to a direct care professional, means—

11 (A) a biological, foster, or adoptive parent
12 of a direct care professional;

13 (B) a stepparent of a direct care profes-
14 sional;

15 (C) parent-in-law of a direct care profes-
16 sional;

17 (D) parent of a domestic partner of a di-
18 rect care professional; or

19 (E) a legal guardian or other person who
20 stood in loco parentis to the direct care profes-
21 sional when the worker was a child.

22 (6) SECRETARY.—The term “Secretary” means
23 the Secretary of Labor.

1 (7) SHARED LIVING ARRANGEMENT.—The term
2 “shared living arrangement” means a living arrange-
3 ment involving—

4 (A) not more than 2 individuals who are a
5 person with a disability or a Medicaid HCBS-
6 eligible older individual, except if 1 or more of
7 the individuals are related to each other (by
8 blood or a close association that is equivalent to
9 a family relationship);

10 (B) an individual providing services for
11 compensation and living in the private home of
12 the recipient of such services;

13 (C) an individual receiving funding
14 through a State Medicaid program or another
15 publicly funded program;

16 (D) a stipend or room and board as the
17 primary form of payment for the individual pro-
18 viding such services; and

19 (E) the individual receiving such services
20 having the final decision regarding who is the
21 provider of such services living with the indi-
22 vidual, through a consumer-driven matching
23 process that includes relationship building, per-
24 son-centered planning as defined by the Admin-
25 istrator of the Centers for Medicare & Medicaid

1 Services, and an assessment of individual com-
2 patibility.

3 (8) SPOUSE.—The term “spouse” has the
4 meaning given such term by the marriage laws of
5 the State in which the marriage was celebrated.

6 **SEC. 312. WRITTEN AGREEMENTS.**

7 (a) COVERED DIRECT CARE PROFESSIONAL.—In this
8 section, the term “covered direct care professional” means
9 any direct care professional to whom the covered entity
10 expects to provide compensation for the performance of
11 long-term care services by the covered direct care profes-
12 sional for not less than 8 hours per week.

13 (b) REQUIREMENT.—Each covered entity shall pro-
14 vide a written agreement in accordance with this section
15 to each covered direct care professional who is provided
16 compensation, directly or indirectly, by the covered entity
17 for the performance of long-term care services.

18 (c) WRITTEN AGREEMENT REQUIREMENTS.—

19 (1) IN GENERAL.—A written agreement re-
20 quired under this section shall—

21 (A) be signed and dated by the covered di-
22 rect care professional and the covered entity;

23 (B) be written in a language easily and
24 fully understood by the covered direct care pro-
25 fessional and the covered entity, which may be

1 in multiple languages if the covered direct care
 2 professional and the entity do not easily and
 3 fully understand the same language; and

4 (C) include the contents described in sub-
 5 section (d).

6 (2) COPY.—A copy of the written agreement re-
 7 quired under this section shall be provided to the
 8 covered direct care professional not later than 5 cal-
 9 endar days after the date on which the covered di-
 10 rect care professional is hired by the covered entity.

11 (d) CONTENTS OF THE WRITTEN AGREEMENT.—

12 (1) IN GENERAL.—The contents described in
 13 this subsection shall include each of the following:

14 (A) The full name, address, and contact
 15 information of the covered entity, including, as
 16 appropriate, any “doing business as” name of
 17 the entity and the name of each individual of
 18 the entity who will be doing business with the
 19 covered direct care professional.

20 (B) The address for the location where the
 21 covered direct care professional will be pro-
 22 viding long-term care services for the covered
 23 entity.

24 (C) All responsibilities to be performed by
 25 the covered direct care professional for the cov-

1 ered entity, and the regularity in which such re-
2 sponsibilities are to be performed.

3 (D) The regular rate of pay of the covered
4 direct care professional for any work week, in-
5 cluding any overtime compensation due.

6 (E) The day of the week when the covered
7 direct care professional will be paid.

8 (F) The required working hours for any
9 work week, including—

10 (i) the time of day and day of week
11 the work of the covered direct care profes-
12 sional begins;

13 (ii) meal and rest breaks described in
14 section 316;

15 (iii) time off;

16 (iv) the work schedule of the covered
17 direct care professional at the time of hire,
18 including—

19 (I) the time of day and the days
20 of the week the covered direct care
21 professional will be expected to work
22 each week for the covered entity; or

23 (II) if the time of day or the days
24 of the week that the covered direct
25 care professional will be expected to

1 work for the covered entity will vary
2 from week to week, information re-
3 garding a good faith estimate of the
4 days and hours for which the covered
5 direct care professional will be ex-
6 pected to work for the entity each
7 week, including, at minimum—

8 (aa) the average number of
9 hours the covered direct care pro-
10 fessional will be expected to work
11 for the entity each week during a
12 typical 90-day period;

13 (bb) whether the covered di-
14 rect care professional can expect
15 to work any on-call shifts for the
16 entity;

17 (cc) a subset of days the
18 covered direct care professional
19 can typically expect to work (or
20 to be scheduled as off from work)
21 for the entity; and

22 (dd) the amount of notice
23 that the entity will provide to the
24 covered direct care professional
25 in advance of scheduled work

1 hours (as defined in section
2 313(a)), which shall not be less
3 than 72 hours before such sched-
4 uled work hours are to begin (ex-
5 cept during a period described in
6 subparagraph (A) of section
7 313(e)(1), in a case described in
8 subparagraph (B) of such sec-
9 tion, or in the case of a shared
10 living arrangement), and the
11 manner in which such notice
12 shall be provided;

13 (v) the reporting time pay policy de-
14 scribed in section 313(c); and

15 (vi) the right to request and receive a
16 change to scheduled work hours due to
17 personal events as described in section
18 314.

19 (G) If applicable, any policies of the cov-
20 ered entity with respect to the covered direct
21 care professional for paying for or providing re-
22 imbursement for—

23 (i) health insurance;

24 (ii) transportation, meals, or lodging;

25 and

1 (iii) any fees or costs associated with
2 the long-term care services provided by the
3 covered direct care professional for the en-
4 tity.

5 (H) If applicable, any policies of the cov-
6 ered entity with respect to the covered direct
7 care professional for—

8 (i) annual or other pay increases;

9 (ii) severance pay; and

10 (iii) providing materials or equipment
11 related to the performance of long-term
12 care services by the covered direct care
13 professional, including (if applicable) any
14 cleaning supplies provided by the entity.

15 (I) Information about policies, procedures,
16 and equipment related to safety and emer-
17 gencies.

18 (J) The policy of the covered entity per-
19 taining to notice of termination of the covered
20 direct care professional by the entity.

21 (K) In the case of a covered direct care
22 professional who resides in the household of the
23 person for whom the covered direct care profes-
24 sional provides long-term care services—

1 (i) the circumstances under which the
2 covered entity may enter the designated
3 living space of the covered direct care pro-
4 fessional;

5 (ii) the circumstances under which the
6 covered direct care professional, in a
7 shared living arrangement, may enter the
8 designated living space of the covered enti-
9 ty; and

10 (iii) a description of certain cir-
11 cumstances the covered entity determines
12 as cause for—

13 (I) immediate termination of the
14 covered direct care professional; and

15 (II) removal of the covered direct
16 care professional from the household
17 of the person for whom the covered
18 direct care professional provides long-
19 term care services not later than 48
20 hours after notice of the termination.

21 (L) Any additional benefits afforded to the
22 covered direct care professional by the covered
23 entity.

24 (M) The process for the covered direct care
25 professional to raise or address grievances with

1 respect to, or breaches of, the written agree-
2 ment.

3 (N) The process used by the covered entity
4 to change any policy described in subpara-
5 graphs (A) through (M), including addressing
6 additional compensation if responsibilities are
7 added to those described in subparagraph (C),
8 after the date on which the written agreement
9 is provided to the covered direct care profes-
10 sional.

11 (2) PROHIBITIONS.—A written agreement re-
12 quired under this section may not—

13 (A) contain—

14 (i) a mandatory pre-dispute arbitra-
15 tion agreement for claims made by a cov-
16 ered direct care professional against a cov-
17 ered entity regarding the legal rights of the
18 covered direct care professional; or

19 (ii) a nondisclosure agreement or non-
20 compete agreement limiting the ability of
21 the covered direct care professional to seek
22 compensation for performing long-term
23 care services after the covered direct care
24 professional ceases to receive compensation

1 from the covered entity for the perform-
2 ance of long-term care services; and

3 (B) be construed to waive the rights or
4 protections of a covered direct care professional
5 under Federal, State, or local law.

6 (e) TIMING.—

7 (1) INITIAL AGREEMENT.—A covered entity
8 shall provide a written agreement required under
9 this section—

10 (A) to each covered direct care professional
11 hired after the date of enactment of this Act,
12 prior to the first day the covered direct care
13 professional performs long-term care services
14 for the entity; and

15 (B) to each covered direct care professional
16 hired on or prior to the date of enactment of
17 this Act, 90 days after such date of enactment.

18 (2) SUBSEQUENT AGREEMENTS.—Not later
19 than 30 calendar days after the date on which a cov-
20 ered entity makes a change to a written agreement
21 provided to a covered direct care professional under
22 this section, the entity shall provide the covered di-
23 rect care professional with an updated agreement in
24 accordance with this section.

1 (f) RECORDS.—A covered entity that is required to
 2 provide a written agreement under this section to a cov-
 3 ered direct care professional shall retain such agreement
 4 for a period of not less than 3 years from the date on
 5 which the covered direct care professional is no longer
 6 working for the entity.

7 (g) MODEL WRITTEN AGREEMENTS.—

8 (1) IN GENERAL.—Not later than 6 months
 9 after the date of enactment of this Act, the Sec-
 10 retary shall establish and make available templates
 11 for model written agreements under this section.

12 (2) REQUIREMENTS.—A model written agree-
 13 ment required under paragraph (1) shall—

14 (A) be available in multiple languages com-
 15 monly understood by covered direct care profes-
 16 sionals, including all languages in which the
 17 Secretary, acting through the Administrator of
 18 the Wage and Hour Division, translates the
 19 basic information fact sheet published by the
 20 Administrator; and

21 (B) not include any agreement described in
 22 subsection (d)(2)(A).

23 **SEC. 313. FAIR SCHEDULING PRACTICES.**

24 (a) DEFINITIONS.—In this section:

1 (1) COVERED DIRECT CARE PROFESSIONAL.—

2 The term “covered direct care professional” has the
3 meaning given the term in section 312(a).

4 (2) SCHEDULED WORK HOURS.—The term
5 “scheduled work hours” means the hours on a speci-
6 fied day during which a direct care professional is,
7 through a written agreement or schedule, required
8 by a covered entity to perform long-term care serv-
9 ices for the entity and for which the direct care pro-
10 fessional will receive compensation for such services.

11 (b) REQUIREMENT FOR NOTICE OF COVERED DI-
12 RECT CARE PROFESSIONAL.—In the case of a covered di-
13 rect care professional, the covered entity shall provide the
14 covered direct care professional notice of the scheduled
15 work hours of such covered direct care professional
16 through—

17 (1) a written agreement described in subclause
18 (I) of section 312(d)(1)(F)(iv) regarding a schedule
19 of the time of day and the days of the week the cov-
20 ered direct care professional is expected to work for
21 the covered entity each week; or

22 (2) a schedule agreed upon by the covered enti-
23 ty and the covered direct care professional provided
24 in the amount of time specified in accordance with
25 a written agreement described in subclause (II) of

1 such section, regarding a good faith estimate of the
2 time of day and the days of the week that the cov-
3 ered direct care professional is expected to work for
4 the entity.

5 (c) REQUIREMENTS FOR CHANGES TO SCHEDULED
6 WORK HOURS AND REPORTING TIME PAY.—A covered
7 entity shall—

8 (1) communicate in writing (which may be in
9 an electronic form) any change to the scheduled
10 work hours of a direct care professional, including
11 any on-call shifts, not less than 72 hours before the
12 direct care professional is scheduled to begin work;
13 and

14 (2) pay a direct care professional—

15 (A) the regular rate of pay of the direct
16 care professional for any scheduled work hours
17 the direct care professional does not work due
18 to the covered entity canceling or reducing the
19 scheduled work hours of the direct care profes-
20 sional after the direct care professional arrives
21 to work for the scheduled work hours; or

22 (B) at a rate of $\frac{1}{2}$ of the regular rate of
23 pay of the direct care professional for any
24 scheduled work hours the direct care profes-
25 sional does not work due to the covered entity

canceling or reducing the scheduled work hours of the direct care professional at a time that is less than 72 hours prior to the commencement of such scheduled work hours, unless the entity—

(i) is an individual with a disability relying on the direct care professional for disability supports and services (or an entity supporting an individual with a disability); and

(ii) requests the direct care professional to consent to work alternative, equivalent scheduled work hours within a 7-day period and the direct care professional consents to work such alternative, equivalent hours.

(d) RIGHT TO DECLINE SCHEDULE CHANGES.—

(1) IN GENERAL.—In the case of a covered direct care professional, if a covered entity wishes to include work hours in the scheduled work hours of such covered direct care professional that are identified as hours in which the covered direct care professional can typically expect to be scheduled as off from work in accordance with the written agreement under section 312(d)(1)(F)(iv)(I) or are identified as

1 hours outside of the good faith estimate under sec-
2 tion 312(d)(1)(F)(iv)(II)(cc), the hiring entity shall
3 obtain the written consent of the worker to work
4 such hours prior to the commencement of such work.

5 (2) CONSENT.—The consent required under
6 paragraph (1) may be transmitted electronically to
7 the covered entity.

8 (e) EXCEPTIONS.—

9 (1) IN GENERAL.—Notwithstanding any provi-
10 sion in this section, the requirements under sub-
11 section (c) shall not apply—

12 (A) during any period in which the oper-
13 ations of the covered entity cannot begin or
14 continue due to—

15 (i) a fire, flood, or other natural dis-
16 aster;

17 (ii) a major disaster or emergency de-
18 clared by the President under section 401
19 or 501, respectively, of the Robert T. Staf-
20 ford Disaster Relief and Emergency Assist-
21 ance Act (42 U.S.C. 5170, 5191) or a
22 state of emergency declared by a Governor
23 of a State or chief official of a unit of local
24 government; or

1 (iii) a severe weather condition that
2 poses a threat to worker safety; or

3 (B) in a case in which—

4 (i) the direct care professional volun-
5 tarily requested in writing a change to the
6 scheduled work hours of the direct care
7 professional; or

8 (ii) the covered entity changes the
9 scheduled work hours of a direct care pro-
10 fessional due to—

11 (I) a medical emergency requir-
12 ing emergency medical treatment or
13 hospitalization;

14 (II) the risk of contagion or a
15 quarantine requirement related to a
16 public health emergency declared by
17 the Secretary of Health and Human
18 Services under section 319 of the
19 Public Health Service Act (42 U.S.C.
20 247d); or

21 (III) necessary coverage for an
22 individual if the health and safety of
23 that individual would be compromised
24 if the direct care professional did not
25 stay to provide support.

1 (2) SHARED LIVING ARRANGEMENT.—Notwith-
2 standing any provision in this section, the require-
3 ments under this section shall not apply to a shared
4 living arrangement.

5 (f) EFFECTIVE DATE.—This section shall take effect
6 on the date that is 2 years after the date of enactment
7 of this Act.

8 **SEC. 314. RIGHT TO REQUEST AND RECEIVE TEMPORARY**
9 **CHANGES TO SCHEDULED WORK HOURS DUE**
10 **TO PERSONAL EVENTS.**

11 (a) DEFINITIONS.—In this section:

12 (1) COVERED DIRECT CARE PROFESSIONAL.—
13 The term “covered direct care professional” has the
14 meaning given the term in section 312(a).

15 (2) DOMESTIC VIOLENCE.—The term “domestic
16 violence” has the meaning given the term in section
17 331.

18 (3) PERSONAL EVENT.—The term “personal
19 event”, with respect to a covered direct care profes-
20 sional, means—

21 (A) an event resulting in the need of the
22 covered direct care professional to serve as a
23 caregiver for an individual related to the cov-
24 ered direct care professional by blood or affinity
25 or whose close association with the covered di-

1 rect care professional is the equivalent of a
2 family relationship;

3 (B) an event resulting from the obligation
4 of a covered direct care professional to attend
5 a legal proceeding or hearing for subsistence
6 benefits, including benefits under the supple-
7 mental nutrition assistance program established
8 under the Food and Nutrition Act of 2008 (7
9 U.S.C. 2011 et seq.) or under a State program
10 for temporary assistance for needy families es-
11 tablished under part A of title IV of the Social
12 Security Act (42 U.S.C. 601 et seq.), to which
13 the covered direct care professional, or an indi-
14 vidual related to the covered direct care profes-
15 sional as described in subparagraph (A), is a
16 party or witness; or

17 (C) any circumstance that would constitute
18 a basis for permissible use of safe time, or fam-
19 ily, medical, or sick leave, as determined based
20 on the policy of the covered entity.

21 (4) SAFE TIME.—The term “safe time”, with
22 respect to a covered direct care professional, means
23 an absence from work of the covered direct care pro-
24 fessional resulting from domestic violence, sexual as-
25 sault, or stalking, if the absence is to—

1 (A) seek medical attention for the covered
2 direct care professional or a child, parent,
3 spouse, or domestic partner of the covered di-
4 rect care professional, or any other individual
5 related to the covered direct care professional
6 by blood or affinity whose close association with
7 the covered direct care professional is the equiv-
8 alent of a family relationship, in order to re-
9 cover from physical or psychological injury or
10 disability caused by domestic violence, sexual
11 assault, or stalking;

12 (B) obtain, or assist a child, parent,
13 spouse, domestic partner, or other individual
14 described in subparagraph (A) in obtaining,
15 services from a victim services organization;

16 (C) obtain, or assist a child, parent,
17 spouse, domestic partner, or other individual
18 described in subparagraph (A) in obtaining,
19 psychological or other counseling;

20 (D) seek relocation for the covered direct
21 care professional or a child, parent, spouse, do-
22 mestic partner, or other individual described in
23 subparagraph (A); or

24 (E) take legal action, including preparing
25 for or participating in any civil or criminal legal

1 proceeding related to or resulting from domestic
2 violence, sexual assault, or stalking, of the cov-
3 ered direct care professional or a child, parent,
4 spouse, domestic partner, or other individual
5 described in subparagraph (A).

6 (5) SCHEDULED WORK HOURS.—The term
7 “scheduled work hours” has the meaning given such
8 term in section 313(a), except that references in
9 such section to the term “direct care professional”
10 shall be deemed to be a reference to the term “cov-
11 ered direct care professional”.

12 (6) SEXUAL ASSAULT; STALKING.—The terms
13 “sexual assault” and “stalking” have the meanings
14 given such terms in section 331.

15 (7) TEMPORARY CHANGE.—The term “tem-
16 porary change”, with respect to a change in the
17 scheduled work hours of a covered direct care pro-
18 fessional, means a limited alteration in the hours or
19 dates that, or locations where, a covered direct care
20 professional is scheduled to work, including through
21 using paid time off, trading or shifting work hours,
22 or using short-term unpaid leave.

23 (b) REQUEST.—

24 (1) IN GENERAL.—In accordance with this sub-
25 section, for each calendar year, a covered entity

1 shall, upon request of a covered direct care profes-
2 sional, grant to the covered direct care professional
3 not less than—

4 (A) 2 requests for a temporary change,
5 covering not more than 1 business day per re-
6 quest, to the scheduled work hours of the cov-
7 ered direct care professional due to a personal
8 event; or

9 (B) 1 request for a temporary change, cov-
10 ering not more than 2 business days, to the
11 scheduled work hours of the covered direct care
12 professional due to a personal event.

13 (2) NOTIFICATION OF REQUEST.—

14 (A) IN GENERAL.—A covered direct care
15 professional who requests a temporary change
16 to the scheduled work hours of the covered di-
17 rect care professional due to a personal event
18 under this subsection shall—

19 (i) notify the covered entity, or direct
20 supervisor, of such covered direct care pro-
21 fessional, as soon as the covered direct
22 care professional becomes aware of the
23 need for the temporary change and inform
24 the entity or supervisor that the change is
25 due to a personal event;

1 (ii) make a proposal for the temporary
2 change to the scheduled work hours of the
3 covered direct care professional, unless the
4 covered direct care professional seeks leave
5 without pay; and

6 (iii) subject to subparagraph (B), not
7 be required to initially submit the request
8 in writing.

9 (B) WRITTEN RECORD.—

10 (i) IN GENERAL.—A covered direct
11 care professional that requests a temporary
12 change to the scheduled work hours of the
13 covered direct care professional under this
14 subsection and does not initially submit a
15 request for such change in writing shall, as
16 soon as practicable and not later than 2
17 business days after date on which the cov-
18 ered direct care professional returns to
19 work following the conclusion of the tem-
20 porary change to the scheduled work
21 hours, submit a written record of such re-
22 quest indicating—

23 (I) the date for which the change
24 was requested; and

1 (II) that the request was made
2 due to a personal event.

3 (ii) ELECTRONIC MEANS.—A covered
4 entity may require that a record under this
5 subparagraph be submitted in electronic
6 form if covered direct care professionals of
7 the entity commonly use an electronic form
8 to request and manage leave and schedule
9 changes.

10 (c) RESPONSE.—A covered entity who receives a re-
11 quest under subsection (b) for a temporary change to the
12 scheduled work hours of a covered direct care professional
13 due to a personal event shall respond as soon as prac-
14 ticable. Such entity shall not be initially required to re-
15 spond to such request in writing. If such entity does not
16 initially respond to the requested schedule change in writ-
17 ing, the entity shall, as soon as practicable and not later
18 than 1 week after the requested schedule change, provide
19 the direct care professional with a written record of the
20 response to the requested schedule change.

21 (d) EFFECTIVE DATE.—This section shall take effect
22 on the date that is 2 years after the date of enactment
23 of this Act.

24 **SEC. 315. PRIVACY.**

25 (a) IN GENERAL.—A covered entity shall not—

1 (1) monitor or record a direct care professional
2 while such direct care professional is—

3 (A) using restroom or bathing facilities;

4 (B) in the private living quarters of the di-
5 rect care professional; or

6 (C) engaging in any activities associated
7 with the dressing, undressing, or changing of
8 clothes of the direct care professional;

9 (2) subject to subsection (b), restrict or inter-
10 fere with, or monitor, the private communications of
11 such direct care professional; or

12 (3) take possession of any documents or other
13 personal effects of such direct care professional.

14 (b) PRIVATE COMMUNICATIONS.—A covered entity
15 may—

16 (1) permit the use of private communication in
17 nonemergency situations, only as preapproved by
18 each individual’s person-centered planning team;

19 (2) restrict, interfere with, or monitor the pri-
20 vate communications of a direct care professional if
21 the entity has a reasonable belief that such commu-
22 nications significantly interfere with the direct care
23 professional’s performance of expected duties or vio-
24 late the conditions agreed upon in the individual’s
25 person-centered plan; and

1 (3) establish reasonable restrictions on the pri-
2 vate communications of a direct care professional
3 while such direct care professional is performing
4 work for the entity.

5 (c) RELATION TO OTHER LAWS.—This section shall
6 not preclude liability under any other law.

7 (d) DEFINITION OF PRIVATE COMMUNICATIONS.—In
8 this section, the term “private communications” means
9 any communication through telephone or internet services,
10 including sending and receiving communications by text
11 message, social media, electronic mail, and telephone, with
12 an entity or individual other than the covered entity.

13 **SEC. 316. BREAKS FOR MEALS AND REST.**

14 (a) MEAL BREAKS.—

15 (1) IN GENERAL.—Except as provided in sub-
16 section (c), a covered entity shall not require a direct
17 care professional to work more than 5 hours for
18 such hiring entity without an uninterrupted meal
19 break of not less than 30 minutes. The number of
20 hours worked by a direct care professional for pur-
21 poses of this paragraph shall be calculated without
22 regard to any rest break the direct care professional
23 takes and to which the direct care professional has
24 a right under subsection (b).

1 (2) RATE OF PAY.—A covered entity shall pay
2 a direct care professional for a meal break under
3 paragraph (1) at the regular rate of pay of the di-
4 rect care professional, unless the direct care profes-
5 sional is relieved of all duty for not less than 30
6 minutes during the meal break and is permitted to
7 leave the work site during such break.

8 (3) PAID MEAL BREAK.—Except as provided in
9 subsection (c), for any paid meal break required
10 under paragraph (2), a covered entity—

11 (A) shall provide a reasonable opportunity
12 for a direct care professional to take such break
13 for a period of uninterrupted time that is not
14 less than 30 minutes; and

15 (B) shall not impede or discourage a direct
16 care professional from taking such meal break.

17 (b) REST BREAKS.—

18 (1) IN GENERAL.—Except as provided in sub-
19 section (c), for every 4 hours of work that a direct
20 care professional is scheduled to perform for a cov-
21 ered entity, the entity shall allow the direct care pro-
22 fessional a rest break of not less than 10 uninter-
23 rupted minutes in which the direct care professional
24 is relieved of all duties related to providing long-
25 term care services to the entity. The entity shall

1 allow such rest break to occur during the first 3
2 hours of consecutive work performed by the direct
3 care professional for the entity.

4 (2) RATE OF PAY.—A covered entity shall pay
5 a direct care professional for the times spent by the
6 direct care professional for a rest break under para-
7 graph (1) at the regular rate of pay of the direct
8 care professional. The hiring entity shall not impede
9 or discourage a direct care professional from taking
10 such break.

11 (c) EXCEPTIONS.—

12 (1) IN GENERAL.—Subject to paragraphs (2)
13 and (4), a covered entity may provide an on duty-
14 meal break or on duty rest break, only in lieu of an
15 uninterrupted meal or rest break otherwise required
16 under subsection (a) or (b), and only in the case in
17 which relieving the direct care professional of all du-
18 ties would compromise the health or safety of the in-
19 dividual receiving care.

20 (2) ON-DUTY BREAKS.—

21 (A) DEFINITION OF ON-DUTY.—In this
22 subsection, the term “on-duty”, with respect to
23 a meal break under subsection (a) or a rest
24 break under subsection (b), means such a break
25 in which the direct care professional—

1 (i) is not relieved of all duties of the
2 direct care professional for the covered en-
3 tity; and

4 (ii) may, to the extent possible given
5 the duties of the direct care professional
6 for the covered entity, engage in personal
7 activities, such as resting, eating a meal,
8 drinking a beverage, making a personal
9 telephone call, or making other personal
10 choices.

11 (B) AUTHORIZATION.—

12 (i) IN GENERAL.—In a case described
13 in paragraph (1), the direct care profes-
14 sional may still take an on-duty meal or
15 rest break under subsection (a) or (b), re-
16 spectively, if—

17 (I) the nature of the work pre-
18 vents a direct care professional from
19 being relieved of all duties required of
20 the direct care professional for the
21 covered entity;

22 (II) the direct care professional
23 and the covered entity agree to such
24 an on-duty meal or rest break in a

1 written agreement described in clause
2 (ii); and

3 (III) the terms of such on-duty
4 meal or rest break are consistent with
5 the terms of an applicable collective
6 bargaining agreement, if one exists.

7 (ii) WRITTEN AGREEMENT.—The
8 written agreement under clause (i)—

9 (I) shall be voluntary and not a
10 condition of hire, continued employ-
11 ment, scheduling, or assignment;

12 (II) shall not waive, reduce, or
13 conflict with any rights provided
14 under a collective bargaining agree-
15 ment applicable to the direct care pro-
16 fessional or applicable State or local
17 law; and

18 (III) shall be separately executed
19 and not incorporated into a general
20 employment agreement.

21 (iii) REVOKABILITY.—A direct care
22 professional may revoke an agreement
23 under clause (i) at any time without prior
24 notice to the covered entity.

1 (3) SHARED LIVING ARRANGEMENT.—The re-
2 quirements under this section shall not apply in the
3 case of a shared living arrangement.

4 (4) RULE OF CONSTRUCTION.—Nothing in this
5 subsection shall be construed to—

6 (A) supersede, preempt, or waive any pro-
7 vision of State or local law that provides meal
8 or rest period protections that are equal to or
9 greater than the protections provided under this
10 section; or

11 (B) permit a deviation from requirements
12 of this section except pursuant to a collective
13 bargaining agreement that expressly addresses
14 meal and rest periods and provides protections
15 that are equal to or greater than those provided
16 under this section.

17 **SEC. 317. PROHIBITED ACTS.**

18 (a) INTERFERENCE WITH RIGHTS.—It shall be un-
19 lawful for any person to interfere with, restrain, or deny
20 the exercise of, or the attempt to exercise, any right pro-
21 vided under this subtitle, including—

22 (1) discharging or in any manner discrimi-
23 nating against (including retaliating against) any di-
24 rect care professional for—

1 (A) exercising, or attempting to exercise,
2 any right provided under this subtitle; or

3 (B) engaging in concerted activities for the
4 purpose of collective bargaining or mutual aid
5 or protection, regardless of whether such activi-
6 ties are with direct care professionals of dif-
7 ferent employers or direct care professionals at
8 different worksites; and

9 (2) discriminating against any direct care pro-
10 fessional by using the exercise of a right provided
11 under this subtitle as a negative factor in an employ-
12 ment action, such as an action involving hiring, pro-
13 motion, or changing work hours or number of shifts,
14 or a disciplinary action.

15 (b) RETALIATION PROTECTION.—It shall be unlawful
16 for any covered entity to discharge, demote, suspend, re-
17 duce the work hours of, take any other adverse employ-
18 ment action against, threaten to take an adverse employ-
19 ment action against, or in any other manner discriminate
20 against a direct care professional with respect to com-
21 pensation, terms, conditions, or privileges of employment
22 because the direct care professional (or any person acting
23 pursuant to the request of the direct care professional),
24 whether at the initiative of the direct care professional or

1 in the ordinary course of the direct care professional's du-
2 ties—

3 (1) opposes any practice made unlawful under
4 this subtitle;

5 (2) asserts any claim or right under this sub-
6 title;

7 (3) assists a direct care professional in assert-
8 ing such claim or right;

9 (4) informs any direct care professional about
10 this subtitle;

11 (5) requests a change to the written agreement
12 described in section 312;

13 (6) requests a change in scheduled work hours
14 described in section 314, or any other schedule
15 change, without regard to the eligibility of such di-
16 rect care professional to receive any such change;

17 (7)(A) files an action, or institutes or causes to
18 be instituted any proceeding, under or related to this
19 subtitle;

20 (B) gives, or is about to give, any information
21 in connection with any inquiry or proceeding relating
22 to any right provided under this subtitle; or

23 (C) testifies, or is about to testify, in any in-
24 quiry or proceeding relating to any right provided
25 under this subtitle; and

1 (8) engages in concerted activities for the pur-
2 pose of collective bargaining or mutual aid or protec-
3 tion, regardless of whether such activities are with
4 direct care professionals of different employers or di-
5 rect care professionals at different worksites.

6 (c) IMMIGRATION-RELATED ACTIONS AS DISCRIMI-
7 NATION.—For purposes of subsections (a) and (b), dis-
8 crimination with respect to compensation, terms, condi-
9 tions, or privileges of employment occurs if a person un-
10 dertakes any of the following activities (unless such activ-
11 ity is legal conduct undertaken at the express and specific
12 direction or request of the Federal Government):

13 (1) Reporting, or threatening to report, the citi-
14 zenship or immigration status of a direct care pro-
15 fessional, or the suspected citizenship or immigration
16 status of a family member of such an individual, to
17 a Federal, State, or local agency.

18 (2) Requesting more or different documents
19 than those required under section 274A(b) of the
20 Immigration and Nationality Act (8 U.S.C.
21 1324a(b)), or refusing to honor documents that on
22 their face appear to be genuine.

23 (3) Using the Federal E-Verify system to check
24 employment status in a manner not required under
25 section 274A(b) of the Immigration and Nationality

1 Act (8 U.S.C. 1324a(b)) or any memorandum gov-
2 erning use of the E-Verify system.

3 (4) Filing, or threatening to file, a false police
4 report relating to the immigration status of a direct
5 care professional, or a family member of a direct
6 care professional.

7 (5) Contacting, or threatening to contact, immi-
8 gration authorities relating to the immigration sta-
9 tus of a direct care professional, or a family member
10 of a direct care professional.

11 (d) PRESUMPTION OF RETALIATION.—

12 (1) IN GENERAL.—For the purposes of sub-
13 sections (a) and (b), proof that a person discharged
14 an individual, or discriminated against an individual
15 with respect to compensation, terms, conditions, or
16 privileges of employment, within 90 days of the indi-
17 vidual involved asserting any claim or right under
18 this subtitle, or assisting any other individual in as-
19 serting such a claim or right, shall raise a presump-
20 tion that the discharge or discrimination was in re-
21 taliation as prohibited under subsection (a) or (b),
22 as the case may be.

23 (2) REBUTTAL.—The presumption under para-
24 graph (1) may be rebutted by clear and convincing

1 evidence that such discharge or discrimination was
2 taken for another permissible reason.

3 **SEC. 318. ENFORCEMENT AUTHORITY.**

4 (a) IN GENERAL.—

5 (1) APPLICATION.—In this subsection—

6 (A) the term “covered entity” means a
7 covered entity described in subsection (e)(1)(A);
8 and

9 (B) the term “direct care professional”
10 means a direct care professional described in
11 subsection (e)(4)(A).

12 (2) INVESTIGATIVE AUTHORITY.—

13 (A) IN GENERAL.—To ensure compliance
14 with the provisions of this subtitle, or any regu-
15 lation or order issued under this subtitle, the
16 Secretary shall have the investigative authority
17 provided under section 11(a) of the Fair Labor
18 Standards Act of 1938 (29 U.S.C. 211(a)),
19 with respect to covered entities, direct care pro-
20 fessionals, and other individuals affected.

21 (B) OBLIGATION TO KEEP AND PRESERVE
22 RECORDS.—A covered entity shall make, keep,
23 and preserve records pertaining to compliance
24 with this subtitle in accordance with section
25 11(c) of the Fair Labor Standards Act of 1938

(29 U.S.C. 211(c)) and in accordance with regulations prescribed by the Secretary.

(C) REQUIRED SUBMISSIONS GENERALLY LIMITED TO AN ANNUAL BASIS.—The Secretary shall not require under this paragraph a covered entity to submit to the Secretary any books or records more than once during any 12-month period, unless the Secretary—

(i) has reasonable cause to believe there may exist a violation of this subtitle, including any regulation or order issued under this subtitle; or

(ii) is investigating a charge under paragraph (4).

(D) SUBPOENA AUTHORITY.—For the purposes of any investigation under this paragraph, the Secretary shall have the subpoena authority provided under section 9 of the Fair Labor Standards Act of 1938 (29 U.S.C. 209).

(3) CIVIL ACTION BY DIRECT CARE PROFESSIONALS.—

(A) RIGHT OF ACTION.—An action to recover the damages or equitable relief prescribed in subparagraph (B) may be maintained against a covered entity by one or more direct

1 care professionals, or a representative for and
2 on behalf of the direct care professionals and
3 any other direct care professionals that may be
4 similarly situated.

5 (B) LIABILITY.—A covered entity that vio-
6 lates this subtitle shall be liable to a direct care
7 professional aggrieved by the violation, except
8 as provided in subparagraphs (C) and (D),
9 for—

10 (i) damages equal to—

11 (I) the amount of—

12 (aa) any wages, salary, em-
13 ployment benefits, or other com-
14 pensation denied or lost by rea-
15 son of the violation; or

16 (bb) in a case in which
17 wages, salary, employment bene-
18 fits, or other compensation have
19 not been denied or lost, any ac-
20 tual monetary losses sustained,
21 or the costs reasonably related to
22 damage to or loss of property, or
23 any other injury to the person,
24 reputation, character, or feelings,
25 sustained by a direct care profes-

1 sional as a direct result of the
2 violation, or any injury to an-
3 other person sustained as a di-
4 rect result of the violation, by the
5 covered entity;

6 (II) the interest on the amount
7 described in subclause (I) calculated
8 at the prevailing rate;

9 (III) an additional amount as liq-
10 uidated damages; and

11 (IV) such other legal relief as
12 may be appropriate;

13 (ii) such equitable relief as may be ap-
14 propriate, including employment, reinstatement,
15 and promotion; and

16 (iii) a reasonable attorney's fee, rea-
17 sonable expert witness fees, and other costs
18 of the action.

19 (C) MEAL AND REST BREAKS.—In the case
20 of a violation of section 316, the covered entity
21 involved shall be liable under subparagraph
22 (B)—

23 (i) for the amount of damages de-
24 scribed in subclauses (I), (II), and (III) of
25 subparagraph (B)(i); and

(ii) under subparagraph (B)(i)(IV), for each such violation, for an amount equal to 1 hour of pay at the direct care professional's regular rate of compensation (but not more than 2 hours of such pay for each workday for which the covered entity is in violation of such section).

(D) WRITTEN AGREEMENTS.—In the case of a violation of section 312, the covered entity involved shall be liable, under subparagraph (B)(i)(I), for an amount equal to \$5,000.

(E) VENUE.—An action under this paragraph may be maintained in any Federal or State court of competent jurisdiction.

(4) ACTION BY THE SECRETARY.—

(A) ADMINISTRATIVE ACTION.—

(i) IN GENERAL.—Subject to clause (ii), and subparagraphs (C) and (D) of paragraph (3), the Secretary shall receive, investigate, and attempt to resolve complaints of violations of this subtitle in the same manner that the Secretary receives, investigates, and attempts to resolve complaints of violations of sections 6, 7, and 15(a)(3) of the Fair Labor Standards Act

1 of 1938 (29 U.S.C. 206, 207, and
2 215(a)(3)), including the Secretary's au-
3 thority to supervise payment of wages and
4 compensation under section 16(c) of the
5 Fair Labor Standards Act of 1938 (29
6 U.S.C. 216(c)).

7 (ii) VIOLATIONS GENERALLY.—The
8 Secretary may assess a civil penalty
9 against a covered entity that violates any
10 section of this subtitle—

11 (I) of not more than \$15,000 for
12 any first violation of any such section
13 by such covered entity; and

14 (II) of not more than \$25,000
15 for any subsequent violation of any
16 such section by such covered entity.

17 (B) ADMINISTRATIVE REVIEW.—Any ag-
18 grieved direct care professional who takes ex-
19 ception to an order issued by the Secretary
20 under subparagraph (A) may request review of
21 and a decision regarding such order by an ad-
22 ministrative law judge. In reviewing the order,
23 the administrative law judge may hold an ad-
24 ministrative hearing concerning the order, in
25 accordance with the requirements of sections

1 554, 556, and 557 of title 5, United States
2 Code. Such hearing shall be conducted expedi-
3 tiously. If no aggrieved direct care professional
4 requests such review within 60 days after the
5 order is issued under subparagraph (A), the
6 order shall be considered to be a final order
7 that is not subject to judicial review.

8 (C) CIVIL ACTION.—The Secretary may
9 bring an action in any court of competent juris-
10 diction to recover amounts described in para-
11 graph (3)(B) on behalf of a direct care profes-
12 sional aggrieved by a violation of this subtitle.

13 (D) SUMS RECOVERED.—

14 (i) IN GENERAL.—Any sums recovered
15 by the Secretary under subparagraph (C)
16 shall be held in a special deposit account
17 and shall be paid, on order of the Sec-
18 retary, directly to each direct care profes-
19 sional aggrieved by the violation for which
20 the action was brought. Any such sums not
21 paid to a direct care professional because
22 of inability to do so within a period of 3
23 years shall be deposited into the Treasury
24 of the United States as a miscellaneous re-
25 ceipt.

1 (ii) CIVIL PENALTY.—Any sums re-
2 covered by the Secretary under subpara-
3 graph (A)(ii) shall be deposited into the
4 general fund of the Treasury of the United
5 States as a miscellaneous receipt.

6 (5) LIMITATION.—

7 (A) IN GENERAL.—Except as provided in
8 subparagraph (B), an action may be brought
9 under paragraph (3), (4), or (6) not later than
10 2 years after the date of the last event consti-
11 tuting the alleged violation for which the action
12 is brought.

13 (B) WILLFUL VIOLATION.—In the case of
14 an action brought for a willful violation of this
15 subtitle, such action may be brought not later
16 than 3 years after the date of the last event
17 constituting the alleged violation for which such
18 action is brought.

19 (C) COMMENCEMENT.—An action shall be
20 considered commenced under paragraph (3),
21 (4), or (6) for the purposes of this paragraph
22 on the date on which the complaint is filed
23 under such paragraph (3), (4), or (6).

24 (6) ACTION FOR INJUNCTION.—The district
25 courts of the United States together with the Dis-

1 trict Court of the Virgin Islands and the District
2 Court of Guam shall have jurisdiction, for cause
3 shown, in an action brought by a direct care profes-
4 sional or the Secretary—

5 (A) to restrain violations of this subtitle,
6 including the withholding of a written agree-
7 ment from a direct care professional as required
8 under section 312, or of any withholding of
9 payment of wages, salary, employment benefits,
10 or other compensation, plus interest, found by
11 the court to be due to a direct care professional
12 under this subtitle; or

13 (B) to award such other equitable relief as
14 may be appropriate, including employment, re-
15 instatement, and promotion, for a violation of
16 this subtitle.

17 (7) SOLICITOR OF LABOR.—The Solicitor of
18 Labor may appear for and represent the Secretary
19 on any litigation brought under paragraph (4) or
20 (6).

21 (8) GOVERNMENT ACCOUNTABILITY OFFICE
22 AND LIBRARY OF CONGRESS.—Notwithstanding any
23 other provision of this subsection, in the case of the
24 Government Accountability Office and the Library of
25 Congress, the authority of the Secretary of Labor

1 under this subsection shall be exercised respectively
2 by the Comptroller General of the United States and
3 the Librarian of Congress.

4 (b) EMPLOYEES COVERED BY CONGRESSIONAL AC-
5 COUNTABILITY ACT OF 1995.—The powers, remedies, and
6 procedures provided in the Congressional Accountability
7 Act of 1995 (2 U.S.C. 1301 et seq.) to the Board (as de-
8 fined in section 101 of that Act (2 U.S.C. 1301)), or any
9 person, alleging a violation of section 202(a)(1) of that
10 Act (2 U.S.C. 1312(a)(1)) shall be the powers, remedies,
11 and procedures this Act provides to that Board, or any
12 person, alleging an unlawful employment practice in viola-
13 tion of this subtitle against a direct care professional de-
14 scribed in subsection (e)(4)(B).

15 (c) EMPLOYEES COVERED BY CHAPTER 5 OF TITLE
16 3, UNITED STATES CODE.—The powers, remedies, and
17 procedures provided in chapter 5 of title 3, United States
18 Code, to the President, the Merit Systems Protection
19 Board, or any person, alleging a violation of section
20 412(a)(1) of that title, shall be the powers, remedies, and
21 procedures this Act provides to the President, that Board,
22 or any person, respectively, alleging an unlawful employ-
23 ment practice in violation of this subtitle against a direct
24 care professional described in subsection (e)(4)(C).

1 (d) EMPLOYEES COVERED BY CHAPTER 63 OF TITLE
2 5, UNITED STATES CODE.—The powers, remedies, and
3 procedures provided in title 5, United States Code, to an
4 employing agency, provided in chapter 12 of that title to
5 the Merit Systems Protection Board, or provided in that
6 title to any person, alleging a violation of chapter 63 of
7 that title, shall be the powers, remedies, and procedures
8 this Act provides to that agency, that Board, or any per-
9 son, respectively, alleging an unlawful employment prac-
10 tice in violation of this subtitle against a direct care pro-
11 fessional described in subsection (e)(4)(D).

12 (e) DEFINITION.—In section 317 and this section, ex-
13 cept as otherwise provided in this subsection:

14 (1) COVERED ENTITY.—Notwithstanding sec-
15 tion 311, the term “covered entity” means a covered
16 entity—

17 (A) as defined in section 311(b) except
18 that a reference in that section to a person or
19 an employer shall be considered to be a ref-
20 erence to an employer described in clause (i) or
21 (ii) of subparagraph (A), and subparagraph
22 (B), of paragraph (2);

23 (B) as defined in section 311(b) except
24 that a reference in that section to a person or
25 an employer shall be considered to be a ref-

1 erence to an employer described in subpara-
2 graphs (A)(iii) and (B) of paragraph (2);

3 (C) as defined in section 311(b) except
4 that a reference in that section to a person or
5 an employer shall be considered to be a ref-
6 erence to an employer described in subpara-
7 graphs (A)(iv) and (B) of paragraph (2); and

8 (D) as defined in section 311(b) except
9 that a reference in that section to a person or
10 an employer shall be considered to be a ref-
11 erence to an employer described in subpara-
12 graphs (A)(v) and (B) of paragraph (2).

13 (2) EMPLOYER.—Notwithstanding section 311,
14 for purposes of paragraph (1), the term “employer”
15 means a person who is—

16 (A)(i) any person who is not covered under
17 another clause of this subparagraph;

18 (ii) an entity employing a State employee
19 described in section 304(a) of the Government
20 Employee Rights Act of 1991;

21 (iii) an employing office, as defined in sec-
22 tion 101 of the Congressional Accountability
23 Act of 1995;

24 (iv) an employing office, as defined in sec-
25 tion 411(c) of title 3, United States Code; or

1 (v) an employing agency covered under
2 subchapter V of chapter 63 of title 5, United
3 States Code; and

4 (B) engaged in commerce or the produc-
5 tion of goods for commerce or is an enterprise
6 engaged in commerce or in the production of
7 goods for commerce.

8 (3) EMPLOYMENT.—Notwithstanding section 3,
9 the term “employment” includes work as a direct
10 care professional.

11 (4) DIRECT CARE PROFESSIONAL.—Notwith-
12 standing section 3, the term “direct care profes-
13 sional” means—

14 (A) direct care professional (as defined in
15 such section) who is compensated for the per-
16 formance of long-term care services by an entity
17 described in paragraph (1)(A);

18 (B) direct care professional (as defined in
19 such section) who is compensated for the per-
20 formance of long-term care services by an entity
21 described in paragraph (1)(B);

22 (C) direct care professional (as defined in
23 such section) who is compensated for the per-
24 formance of long-term care services by an entity
25 described in paragraph (1)(C); and

1 (D) direct care professional (as defined in
 2 such section) who is compensated for the per-
 3 formance of long-term care services by an entity
 4 described in paragraph (1)(D).

5 **SEC. 319. EFFECT ON EXISTING EMPLOYMENT BENEFITS**
 6 **AND OTHER LAWS.**

7 (a) IN GENERAL.—Nothing in this subtitle shall—

8 (1) supersede a provision in a collective bar-
 9 gaining agreement;

10 (2) be construed to diminish the obligation of a
 11 covered entity to comply with any contract, collective
 12 bargaining agreement, or employment benefit pro-
 13 gram or plan that provides greater rights or benefits
 14 to direct care professionals than the rights estab-
 15 lished under this subtitle; or

16 (3) be construed to discourage or prevent a cov-
 17 ered entity from adopting a contract, collective bar-
 18 gaining agreement, or employment benefit program
 19 or plan that provides greater rights or benefits to di-
 20 rect care professionals than the rights established
 21 under this subtitle.

22 (b) OTHER LAWS.—Nothing in this subtitle shall—

23 (1) affect the obligation of a covered entity to
 24 provide a reasonable accommodation in the form of
 25 a change to the work schedule of a direct care pro-

1 fessional required under any other law, or to other-
 2 wise comply with any other law;

3 (2) preempt, limit, or otherwise affect the appli-
 4 cability of any State or local law that provides com-
 5 parable or superior benefits for direct care profes-
 6 sionals to the requirements under this subtitle; or

7 (3) diminish the rights, privileges, or remedies
 8 of any direct care professional under any Federal or
 9 State law or under any collective bargaining agree-
 10 ment.

11 (c) NO WAIVERS.—The rights and remedies in this
 12 subtitle may not be waived by a direct care professional
 13 through any agreement, policy, or form, or as a condition
 14 of employment.

15 **Subtitle C—Workplace Violence**
 16 **Prevention for Health Care and**
 17 **Social Services Workers Act**

18 **SEC. 321. WORKPLACE VIOLENCE PREVENTION STANDARD.**

19 (a) INTERIM FINAL STANDARD.—

20 (1) IN GENERAL.—Not later than 1 year after
 21 the date of enactment of this Act, the Secretary of
 22 Labor shall issue an interim final standard on work-
 23 place violence prevention—

24 (A) to require certain employers in the
 25 health care and social service sectors, and cer-

1 tain employers in sectors that conduct activities
2 similar to the activities in the health care and
3 social service sectors, to develop and implement
4 a comprehensive workplace violence prevention
5 plan and carry out other activities or require-
6 ments described in section 323 to protect health
7 care workers, social service workers, and other
8 personnel from workplace violence;

9 (B) that shall, at a minimum, be based on
10 the Guidelines for Preventing Workplace Vio-
11 lence for Healthcare and Social Service Work-
12 ers published by the Occupational Safety and
13 Health Administration of the Department of
14 Labor in 2015 and adhere to the requirements
15 of this subtitle; and

16 (C) that provides for a period determined
17 appropriate by the Secretary, not to exceed 1
18 year, during which the Secretary shall prioritize
19 technical assistance and advice consistent with
20 section 21(d) of the Occupational Safety and
21 Health Act of 1970 (29 U.S.C. 670(d)) to em-
22 ployers subject to the standard with respect to
23 compliance with the standard.

24 (2) INAPPLICABLE PROVISIONS OF LAW AND
25 EXECUTIVE ORDER.—The following provisions of law

1 and Executive orders shall not apply to the issuance
2 of the interim final standard under this subsection:

3 (A) The requirements applicable to occupa-
4 tional safety and health standards under section
5 6(b) of the Occupational Safety and Health Act
6 of 1970 (29 U.S.C. 655(b)).

7 (B) The requirements of chapters 5 and 6
8 of title 5, United States Code.

9 (C) Subchapter I of chapter 35 of title 44,
10 United States Code (commonly referred to as
11 the “Paperwork Reduction Act”).

12 (D) Executive Order No. 12866 (58 Fed.
13 Reg. 51735; relating to regulatory planning and
14 review), as amended.

15 (3) NOTICE AND COMMENT.—Notwithstanding
16 paragraph (2)(B), the Secretary shall, prior to
17 issuing the interim final standard under this sub-
18 section, provide notice in the Federal Register of the
19 interim final standard and a 30-day period for pub-
20 lic comment.

21 (4) EFFECTIVE DATE OF INTERIM STAND-
22 ARD.—The interim final standard shall—

23 (A) take effect on a date that is not later
24 than 30 days after issuance, except that such
25 interim final standard may include a reasonable

1 phase-in period for the implementation of re-
2 quired engineering controls that take effect
3 after such date;

4 (B) be enforced in the same manner and
5 to the same extent as any standard promul-
6 gated under section 6(b) of the Occupational
7 Safety and Health Act of 1970 (29 U.S.C.
8 655(b)); and

9 (C) be in effect until the final standard de-
10 scribed in subsection (b) becomes effective and
11 enforceable.

12 (5) FAILURE TO PROMULGATE.—If an interim
13 final standard described in paragraph (1) is not
14 issued not later than 1 year of the date of enactment
15 of this Act, the provisions of section 323 shall be in
16 effect and enforced in the same manner and to the
17 same extent as any standard promulgated under sec-
18 tion 6(b) of the Occupational Safety and Health Act
19 of 1970 (29 U.S.C. 655(b)) until such provisions are
20 superseded in whole by an interim final standard
21 issued by the Secretary that meets the requirements
22 of paragraph (1).

23 (b) FINAL STANDARD.—

24 (1) PROPOSED STANDARD.—Not later than 2
25 years after the date of enactment of this Act, the

1 Secretary of Labor shall, pursuant to section 6 of
2 the Occupational Safety and Health Act of 1970 (29
3 U.S.C. 655), promulgate a proposed standard on
4 workplace violence prevention—

5 (A) for the purposes described in sub-
6 section (a)(1)(A); and

7 (B) that shall include, at a minimum, re-
8 quirements contained in the interim final stand-
9 ard required under subsection (a).

10 (2) FINAL STANDARD.—Not later than 42
11 months after the date of enactment of this Act, the
12 Secretary shall issue a final standard on such pro-
13 posed standard that shall—

14 (A) provide no less protection than any
15 workplace violence standard adopted by a State
16 plan that has been approved by the Secretary
17 under section 18 of the Occupational Safety
18 and Health Act of 1970 (29 U.S.C. 667), pro-
19 vided the Secretary finds that the final stand-
20 ard is feasible on the basis of the best available
21 evidence; and

22 (B) be effective and enforceable in the
23 same manner and to the same extent as any
24 standard promulgated under section 6(b) of the

1 Occupational Safety and Health Act of 1970
2 (29 U.S.C. 655(b)).

3 **SEC. 322. SCOPE AND APPLICATION.**

4 In this subtitle:

5 (1) COVERED FACILITY.—

6 (A) IN GENERAL.—The term “covered fa-
7 cility” means the following:

8 (i) Any hospital, including any spe-
9 cialty hospital, in-patient or outpatient set-
10 ting, or clinic operating within a hospital
11 license, or any setting that provides out-
12 patient services.

13 (ii) Any residential treatment facility,
14 including any nursing home, skilled nurs-
15 ing facility, hospice facility, Alzheimer’s
16 and dementia care facility, or other long-
17 term care facility.

18 (iii) Any nonresidential treatment or
19 service setting.

20 (iv) Any medical treatment or social
21 service setting or clinic at a correctional or
22 detention facility.

23 (v) Any community care setting, in-
24 cluding a community-based residential fa-

1 cility, group home, and mental health clin-
2 ic.

3 (vi) Any psychiatric treatment facility.

4 (vii) Any drug abuse or substance use
5 disorder treatment center.

6 (viii) Any independent freestanding
7 emergency center.

8 (ix) Any assisted living facility.

9 (x) Any facility described in clauses
10 (i) through (ix) operated by a Federal Gov-
11 ernment agency and required to comply
12 with occupational safety and health stand-
13 ards pursuant to part 1960 of title 29,
14 Code of Federal Regulations (as such part
15 is in effect on the date of enactment of this
16 Act).

17 (xi) Any other facility the Secretary
18 determines should be covered under the
19 standards promulgated under section 321.

20 (B) EXCLUSION.—The term “covered facil-
21 ity” does not include an office of a physician,
22 dentist, podiatrist, or any other health practi-
23 tioner that is not physically located within a
24 covered facility described in clauses (i) through
25 (xi) of subparagraph (A).

1 (2) COVERED SERVICES.—

2 (A) IN GENERAL.—The term “covered
3 service” means the following services and oper-
4 ations:

5 (i) Any services and operations pro-
6 vided in any field work setting, including
7 home health care, home-based hospice, and
8 home-based social work.

9 (ii) Any emergency services and trans-
10 port, including such services provided by
11 firefighters and emergency responders.

12 (iii) Any services described in clauses
13 (i) and (ii) performed by a Federal Gov-
14 ernment agency and required to comply
15 with occupational safety and health stand-
16 ards pursuant to part 1960 of title 29,
17 Code of Federal Regulations (as such part
18 is in effect on the date of enactment of this
19 Act).

20 (iv) Any other services and operations
21 the Secretary determines should be covered
22 under the standards promulgated under
23 section 321.

24 (B) EXCLUSION.—The term “covered serv-
25 ice” does not include child day care services.

1 (3) COVERED EMPLOYER.—

2 (A) IN GENERAL.—The term “covered em-
 3 ployer” includes a person (including a con-
 4 tractor, a subcontractor, a temporary service
 5 firm, or an employee leasing entity) that em-
 6 ploys an individual to work at a covered facility
 7 or to perform covered services.

8 (B) EXCLUSION.—The term “covered em-
 9 ployer” does not include an individual who pri-
 10 vately employs, in the individual’s residence, a
 11 person to perform covered services for the indi-
 12 vidual or a family member of the individual or
 13 an individual who receives home and commu-
 14 nity-based services through a self-directed or
 15 participant-directed Medicaid waiver.

16 (4) COVERED EMPLOYEE.—The term “covered
 17 employee” includes an individual employed by a cov-
 18 ered employer to work at a covered facility or to per-
 19 form covered services.

20 **SEC. 323. REQUIREMENTS FOR WORKPLACE VIOLENCE**
 21 **PREVENTION STANDARD.**

22 Each standard described in section 321 shall include,
 23 at a minimum, the following:

24 (1) WORKPLACE VIOLENCE PREVENTION
 25 PLAN.—Not later than 6 months after the date of

1 promulgation of the interim final standard under
2 section 321(a), or 18 months after the date of enact-
3 ment of this Act in a case described in section
4 321(a)(5), a covered employer shall develop, imple-
5 ment, and maintain an effective written workplace
6 violence prevention plan (in this section referred to
7 as the “Plan”) for covered employees at each cov-
8 ered facility and for covered employees performing a
9 covered service on behalf of such employer, which
10 meets the following:

11 (A) PLAN DEVELOPMENT.—Each Plan—

12 (i) shall be developed and imple-
13 mented with the meaningful participation
14 of direct care professionals, other employ-
15 ees, and employee representatives, for all
16 aspects of the Plan;

17 (ii) shall be tailored and specific to
18 conditions and hazards for the covered fa-
19 cility or the covered service, including pa-
20 tient-specific risk factors and risk factors
21 specific to each work area or unit;

22 (iii) shall include patient-centered, re-
23 lationship-based, trauma-informed, recov-
24 ery-oriented practices that are evidence-
25 based;

1 (iv) shall be suitable for the size, com-
2 plexity, and type of operations at the cov-
3 ered facility or for the covered service, and
4 remain in effect at all times; and

5 (v) may be in consultation with stake-
6 holders or experts who specialize in work-
7 place violence prevention, emergency re-
8 sponse, or other related areas of expertise
9 for all relevant aspects of the Plan.

10 (B) PLAN CONTENT.—Each Plan shall in-
11 clude procedures and methods for the following:

12 (i) Identification of the individual (in-
13 cluding the individual’s role with respect to
14 the covered employer) responsible for im-
15 plementation of the Plan.

16 (ii) With respect to each work area
17 and unit at the covered facility or while
18 covered employees are performing the cov-
19 ered service, risk assessment and identi-
20 fication of workplace violence risks and
21 hazards to employees exposed to such risks
22 and hazards (including environmental risk
23 factors and patient-specific risk factors),
24 and protective factors associated with vio-
25 lence, which shall be—

1 (I) informed by past violent inci-
2 dents specific to such covered facility
3 or such covered service; and

4 (II) conducted with, at a min-
5 imum—

6 (aa) direct care profes-
7 sionals;

8 (bb) where applicable, the
9 representatives of such workers;
10 and

11 (cc) the employer.

12 (iii) Hazard prevention, engineering
13 controls, or work practice controls to cor-
14 rect hazards, in a timely manner, applying
15 industrial hygiene principles of the hier-
16 archy of controls, which—

17 (I) may include security and
18 alarm systems, adequate exit routes,
19 monitoring systems, barrier protec-
20 tion, established areas for patients
21 and clients, lighting, entry procedures,
22 staffing and working in teams, and
23 systems to identify and flag clients
24 with a history of violence; and

1 (II) shall ensure that employers
2 correct, in a timely manner, hazards
3 identified in any violent incident in-
4 vestigation described in paragraph (2)
5 and any annual report described in
6 paragraph (5).

7 (iv) Reporting, incident response, and
8 post-incident investigation procedures, in-
9 cluding procedures—

10 (I) for employees to report work-
11 place violence risks, hazards, and inci-
12 dents;

13 (II) for employers to respond to
14 reports of workplace violence;

15 (III) for employers to perform a
16 post-incident investigation and de-
17 briefing of all reports of workplace vi-
18 olence with the participation of em-
19 ployees and their representatives;

20 (IV) to provide medical care or
21 first aid to affected employees; and

22 (V) to provide employees with in-
23 formation about available trauma and
24 related counseling.

1 (v) Procedures for emergency re-
2 sponse, including procedures for threats of
3 mass casualties and procedures for inci-
4 dents involving a firearm or a dangerous
5 weapon.

6 (vi) Procedures for communicating
7 with and training the covered employees on
8 workplace violence hazards, threats, and
9 work practice controls, the employer's plan,
10 and procedures for confronting, responding
11 to, and reporting workplace violence
12 threats, incidents, and concerns, and em-
13 ployee rights.

14 (vii) Procedures for—

15 (I) ensuring the coordination of
16 risk assessment efforts, Plan develop-
17 ment, and implementation of the Plan
18 with other employers who have em-
19 ployees who work at the covered facil-
20 ity or who are performing the covered
21 service; and

22 (II) determining which covered
23 employer or covered employers shall
24 be responsible for implementing and
25 complying with the provisions of the

1 standard applicable to the working
2 conditions over which such employers
3 have control.

4 (viii) Procedures for conducting the
5 annual evaluation under paragraph (6).

6 (C) AVAILABILITY OF PLAN.—Each Plan
7 shall be made available at all times to the cov-
8 ered employees who are covered under such
9 Plan.

10 (2) VIOLENT INCIDENT INVESTIGATION.—

11 (A) IN GENERAL.—As soon as practicable
12 after a workplace violence incident, risk, or haz-
13 ard of which a covered employer has knowledge,
14 the employer shall conduct an investigation of
15 such incident, risk, or hazard under which the
16 employer shall—

17 (i) review the circumstances of the in-
18 cident, risk, or hazard, and whether any
19 controls or measures implemented pursu-
20 ant to the Plan of the employer were effec-
21 tive; and

22 (ii) solicit input from involved employ-
23 ees, their representatives, and supervisors
24 about the cause of the incident, risk, or
25 hazard, and whether further corrective

1 measures (including system-level factors)
2 could have prevented the incident, risk, or
3 hazard.

4 (B) DOCUMENTATION.—A covered em-
5 ployer shall document the findings, rec-
6 ommendations, and corrective measures taken
7 for each investigation conducted under this
8 paragraph.

9 (3) TRAINING AND EDUCATION.—With respect
10 to the covered employees covered under a Plan of a
11 covered employer, the employer shall provide train-
12 ing and education to such employees who may be ex-
13 posed to workplace violence hazards and risks, which
14 meet the following requirements:

15 (A) Annual training and education shall
16 include information on the Plan, including iden-
17 tified workplace violence hazards, work practice
18 control measures, reporting procedures, record-
19 keeping requirements, response procedures,
20 anti-retaliation policies, and employee rights.

21 (B) Additional hazard recognition training
22 shall be provided for supervisors and managers
23 to ensure they—

24 (i) can recognize high-risk situations;
25 and

1 (ii) do not assign employees to situa-
2 tions that predictably compromise the safe-
3 ty of such employees.

4 (C) Additional training shall be provided
5 for each such covered employee whose job cir-
6 cumstances have changed, within a reasonable
7 timeframe after such change.

8 (D) Additional training shall be provided
9 for each such covered employee whose job cir-
10 cumstances require working with victims of tor-
11 ture, trafficking, or domestic violence.

12 (E) Applicable training shall be provided
13 under this paragraph for each new covered em-
14 ployee prior to the employee's job assignment.

15 (F) All training shall provide such employ-
16 ees opportunities to ask questions, give feed-
17 back on training, and request additional in-
18 struction, clarification, or other follow-up.

19 (G) All training shall be provided in-person
20 and by an individual with knowledge of work-
21 place violence prevention and of the Plan, ex-
22 cept that any annual training described in sub-
23 paragraph (A) provided to an employee after
24 the first year such training is provided to such

1 employee may be conducted by live video if in-
2 person training is impracticable.

3 (H) All training shall be appropriate in
4 content and vocabulary to the language, edu-
5 cational level, and literacy of such covered em-
6 ployees.

7 (4) RECORDKEEPING AND ACCESS TO PLAN
8 RECORDS.—

9 (A) IN GENERAL.—Each covered employer
10 shall—

11 (i) maintain for not less than 5
12 years—

13 (I) records related to each Plan
14 of the employer, including workplace
15 violence risk and hazard assessments,
16 and identification, evaluation, correc-
17 tion, and training procedures;

18 (II) a violent incident log de-
19 scribed in subparagraph (B) for re-
20 cording all workplace violence inci-
21 dents; and

22 (III) records of all incident inves-
23 tigations as required under paragraph
24 (2)(B); and

1 (ii)(I) make such records and logs
2 available, upon request, to covered employ-
3 ees and their representatives for examina-
4 tion and copying in accordance with sec-
5 tion 1910.1020 of title 29, Code of Federal
6 Regulations (as such section is in effect on
7 the date of enactment of this Act), and in
8 a manner consistent with HIPAA privacy
9 regulations (defined in section 1180(b)(3)
10 of the Social Security Act (42 U.S.C.
11 1320d–9(b)(3))) and part 2 of title 42,
12 Code of Federal Regulations (as such part
13 is in effect on the date of enactment of this
14 Act); and

15 (II) ensure that any such records and
16 logs that may be copied, transmitted elec-
17 tronically, or otherwise removed from the
18 employer’s control for purposes of this
19 clause omit any element of personal identi-
20 fying information sufficient to allow identi-
21 fication of any patient, resident, client, or
22 other individual alleged to have committed
23 a violent incident (including the individ-
24 ual’s name, address, electronic mail ad-
25 dress, telephone number, or social security

1 number, or other information that, alone
2 or in combination with other publicly avail-
3 able information, reveals such individual's
4 identity).

5 (B) VIOLENT INCIDENT LOG DESCRIP-
6 TION.—Each violent incident log shall—

7 (i) be maintained by a covered em-
8 ployer for each covered facility controlled
9 by the employer and for each covered serv-
10 ice being performed by a covered employee
11 on behalf of such employer;

12 (ii) be based on a template developed
13 by the Secretary not later than 1 year
14 after the date of enactment of this Act;

15 (iii) include, at a minimum, a descrip-
16 tion of—

17 (I) the violent incident (including
18 environmental risk factors present at
19 the time of the incident);

20 (II) the date, time, and location
21 of the incident, and the names and
22 job titles of involved employees;

23 (III) the nature and extent of in-
24 juries to covered employees;

1 (IV) a classification of the perpe-
2 trator who committed the violence, in-
3 cluding whether the perpetrator was—

4 (aa) a patient, client, resi-
5 dent, or customer of a covered
6 employer;

7 (bb) a family or friend of a
8 patient, client, resident, or cus-
9 tomer of a covered employer;

10 (cc) a stranger;

11 (dd) a coworker, supervisor,
12 or manager of a covered em-
13 ployee;

14 (ee) a partner, spouse, par-
15 ent, or relative of a covered em-
16 ployee; or

17 (ff) any other appropriate
18 classification;

19 (V) the type of violent incident
20 (such as type 1 violence, type 2 vio-
21 lence, type 3 violence, or type 4 vio-
22 lence); and

23 (VI) how the incident was
24 abated;

1 (iv) not later than 7 days after the
2 employer learns of such incident, contain a
3 record of each violent incident, which is
4 updated to ensure completeness of such
5 record;

6 (v) be maintained for not less than 5
7 years; and

8 (vi) in the case of a violent incident
9 involving a privacy concern case, protect
10 the identity of employees in a manner con-
11 sistent with section 1904.29(b) of title 29,
12 Code of Federal Regulations (as such sec-
13 tion is in effect on the date of enactment
14 of this Act).

15 (C) ANNUAL SUMMARY.—

16 (i) COVERED EMPLOYERS.—Each cov-
17 ered employer shall prepare and submit to
18 the Secretary an annual summary of each
19 violent incident log for the preceding cal-
20 endar year that shall—

21 (I) with respect to each covered
22 facility, and each covered service, for
23 which such a log has been maintained,
24 include—

1 (aa) the total number of vio-
2 lent incidents;

3 (bb) the number of record-
4 able injuries related to such inci-
5 dents; and

6 (cc) the total number of
7 hours worked by the covered em-
8 ployees for such preceding year;

9 (II) be completed on a form pro-
10 vided by the Secretary;

11 (III) be posted for 90 days begin-
12 ning February 1 of each year in a
13 manner consistent with the require-
14 ments of part 1904 of title 29, Code
15 of Federal Regulations (as such part
16 is in effect on the date of enactment
17 of this Act), relating to the posting of
18 summaries of injury and illness logs;

19 (IV) be located in a conspicuous
20 place or places where notices to em-
21 ployees are customarily posted; and

22 (V) not be altered, defaced, or
23 covered by other material.

24 (ii) SECRETARY.—Not later than 1
25 year after the promulgation of the interim

1 final standard under section 321(a), or 2
2 years after the date of enactment of this
3 Act in a case described in section
4 321(a)(5), the Secretary shall make avail-
5 able a platform for the electronic submis-
6 sion of annual summaries required under
7 this subparagraph.

8 (5) ANNUAL REPORT.—

9 (A) REPORT TO SECRETARY.—Not later
10 than February 15 of each year, each covered
11 employer shall report to the Secretary, on a
12 form provided by the Secretary, the frequency,
13 quantity, and severity of workplace violence,
14 and any incident response and post-incident in-
15 vestigation (including abatement measures) for
16 the incidents set forth in the annual summary
17 of the violent incident log described in para-
18 graph (4)(C).

19 (B) REPORT TO CONGRESS.—Not later
20 than 180 days after February 15 of each year,
21 the Secretary shall submit to Congress a sum-
22 mary of the reports received under subpara-
23 graph (A). The contents of the summary of the
24 Secretary to Congress shall not disclose any
25 confidential information.

1 (6) ANNUAL EVALUATION.—Each covered em-
2 ployer shall conduct an annual written evaluation,
3 conducted with the full, active participation of cov-
4 ered employees and employee representatives, of—

5 (A) the implementation and effectiveness
6 of the Plan, including a review of the violent in-
7 cident log; and

8 (B) compliance with training required by
9 each standard described in section 321, and
10 specified in the Plan.

11 (7) PLAN UPDATES.—Each covered employer
12 shall incorporate changes to the Plan, in a manner
13 consistent with paragraph (1)(A)(i) and based on
14 findings from the most recent annual evaluation con-
15 ducted under paragraph (6), as appropriate.

16 (8) ANTI-RETALIATION.—

17 (A) POLICY.—Each covered employer shall
18 adopt a policy prohibiting any person (including
19 an agent of the employer) from the discrimina-
20 tion or retaliation described in subparagraph
21 (B).

22 (B) PROHIBITION.—No covered employer
23 shall discriminate or retaliate against any em-
24 ployee for—

1 (i) reporting a workplace violence inci-
2 dent, threat, or concern to, or seeking as-
3 sistance or intervention with respect to
4 such incident, threat, or concern from, the
5 employer, law enforcement, local emer-
6 gency services, or a local, State, or Federal
7 Government agency; or

8 (ii) exercising any other rights under
9 this section.

10 (C) ENFORCEMENT.—This paragraph shall
11 be enforced in the same manner and to the
12 same extent as any standard promulgated
13 under section 6(b) of the Occupational Safety
14 and Health Act of 1970 (29 U.S.C. 655(b)).

15 **SEC. 324. RULES OF CONSTRUCTION.**

16 Notwithstanding section 18 of the Occupational Safe-
17 ty and Health Act of 1970 (29 U.S.C. 667)—

18 (1) nothing in this subtitle shall be construed to
19 curtail or limit authority of the Secretary under any
20 other provision of the law;

21 (2) the rights, privileges, or remedies of covered
22 employees shall be in addition to the rights, privi-
23 leges, or remedies provided under any Federal or
24 State law, or any collective bargaining agreement;

1 (3) nothing in this subtitle shall be construed to
2 limit or prevent health care workers, social service
3 workers, and other personnel from reporting violent
4 incidents to appropriate law enforcement; and

5 (4) nothing in this Act shall be construed to
6 limit or diminish any protections in relevant Federal,
7 State, or local law related to—

8 (A) domestic violence;

9 (B) stalking;

10 (C) dating violence; or

11 (D) sexual assault.

12 **SEC. 325. DEFINITIONS.**

13 In this subtitle:

14 (1) **ALARM.**—The term “alarm” means a me-
15 chanical, electrical, or electronic device that does not
16 rely upon an employee’s vocalization in order to alert
17 others.

18 (2) **DANGEROUS WEAPON.**—The term “dan-
19 gerous weapon” means an instrument capable of in-
20 flicting death or serious bodily injury, without re-
21 gard to whether such instrument was designed for
22 that purpose.

23 (3) **ENGINEERING CONTROLS.**—

24 (A) **IN GENERAL.**—The term “engineering
25 controls” means an aspect of the built space or

1 a device that removes a hazard from the work-
2 place or creates a barrier between a covered
3 employee and the hazard.

4 (B) INCLUSIONS.—For purposes of reduc-
5 ing workplace violence hazards, the term “engi-
6 neering controls” includes electronic access con-
7 trols to employee occupied areas, weapon detec-
8 tors (installed or handheld), enclosed
9 workstations with shatter-resistant glass, deep
10 service counters, separate rooms or areas for
11 high-risk patients, locks on doors, removing ac-
12 cess to or securing items that could be used as
13 weapons, furniture affixed to the floor, opaque
14 glass in patient rooms (which protects privacy,
15 but allows the health care provider to see where
16 the patient is before entering the room), closed-
17 circuit television monitoring and video record-
18 ing, sight-aids, and personal alarm devices.

19 (4) ENVIRONMENTAL RISK FACTORS.—

20 (A) IN GENERAL.—The term “environ-
21 mental risk factors” means factors in the cov-
22 ered facility or area in which a covered service
23 is performed that may contribute to the likeli-
24 hood or severity of a workplace violence inci-
25 dent.

1 (B) CLARIFICATION.—Environmental risk
2 factors may be associated with the specific task
3 being performed or the work area, such as
4 working in an isolated area, poor illumination
5 or blocked visibility, and lack of physical bar-
6 riers between individuals and persons at risk of
7 committing workplace violence.

8 (5) PATIENT-SPECIFIC RISK FACTORS.—The
9 term “patient-specific risk factors” means factors
10 specific to a patient that may increase the likelihood
11 or severity of a workplace violence incident, includ-
12 ing—

13 (A) a patient’s treatment and medication
14 status, and history of violence and use of drugs
15 or alcohol; and

16 (B) any conditions or disease processes of
17 the patient that may cause the patient to expe-
18 rience confusion or disorientation, be non-
19 responsive to instruction, behave unpredictably,
20 or engage in disruptive, threatening, or violent
21 behavior.

22 (6) SECRETARY.—The term “Secretary” means
23 the Secretary of Labor.

24 (7) THREAT OF VIOLENCE.—The term “threat
25 of violence” means a statement or conduct that—

1 (A) causes an individual to fear for such
2 individual's safety because there is a reasonable
3 possibility the individual might be physically in-
4 jured; and

5 (B) serves no legitimate purpose.

6 (8) TYPE 1 VIOLENCE.—The term “type 1 vio-
7 lence”—

8 (A) means workplace violence directed at a
9 covered employee at a covered facility or while
10 performing a covered service by an individual
11 who has no legitimate business at the covered
12 facility or with respect to such covered service;
13 and

14 (B) includes violent acts by any individual
15 who enters the covered facility or worksite
16 where a covered service is being performed with
17 the intent to commit a crime.

18 (9) TYPE 2 VIOLENCE.—The term “type 2 vio-
19 lence” means workplace violence directed at a cov-
20 ered employee by customers, clients, patients, stu-
21 dents, inmates, or any individual for whom a covered
22 facility provides services or for whom the employee
23 performs covered services.

24 (10) TYPE 3 VIOLENCE.—The term “type 3 vio-
25 lence” means workplace violence directed at a cov-

1 ered employee by a present or former employee, su-
2 pervisor, or manager.

3 (11) TYPE 4 VIOLENCE.—The term “type 4 vio-
4 lence” means workplace violence directed at a cov-
5 ered employee by an individual who is not an em-
6 ployee, but has or is known to have had a personal
7 relationship with such employee, or with a customer,
8 client, patient, student, inmate, or any individual for
9 whom a covered facility provides services or for
10 whom the employee performs covered services.

11 (12) WORK PRACTICE CONTROLS.—

12 (A) IN GENERAL.—The term “work prac-
13 tice controls” means procedures and rules that
14 are used to effectively reduce workplace violence
15 hazards.

16 (B) INCLUSIONS.—The term “work prac-
17 tice controls” includes—

18 (i) assigning and placing sufficient
19 numbers of staff to reduce patient-specific
20 type 2 violence hazards;

21 (ii) provision of dedicated and avail-
22 able safety personnel such as security
23 guards;

24 (iii) employee training on workplace
25 violence prevention methods and tech-

1 niques to de-escalate and minimize violent
2 behavior; and

3 (iv) employee training on procedures
4 for response in the event of a workplace vi-
5 olence incident and for post-incident re-
6 sponse.

7 (13) WORKPLACE VIOLENCE.—

8 (A) IN GENERAL.—The term “workplace
9 violence” means any act of violence or threat of
10 violence, without regard to intent, that occurs
11 at a covered facility or while a covered employee
12 performs a covered service.

13 (B) EXCLUSIONS.—The term “workplace
14 violence” does not include lawful acts of self-de-
15 fense or lawful acts of defense of others.

16 (C) INCLUSIONS.—The term “workplace
17 violence” includes—

18 (i) the threat or use of physical force
19 against a covered employee that results in
20 or has a high likelihood of resulting in in-
21 jury, psychological trauma, or stress, with-
22 out regard to whether the covered em-
23 ployee sustains an injury, psychological
24 trauma, or stress; and

(ii) an incident involving the threat or use of a firearm or a dangerous weapon, including the use of common objects as weapons, without regard to whether the employee sustains an injury, psychological trauma, or stress.

SEC. 326. APPLICATION OF THE WORKPLACE VIOLENCE PREVENTION STANDARD TO CERTAIN FACILITIES RECEIVING MEDICARE FUNDS.

(a) IN GENERAL.—Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (X), by striking “and” at the end;

(B) in subparagraph (Y), by striking the period at the end and inserting “, and”; and

(C) by inserting after subparagraph (Y) the following new subparagraph:

“(Z) in the case of hospitals that are not otherwise subject to the Occupational Safety and Health Act of 1970 (or a State occupational safety and health plan that is approved under section 18(b) of such Act) and skilled nursing facilities that are not otherwise subject to such Act (or such a State occupational safety

1 and health plan), to comply with the Workplace
2 Violence Prevention Standard (as promulgated
3 under section 321 of the Long-Term Care
4 Workforce Support Act).”; and

5 (2) in subsection (b)(4)—

6 (A) in subparagraph (A), by inserting
7 “and a hospital or skilled nursing facility that
8 fails to comply with the requirement of sub-
9 section (a)(1)(Z) (relating to the Workplace Vi-
10 olence Prevention Standard)” after
11 “Bloodborne Pathogens standard”; and

12 (B) in subparagraph (B)—

13 (i) by striking “(a)(1)(U)” and insert-
14 ing “(a)(1)(V)”; and

15 (ii) by inserting “(or, in the case of a
16 failure to comply with the requirement of
17 subsection (a)(1)(Z), for a violation of the
18 Workplace Violence Prevention standard
19 referred to in such subsection by a hospital
20 or skilled nursing facility, as applicable,
21 that is subject to the provisions of such
22 Act)” before the period at the end.

23 (b) EFFECTIVE DATE.—The amendments made by
24 subsection (a) shall apply beginning on the date that is
25 1 year after the date of issuance of the interim final stand-

1 and on workplace violence prevention required under sec-
2 tion 321.

3 **Subtitle D—Improving Access to**
4 **Job Benefits**

5 **SEC. 331. DEFINITIONS.**

6 In this subtitle:

7 (1) CHILD.—The term “child” means a biologi-
8 cal, foster, or adopted child, a stepchild, a child of
9 a domestic partner, a legal ward, or a child of a per-
10 son standing in loco parentis.

11 (2) COMMERCE; INDUSTRY OR ACTIVITY AF-
12 FECTING COMMERCE.—The terms “commerce” and
13 “industry or activity affecting commerce” mean any
14 activity, business, or industry in commerce or in
15 which a labor dispute would hinder or obstruct com-
16 merce or the free flow of commerce, and include
17 “commerce” and any “industry affecting com-
18 merce”, as defined in paragraphs (1) and (3) of sec-
19 tion 501 of the Labor Management Relations Act,
20 1947 (29 U.S.C. 142 (1) and (3)).

21 (3) COVERED DIRECT CARE PROFESSIONAL.—
22 The term “covered direct care professional” means
23 an employee who is employed as a direct care profes-
24 sional by an employer.

1 (4) DOMESTIC VIOLENCE.—The term “domestic
2 violence” has the meaning given the term in section
3 40002(a) of the Violence Against Women Act of
4 1994 (34 U.S.C. 12291(a)), except that the ref-
5 erence in such section to the term “jurisdiction re-
6 ceiving grant funding” shall be deemed to mean the
7 jurisdiction in which the victim lives or the jurisdic-
8 tion in which the employer involved is located. Such
9 term also includes dating violence, as that term is
10 defined in such section.

11 (5) EMPLOYEE.—The term “employee” means
12 an individual who is an employee, as defined in sec-
13 tion 3(e) of the Fair Labor Standards Act of 1938
14 (29 U.S.C. 203(e)), except that a reference in such
15 section to an employer shall be considered to be a
16 reference to an employer described in paragraph (6).

17 (6) EMPLOYER.—

18 (A) IN GENERAL.—The term “em-
19 ployer”—

20 (i) means a person who is engaged in
21 commerce or in any industry or activity af-
22 fecting commerce who employs 1 or more
23 employees;

24 (ii) includes—

1 (I) any person who acts, directly
2 or indirectly, in the interest of an em-
3 ployer to any of the employees of such
4 employer; and

5 (II) any successor in interest of
6 such an employer; and

7 (iii) does not include any public agen-
8 cy.

9 (B) DEFINITIONS.—For purposes of this
10 subparagraph:

11 (i) EMPLOYEE.—The term “em-
12 ployee” has the meaning given such term
13 in section 3 of the Fair Labor Standards
14 Act of 1938 (29 U.S.C. 203).

15 (ii) PERSON.—The term “person” has
16 the meaning given such term in section 3
17 of the Fair Labor Standards Act of 1938
18 (29 U.S.C. 203).

19 (iii) PUBLIC AGENCY.—The term
20 “public agency” has the meaning given
21 such term in section 3 of the Fair Labor
22 Standards Act of 1938 (29 U.S.C. 203).

23 (C) PREDECESSORS.—Any reference in
24 this paragraph to an employer shall include a
25 reference to any predecessor of such employer.

1 (7) EMPLOYMENT BENEFITS.—The term “em-
2 ployment benefits” means all benefits provided or
3 made available to employees by an employer, includ-
4 ing group life insurance, health insurance, disability
5 insurance, sick leave, annual leave, educational bene-
6 fits, and pensions, regardless of whether such bene-
7 fits are provided by a practice or written policy of
8 an employer or through an “employee benefit plan”,
9 as defined in section 3(3) of the Employee Retirement
10 Income Security Act of 1974 (29 U.S.C.
11 1002(3)).

12 (8) HEALTH CARE PROVIDER.—The term
13 “health care provider” means a provider who—

14 (A)(i) is a doctor of medicine or osteopathy
15 who is authorized to practice medicine or sur-
16 gery (as appropriate) by the State in which the
17 doctor practices; or

18 (ii) is any other person determined by the
19 Secretary to be capable of providing health care
20 services; and

21 (B) is not employed by an employer for
22 whom the provider issues certification under
23 this subtitle.

1 (9) PAID SICK TIME.—The term “paid sick
2 time” means an increment of compensated leave
3 that—

4 (A) can be—

5 (i) earned by an employee for use dur-
6 ing an absence from employment for a rea-
7 son described in any paragraph of section
8 332(b); or

9 (ii) provided by an employer during a
10 public health emergency for use during an
11 absence from employment for a reason de-
12 scribed in any paragraph of section 332(b);
13 and

14 (B) is compensated at a rate that is not
15 less than the greatest of—

16 (i) the employee’s regular rate of pay;

17 (ii) the wage rate described in section
18 6(a)(1) of the Fair Labor Standards Act
19 of 1938 (29 U.S.C. 206(a)(1)); or

20 (iii) the minimum wage rate provided
21 for in the applicable State or local law for
22 the State or locality in which the employee
23 is employed.

24 (10) PARENT.—The term “parent” means a bi-
25 ological, foster, or adoptive parent of an employee,

1 a stepparent of an employee, parent-in-law, parent
2 of a domestic partner, or a legal guardian or other
3 person who stood in loco parentis to an employee
4 when the employee was a child.

5 (11) PUBLIC HEALTH EMERGENCY.—The term
6 “public health emergency” means a public health
7 emergency declared by the Secretary of Health and
8 Human Services for a jurisdiction, or by a State
9 public health official with authority to declare such
10 an emergency for the State or jurisdiction within the
11 State.

12 (12) SECRETARY.—The term “Secretary”
13 means the Secretary of Labor.

14 (13) SEXUAL ASSAULT.—The term “sexual as-
15 sault” has the meaning given the term in section
16 40002(a) of the Violence Against Women Act of
17 1994 (34 U.S.C. 12291(a)).

18 (14) SPOUSE.—The term “spouse”, with re-
19 spect to an employee, has the meaning given such
20 term by the marriage laws of the State in which the
21 marriage was celebrated.

22 (15) STALKING.—The term “stalking” has the
23 meaning given the term in section 40002(a) of the
24 Violence Against Women Act of 1994 (34 U.S.C.
25 12291(a)).

1 (16) VICTIM SERVICES ORGANIZATION.—The
2 term “victim services organization” means a non-
3 profit, nongovernmental organization that provides
4 assistance to victims of domestic violence, sexual as-
5 sault, or stalking or advocates for such victims, in-
6 cluding a rape crisis center, an organization carrying
7 out a domestic violence, sexual assault, or stalking
8 prevention or treatment program, an organization
9 operating a shelter or providing counseling services,
10 or a legal services organization or other organization
11 providing assistance through the legal process.

12 **SEC. 332. PAID SICK TIME.**

13 (a) EARNING OF PAID SICK TIME.—

14 (1) IN GENERAL.—Subject to subsection (c), an
15 employer shall provide each covered direct care pro-
16 fessional employed by the employer not less than 1
17 hour of earned paid sick time for every 30 hours
18 worked, to be used as described in subsection (b).
19 An employer shall not be required to permit a cov-
20 ered direct care professional to earn, under this sub-
21 section, more than 56 hours of paid sick time in a
22 year, unless the employer chooses to set a higher
23 limit.

24 (2) EXEMPT COVERED DIRECT CARE PROFES-
25 SIONALS.—

1 (A) IN GENERAL.—Except as provided in
2 subparagraph (B), for purposes of this sub-
3 section, a covered direct care professional who
4 is exempt from overtime requirements under
5 section 13(a)(1) of the Fair Labor Standards
6 Act of 1938 (29 U.S.C. 213(a)(1)) shall be
7 deemed to work 40 hours in each workweek.

8 (B) SHORTER NORMAL WORKWEEK.—If
9 the normal workweek of such a covered direct
10 care professional is less than 40 hours, the cov-
11 ered direct care professional shall earn paid sick
12 time under this subsection based upon that nor-
13 mal workweek.

14 (3) DATES FOR BEGINNING TO EARN PAID SICK
15 TIME AND USE.—

16 (A) IN GENERAL.—Except as provided in
17 subparagraph (B) and the second sentence of
18 paragraph (8), covered direct care professionals
19 shall begin to earn paid sick time under this
20 section at the commencement of their employ-
21 ment. Except as provided in such subparagraph
22 and such sentence, a covered direct care profes-
23 sional shall be entitled to use the earned paid
24 sick time beginning on the 60th calendar day
25 following commencement of the covered direct

1 care professional's employment. After that 60th
2 calendar day, the covered direct care profes-
3 sional may use the paid sick time as the time
4 is earned. An employer may, at the discretion
5 of the employer, loan paid sick time to a cov-
6 ered direct care professional for use by such
7 covered direct care professional in advance of
8 the covered direct care professional earning
9 such sick time as provided in this section and
10 may permit use before the 60th day of employ-
11 ment.

12 (B) PUBLIC HEALTH EMERGENCY.—Sub-
13 paragraph (A) shall not apply with respect to
14 additional paid sick time provided under sub-
15 section (c). In the event of a public health
16 emergency, a covered direct care professional
17 may immediately use the additional or accrued
18 paid sick time described in subsection (c), re-
19 gardless of how long the covered direct care
20 professional has been employed by an employer.

21 (4) CARRYOVER.—

22 (A) IN GENERAL.—Except as provided in
23 subparagraph (B), paid sick time earned under
24 this section shall carry over from 1 year to the
25 next.

1 (B) CONSTRUCTION.—Except as provided
2 in subsection (c), this subtitle shall not be con-
3 strued to require an employer to permit a cov-
4 ered direct care professional to earn more than
5 56 hours of earned paid sick time at a given
6 time.

7 (5) EMPLOYERS WITH EXISTING POLICIES.—
8 Any employer with a paid leave policy who makes
9 available an amount of paid leave that is sufficient
10 to meet the requirements of this section and that
11 may be used for the same purposes and under the
12 same conditions as the purposes and conditions de-
13 scribed in this section shall not be required to per-
14 mit a covered direct care professional to earn addi-
15 tional paid sick time under this section.

16 (6) CONSTRUCTION.—Nothing in this section
17 shall be construed as requiring financial or other re-
18 imbursement to a covered direct care professional
19 from an employer upon the covered direct care pro-
20 fessional's termination, resignation, retirement, or
21 other separation from employment for earned paid
22 sick time that has not been used.

23 (7) REINSTATEMENT.—If a covered direct care
24 professional is separated from employment with an
25 employer and is rehired, within 12 months after that

1 separation, by the same employer, the employer shall
2 reinstate the covered direct care professional's pre-
3 viously earned paid sick time. The covered direct
4 care professional shall be entitled to use the earned
5 paid sick time and earn additional paid sick time at
6 the recommencement of employment with the em-
7 ployer.

8 (8) PROHIBITION.—An employer may not re-
9 quire, as a condition of providing paid sick time
10 under this subtitle, that the covered direct care pro-
11 fessional involved search for or find a replacement to
12 cover the hours during which the covered direct care
13 professional is using paid sick time.

14 (b) USES.—Paid sick time earned under this section
15 may be used by a covered direct care professional for any
16 of the following:

17 (1) An absence resulting from a physical or
18 mental illness, injury, or medical condition of the
19 covered direct care professional.

20 (2) An absence resulting from obtaining profes-
21 sional medical diagnosis or care, or preventive med-
22 ical care, for the covered direct care professional.

23 (3) An absence resulting from the closure of a
24 covered direct care professional's place of employ-
25 ment by order of a Federal or State public official

1 with jurisdiction, or at the employer's discretion, due
2 to a public health emergency.

3 (4) An absence because a Federal or State pub-
4 lic official with jurisdiction or a health care provider
5 has determined that the covered direct care profes-
6 sional's presence in the community may jeopardize
7 the health of others because of the covered direct
8 care professional's exposure to a communicable dis-
9 ease during a public health emergency, regardless of
10 whether the covered direct care professional has ac-
11 tually contracted the communicable disease.

12 (5) An absence for the purpose of caring for a
13 child, a parent, a spouse, a domestic partner, or any
14 other individual related by blood or affinity whose
15 close association with the covered direct care profes-
16 sional is the equivalent of a family relationship—

17 (A) who is a child, if the child's school or
18 place of care has been closed by order of a Fed-
19 eral or State public official with jurisdiction or
20 at the discretion of the school or place of care
21 due to a public health emergency, including if
22 a school or entity operating the place of care is
23 physically closed but is providing education or
24 care to the child remotely; or

1 (B) because a Federal or State public offi-
2 cial with jurisdiction or a health care provider
3 has determined that the presence in the com-
4 munity of the person receiving care may jeop-
5 ardize the health of others because of the per-
6 son's exposure to a communicable disease dur-
7 ing a public health emergency, regardless of
8 whether the person has actually contracted the
9 communicable disease.

10 (6) An absence for the purpose of caring for a
11 child, a parent, a spouse, a domestic partner, or any
12 other individual related by blood or affinity whose
13 close association with the covered direct care profes-
14 sional is the equivalent of a family relationship—

15 (A) who has any of the conditions or needs
16 for diagnosis or care described in paragraph (1)
17 or (2);

18 (B) who is a child, if the covered direct
19 care professional is required to attend a school
20 meeting or a meeting at a place where the child
21 is receiving care necessitated by the child's
22 health condition or disability; or

23 (C) who is otherwise in need of care.

24 (7) An absence resulting from domestic vio-
25 lence, sexual assault, or stalking, if the time is to—

1 (A) seek medical attention for the covered
2 direct care professional or the covered direct
3 care professional's child, parent, spouse, domes-
4 tic partner, or an individual related to the cov-
5 ered direct care professional as described in
6 paragraph (6), to recover from physical or psy-
7 chological injury or disability caused by domes-
8 tic violence, sexual assault, or stalking;

9 (B) obtain or assist a related person de-
10 scribed in paragraph (6) in obtaining services
11 from a victim services organization;

12 (C) obtain or assist a related person de-
13 scribed in paragraph (6) in obtaining psycho-
14 logical or other counseling;

15 (D) seek relocation; or

16 (E) take legal action, including preparing
17 for or participating in any civil or criminal legal
18 proceeding related to or resulting from domestic
19 violence, sexual assault, or stalking.

20 (c) ADDITIONAL PAID SICK TIME FOR PUBLIC
21 HEALTH EMERGENCY.—

22 (1) ADDITIONAL PAID SICK TIME.—On the date
23 of a declaration of a public health emergency by the
24 Secretary of Health and Human Services under sec-
25 tion 319 of the Public Health Service Act (42

1 U.S.C. 247d) or a major disaster or emergency de-
2 clared by the President under section 401 or 501,
3 respectively, of the Robert T. Stafford Disaster Re-
4 lief and Emergency Assistance Act (42 U.S.C. 5170,
5 5191), an employer in the jurisdiction involved shall
6 provide each covered direct care professional of the
7 employer in that jurisdiction with additional paid
8 sick time, in addition to any amount of paid sick
9 time accrued by the covered direct care professional
10 under subsection (a) (including paid leave referred
11 to in subsection (a)(4)).

12 (2) AMOUNT OF PAID SICK TIME.—In receiving
13 additional paid sick time under paragraph (1), the
14 covered direct care professional shall receive—

15 (A) for a full-time salaried covered direct
16 care professional, a specified amount of paid
17 sick time that is sufficient to provide the cov-
18 ered direct care professional with 14 continuous
19 days away from work without a reduction in
20 pay; and

21 (B) for a part-time or hourly covered di-
22 rect care professional, a specified amount of
23 paid sick time equal to the number of hours
24 that the covered direct care professional was

1 scheduled to work or, if not so scheduled, regu-
2 larly works in a 14-day period.

3 (3) USE OF LEAVE.—The additional sick time
4 and accrued sick time described in this subsection
5 shall be available for immediate use by the covered
6 direct care professional for the purposes described in
7 any paragraph of subsection (b) beginning on the
8 date a public health emergency is declared, regard-
9 less of how long the covered direct care professional
10 has been employed by an employer.

11 (4) SEQUENCING.—During the public health
12 emergency, a covered direct care professional may
13 first use the additional sick time for those purposes.
14 The covered direct care professional may then use
15 the accrued sick time during the public health emer-
16 gency, or retain the accrued sick time for use after
17 the public health emergency. An employer may not
18 require a covered direct care professional to use the
19 accrued sick time, or any other paid leave provided
20 by the employer to the covered direct care profes-
21 sional, before using the additional sick time.

22 (5) PERIODS.—A covered direct care profes-
23 sional may take the additional sick time on the
24 schedule that meets the covered direct care profes-
25 sional's needs, consistent with subsection (b), includ-

1 ing taking the additional sick time intermittently or
2 on a reduced leave schedule, and an employer may
3 not require a covered direct care professional to take
4 the additional sick time in a single period or on any
5 other schedule specified by the employer.

6 (d) SCHEDULING.—A covered direct care professional
7 shall make a reasonable effort to schedule a period of paid
8 sick time under subsection (a) in a manner that does not
9 unduly disrupt the operations of the employer.

10 (e) PROCEDURES.—

11 (1) IN GENERAL.—Paid sick time shall be pro-
12 vided upon the oral or written request of a covered
13 direct care professional. Such request shall—

14 (A) include the expected duration of the
15 period of such time; and

16 (B)(i) in a case in which the need for such
17 period of time is foreseeable at least 7 days in
18 advance of such period, be provided at least 7
19 days in advance of such period; and

20 (ii) otherwise, be provided as soon as prac-
21 ticable after the covered direct care professional
22 is aware of the need for such period.

23 (2) CERTIFICATION IN GENERAL.—

24 (A) PROVISION.—

1 (i) IN GENERAL.—Subject to subpara-
2 graphs (C) and (D), an employer may re-
3 quire that a request for paid sick time
4 under this section for a purpose described
5 in paragraph (1), (2), or (6) of subsection
6 (b) be supported by a certification issued
7 by the health care provider of the covered
8 direct care professional or of an individual
9 described in subsection (b)(6), as appro-
10 priate, if the period of such time covers
11 more than 3 consecutive workdays.

12 (ii) TIMELINESS.—The covered direct
13 care professional shall provide a copy of
14 such certification to the employer in a
15 timely manner, not later than 30 days
16 after the first day of the period of time.
17 The employer shall not delay the com-
18 mencement of the period of time on the
19 basis that the employer has not yet re-
20 ceived the certification.

21 (B) SUFFICIENT CERTIFICATION.—

22 (i) IN GENERAL.—A certification pro-
23 vided under subparagraph (A) shall be suf-
24 ficient if it states—

1 (I) the date on which the period
2 of time will be needed;

3 (II) the probable duration of the
4 period of time;

5 (III) the appropriate medical
6 facts within the knowledge of the
7 health care provider regarding the
8 condition involved, subject to clause
9 (ii); and

10 (IV)(aa) for purposes of paid sick
11 time under subsection (b)(1), a state-
12 ment that absence from work is medi-
13 cally necessary;

14 (bb) for purposes of such time
15 under subsection (b)(2), the dates on
16 which testing for a medical diagnosis
17 or care is expected to be given and the
18 duration of such testing or care; and

19 (cc) for purposes of such time
20 under subsection (b)(6), in the case of
21 time to care for someone who is not a
22 child, a statement that care is needed
23 for an individual described in such
24 subsection, and an estimate of the

1 amount of time that such care is
2 needed for such individual.

3 (ii) LIMITATION.—In issuing a certifi-
4 cation under subparagraph (A), a health
5 care provider shall make reasonable efforts
6 to limit the medical facts described in
7 clause (i)(III) that are disclosed in the cer-
8 tification to the minimum necessary to es-
9 tablish a need for the covered direct care
10 professional to use paid sick time.

11 (C) PUBLIC HEALTH EMERGENCIES.—No
12 certification or other documentation may be re-
13 quired under this subtitle by an employer dur-
14 ing any public health emergency.

15 (D) REGULATIONS.—Regulations pre-
16 scribed under section 339 shall specify the man-
17 ner in which a covered direct care professional
18 who does not have health insurance shall pro-
19 vide a certification for purposes of this para-
20 graph.

21 (E) CONFIDENTIALITY AND NONDISCLO-
22 SURE.—

23 (i) PROTECTED HEALTH INFORMA-
24 TION.—Nothing in this subtitle shall be
25 construed to require a health care provider

1 to disclose information in violation of sec-
2 tion 1177 of the Social Security Act (42
3 U.S.C. 1320d–6) or the regulations pro-
4 mulgated pursuant to section 264(c) of the
5 Health Insurance Portability and Account-
6 ability Act of 1996 (42 U.S.C. 1320d–2
7 note).

8 (ii) HEALTH INFORMATION
9 RECORDS.—If an employer possesses
10 health information about a covered direct
11 care professional, a covered direct care
12 professional’s child, parent, spouse, domes-
13 tic partner, or an individual related to the
14 covered direct care professional as de-
15 scribed in subsection (b)(6), such informa-
16 tion shall—

17 (I) be maintained on a separate
18 form and in a separate file from other
19 personnel information;

20 (II) be treated as a confidential
21 medical record; and

22 (III) not be disclosed except to
23 the affected covered direct care pro-
24 fessional or with the permission of the

1 affected covered direct care profes-
2 sional.

3 (3) CERTIFICATION IN THE CASE OF DOMESTIC
4 VIOLENCE, SEXUAL ASSAULT, OR STALKING.—

5 (A) IN GENERAL.—An employer may re-
6 quire that a request for paid sick time under
7 this section for a purpose described in sub-
8 section (b)(7) be supported by any one of the
9 following:

10 (i) A police report indicating that the
11 covered direct care professional, or a mem-
12 ber of the covered direct care professional's
13 family described in subsection (b)(7), was
14 a victim of domestic violence, sexual as-
15 sault, or stalking.

16 (ii) A court order protecting or sepa-
17 rating the covered direct care professional
18 or a member of the covered direct care
19 professional's family described in sub-
20 section (b)(7) from the perpetrator of an
21 act of domestic violence, sexual assault, or
22 stalking, or other evidence from the court
23 or prosecuting attorney that the covered
24 direct care professional or a member of the
25 covered direct care professional's family

1 described in subsection (b)(7) has ap-
2 peared in court or is scheduled to appear
3 in court in a proceeding related to domes-
4 tic violence, sexual assault, or stalking.

5 (iii) Other documentation signed by a
6 covered direct care professional or volun-
7 teer working for a victim services organiza-
8 tion, an attorney, a police officer, a med-
9 ical professional, a social worker, an
10 antiviolence counselor, or a member of the
11 clergy, affirming that the covered direct
12 care professional or a member of the cov-
13 ered direct care professional's family de-
14 scribed in subsection (b)(7) is a victim of
15 domestic violence, sexual assault, or stalk-
16 ing.

17 (B) REQUIREMENTS.—The requirements
18 of paragraph (2) shall apply to certifications
19 under this paragraph, except that—

20 (i) subclauses (III) and (IV) of sub-
21 paragraph (B)(i) and subparagraph (B)(ii)
22 of such paragraph shall not apply;

23 (ii) the certification shall state the
24 reason that the leave is required with the
25 facts to be disclosed limited to the min-

1 imum necessary to establish a need for the
2 covered direct care professional to be ab-
3 sent from work, and the covered direct
4 care professional shall not be required to
5 explain the details of the domestic violence,
6 sexual assault, or stalking involved; and

7 (iii) with respect to confidentiality
8 under subparagraph (E) of such para-
9 graph, any information provided to the em-
10 ployer under this paragraph shall be con-
11 fidential, except to the extent that any dis-
12 closure of such information is—

13 (I) requested or consented to in
14 writing by the covered direct care pro-
15 fessional; or

16 (II) otherwise required by appli-
17 cable Federal or State law.

18 (C) SPECIFICATION OF DOCUMENTA-
19 TION.—An employer may not specify which of
20 the forms of documentation described in clause
21 (i), (ii), or (iii) of subparagraph (A) is required
22 to be provided in order to satisfy the require-
23 ment under such subparagraph.

1 **SEC. 333. NOTICE REQUIREMENT.**

2 (a) IN GENERAL.—Each employer shall notify each
3 covered direct care professional employed by the employer
4 and include in any employee handbook the information—

5 (1) describing paid sick time available to cov-
6 ered direct care professionals under this subtitle;

7 (2) pertaining to the filing of an action under
8 this subtitle;

9 (3) on the details of the notice requirement for
10 a foreseeable period of time under section
11 332(e)(1)(B)(i); and

12 (4) that describes—

13 (A) the protections that a covered direct
14 care professional has in exercising rights under
15 this subtitle; and

16 (B) how the covered direct care profes-
17 sional can contact the Secretary if any of the
18 rights are violated.

19 (b) POSTING OF NOTICE.—Each employer shall post
20 and keep posted a notice, to be prepared or approved in
21 accordance with procedures specified in regulations pre-
22 scribed under section 339, setting forth excerpts from, or
23 summaries of, the pertinent provisions of this subtitle in-
24 cluding the information described in paragraphs (1)
25 through (4) of subsection (a).

1 (c) LOCATION.—The notice described under sub-
2 section (b) shall be posted—

3 (1) in conspicuous places on the premises of the
4 employer, where notices to employees (including ap-
5 plicants) are customarily posted; or

6 (2) in employee handbooks.

7 (d) VIOLATION; PENALTY.—Any employer who will-
8 fully violates the posting requirements of this section shall
9 be subject to a civil fine in an amount not to exceed \$100
10 for each separate offense.

11 **SEC. 334. PROHIBITED ACTS.**

12 (a) INTERFERENCE WITH RIGHTS.—

13 (1) EXERCISE OF RIGHTS.—It shall be unlawful
14 for any employer to interfere with, restrain, or deny
15 the exercise of, or the attempt to exercise, any right
16 provided under this subtitle, including—

17 (A) discharging or discriminating against
18 (including retaliating against) any individual,
19 including a job applicant, for exercising, or at-
20 tempting to exercise, any right provided under
21 this subtitle;

22 (B) using the taking of paid sick time
23 under this subtitle as a negative factor in an
24 employment action, such as hiring, promotion,

1 reducing hours or number of shifts, or a dis-
2 ciplinary action; or

3 (C) counting the paid sick time under a
4 no-fault attendance policy or any other absence-
5 control policy.

6 (2) DISCRIMINATION.—It shall be unlawful for
7 any employer to discharge or in any other manner
8 discriminate against (including retaliating against)
9 any individual, including a job applicant, for oppos-
10 ing any practice made unlawful by this subtitle.

11 (b) INTERFERENCE WITH PROCEEDINGS OR INQUIR-
12 IES.—It shall be unlawful for any person to discharge or
13 in any other manner discriminate against (including retali-
14 ating against) any individual, including a job applicant,
15 because such individual—

16 (1) has filed an action, or has instituted or
17 caused to be instituted any proceeding, under or re-
18 lated to this subtitle;

19 (2) has given, or is about to give, any informa-
20 tion in connection with any inquiry or proceeding re-
21 lating to any right provided under this subtitle; or

22 (3) has testified, or is about to testify, in any
23 inquiry or proceeding relating to any right provided
24 under this subtitle.

1 (c) CONSTRUCTION.—Nothing in this section shall be
2 construed to state or imply that the scope of the activities
3 prohibited by section 105 of the Family and Medical Leave
4 Act of 1993 (29 U.S.C. 2615) is less than the scope of
5 the activities prohibited by this section.

6 **SEC. 335. ENFORCEMENT AUTHORITY.**

7 (a) INVESTIGATIVE AUTHORITY.—

8 (1) IN GENERAL.—To ensure compliance with
9 the provisions of this subtitle, or any regulation or
10 order issued under this subtitle, the Secretary shall
11 have, subject to paragraph (3), the investigative au-
12 thority provided under section 11(a) of the Fair
13 Labor Standards Act of 1938 (29 U.S.C. 211(a)),
14 with respect to employers, covered direct care profes-
15 sionals, and other individuals affected by an em-
16 ployer.

17 (2) OBLIGATION TO KEEP AND PRESERVE
18 RECORDS.—An employer shall make, keep, and pre-
19 serve records pertaining to compliance with this sub-
20 title in accordance with section 11(c) of the Fair
21 Labor Standards Act of 1938 (29 U.S.C. 211(c))
22 and in accordance with regulations prescribed by the
23 Secretary.

24 (3) REQUIRED SUBMISSIONS GENERALLY LIM-
25 ITED TO AN ANNUAL BASIS.—The Secretary shall

1 not require, under the authority of this subsection,
2 an employer to submit to the Secretary any books or
3 records more than once during any 12-month period,
4 unless the Secretary has reasonable cause to believe
5 there may exist a violation of this subtitle or any
6 regulation or order issued pursuant to this subtitle,
7 or is investigating a charge pursuant to subsection
8 (c).

9 (4) SUBPOENA AUTHORITY.—For the purposes
10 of any investigation provided for in this subsection,
11 the Secretary shall have the subpoena authority pro-
12 vided for under section 9 of the Fair Labor Stand-
13 ards Act of 1938 (29 U.S.C. 209).

14 (b) CIVIL ACTION BY COVERED DIRECT CARE PRO-
15 FESSIONALS OR INDIVIDUALS.—

16 (1) RIGHT OF ACTION.—An action to recover
17 the damages or equitable relief prescribed in para-
18 graph (1) may be maintained against any employer
19 in any Federal or State court of competent jurisdic-
20 tion by a covered direct care professional or indi-
21 vidual or a representative for and on behalf of—

22 (A) the covered direct care professional or
23 individual; or

24 (B) the covered direct care professional or
25 individual and others similarly situated.

1 (2) LIABILITY.—Any employer who violates sec-
2 tion 334 (including a violation relating to rights pro-
3 vided under section 332) shall be liable to any cov-
4 ered direct care professional or individual affected—

5 (A) for damages equal to—

6 (i) the amount of—

7 (I) any wages, salary, employ-
8 ment benefits, or other compensation
9 denied or lost by reason of the viola-
10 tion; or

11 (II) in a case in which wages,
12 salary, employment benefits, or other
13 compensation have not been denied or
14 lost, any actual monetary losses sus-
15 tained as a direct result of the viola-
16 tion up to a sum equal to 56 hours of
17 wages or salary for the covered direct
18 care professional or individual, or the
19 specified period described in section
20 332(c)(3), or a combination of those
21 hours and that period, as the case
22 may be;

23 (ii) the interest on the amount de-
24 scribed in clause (i) calculated at the pre-
25 vailing rate; and

1 (iii) an additional amount as liq-
2 uidated damages; and

3 (B) for such equitable relief as may be ap-
4 propriate, including employment, reinstatement,
5 and promotion.

6 (3) FEES AND COSTS.—The court in an action
7 under this subsection shall, in addition to any judg-
8 ment awarded to the plaintiff, allow a reasonable at-
9 torney's fee, reasonable expert witness fees, and
10 other costs of the action to be paid by the defendant.

11 (c) ACTION BY THE SECRETARY.—

12 (1) ADMINISTRATIVE ACTION.—The Secretary
13 shall receive, investigate, and attempt to resolve
14 complaints of violations of section 334 (including a
15 violation relating to rights provided under section
16 332) in the same manner that the Secretary re-
17 ceives, investigates, and attempts to resolve com-
18 plaints of violations of sections 6 and 7 of the Fair
19 Labor Standards Act of 1938 (29 U.S.C. 206 and
20 207).

21 (2) CIVIL ACTION.—The Secretary may bring
22 an action in any court of competent jurisdiction to
23 recover the damages described in subsection
24 (b)(2)(A).

1 (3) SUMS RECOVERED.—Any sums recovered by
2 the Secretary pursuant to paragraph (2) shall be
3 held in a special deposit account and shall be paid,
4 on order of the Secretary, directly to each covered
5 direct care professional or individual affected. Any
6 such sums not paid to a covered direct care profes-
7 sional or individual affected because of inability to
8 do so within a period of 3 years shall be deposited
9 into the Treasury of the United States as miscella-
10 neous receipts.

11 (d) LIMITATION.—

12 (1) IN GENERAL.—Except as provided in para-
13 graph (2), an action may be brought under sub-
14 section (b), (c), or (e) not later than 2 years after
15 the date of the last event constituting the alleged
16 violation for which the action is brought.

17 (2) WILLFUL VIOLATION.—In the case of an
18 action brought for a willful violation of section 334
19 (including a willful violation relating to rights pro-
20 vided under section 332), such action may be
21 brought not later than 3 years after the last event
22 constituting the alleged violation for which such ac-
23 tion is brought.

24 (3) COMMENCEMENT.—In determining when an
25 action is commenced under subsection (b), (c), or (e)

1 for the purposes of this subsection, it shall be con-
2 sidered to be commenced on the date when the com-
3 plaint is filed.

4 (e) ACTION FOR INJUNCTION BY SECRETARY.—The
5 district courts of the United States shall have jurisdiction,
6 for cause shown, in an action brought by the Secretary—

7 (1) to restrain violations of section 334 (includ-
8 ing a violation relating to rights provided under sec-
9 tion 332), including the restraint of any withholding
10 of payment of wages, salary, employment benefits, or
11 other compensation, plus interest, found by the court
12 to be due to covered direct care professionals or indi-
13 viduals eligible under this subtitle; or

14 (2) to award such other equitable relief as may
15 be appropriate, including employment, reinstatement,
16 and promotion.

17 (f) SOLICITOR OF LABOR.—The Solicitor of Labor
18 may appear for and represent the Secretary on any litigation
19 brought under subsection (c) or (e).

20 **SEC. 336. EDUCATION AND OUTREACH.**

21 (a) IN GENERAL.—The Secretary may conduct a
22 public awareness campaign to educate and inform the public
23 of the requirements for paid sick time required by this
24 subtitle.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to the Secretary
3 \$20,000,000 to carry out such campaign.

4 **SEC. 337. EFFECT ON EXISTING EMPLOYMENT BENEFITS.**

5 (a) MORE PROTECTIVE.—Nothing in this subtitle
6 shall be construed to diminish the obligation of an em-
7 ployer to comply with any contract, collective bargaining
8 agreement, or any employment benefit program or plan
9 that provides greater paid sick leave or other leave rights
10 to covered direct care professionals or individuals than the
11 rights established under this subtitle.

12 (b) LESS PROTECTIVE.—The rights established for
13 covered direct care professionals under this subtitle shall
14 not be diminished by any contract, collective bargaining
15 agreement, or any employment benefit program or plan.

16 **SEC. 338. ENCOURAGEMENT OF MORE GENEROUS LEAVE**
17 **POLICIES.**

18 Nothing in this subtitle shall be construed—

19 (1) to discourage employers from adopting or
20 retaining leave policies more generous than policies
21 that comply with the requirements of this subtitle;
22 or

23 (2) to discourage or prevent an employer from
24 adopting a contract, collective bargaining agreement,
25 or employment benefit program or plan that pro-

1 vides greater right or benefits to covered direct care
2 professionals than the rights established under this
3 subtitle.

4 **SEC. 339. REGULATIONS.**

5 (a) IN GENERAL.—Subject to subsection (b), not
6 later than 180 days after the date of enactment of this
7 Act, the Secretary shall prescribe such regulations as are
8 necessary to carry out this subtitle.

9 (b) IMMEDIATE COMPLIANCE.—The rights and re-
10 sponsibilities specified in this subtitle shall take effect on
11 the date of enactment of this Act and employers and other
12 persons subject to those responsibilities shall comply im-
13 mediately, without regard whether regulations have been
14 prescribed under this section.

15 **SEC. 339A. EFFECTIVE DATE.**

16 If a public health emergency was declared before and
17 remains in effect on the date of enactment of this Act,
18 for purposes of this subtitle, including section 332(c), the
19 public health emergency shall be considered to have been
20 declared on the date of enactment of this Act.

21 **SEC. 339B. COLLECTION OF DATA AND FURTHER STUDY.**

22 (a) COMPILATION OF INFORMATION.—The Commis-
23 sioner of the Bureau of Labor Statistics shall—

24 (1) collect data on—

1 (A) the amount of paid and unpaid sick
2 time available to covered direct care profes-
3 sionals by occupation and type of employment
4 establishment; and

5 (B) an estimate of the average sick time
6 used by covered direct care professionals ac-
7 cording to occupation and the type of covered
8 direct care professional; and

9 (2) annually report that data to the Comp-
10 troller General of the United States.

11 (b) GAO STUDY.—The Comptroller General of the
12 United States shall—

13 (1) conduct a study to evaluate the implementa-
14 tion of this subtitle—

15 (A) that includes an estimation of the ac-
16 cess of covered direct care professionals to paid
17 sick time, the awareness of covered direct care
18 professionals of rights under this Act, and the
19 experiences of employers in complying with this
20 subtitle; and

21 (B) that takes into account access, aware-
22 ness, and experiences of covered direct care pro-
23 fessionals by race, ethnicity, gender, disability,
24 occupation, and any other characteristic deter-
25 mined by the Secretary; and

1 (2) not later than 5 years after the date of en-
2 actment of this Act, submit the report to the Com-
3 mittee on Health, Education, Labor, and Pensions
4 and the Special Committee on Aging of the Senate
5 and the Committee on Education and Workforce of
6 the House of Representatives.

7 **TITLE IV—NATIONAL DIRECT**
8 **CARE PROFESSIONAL COM-**
9 **PENSATION STRATEGY**

10 **SEC. 401. DEFINITIONS.**

11 In this title:

12 (1) **ADVISORY COUNCIL.**—The term “Advisory
13 Council” means the National Direct Care Profes-
14 sional Compensation Advisory Council convened
15 under section 403.

16 (2) **SECRETARY.**—The term “Secretary” means
17 the Secretary of Health and Human Services.

18 (3) **STRATEGY.**—The term “Strategy” means
19 the National Direct Care Professional Compensation
20 Strategy set forth under section 402.

21 **SEC. 402. NATIONAL DIRECT CARE PROFESSIONAL COM-**
22 **PENSATION STRATEGY.**

23 (a) **IN GENERAL.**—The Secretary, in consultation
24 with the heads of other appropriate Federal agencies, shall
25 develop jointly with the Advisory Council and submit to

1 the appropriate committees of Congress, and the State
2 agencies responsible for carrying out direct care profes-
3 sional programs, and make publicly available on the inter-
4 net website of the Department of Health and Human
5 Services, a National Direct Care Professional Compensa-
6 tion Strategy.

7 (b) CONTENTS.—

8 (1) IN GENERAL.—The Strategy shall identify
9 recommended actions that the Federal Government
10 (under existing Federal programs), State and local
11 governments, communities, health care providers, in-
12 cluding direct care professionals and others, are tak-
13 ing, or may take, to provide direct care professionals
14 a livable wage, including recommendations on—

15 (A) how to calculate the fair cost of labor
16 provided by direct care professionals;

17 (B) how State Medicaid agencies, managed
18 care organizations, and other public payers
19 should establish policies and procedures to en-
20 sure the direct care professional workforce is
21 compensated at the full cost of their labor;

22 (C) how to set clear expectations for em-
23 ployers of direct care professionals with respect
24 to compensation for such professionals; and

1 (D) how to ensure additional training and
2 certification is tied to increased compensation
3 for such professionals.

4 (2) CONSIDERATIONS.—The recommendations
5 under paragraph (1) shall take into account—

6 (A) the particular challenges of the direct
7 care professional workforce, including—

8 (i) the largely part-time nature of the
9 work;

10 (ii) the mobile or transient nature of
11 positions in the direct care professional
12 workforce;

13 (iii) precarity due to race, ethnicity,
14 sexual orientation, gender identity, and im-
15 migration status; and

16 (iv) any decrease in public benefits
17 that direct care professionals may experi-
18 ence following an increase in wages; and

19 (B) strategies for wage enhancement for
20 direct care professionals.

21 (c) DUTIES OF THE SECRETARY.—The Secretary, in
22 carrying out subsection (a), shall oversee the following:

23 (1) Collecting and making publicly available in-
24 formation submitted by the Advisory Council under
25 section 403(e) to the appropriate committees of Con-

1 gress, and the State agencies responsible for car-
2 rying out direct care professional programs, includ-
3 ing evidence-based or promising practices and inno-
4 vative models (both domestic and foreign) regarding
5 compensation for direct care professionals.

6 (2) Coordinating and assessing existing Federal
7 Government programs and activities to compensate
8 direct care professionals while ensuring maximum ef-
9 fectiveness and avoiding unnecessary duplication.

10 (3) Providing technical assistance, as appro-
11 priate, such as disseminating identified best prac-
12 tices and information sharing based on reports pro-
13 vided under section 403(e), to State or local efforts
14 to compensate direct care professionals.

15 (d) INITIAL STRATEGY; UPDATES.—The Secretary
16 shall—

17 (1) not later than 18 months after the date of
18 enactment of this Act, develop, publish, and submit
19 to the appropriate committees of Congress, and the
20 State agencies responsible for carrying out direct
21 care professional programs, an initial Strategy incor-
22 porating the items addressed in the Advisory Coun-
23 cil’s initial report under section 403(e) and other
24 relevant information, including best practices, for
25 compensating direct care professionals; and

1 (2) biennially update, republish, and submit to
2 the appropriate committees of Congress and the
3 State agencies responsible for carrying out direct
4 care professional programs the Strategy, taking into
5 account the most recent annual report submitted
6 under section 403(e)(1)—

7 (A) to reflect new developments, chal-
8 lenges, opportunities, and solutions; and

9 (B) to review progress based on rec-
10 ommendations for compensating direct care
11 professionals in the Strategy and, based on the
12 results of such review, recommend priority ac-
13 tions for improving the implementation of such
14 recommendations, as appropriate.

15 (e) PROCESS FOR PUBLIC INPUT.—The Secretary
16 shall establish a process for public input to inform the de-
17 velopment of, and updates to, the Strategy, including a
18 process for the public to submit recommendations to the
19 Advisory Council and an opportunity for public comment
20 on the proposed Strategy.

21 (f) NO PREEMPTION.—Nothing in this title preempts
22 any authority of a State or local government to com-
23 pensate direct care professionals.

1 (g) RULE OF CONSTRUCTION.—Nothing in this title
2 shall be construed to permit the Secretary (through regu-
3 lation, guidance, grant criteria, or otherwise) to—

4 (1) mandate, direct, or control the allocation of
5 State or local resources;

6 (2) mandate the use of any of the best practices
7 identified in the reports required under this title; or

8 (3) otherwise expand the authority of the Sec-
9 retary beyond that expressly provided to the Sec-
10 retary in this title.

11 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
12 authorized to be appropriated for the advisory committee
13 \$100,000 for each of years 2026 through 2030.

14 **SEC. 403. NATIONAL DIRECT CARE PROFESSIONAL COM-**
15 **PENSATION ADVISORY COUNCIL.**

16 (a) CONVENING.—The Secretary shall convene a Na-
17 tional Direct Care Professional Compensation Advisory
18 Council to advise and provide recommendations, including
19 identified best practices, to the Secretary on compensating
20 direct care professionals.

21 (b) MEMBERSHIP.—

22 (1) IN GENERAL.—The members of the Advi-
23 sory Council shall consist of—

24 (A) the appointed members under para-
25 graph (2); and

1 (B) the Federal members under paragraph
2 (3).

3 (2) APPOINTED MEMBERS.—In addition to the
4 Federal members under paragraph (3), the Sec-
5 retary shall appoint not more than 15 voting mem-
6 bers of the Advisory Council who are not representa-
7 tives of Federal departments or agencies and who
8 shall include at least 1 representative of each of the
9 following:

10 (A) Direct care professionals.

11 (B) Older individuals eligible for long-term
12 care services under a State Medicaid program.

13 (C) People with disabilities.

14 (D) Health care and social service pro-
15 viders.

16 (E) Employers of direct care professionals.

17 (F) State and local officials responsible for
18 direct care professional policies in their jurisdic-
19 tions.

20 (G) Accreditation bodies responsible for ac-
21 crediting direct care professionals.

22 (H) Veterans who are older individuals or
23 people with disabilities.

24 (I) Organizations representing workers, in-
25 cluding labor organizations.

1 (J) As appropriate, other experts in direct
2 care and advocacy organizations for the direct
3 care professional workforce.

4 (3) FEDERAL MEMBERS.—The Federal mem-
5 bers of the Advisory Council, who shall be nonvoting
6 members, shall consist of the following:

7 (A) The Administrator of the Centers for
8 Medicare & Medicaid Services (or the Adminis-
9 trator’s designee).

10 (B) The Administrator of the Administra-
11 tion for Community Living (or the Administra-
12 tor’s designee who has experience in both aging
13 and disability).

14 (C) The Secretary of Veterans Affairs (or
15 the Secretary’s designee).

16 (D) The Secretary of Labor (or the Sec-
17 retary’s designee).

18 (E) The Administrator of the Health Re-
19 sources and Services Administration (or the Ad-
20 ministrator’s designee).

21 (F) The heads of other Federal depart-
22 ments or agencies (or their designees), includ-
23 ing relevant departments or agencies that over-
24 see labor and workforce, economic, government
25 financial policies, community service, and other

1 impacted populations, as appointed by the Sec-
2 retary or the Chair of the Advisory Council.

3 (4) DIVERSE REPRESENTATION.—The Sec-
4 retary shall ensure that the membership of the Advi-
5 sory Council reflects the diversity of direct care pro-
6 fessionals and individuals eligible for long-term care
7 services under a State Medicaid program.

8 (c) MEETINGS.—The Advisory Council shall meet
9 quarterly during the 1-year period beginning on the date
10 of enactment of this Act and at least 3 times during each
11 year thereafter. Meetings of the Advisory Council shall be
12 open to the public.

13 (d) NON-FEDERAL MEMBER COMPENSATION.—

14 (1) COMPENSATION OF MEMBERS.—A member
15 of the Advisory Council who is not an officer or em-
16 ployee of the Federal Government shall be com-
17 pensated at a rate equal to the daily equivalent of
18 the annual rate of basic pay prescribed for level IV
19 of the Executive Schedule under section 5315 of title
20 5, United States Code, for each day (including travel
21 time) during which the member is engaged in the
22 performance of the duties of the Commission.

23 (2) TRAVEL EXPENSES.—A member of the Ad-
24 visory Council who is not an officer or employee of
25 the Federal Government shall be allowed travel ex-

1 penses, including per diem in lieu of subsistence, at
2 rates authorized for employees of agencies under
3 subchapter I of chapter 57 of title 5, United States
4 Code, while away from their homes or regular places
5 of business in the performance of services for the
6 Commission.

7 (3) CHILD CARE.—A member of the Advisory
8 Council who is not an officer or employee of the
9 Federal Government shall be permitted expenses for
10 child care during the period for which they are re-
11 quired to meet with the Advisory Council or travel
12 to and from meetings of the Advisory Council.

13 (4) TECHNOLOGY SUPPORT.—A member of the
14 Advisory Council who is not an officer or employee
15 of the Federal Government shall be permitted ex-
16 penses for technology necessary to participate in ac-
17 tivities of the Advisory Council.

18 (e) ADVISORY COUNCIL ANNUAL REPORTS.—

19 (1) IN GENERAL.—Not later than 12 months
20 after the date of enactment of this Act, and annually
21 thereafter, the Advisory Council shall submit to the
22 Secretary, the appropriate committees of Congress,
23 and the State agencies responsible for carrying out
24 direct care professional programs, and make publicly
25 available on the internet website of the Department

1 of Health and Human Services, a report concerning
2 the development, maintenance, and updating of the
3 Strategy, including a description of the outcomes of
4 the recommendations and any priorities included in
5 the initial report pursuant to paragraph (2), as ap-
6 propriate.

7 (2) INITIAL REPORT.—The Advisory Council’s
8 initial report under paragraph (1) shall include—

9 (A) an inventory and assessment of all fed-
10 erally funded efforts to compensate direct care
11 professionals and the outcomes of such efforts,
12 including analyses of the extent to which feder-
13 ally funded efforts are reaching direct care pro-
14 fessionals and gaps in such efforts;

15 (B) recommendations—

16 (i) to improve and better coordinate
17 Federal programs and activities to com-
18 pensate direct care professionals, as well as
19 opportunities to improve the coordination
20 of such Federal programs and activities
21 with State programs; and

22 (ii) to effectively deliver services based
23 on the performance, mission, and purpose
24 of a program while eliminating
25 redundancies, avoiding unnecessary dupli-

1 cation and overlap, and ensuring the needs
2 of direct care professionals are met;

3 (C) the identification of challenges faced
4 by direct care professionals, including financial,
5 health, and other challenges, and existing ap-
6 proaches to address such challenges; and

7 (D) an evaluation of how the status of the
8 direct care professional workforce affects the
9 Medicare program, the Medicaid program, and
10 other Federal programs.

11 (f) NONAPPLICABILITY OF FEDERAL ADVISORY COM-
12 MITTEE ACT.—Chapter 10 of title 5, United States Code,
13 shall not apply to the Advisory Council.

14 **SEC. 404. SUNSET PROVISION.**

15 The authority and obligations established by this title
16 shall terminate on the date that is 10 years after the date
17 of enactment of this Act.

18 **TITLE V—IMPROVING OVER-**
19 **SIGHT AND ACCOUNTABILITY**

20 **SEC. 501. EVALUATION OF IMPLEMENTATION AND OUT-**
21 **COMES.**

22 (a) IN GENERAL.—The Secretary of Health and
23 Human Services, in conjunction with the Secretary of
24 Labor, shall evaluate the implementation and outcomes of

1 this Act in the aggregate through a contract with an exter-
2 nal evaluator who has experience in evaluating—

3 (1) home and community-based services;

4 (2) disability programs;

5 (3) programs for older individuals;

6 (4) nursing homes and intermediate care facili-
7 ties; and

8 (5) health care workforce programs, including
9 direct care professional workforce programs.

10 (b) EVALUATION CRITERIA.—The external evaluator
11 shall document and evaluate the implementation and out-
12 comes of this Act, and the amendments made by this Act,
13 including outcomes based on—

14 (1) the impact on workforce creation, training,
15 education, recruitment, retention, professional devel-
16 opment, and advancement of the direct care profes-
17 sional workforce, including direct care professionals
18 from low-income families;

19 (2) the economic effects, including the impact
20 on compensation and benefits, on the direct care
21 professional workforce;

22 (3) the impact on working conditions, including
23 scheduling flexibility and stability, for direct care
24 professionals;

1 (4) the impact of workforce investment activi-
2 ties, including supportive services, on recruitment,
3 wages, benefits, and advancement of direct care pro-
4 fessionals;

5 (5) the impact on burnout, attrition, and sta-
6 bility of the direct care professional workforce;

7 (6) the impact on vacancy rates and crude sep-
8 aration rates of the direct care professional work-
9 force;

10 (7) the economic effects on—

11 (A) individuals enrolled for medical assist-
12 ance under a State Medicaid program;

13 (B) people with disabilities and older indi-
14 viduals receiving long-term care services, includ-
15 ing home and community-based services; and

16 (C) the families of any such individuals or
17 persons described in subparagraph (A) or (B);

18 (8) the impact on the capacity of States to en-
19 sure the delivery of long-term care services and on
20 the costs to the Medicare and Medicaid programs;

21 (9) the capacity of the direct care professional
22 workforce to provide services for individuals needing
23 long-term care services or changes in access, avail-
24 ability, and quality of long-term care services;

1 (10) the impact on State waiting lists for home
2 and community-based services;

3 (11) the impact on mental health outcomes, in-
4 cluding substance use disorders and suicidality,
5 among direct care professionals;

6 (12) promising practices identified by activities
7 authorized or conducted pursuant to this Act, or the
8 amendments made by this Act; and

9 (13) any other factor as determined appropriate
10 by the Secretary of Health and Human Services.

11 (c) FISCAL ANALYSIS.—The Secretary of Health and
12 Human Services, in conjunction with the Secretary of
13 Labor, shall contract with an independent external eval-
14 uator to track spending by States and providers of funding
15 provided to States under sections 101 and 102 (including
16 the amendments made by such sections). The evaluator
17 shall—

18 (1) collect spending data from each State re-
19 ceiving funds under such sections;

20 (2) analyze the data to determine what percent-
21 age of funding under such sections was expended to
22 improve wages and benefits of direct care profes-
23 sionals, disaggregated by subcategories of direct care
24 professionals described in section 3(11);

1 (3) beginning 2 years after the date of enact-
2 ment of this Act, and every year thereafter through
3 fiscal year 2040—

4 (A) publish an annual report of State
5 spending and the analyses conducted under
6 paragraph (2); and

7 (B) provide all such reports to the appro-
8 priate committees of Congress; and

9 (4) share the data described in paragraph (1)
10 with researchers to encourage further analysis.

11 (d) DISSEMINATION OF EVALUATION FINDINGS.—

12 The Secretary of Health and Human Services shall—

13 (1) disseminate the findings from the evalua-
14 tions conducted under this section, and from any
15 other evaluation conducted under this Act or an
16 amendment made by this Act, to—

17 (A) all State Medicaid agencies; and

18 (B) the appropriate committees of Con-
19 gress; and

20 (2) make all such findings publicly available in
21 an accessible electronic format and any other acces-
22 sible format determined appropriate by the Sec-
23 retary.

○