

Title: To _____ K_.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) In General.—This Act may be cited as the “Long-Term Care Workforce Support Act”.

(b) Table of Contents.—The table of contents for this Act is as follows:

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Sec.3.Definitions.

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Sec.102.Additional support for Medicaid long-term care services and direct care professionals.

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

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professionals.

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Sec.213.Comprehensive geriatric education.

Sec.214.Review of the availability and quality of apprenticeship programs in long-term care settings.

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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.

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

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Sec.312.Written agreements.

Sec.313.Fair scheduling practices.

1 Sec.314.Right to request and receive temporary changes to scheduled work hours due to personal
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3 Sec.315.Privacy.

4 Sec.316.Breaks for meals and rest.

5 Sec.317.Prohibited acts.

6 Sec.318.Enforcement authority.

7 Sec.319.Effect on existing employment benefits and other laws.

8 Subtitle C—Workplace Violence Prevention for Health Care 9 and Social Services Workers Act

10 Sec.321.Workplace Violence Prevention Standard.

11 Sec.322.Scope and application.

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13 Sec.324.Rules of construction.

14 Sec.325.Definitions.

15 Sec.326.Application of the Workplace Violence Prevention Standard to certain facilities
16 receiving Medicare funds.

17 Subtitle D—Improving Access to Job Benefits

18 Sec.331.Definitions.

19 Sec.332.Paid sick time.

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29 TITLE IV—NATIONAL DIRECT CARE PROFESSIONAL 30 COMPENSATION STRATEGY

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6 SEC. 2. FINDINGS AND PURPOSES.

7 (a) Findings.—Congress finds the following:

8 (1) The nearly 5,000,000 direct care professionals in the United States play a vital role in
9 supporting the health, well-being, and independence of older individuals and persons with a
10 disability.

11 (2) The United States faces a growing crisis in its direct care professional workforce at
12 the same time that demand for services is rising at unprecedented rates.

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

16 (4) Workforce turnover and shortages have a direct impact on older individuals, persons
17 with a disability, and their families who suffer because they cannot get the high-quality care
18 that they need and deserve.

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

21 (6) One in 8 direct care professionals live in poverty and three quarters earn less than the
22 average living wage in their State.

23 (7) Forty-six percent of direct care professionals rely on public assistance, such as
24 Medicaid, food and nutrition assistance, or cash assistance.

25 (8) Direct care professionals report high levels of burnout and professional fatigue from
26 their physically and emotionally demanding work, lack of respect for the essential, skilled
27 care they provide, and lasting trauma from battling the COVID–19 pandemic, all of which
28 further drives high turnover.

29 (9) The long-term care industry is struggling to hire and retain direct care professionals,
30 with a national turnover rate between 77 to nearly 100 percent.

31 (10) Ninety-two percent of nursing home respondents and nearly 70 percent of assisted
32 living facilities surveyed report significant or severe workforce shortages.

33 (11) More than half of nursing homes surveyed in 2022 reported that they limited new
34 patient admissions due to staffing shortages.

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

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

(14) Efforts to support the direct care professional workforce have focused on specific care settings, even though these issues are widespread across the long-term care landscape and direct care professionals across settings face similar challenges of low wages, few benefits, limited training and support, worker exploitation, and a lack of meaningful career ladders.

(15) Stabilizing, growing, and supporting the direct care professional workforce across the continuum of long-term care is essential to ensuring a strong, qualified pipeline of workers, and improving the lives of direct care professionals and the older individuals, persons with a disability, and the families and communities that they support.

(b) Purposes.—The purposes of this Act are as follows:

(1) To increase the capacity of the direct care professional workforce to ensure that older individuals, persons with a disability, and their families receive the services they need in the settings of their choice as they deserve to live healthy, independent lives.

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

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

(4) To improve access to and quality of long-term care, including collecting meaningful and actionable data on the direct care professional workforce and the people they support.

(5) To eliminate the race, gender, sexual orientation, age, and gender identity disparities that exist across the direct care professional workforce.

(6) To strengthen the direct care professional workforce in order to support the 53,000,000 unpaid family caregivers who are often providing complex services and supports to their loved ones who are older individuals and persons with a disability in their homes, communities, and residential settings.

SEC. 3. DEFINITIONS.

In this Act:

(1) ACTIVITIES OF DAILY LIVING.—The term “activities of daily living” means basic, personal, everyday activities, including tasks such as eating, toileting, grooming, dressing, bathing, and transferring.

(2) AGING AND DISABILITY RESOURCE CENTER.—The term “Aging and Disability Resource Center” has the meaning given such term in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

(3) APPRENTICESHIP PROGRAM.—The term “apprenticeship program” means an apprenticeship program registered under the Act of August 16, 1937 (commonly known as the “National Apprenticeship Act”; 50 Stat. 664, chapter 663; 29 U.S.C. 50 et seq.),

1 including any requirement, standard, or rule promulgated under such Act.

2 (4) APPROPRIATE COMMITTEES OF CONGRESS.—The term “appropriate committees of
3 Congress” means—

4 (A) the Committee on Finance of the Senate;

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

6 (C) the Special Committee on Aging of the Senate;

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

8 (E) the Committee on Energy and Commerce of the House of Representatives; and

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

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

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

14 (A) is a residential care setting licensed and regulated by the State in which the
15 facility is located (or, if there is no State law providing for such licensing and
16 regulation by the State, by the municipality or other political subdivision in which the
17 facility is located);

18 (B)(i) makes available to residents supportive services to assist the residents in
19 carrying out activities of daily living;

20 (ii) provides 24-hour on-site monitoring, personal care planning, food services, and
21 personal care; and

22 (iii) may make available to residents home health care services, such as nursing and
23 therapy; and

24 (C) provides dwelling units for residents, each of which may contain a full kitchen,
25 bedroom, and bathroom, and which includes common rooms and other facilities
26 appropriate for the provision of supportive services to the residents of the facility.

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

29 (8) COMMERCE.—Except as provided in section 331, the term “commerce” has the
30 meaning given such term in section 3 of the Fair Labor Standards Act of 1938 (29 U.S.C.
31 203).

32 (9) COMMUNITY OR TECHNICAL COLLEGE.—The term “community or technical college”
33 means a public institution of higher education at which the highest degree that is
34 predominantly awarded to students is an associate’s degree, including Tribal Colleges or
35 Universities receiving grants under section 316 of the Higher Education Act of 1965 (20
36 U.S.C. 1059c) that offer a 2-year program for completion of such degree and State public
37 institutions of higher education that offer such a 2-year program.

38 (10) DEVELOPMENTAL DISABILITY.—The term “developmental disability” has the
39 meaning given such term in section 102 of the Developmental Disabilities Assistance and

1 Bill of Rights Act of 2000 (42 U.S.C. 15002).

2 (11) DIRECT CARE PROFESSIONAL.—The term “direct care professional” means—

3 (A) a personal or home care aide;

4 (B) a home and community-based services worker;

5 (C) a direct support professional;

6 (D) a certified nursing assistant;

7 (E) a nurse aide or nursing assistant;

8 (F) a respite care provider;

9 (G) a paid family caregiver;

10 (H) a home health aide;

11 (I) a private duty nurse; or

12 (J) any other individual providing relevant services (as determined by the Secretary
13 of Health and Human Services) for compensation, in the course of the profession of
14 such individual, at a long-term care setting to a resident of such setting.

15 (12) DIRECT CARE PROFESSIONAL MANAGER.—The term “direct care professional
16 manager” means a person who is a manager, or supervisory staff, with coaching, training,
17 managerial, supervisory, or other oversight responsibilities of direct care professionals.

18 (13) DIRECT CARE PROFESSIONAL WORKFORCE.—The term “direct care professional
19 workforce” means the broad workforce of direct care professionals across all long-term care
20 settings.

21 (14) DISABILITY.—The term “disability”, except as provided in paragraph (10), has the
22 meaning given such term in section 3 of the Americans with Disabilities Act of 1990 (42
23 U.S.C. 12102).

24 (15) DOMESTIC PARTNER.—

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

27 (B) COMMITTED RELATIONSHIP DEFINED.—The term “committed relationship” for
28 purposes of subparagraph (A)—

29 (i) means a relationship between 2 individuals, each at least 18 years of age, in
30 which both individuals share responsibility for a significant measure of each
31 other’s common welfare; and

32 (ii) includes any such relationship between 2 individuals, including individuals
33 of the same sex, that is granted legal recognition by a State or political
34 subdivision of a State as a marriage or analogous relationship, including a civil
35 union or domestic partnership.

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

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

3 (18) HOME AND COMMUNITY-BASED SERVICES.—The term “home and community-based
4 services” means any of the following (whether provided on a fee-for-service, risk, or other
5 basis):

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

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

9 (C) PACE services authorized under paragraph (26) of such section.

10 (D) Home and community-based services authorized under subsections (b), (c), (i),
11 (j), and (k) of section 1915 of such Act (42 U.S.C. 1396n), such services authorized
12 under a waiver under section 1115 of such Act (42 U.S.C. 1315), and such services
13 provided through coverage authorized under section 1937 of such Act (42 U.S.C.
14 1396u–7).

15 (E) Case management services authorized under section 1905(a)(19) of the Social
16 Security Act (42 U.S.C. 1396d(a)(19)) and section 1915(g) of such Act (42 U.S.C.
17 1396n(g)).

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

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

21 (19) HOME AND COMMUNITY-BASED SERVICES SETTING.—The term “home and
22 community-based services setting” means a setting where home and community-based
23 services authorized under State options described in subsection (c) or (i) of section 1915 of
24 the Social Security Act (42 U.S.C. 1396n) or, as relevant, demonstration projects authorized
25 under section 1115 of such Act (42 U.S.C. 1315), are provided to individuals enrolled for
26 medical assistance under a State plan under title XIX (or under a waiver of such a plan).

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

29 (A) means an individual who provides home and community-based services for
30 compensation; and

31 (B) may include individuals described in subparagraph (A) who are physical
32 therapists, occupational therapists, or speech or language therapists.

33 (21) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms “Indian Tribe” and “Tribal
34 organization” have the meanings given such terms in section 4 of the Indian Self-
35 Determination and Education Assistance Act (25 U.S.C. 5304).

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

38 (A) an institution of higher education defined in section 101 of the Higher Education
39 Act of 1965 (20 U.S.C. 1001); or

40 (B) an institution of higher education defined in section 102(a)(1)(B) of such Act

(20 U.S.C. 1002(a)(1)(B)).

(23) INSTRUMENTAL ACTIVITIES OF DAILY LIVING.—The term “instrumental activities of daily living” means tasks that are not necessary for fundamental functioning, but allow an individual to live independently in a community of daily living. Such tasks include—

(A) housekeeping and room cleaning;

(B) meal preparation;

(C) taking medications;

(D) laundry;

(E) transportation;

(F) shopping for groceries, clothing, or other items;

(G) managing communications, such as using the telephone;

(H) managing finances;

(I) writing letters; and

(J) obtaining appointments.

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

(25) LONG-TERM CARE SERVICES.—The term “long-term care services” means any services provided by a direct care professional in a long-term care setting.

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

(A) a nursing home;

(B) a home and community-based services setting;

(C) an assisted living facility;

(D) an intermediate care facility;

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

(F) a Tribal nursing home operated pursuant to an Indian health program (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603));

(G) a private home;

(H) a respite setting; or

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

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

1 (28) NURSE AIDE.—The term “nurse aide” has the meaning given such term in section
2 1919(b)(5) of the Social Security Act (42 U.S.C. 1396r(b)(5)).

3 (29) NURSING ASSISTANT.—The term “nursing assistant” means an individual who
4 provides or assists with the basic care or support of a patient under the direction of onsite
5 licensed nursing staff, which may include performing duties such as—

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

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

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

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

13 (B) a skilled nursing facility as defined in section 1819(a) of such Act (42 U.S.C.
14 1395i–3(a)).

15 (31) OLDER INDIVIDUAL.—The term “older individual” has the meaning given the term in
16 section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002).

17 (32) PERSONAL OR HOME CARE AIDE.—

18 (A) IN GENERAL.—The term “personal or home care aide” means an individual who
19 helps older individuals and people with serious illness, physical disability, cognitive
20 impairment (including Alzheimer’s disease or other dementias, a developmental
21 disability, or another disability involving a mental impairment) to live in their own
22 home or a residential care facility (such as a nursing home, assisted living facility, or
23 any other facility the Secretary of Health and Human Services determines appropriate
24 that is not described in subparagraph (B)(i)) by providing personal care services for
25 compensation.

26 (B) PERSONAL CARE SERVICES.—For purposes of subparagraph (A), the term
27 “personal care services” means assistance or services—

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

30 (ii) that enable the recipient to accomplish activities of daily living or
31 instrumental activities of daily living.

32 (33) SECONDARY SCHOOL.—The term “secondary school” has the meaning given such
33 term in section 8101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C.
34 7801).

35 (34) SELF-DIRECTED CARE PROFESSIONAL.—The term “self-directed care professional”
36 (also known as an “independent provider”—

37 (A) means a direct care professional who is employed by an individual who is an
38 older individual, a person with a disability, or a representative of such older individual
39 or person with a disability, and such older individual or person with a disability has the
40 decision-making authority over certain supports and services provided by the direct

care professional and takes direct responsibility to manage those supports and services;
and

(B) includes paid family caregivers.

(35) STATE.—The term “State”, except as otherwise provided in this Act, has the meaning given such term for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

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

(37) URBAN INDIAN ORGANIZATION.—The term “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

(2) by adding at the end the following new subsection:

“(kk) Additional Support for Long-term Care Services Provided by Direct Care Professionals.—

“(1) IN GENERAL.—Notwithstanding subsections (b) and (ff), in the case of a State that satisfies the conditions described in paragraph (2), for each fiscal quarter during the period of fiscal years 2025 through 2034, the Federal medical assistance percentage otherwise determined for such State under such subsection (b) or (ff) shall, after the application of any other increase to the Federal medical assistance percentage for the State and quarter applicable under any other provision of law, be increased by 10 percentage points (but not to exceed 95 percent) with respect to amounts expended by the State for medical assistance for long-term care services that are provided by direct care professionals during such quarter.

1 “(2) REQUIREMENTS.—As a condition for receipt of the increase under paragraph (1) to
2 the Federal medical assistance percentage determined for a State, the State shall submit to
3 the Secretary, at such time and in such manner as specified by the Secretary, an application
4 that includes, in addition to such other information as the Secretary shall require—

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

7 “(B) assurances that all Federal funds attributable to the increase under paragraph
8 (1) will be—

9 “(i) expended by the State in accordance with this subsection not later than
10 September 30, 2036; and

11 “(ii) used—

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

13 “(II) to supplement, and not supplant, the level of State funds expended for
14 long-term care services provided by direct care professionals under the State
15 plan (or under a waiver of such plan) as of the date of enactment of this
16 subsection; and

17 “(III) to increase reimbursement rates for long-term care services provided
18 by direct care professionals under the State plan (or under a waiver of such
19 plan) to a level that will support recruitment and retention of a sufficient
20 workforce to provide such services under the State plan (or waiver);

21 “(C) assurances that the State will use funds to work to eliminate any home and
22 community-based services waiting lists and ensure service capacity;

23 “(D) assurances that the State will use at least 85 percent of the Federal funds
24 attributable to the increase under paragraph (1) to improve compensation, benefits,
25 working conditions, and training for direct care professionals and direct care managers;
26 and

27 “(E) assurances that the State will conduct adequate oversight and ensure the
28 validity of such data as may be required by the Secretary.

29 “(3) APPROVAL OF APPLICATION.—Not later than 90 days after the date of submission of
30 an application of a State under paragraph (2), the Secretary shall certify if the application is
31 complete. Upon certification that an application of a State is complete, the application shall
32 be deemed to be approved for purposes of this section.

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

34 “(A) IN GENERAL.—A State shall work with community partners such as Area
35 Agencies on Aging, centers for independent living, as described in part C of title VII of
36 the Rehabilitation Act of 1973, nonprofit long-term care services providers, and other
37 entities to implement some or all of the purposes described in subparagraph (B).

38 “(B) FOCUSED AREAS OF IMPROVEMENT.—The purposes described in this paragraph,
39 with respect to a State, are the following:

40 “(i) To increase rates for service provider agencies that employ direct care

professionals (including independent providers in a self-directed or consumer-directed model) to provide long-term care services under the State plan (or under a waiver of such plan), provided that any service provider agency or individual that receives payment under such an increased rate increases the compensation it pay its direct care professionals.

“(ii) To provide paid sick leave, paid family leave, and paid medical leave for direct care professionals.

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

“(iv) To improve stability of direct care professional jobs, including consistent hours, scheduling, pay, and benefit eligibility.

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

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

“(vii) To pay for the travel of direct care professionals to conduct their job responsibilities.

“(viii) To recruit new direct care professionals.

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

“(x) To pay for assistive technologies, staffing, and training to facilitate eligible individuals’ communication, and other costs incurred in order to facilitate community integration and ensure an individual’s person-centered service plan is fully implemented.

“(xi) To prepare information and public health and educational materials in accessible formats (including formats accessible to people with low literacy or intellectual disabilities about prevention, treatment, recovery, and other aspects of communicable diseases and threats to the health of individuals who are enrolled for medical assistance under the State plan (or under a waiver of such plan), their families, and the general community served by agencies described in clause (i).

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

“(xiii) To pay for interpreters to assist in providing long-term care services to individuals under the State plan (or under a waiver of such plan) and to inform the general public about communicable diseases and other public health threats.

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

1 “(5) REPORTING REQUIREMENTS.—

2 “(A) STATE REPORTING REQUIREMENTS.—Not later than December 31, 2027, and
3 every 2 years thereafter until December 31, 2039, any State with respect to which an
4 application is approved by the Secretary pursuant to paragraph (3) shall submit a report
5 to the Secretary that contains the following information:

6 “(i) Activities and programs that were funded using Federal funds attributable
7 to the increase to the Federal medical assistance percentage of the State under
8 paragraph (1).

9 “(ii) The number of individuals enrolled under the State plan (or under a waiver
10 of such plan) who were served by such activities and programs.

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

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

18 “(6) ENFORCEMENT.—

19 “(A) IN GENERAL.—If the Secretary determines that a State with respect to which an
20 application is approved pursuant to paragraph (3) has failed to comply with the
21 requirements of this subsection (including the requirement that all Federal funds
22 attributable to the increase to the Federal medical assistance percentage of the State
23 under paragraph (1) be spent in accordance with paragraph (4)) for any quarter during
24 the period of fiscal years described in paragraph (1), the Secretary may reduce the
25 number of percentage points by which the Federal medical assistance percentage for
26 the State and quarter would otherwise be increased under paragraph (1) for such
27 quarter.

28 “(B) PENALTY BASED ON SEVERITY OF FAILURE.—The Secretary shall impose
29 reductions under this paragraph based on the degree to which a State has failed to
30 comply with the requirements of this subsection.

31 “(7) EVALUATION.—Not later than 2027 and annually until 2036, the Secretary, in
32 conjunction with the Secretary of Labor, shall evaluate the implementation and outcomes of
33 this subsection on the availability of staff to cover shifts in all long-term care settings
34 serving, worker credentials and skills, and worker compensation through a contract with an
35 external evaluator who has experience with evaluation related to people with disabilities and
36 older individuals.

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

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

40 “(B) HOME AND COMMUNITY-BASED SERVICES.—The term ‘home and community-
41 based services’ means any of the following:

“(i) Home health care services authorized under paragraph (7) of subsection (a).

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

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

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

“(v) Case management services authorized under subsection (a)(19) of this section and section 1915(g).

“(vi) Rehabilitative services, including those related to behavioral health, described in subsection (a)(13) of this section.

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

SEC. 102. ADDITIONAL SUPPORT FOR MEDICAID LONG-TERM CARE SERVICES AND DIRECT CARE PROFESSIONALS.

(a) In General.—Not later than 18 months after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall award grants to States for the purpose of supporting and strengthening services provided by direct care professionals across direct care settings and improving recruitment, compensation, and retention of the direct care professional workforce.

(b) Application.—Not later than 6 months after the date of enactment of this Act, each State that seeks to receive a grant under this section shall submit an application, in such form and manner as the Secretary shall require, to the Secretary that includes—

(1) information on how the State will use grant funds to improve long-term care services and the recruitment, compensation, and retention of direct care professionals in a manner that maximizes the independence of people with disabilities and older individuals, limits unnecessary institutionalization, and supports people living in residential settings;

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

(3) a plan for sustaining the work at the conclusion of the grant period; and

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

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

(1) the number of individuals who are enrolled for medical assistance under the Medicaid program of the State involved (as determined by the Secretary using the most recent data available as of the date of enactment of this Act); bears to

(2) the total number of individuals who are enrolled for medical assistance under the

Medicaid programs of all States that submit to the Secretary an application that meets the requirements of subsection (b).

(d) Use of Grant Funds.—

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

(2) SUPPLEMENT, NOT SUPPLANT.—A State shall use funds from a grant awarded under this section to supplement, and not supplant, the level of State funds expended for services in long-term care settings through programs in effect as of January 1, 2025.

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

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

(A) IN GENERAL.—The State strengthens and expands the direct care professional workforce that provides services across long-term care settings by—

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

(ii) requiring that at least 85 percent of all payments for long-term care services that are made under the State Medicaid program, including base payments and supplemental payments, are for compensation to direct care professionals and direct care professional managers; and

(iii) updating, developing, and adopting qualification standards and training opportunities for the continuum of direct care professionals, including programs for independent direct care professionals and agency direct care professionals, as well as unique programs.

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

(i) address insufficient payment rates under the State Medicaid program for delivery of long-term care services with an emphasis on supporting the recruitment and retention of direct care professionals;

(ii) update payment rates under the State Medicaid program for long-term care services, including home and community-based services, nursing home services, skilled nursing facility services, and intermediate care facility services at least every 2 years through a transparent process involving meaningful input from stakeholders, in which the majority of stakeholders are recipients of such services, families, direct care professionals, chosen representatives of direct care workers, aging, disability, and workforce advocates, long-term care providers, and may also include health plans; and

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

State Medicaid program for long-term care services—

(I) at a minimum, 85 percent of such payment rate increases are passed through to direct care professionals and direct care professional managers who provide such services and in a manner that is determined with input from the stakeholders described in clause (ii);

(II) such payment rate increases are incorporated into payment rates for such services provided under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) by a managed care entity (as defined in section 1932(a)(1)(B) of the Social Security Act (42 U.S.C. 1396u–2(a)(1)(B)) or a prepaid inpatient health plan or prepaid ambulatory health plan, as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation)), under a contract with the State;

(III) such payment rate increases are appropriately distributed across settings, populations, and services so as promote independence of people with disabilities and older individuals, not result in increased institutionalization, and assists in the facilitation of rebalancing the Medicaid program towards the least restrictive settings appropriate for individuals receiving services; and

(IV) such payment rate increases are prioritized toward home and community-based service workers in States that have a waiting list for HCBS waiver services and have been determined by CMS to have inadequate HCBS capacity.

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

(f) Evaluation of Impact on HCBS Waiting Lists.—The Secretary shall evaluate the implementation and outcomes of this title on State Medicaid program waiting lists for home and community-based services through a contract with an external evaluator who has experience with evaluation related to people with disabilities and older individuals.

SEC. 103. MAKING PERMANENT THE STATE OPTION TO EXTEND PROTECTION UNDER MEDICAID FOR RECIPIENTS OF HOME AND COMMUNITY-BASED SERVICES AGAINST SPOUSAL IMPOVERISHMENT.

(a) In General.—Section 1924(h)(1)(A) of the Social Security Act (42 U.S.C. 1396r–5(h)(1)(A)) is amended by striking “is described in section 1902(a)(10)(A)(ii)(VI)” and inserting the following: “is eligible for medical assistance for home and community-based services provided under subsection (c), (d), or (i) of section 1915, under a waiver approved under section 1115, or who is eligible for such medical assistance by reason of being determined eligible under section 1902(a)(10)(C) or by reason of section 1902(f) or otherwise on the basis of a reduction of income based on costs incurred for medical or other remedial care, or who is eligible for medical assistance for home and community-based attendant services and supports under section 1915(k)”.

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

SEC. 104. PERMANENT EXTENSION OF MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION.

(a) In General.—Subsection (h)(1) of section 6071 of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended—

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

(2) in subparagraph (L), by striking “through 2027.” and inserting “through 2025; and”;
and

(3) by adding at the end the following new subparagraph:

“(M) \$500,000,000 for each fiscal year after fiscal year 2025.”.

(b) Redistribution of Unexpended Grant Awards.—Subsection (e)(2) of section 6071 of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended by adding at the end the following new sentence: “Any portion of a State grant award for a fiscal year under this section that is unexpended by the State at the end of the fourth succeeding fiscal year shall be rescinded by the Secretary and added to the appropriation for the fifth succeeding fiscal year for grants under this section.”.

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.

In this chapter:

(1) ELIGIBLE ENTITY.—The term “eligible entity” means an entity—

(A) that is—

(i) a State;

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

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

(iv) an Indian Tribe, Tribal organization, or Urban Indian organization;

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

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

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

(i) older individuals;

(ii) persons with a disability;

(iii) direct care professionals; and

(iv) family members of such individuals, persons, or professionals; and

(C) that agrees to consult with the State Medicaid agency of the State (or each State) served by the grant on the grant activities, to the extent that such agency (or each such agency) is not the eligible entity.

(2) PROJECT PARTICIPANT.—The term “project participant” means an individual participating in a project or activity assisted with a grant under this chapter, including (as applicable for the category of the grant) a direct care professional or an individual training to be such a professional.

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

(4) SUPPORTIVE SERVICES.—The term “supportive services” means services that are necessary to enable an individual to participate in activities assisted with a grant under this chapter, such as transportation, child care, dependent care, housing, workplace accommodations, employee benefits such as paid sick leave and child care, workplace health and safety protections, wages and overtime pay, and needs-related payments.

SEC. 202. AUTHORITY TO AWARD GRANTS.

(a) Grants.—

(1) IN GENERAL.—Not later than 12 months after the date of enactment of this Act, the Secretary, in consultation with the Administrator of the Centers for Medicare & Medicaid Services, the Secretary of Labor, and the Secretary of Education, shall award grants described in paragraph (2) to eligible entities. A grant awarded under this section may be in more than 1 category described in such paragraph.

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

(A) DIRECT CARE PROFESSIONALS GRANTS.—Grants to eligible entities to create and carry out projects for the purposes of recruiting, retaining, or providing advancement opportunities for direct care professionals who are not described in subparagraph (B), (C), or (D), including through education or training programs for such professionals or individuals seeking to become such professionals.

(B) DIRECT CARE PROFESSIONAL MANAGERS GRANTS.—Grants to eligible entities to create and carry out projects for the purposes of recruiting, retaining, or providing

1 advancement opportunities for direct care professional managers, including through
2 education or training programs for such managers or individuals seeking to become
3 such managers.

4 (C) SELF-DIRECTED CARE PROFESSIONALS GRANTS.—Grants to eligible entities to
5 create and carry out projects for the purposes of recruiting, retaining, or providing
6 advancement opportunities for self-directed care professionals, including through
7 education or training programs for such professionals or individuals seeking to become
8 such professionals.

9 (D) HOME AND COMMUNITY-BASED SERVICES GRANTS.—Grants to eligible entities to
10 create and carry out projects to recruit, retain, or provide advancement opportunities
11 for home and community-based services workers providing services and supports to
12 older individuals, or persons with a disability, who are eligible for coverage under a
13 State Medicaid program.

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

18 (b) Treatment of Continuation Activities.—An eligible entity that carries out activities
19 described in subsection (a)(2) prior to receipt of a grant under this chapter may use such grant to
20 continue carrying out such activities, and, in using such grant to continue such activities, shall be
21 treated as an eligible entity carrying out a project through a grant under this chapter.

22 SEC. 203. PROJECT PLANS.

23 (a) In General.—An eligible entity seeking a grant under this chapter shall submit to the
24 Secretary a project plan for each project to be developed and carried out (including for activities
25 to be continued as described in section 202(b)) with the grant. Such project plan shall be
26 submitted at such time, in such manner, and containing such information as the Secretary may
27 require.

28 (b) Contents.—A project plan submitted by an eligible entity under subsection (a) shall
29 include a description of information determined relevant by the Secretary for purposes of the
30 category of the grant and the activities to be carried out through the grant. Such information may
31 include (as applicable) the following:

32 (1) Demographic information regarding the population in the State, city or municipality,
33 or region to be served by the project, including a description of the populations likely to
34 need services provided by direct care professionals, such as persons with a disability and
35 older individuals.

36 (2) Projections of unmet need for services provided by direct care professionals based on
37 enrollment waiting lists under home and community-based waivers under section 1115 of
38 the Social Security Act (42 U.S.C. 1315) or section 1915(c) of such Act (42 U.S.C.
39 1396n(c)) and other relevant data to the extent practicable and feasible, such as direct care
40 professional workforce vacancy rates and crude separation rates and the number of direct
41 care professionals, including such professionals who are managers or supervisors, in the
42 State or region to be served by the project.

1 (3) An advisory committee to advise the eligible entity on activities to be carried out
2 through the grant. Such advisory committee—

3 (A) shall include—

4 (i) older individuals and persons with a disability receiving services from the
5 direct care professionals targeted by the project;

6 (ii) organizations representing the rights and interests of people receiving
7 services by the direct care professionals targeted by the project;

8 (iii) individuals who are direct care professionals targeted by the project and
9 organizations representing the rights and interests of such direct care
10 professionals;

11 (iv) as applicable, employers of individuals described in clause (iii) and labor
12 organizations representing such individuals;

13 (v) representatives of the State Medicaid agency, the State agency defined in
14 section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002), the State
15 developmental disabilities office, and the State mental health agency, in the State
16 (or each State) to be served by the project;

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

18 (vii) representatives reflecting diverse racial, cultural, ethnic, geographic,
19 socioeconomic, and gender identity and sexual orientation perspectives; and

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

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

24 (5) Specific efforts and strategies that the project will undertake to reduce barriers to
25 recruitment, retention, or advancement of the direct care professionals targeted by the
26 project, including an assurance that such efforts will include—

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

29 (B) a description of the project's projected compensation or benefits for the direct
30 care professionals targeted by the project at the State or local level, including a
31 comparison of such projected compensation or benefits to regional and national
32 compensation or benefits and a description of how wages and benefits received by
33 project participants will be impacted by the participation in and completion of the
34 project; and

35 (C) a description of the projected impact of workplace safety issues on the
36 recruitment and retention of direct care professionals targeted by the project, including
37 the availability of personal protective equipment.

38 (6) In the case of a project offering an education or training program for direct care
39 professionals, a description of such program (including how the core competencies
40 identified by the Centers for Medicare & Medicaid Services will be incorporated, curricula,

1 models, and standards used under the program, and any associated recognized
2 postsecondary credentials for which the program provides preparation, as applicable), which
3 shall include an assurance that such program will provide to each project participant in such
4 program—

5 (A) relevant training regarding the rights of recipients of long-term care services,
6 including their rights to—

7 (i) receive services in integrated settings that provide access to the broader
8 community;

9 (ii) exercise self-determination;

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

11 (iv) person-centered planning and practices, including participation in planning
12 activities;

13 (B) relevant training to ensure that each project participant has the necessary skills
14 to recognize abuse and understand their obligations with regard to reporting and
15 responding to abuse appropriately in accordance with relevant Federal and State law;

16 (C) relevant training regarding the provision of culturally competent and disability
17 competent supports to recipients of services provided by the direct care professionals
18 targeted by the project;

19 (D) an apprenticeship program, work-based learning, or on-the-job training
20 opportunities;

21 (E) supervision or mentoring; and

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

24 (i) is consistent with skill gains or attainment of a recognized postsecondary
25 credential received as a result of participation in or completion of such program;

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

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

29 (II) the applicable minimum wage required by other applicable Federal or
30 State law, or a collective bargaining agreement; and

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

33 (7) Any other innovative models or processes the eligible entity will implement to
34 support the retention and career advancement of the direct care professionals targeted by the
35 project.

36 (8) The supportive services and benefits to be provided to the project participants in order
37 to support the employment, retention, or career advancement of the direct care professionals
38 targeted by the project.

39 (9) How the eligible entity will make use of career planning to support the identification

1 of advancement opportunities and career pathways for the direct care professionals in the
2 State or region to be served by the project.

3 (10) How the eligible entity will collect and submit to the Secretary direct care
4 professional workforce data and outcomes of the project.

5 (11) How the project—

6 (A) will—

7 (i) provide adequate and safe equipment and facilities for training and
8 supervision, including a safe work environment free from discrimination, which
9 may include the provision of personal protective equipment and other necessary
10 equipment to prevent the spread of infectious disease among the direct care
11 professionals targeted by the project and recipients of services provided by such
12 professionals;

13 (ii) incorporate remote training and education opportunities or technology-
14 supported opportunities;

15 (iii) for training and education curricula, incorporate evidence-supported
16 practices for adult learners and universal design for learning and ensure recipients
17 of services provided by the direct care professionals targeted by the project
18 participate in the development and implementation of such training and education
19 curricula;

20 (iv) use outreach, recruitment, and retention strategies designed to reach and
21 retain a diverse workforce;

22 (v) incorporate methods to monitor satisfaction with project activities for
23 project participants and individuals receiving services from such participants; and

24 (vi) incorporate core competencies identified by the Centers for Medicare &
25 Medicaid Services; and

26 (B) may incorporate continuing education programs and specialty training, with a
27 specific focus on—

28 (i) trauma-informed care;

29 (ii) behavioral health;

30 (iii) developmental disabilities or other disabilities involving mental
31 impairment;

32 (iv) co-occurring behavioral health conditions and a disability described in
33 clause (iii);

34 (v) Alzheimer's and dementia care;

35 (vi) infection prevention and control measures;

36 (vii) chronic disease management;

37 (viii) age-related conditions; and

38 (ix) the use of supportive or assistive technology.

1 (12) How the eligible entity will consult throughout the implementation of the project, or
2 coordinate the project with, each of the following:

3 (A) Older individuals and persons with a disability.

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

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

9 (D) In the case of a project that carries out an education or training program, a
10 nonprofit organization with demonstrated experience in the development or delivery of
11 curricula or coursework.

12 (E) A nonprofit organization, including a labor organization, that fosters the
13 professional development and collective engagement of the direct care professionals
14 targeted by the project.

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

17 (G) Area agencies on aging.

18 (H) Centers for independent living, as described in part C of chapter I of title VII of
19 the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.).

20 (I) The State Council on Developmental Disabilities (as such term is used in subtitle
21 B of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000
22 (42 U.S.C. 15021 et seq.)) for the State (or each State) to be served by the project.

23 (J) Aging and Disability Resource Centers.

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

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

27 (M) University Centers for Excellence in Developmental Disabilities Education,
28 Research, and Service supported under subtitle D of title I of the Developmental
29 Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15061 et seq.).

30 (N) The State protection and advocacy system described in section 143 of such Act
31 (42 U.S.C. 15043) of the State (or each State) to be served by the project.

32 (O) Direct care professionals, and direct care professional workforce organizations,
33 representing underserved communities, including communities of color.

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

36 (Q) Representatives of such professionals.

37 (R) Individuals receiving services from such professionals.

38 (S) The families of such professionals.

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

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

(13) Outreach efforts to individuals for participation in such project, including targeted outreach efforts to—

(A) individuals who are recipients of assistance under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or individuals who are eligible for such assistance; and

(B) individuals with a barrier to employment.

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

(1) equitable geographic and demographic diversity, including by selecting recipients serving rural areas and selecting recipients serving urban areas; and

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

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

(a) Uses of Funds.—

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

(2) ADMINISTRATIVE COSTS.—Each eligible entity receiving a grant under this chapter shall not use more than 5 percent of the funds of such grant for costs associated with the administration of activities under this chapter.

(3) DIRECT SUPPORT.—Each eligible entity receiving a grant under this chapter shall use not less than 5 percent of the funds of such grant to provide direct financial benefits or supportive services to direct care professionals to support the financial needs of such participants during the duration of the project activities.

(b) Supplement, Not Supplant.—An eligible entity receiving a grant under this chapter shall use such grant only to supplement, and not supplant, the amount of funds that, in the absence of such grant, would be available to address the recruitment, training and education, retention, and advancement of direct care professionals, in the State or region served by the eligible entity.

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

(d) Authorization of Appropriations.—There are authorized to be appropriated for grants under section 202, \$500,000,000 for each of fiscal years 2025 through 2029.

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—

(i) an individual who is a family member, friend, neighbor, or parent of a child and who provides child care for the child in the child’s home; and

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

(3) SECRETARY.—The term “Secretary” means the Secretary of Labor, in consultation with the Secretary of Education and the Secretary of Health and Human Services.

(4) SUPPORTIVE SERVICES; TRAINING SERVICES; WORKFORCE INVESTMENT ACTIVITIES.—The terms “supportive services”, “training services”, and “workforce investment activities” have the meanings given the terms in section 3 of the Workforce Innovation and Opportunity Act (29 U.S.C. 3102).

(b) National Grant Program for Domestic Workers.—Every 3 years, the Secretary shall, on a competitive basis, make grants to, or enter into contracts with, eligible entities to carry out the activities described in subsection (d). The Secretary shall make the grants, or enter into the contracts, for periods of 4 years.

(c) Eligibility.—

(1) ELIGIBLE ENTITIES.—

(A) IN GENERAL.—Subject to subparagraph (B), to be eligible to receive a grant or enter into a contract under this section, an entity shall be—

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

(II) an organization with a board of directors, at least one-half of the members

of which is comprised of—

(aa) domestic workers; or

(bb) representatives of an organization of such workers, including such workers who are direct care professionals, which organization is independent from all businesses, organizations, corporations, or individuals that would pursue any financial interest in conflict with that of the workers;

(III) an organization that is independent as described in subclause (II)(bb); and

(IV) an organization that has expertise in domestic work and the workforce of domestic workers, including such workers who are direct care professionals;

(ii) an eligible provider of training services listed pursuant to section 122(d) of the Workforce Innovation and Opportunity Act (29 U.S.C. 3152(d)); or

(iii) an entity that carries out an apprenticeship program.

(B) ELIGIBLE ENTITY THAT TRAINS PERSONAL OR HOME CARE AIDES.—In the case of an entity that plans to use a grant or contract under this section to train personal or home care aides, such entity shall, to be eligible for such grant or contract, partner with persons with a disability or organizations that represent persons with a disability or partner with older individuals or organizations representing older individuals.

(2) PROGRAM PLAN.—

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

(B) CONTENTS.—Such plan shall—

(i) describe the domestic worker population, which shall include domestic workers who provide long-term care services, to be served and identify the needs of such population to be served for workforce investment activities and related assistance, which may include employment and supportive services;

(ii) identify the manner in which career pathways to be provided will strengthen the ability of the domestic workers to be served to obtain or retain employment and to improve wages or working conditions, including improved employment standards and opportunities in the field of domestic work;

(iii) specifically address how the funding provided through the grant or contract for services under this section to domestic workers will improve wages and skills for domestic workers in a way that helps meet the need to recruit workers for and retain workers in in-demand occupations or careers; and

(iv) provide an assurance that the workforce investment activities and related assistance carried out under this section will include relevant training for domestic workers who are direct care professionals, including—

(I) training regarding the rights of recipients of long-term care services,

including the rights of such recipients to—

(aa) receive services in integrated settings that provide access to the broader community;

(bb) exercise self-determination;

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

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

(II) training to ensure that each participant of such training has the necessary skills to recognize abuse and understand their obligations with regard to reporting and responding to abuse appropriately in accordance with relevant Federal and State law; and

(III) training regarding the provision of culturally competent and disability-competent supports to recipients of long-term care services.

(3) AWARDS AND ADMINISTRATION.—The grants and contracts under this subsection shall be awarded by the Secretary using full and open competitive procedures and shall be administered by the Secretary.

(d) Authorized Activities.—Funds made available under this section shall be used to carry out workforce investment activities and provide related assistance for domestic workers, including such workers who are direct care professionals, which may include—

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

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

(3) development or education as needed by domestic workers, including domestic workers who are direct care professionals;

(4) customized career and technical education in occupations that will lead to higher wages, enhanced benefits, and long-term employment in domestic work or another area; and

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

(e) Funding Allocation.—From the funds appropriated and made available to carry out this section, the Secretary shall reserve not more than 1 percent for discretionary purposes related to carrying out this section, such as providing technical assistance to eligible entities.

(f) Eligible Provider Performance Reports.—Each eligible entity shall prepare performance reports to report on outcomes achieved by the programs of workforce investment activities and related assistance carried out under this section. The performance report for an eligible entity shall include, with respect to each such program (referred to in this subsection as a “program of study”) of such entity—

(1) information specifying the levels of performance achieved with respect to the primary indicators of performance described in subclauses (I) through (V) of section 116(b)(2)(A)(i)

of the Workforce Innovation and Opportunity Act (29 U.S.C. 3141(b)(2)(A)(i)) with respect to all individuals engaging in the program of study;

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

(3) the total number of participants who received training services through the program;

(4) the total number of participants who exited from training services, disaggregated by the type of entity that provided the training services, during the most recent program year and the 3 preceding program years;

(5) the average cost per participant for the participants who received training services, disaggregated by the type of entity that provided the training services, during the most recent program year and the 3 preceding program years; and

(6) information on indicators specified by the Secretary concerning the impact of the training services on the wages, skills, recruitment, and retention of participants.

(g) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section \$10,000,000 for each of fiscal years 2025 through 2029.

SEC. 206. DIRECT CARE PROFESSIONAL CAREER ADVANCEMENT DEMONSTRATION PROJECTS.

(a) In General.—Section 2008 of the Social Security Act (42 U.S.C. 1397g) is amended —

(1) by adding at the end the following new subsection:

“(e) Direct Care Professional Career Advancement Demonstration Projects.—

“(1) IN GENERAL.—The Secretary, in consultation with the Secretary of Labor, shall award, from the amount appropriated under paragraph (4), grants to eligible entities to conduct demonstration projects that are designed to provide eligible individuals with opportunities for education, training, and career advancement as a direct care professional, including as a personal or home care aide, home health aide, or nursing aide or assistant.

“(2) DEFINITIONS.—In this subsection:

“(A) ELIGIBLE ENTITY.—The term ‘eligible entity’ has the meaning given such term in subsection (a).

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

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

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

“(I) has at least 30 percent patient volume (as estimated in accordance with a methodology established by the Secretary) attributable to individuals who are receiving medical assistance under title XIX; or

“(II) is employed by an agency that is a provider of personal or home care services that has at least 30 percent of the agency’s patient volume (as so estimated) attributable to such individuals.

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

3 “(3) REQUIREMENTS.—

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

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

9 “(ii) eligible individuals in underserved urban areas (including urban health
10 professional shortage areas (as defined in section 332 of the Public Health Service
11 Act);

12 “(iii) eligible individuals who are women, who are from communities of color,
13 or who belong to other underserved and diverse populations such as Asian,
14 Pacific Islander, Native American, or Alaska Native communities; and

15 “(iv) eligible individuals with disabilities.

16 “(B) AMOUNT OF GRANT.—In no case shall the Secretary award an eligible entity a
17 grant to conduct a demonstration project under this subsection in an amount that
18 exceeds \$750,000 for each year that the entity conducts such project.

19 “(C) REPORTS.—

20 “(i) INTERIM REPORTS.—An eligible entity awarded a grant to conduct a
21 demonstration project under this subsection shall submit interim reports to the
22 Secretary on the activities carried out under the project and a final report on such
23 activities upon the conclusion of the entities’ participation in the project.

24 “(ii) EVALUATION.—The Administrator of the Health Resources and Services
25 Administration shall evaluate the demonstration projects conducted under this
26 subsection. Such evaluation shall include identification of successful activities for
27 creating opportunities for developing and sustaining, particularly with respect to
28 low-income individuals and direct care professionals, a health or human services
29 professions workforce that has accessible opportunities for career advancement,
30 that meets high standards for education, training, certification, and professional
31 development, that provides increased wages and affordable benefits, including
32 health care coverage, that are responsive to the workforce’s needs, and that is
33 responsive to the needs of diverse racial and ethnic communities.

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

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

38 “(II) recommendations for best practices; and

39 “(III) such recommendations for legislation or administrative actions as
40 the Secretary deems appropriate.

“(iv) ADDITIONAL REPORT.—Not later than 1 year after the demonstration projects conducted under this subsection conclude, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate and the Committee on Education and the Workforce and the Committee on Energy and Commerce of the House of Representatives and make publicly available, a report on the activities and results of such projects. Such report shall describe—

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

“(II) the participation of underrepresented and economically disadvantaged participants in demonstration projects conducted under this subsection; and

“(III) recommendations for program revisions to achieve the desired program outcome.

“(4) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary to carry out this subsection \$10,000,000 for each of fiscal years 2025 through 2029.”.

(b) Incentive Payments for Long-term Care Services Furnished by Direct Care Professionals Who Complete Certain Training.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

“(aa) Incentive Payments for Direct Care Services Furnished by Direct Care Professionals Who Complete Certain Training.—In the case of long-term care services furnished on or after October 1, 2025, by a direct care professional who has successfully completed education or training under a demonstration project under section 2008(e), in addition to the amount of payment that would otherwise be made for such services under this part, there also shall be paid an amount equal to 25 percent of the payment amount for the service under this part to be paid to the direct care professional.”.

SEC. 207. PATHWAYS TO HEALTH CAREERS.

Effective October 1, 2024, title XX of the Social Security Act (42 U.S.C. 1397–1397n–13) is amended by adding at the end the following:

“Subtitle D—Career Pathways Through Health Profession Opportunity Grants

“SEC. 2071. CAREER PATHWAYS THROUGH HEALTH PROFESSION OPPORTUNITY GRANTS.

“(a) Application Requirements.—An eligible entity desiring a grant under this section for a project shall submit to the Secretary an application for the grant, that includes the following:

“(1) A description of how the applicant will use a career pathways approach to train eligible individuals for health professions, including direct care professionals, that will put eligible individuals on a career path to an occupation that pays well, under the project.

1 “(2) A description of the adult basic education and literacy activities, work readiness
2 activities, training activities, and case management, career coaching, and mentoring support
3 services that the applicant will use to assist eligible individuals to gain work experience,
4 connection to employers, and job placement, and a description of the plan for recruiting,
5 hiring, and training staff to provide the case management, mentoring, and career coaching
6 services, under the project directly or through local governmental, apprenticeship,
7 educational, or charitable institutions.

8 “(3) A demonstration that the applicant has experience working with low-income
9 populations, or a description of the plan of the applicant to work with a partner organization
10 that has the experience.

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

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

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

18 “(A) consultation or commitment to consult with a local workforce development
19 board;

20 “(B) consideration of registered apprenticeship and pre-apprenticeship models;

21 “(C) consideration of career pathway programs in the State in which the project is to
22 be conducted; and

23 “(D) a review of the State plan under section 102 or 103 of the Workforce
24 Innovation and Opportunity Act.

25 “(7) A description of the availability and relevance of recent labor market information
26 and other pertinent evidence of in-demand jobs or worker shortages.

27 “(8) A certification that the applicant will directly provide or contract for the training
28 services described in the application.

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

31 “(A) during the planning period for the project, provide the Secretary with any
32 information needed by the Secretary to establish adequate data reporting and
33 administrative structure for the project;

34 “(B) hire a person to direct the project not later than the end of the planning period
35 applicable to the project;

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

38 “(D) participate in peer technical assistance conferences as are regularly scheduled
39 by the Secretary; and

40 “(E) provide all data required by the Secretary under subsection (g).

1 “(b) Additional Application Element.—In considering applications for a grant under this
2 section, the Secretary shall require qualified applicants to have at least 1 of the following
3 application elements:

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

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

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

10 “(B) Institutions of higher education, apprenticeship programs, and local workforce
11 development boards.

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

14 “(3) Applications that include opportunities for mentoring or peer support, and make
15 career coaching available, as part of the case management plan.

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

17 “(A) the community in which the individuals to be enrolled in the project reside is
18 located;

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

20 “(C) an employer partnership that has committed to hiring individuals who
21 successfully complete all activities under the project is located.

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

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

26 “(7) Applications which have an emergency cash fund to assist project participants
27 financially in emergency situations.

28 “(c) Grants.—

29 “(1) COMPETITIVE GRANTS.—

30 “(A) GRANT AUTHORITY.—

31 “(i) IN GENERAL.—The Secretary shall make a grant in accordance with this
32 paragraph to an eligible entity whose application for the grant is approved by the
33 Secretary, to conduct a project designed to train low-income individuals for allied
34 health professions, health information technology, physician assistants, nursing
35 assistants, licensed practical/vocational nurse, registered nurse, advanced practice
36 nurse, direct care professionals, and other professions considered part of a health
37 care career pathway model.

38 “(ii) GUARANTEE OF GRANTEEES IN EACH STATE AND THE DISTRICT OF
39 COLUMBIA.—For each grant cycle, the Secretary shall award a grant under this

paragraph to at least 2 eligible entities in each State that is not a territory, to the extent there are a sufficient number of applications that have a high likelihood of success and that are submitted by the entities that meet the requirements applicable with respect to such a grant. If, for a grant cycle, there are fewer than 2 such eligible entities in a State that have submitted applications with a high likelihood of success, the Secretary shall identify qualified eligible applicants located elsewhere, that are otherwise approved but un-funded, and issue a Substitution of Grant and tailored technical assistance. In the preceding sentence, the term ‘issue a Substitution of Grant’ means, in a case in which an approved grantee does not complete its full project period, or in which there are fewer than 2 qualified grantees per State with a high likelihood of success, substitute an applicant located in another State that was approved but un-funded during the competition for the award for the award recipient.

“(B) GUARANTEE OF GRANTS FOR INDIAN POPULATIONS.—The Secretary shall award a grant under this paragraph to at least 10 eligible entities that are an Indian tribe, a tribal organization, or a tribal college or university, to the extent there are a sufficient number of applications submitted by the entities that meet the requirements applicable with respect to such a grant.

“(C) GUARANTEE OF GRANTEES IN THE TERRITORIES.—The Secretary shall award a grant under this paragraph to at least 2 eligible entities that are located in a territory, to the extent there are a sufficient number of applications submitted by the entities that meet the requirements applicable with respect to such a grant.

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

“(d) Use of Grant.—

“(1) IN GENERAL.—An entity to which a grant is made under this section shall use the grant in accordance with the approved application for the grant.

“(2) SUPPORT TO BE PROVIDED.—

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

“(i) An assessment for adult basic skill competency, and provision of adult basic skills education if necessary for eligible individuals to enroll in the project and go on to enter and complete post-secondary training, through means including the following:

“(I) Establishing a network of partners that offer pre-training activities for project participants who need to improve basic academic skills or English language proficiency before entering a health occupational training career pathway program.

“(II) Offering resources to enable project participants to continue advancing adult basic skill proficiency while enrolled in a career pathway

1 program.

2 “(III) Embedding adult basic skill maintenance as part of ongoing post-
3 graduation career coaching and mentoring.

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

6 “(I) Referral to, and assistance with, enrollment in a subsidized child care
7 program.

8 “(II) Direct payment to a child care provider if a slot in a subsidized child
9 care program is not available or reasonably accessible.

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

12 “(iii) Case management plans that include career coaching (with the option to
13 offer appropriate peer support and mentoring opportunities to help develop soft
14 skills and social capital), which may be offered on an ongoing basis before,
15 during, and after initial training as part of a career pathway model.

16 “(iv) A plan to provide project participants with transportation through means
17 such as the following:

18 “(I) Referral to, and assistance with enrollment in, a subsidized
19 transportation program.

20 “(II) If a subsidized transportation program is not reasonably available,
21 direct payments to subsidize transportation costs.

22 “(B) TRANSPORTATION.—For purposes of this paragraph, the term ‘transportation’
23 includes public transit, or gasoline for a personal vehicle if public transit is not
24 reasonably accessible or available.

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

27 “(i) A cash stipend.

28 “(ii) A reserve fund for financial assistance to project participants in emergency
29 situations.

30 “(iii) Tuition, certification exam fees, and training materials such as books,
31 software, uniforms, shoes, connection to the internet, hair nets, and personal
32 protective equipment.

33 “(iv) In-kind resource donations such as interview clothing and conference
34 attendance fees.

35 “(v) Assistance with accessing and completing high school equivalency or adult
36 basic education courses as necessary to achieve success in the project and make
37 progress toward career goals.

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

1 “(3) TRAINING.—The number of hours of training provided to an eligible individual
2 under a project for which a grant is made under this section, for a recognized postsecondary
3 credential (including an industry-recognized credential, and a certificate awarded by a local
4 workforce development board), which is awarded in recognition of attainment of
5 measurable technical or occupational skills necessary to gain employment or advance
6 within an occupation, shall be—

7 “(A) not less than the number of hours of training required for certification in that
8 level of skill by the State in which the project is conducted; or

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

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

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

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

23 “(e) Technical Assistance.—

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

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

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

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

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

31 “(E) that is tailored to meet the specific needs of applicants, eligible entities, and
32 grantees, in carrying out dedicated career pathway projects pursuant to subsection (h);
33 and

34 “(F) to facilitate the exchange of information among eligible entities regarding best
35 practices and promising practices used in the projects.

36 “(2) CONTINUATION OF PEER TECHNICAL ASSISTANCE CONFERENCES.—The Secretary shall
37 continue to hold peer technical assistance conferences for entities to which a grant is made
38 under this section or was made under the immediate predecessor of this section. The
39 preceding sentence shall not be interpreted to require any such conference to be held in
40 person.

1 “(f) Evaluation of Dedicated Career Pathways.—

2 “(1) IN GENERAL.—The Secretary shall, by grant, contract, or interagency agreement,
3 conduct rigorous and well-designed evaluations of the dedicated career pathway projects
4 carried out pursuant to subsection (h).

5 “(2) REQUIREMENT APPLICABLE TO SECOND CHANCE CAREER PATHWAY.—In the case of a
6 project of the type described in subsection (i), the evaluation shall include identification of
7 successful activities for creating opportunities for developing and sustaining, particularly
8 with respect to low-income individuals with arrest or conviction records, a health
9 professions workforce that has accessible entry points, that meets high standards for
10 education, training, certification, and professional development, and that provides increased
11 wages and affordable benefits, including health care coverage, that are responsive to the
12 needs of the workforce.

13 “(g) Reports.—As a condition of funding, an eligible entity awarded a grant to conduct a
14 project under this section shall submit interim reports to the Secretary on the activities carried
15 out under the project, and, on the conclusion of the project, a final report on the activities.

16 “(h) Second Chance Career Pathway.—

17 “(1) GRANT AUTHORITY.—The Secretary shall award grants in accordance with this
18 subsection to eligible entities to conduct career pathway projects for the purpose of
19 providing education and training for eligible individuals with arrest or conviction records to
20 enter and follow a career pathway in the health professions through occupations that are
21 expected to experience a labor shortage or be in high demand.

22 “(2) DURATION.—A grant awarded under this subsection shall have the same grant cycle
23 as is provided in subsection (c)(2), and as a condition of funding the grantee shall comply
24 with all data reporting requirements associated with the grant cycle.

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

27 “(A) A demonstration that the State in which the project is to be conducted has in
28 effect policies or laws that permit certain allied health and behavioral health care
29 credentials to be awarded to people with certain arrest or conviction records (which
30 policies or laws shall include appeals processes and other opportunities to demonstrate
31 rehabilitation to obtain licensure and approval to work in the proposed health careers),
32 and a plan described in the application which will use a legally permitted career
33 pathway to train people with such a record to be trained and employed in such a career.

34 “(B) A discussion of how the project or future strategic hiring decisions will
35 demonstrate the experience and expertise of the project in working with job seekers
36 who have arrest or conviction records or employers with experience working with
37 people with arrest or conviction records.

38 “(C) A demonstration that the applicant has experience working with low-income
39 populations, or a description of the plan of the applicant to work with a partner that has
40 the experience.

41 “(D) An identification of promising innovations or best practices that can be used to
42 provide the training.

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

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

5 “(G) A plan for providing post-employment support and ongoing training as part of
6 a career pathway under the project.

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

9 “(A) access to legal assistance for project participants for the purpose of addressing
10 arrest or conviction records and associated workforce barriers;

11 “(B) assistance with programs and activities deemed necessary to address arrest or
12 conviction records as an employment barrier; and

13 “(C) required supportive services described in subsection (d)(2)(A) to participants
14 who need the services, and may expend funds on eligible supportive services described
15 in subsection (d)(2)(B).

16 “(i) Definitions.—In this section:

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

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

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

23 “(4) ELIGIBLE ENTITY.—The term ‘eligible entity’ means any of the following entities
24 that demonstrates in an application submitted under this section that the entity has the
25 capacity to fully develop and administer the project described in the application:

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

28 “(B) A State or territory, a political subdivision of a State or territory, or an agency
29 of a State, territory, or such a political subdivision, including a State or local entity that
30 administers a State program funded under part A of this title.

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

32 “(D) An institution of higher education (as defined in the Higher Education Act of
33 1965).

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

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

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

37 “(H) A nonprofit organization described in section 501(c)(3) of the Internal Revenue
38 Code of 1986, a labor organization, or an entity with shared labor-management

oversight, that has a demonstrated history of providing health profession training to eligible individuals.

“(I) An opioid treatment program (as defined in section 1861(jjj)(2)), and other comprehensive addiction care providers.

“(J) A home and community-based services provider agency.

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

“(6) FEDERAL POVERTY LEVEL.—The term ‘Federal poverty level’ means the poverty line (as defined in section 673(2) of the Omnibus Budget Reconciliation Act of 1981, including any revision required by such section applicable to a family of the size involved).

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

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

“(9) TERRITORY.—The term ‘territory’ means the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa.

“(10) TRIBAL COLLEGE OR UNIVERSITY.—The term ‘tribal college or university’ has the meaning given the term in section 316(b) of the Higher Education Act of 1965.

“(j) Evaluation.—The Secretary of Health and Human Services, in conjunction with the Secretary of Labor, shall evaluate the implementation and outcomes of this section on the adoption of paid leave by long-term care services providers and the recruitment and retention of direct care professionals through a contract with an external evaluator who has experience with evaluation of labor practices and people with disabilities and older individuals.

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

“(1) \$318,750,000 for grants under subsection (c)(1)(A) for each of fiscal years 2025 through 2029;

“(2) \$17,000,000 for grants under subsection (c)(1)(B) for each of fiscal years 2025 through 2029;

“(3) \$21,250,000 for grants under subsection (c)(1)(C) for each of fiscal years 2025 through 2029;

“(4) \$25,500,000 for projects conducted under subsection (h) for each of fiscal years 2025 through 2029;

“(5) \$25,500,000, plus all amounts referred to in paragraphs (1) through (4) of this subsection that remain unused after all grant awards are made for the fiscal year, for each of fiscal years 2025 through 2029, for the provision of technical assistance and administration;

and

“(6) \$17,000,000 for each of fiscal years 2025 through 2029 for studying the effects of the projects for which a grant is made under this section, and for administration, for the purpose of supporting the rigorous evaluation of the projects, and supporting the continued study of the short-, medium-, and long-term effects of all such projects, including the effectiveness of new or added elements of the projects.”.

SEC. 208. INCREASING WORKFORCE DIVERSITY IN ALLIED HEALTH PROFESSIONALS AND DIRECT SUPPORT PROFESSIONALS.

Title VII of the Public Health Service Act is amended—

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

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

“PART G—INCREASING WORKFORCE DIVERSITY IN ALLIED HEALTH PROFESSIONALS AND DIRECT CARE PROFESSIONALS

“SEC. 783. SCHOLARSHIPS AND STIPENDS.

“(a) In General.—The Secretary may award grants and contracts to eligible entities to increase educational opportunities in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, speech-language pathology, and direct care professionals for eligible individuals by—

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

“(A) completion of an accelerated degree program;

“(B) completion of an associate’s, bachelor’s, master’s, or doctoral degree program; and

“(C) entry by a diploma or associate’s degree practitioner into a bridge or degree completion program;

“(2) providing assistance for completion of prerequisite courses or other preparation necessary for acceptance for enrollment in the eligible entity;

“(3) carrying out activities to increase the retention of students in 1 or more programs in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, speech-language pathology, and direct care professionals; and

“(4) building or strengthening career pipeline programs, including those for high school students, older workers and retirees, veterans, and other displaced workers.

“(b) Consideration of Recommendations.—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of national organizations representing the professions of physical therapy, occupational therapy, respiratory therapy, audiology, speech-

language pathology, and direct care professionals, including the American Physical Therapy Association, the American Occupational Therapy Association, the American Speech-Language-Hearing Association, the American Association for Respiratory Care, the American Academy of Audiology, the Academy of Doctors of Audiology, and the National Alliance for Direct Support Professionals.

“(c) Required Information and Conditions for Award Recipients.—

“(1) IN GENERAL.—The Secretary may require recipients of awards under this section to report to the Secretary concerning the annual admission, retention, and graduation rates for eligible individuals in programs of the recipient leading to a degree in any of the professions of physical therapy, occupational therapy, respiratory therapy, audiology, speech-language pathology, and direct care professionals.

“(2) FALLING RATES.—If any of the rates reported by a recipient under paragraph (1) fall below the average for such recipient over the 2 years preceding the year covered by the report, the recipient shall provide the Secretary with plans for immediately improving such rates.

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

“(d) Evaluation.—

“(1) IN GENERAL.—In accordance with paragraph (2), the Secretary, in conjunction with the Secretary of Labor, shall evaluate the implementation and outcomes of this section on the recruitment and retention in long-term care settings of certified nursing assistants, physical therapists, occupational therapists, audiologists, speech-language pathologists, respiratory therapists, direct support professionals, and any other direct care professionals determined by the Secretary.

“(2) EXTERNAL EVALUATOR.—The Secretary shall conduct the evaluation under paragraph (1) through a contract with an external evaluator who has experience with evaluation related to persons with a disability and older individuals.

“(e) Definitions.—In this section:

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

“(2) ELIGIBLE ENTITY.—The term ‘eligible entity’ means an education program that—

“(A) is accredited by—

“(i) the Council on Academic Accreditation in Audiology and Speech-Language Pathology or the Accreditation Commission for Audiology Education;

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

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

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

“(v) the National Alliance for Direct Support Professionals Certification

Program; and

“(B) is carrying out a program for recruiting and retaining students underrepresented in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, speech-language pathology, and direct care professionals (including racial or ethnic minorities, students with disabilities, or students from disadvantaged backgrounds).

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

“(A) is a member of a class of persons who are underrepresented in the professions of physical therapy, occupational therapy, respiratory therapy, audiology, speech-language pathology, and direct care professionals, including—

“(i) individuals who are racial or ethnic minorities; or

“(ii) individuals who are from disadvantaged backgrounds;

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

“(C) is enrolled (or accepted for enrollment) at a physical therapy, occupational therapy, respiratory therapy, audiology, speech-language pathology, or direct care professionals program as a full-time student at an eligible entity.

“(4) INDIVIDUALIZED EDUCATION PROGRAM.—The term ‘individualized education program’ has the meaning given such term in section 602 of the Individuals with Disabilities Education Act.

“(5) LONG-TERM CARE SETTING.—The term ‘long-term care setting’ has the meaning given such term in section 3 of the Long-Term Care Workforce Support Act.

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

“(f) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section \$10,000,000 for each of fiscal years 2025 through 2029.”.

Subtitle B—Improving Workforce Recruitment

SEC. 211. TECHNICAL ASSISTANCE CENTER FOR BUILDING THE DIRECT CARE PROFESSIONAL WORKFORCE.

(a) Grant Program Authorized.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall award a grant, on a competitive basis, to an eligible partnership described in subsection (b) to create a national technical assistance center (referred to in this section as the “Center”) for supporting direct care professional workforce creation, training and education, recruitment, retention, and advancement, including through the activities under subsection (c).

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

Veterans Affairs, the Administrator of the Administration for Community Living, the Administrator of the Centers for Medicare & Medicaid Services, the Administrator of the Health Resources and Services Administration, and the heads of other entities as necessary.

(b) Eligible Partnerships.—

(1) IN GENERAL.—An eligible partnership described in this subsection is a partnership of 3 or more of the following:

(A) An institution of higher education.

(B) A disability-led organization.

(C) An organization focusing on older individuals.

(D) An organization focusing on direct care professionals.

(E) An organization providing or representing long-term care provider agencies.

(F) An organization, including a labor organization, that fosters professional development.

(G) A University Center for Excellence in Developmental Disabilities Education, Research, and Service supported under subtitle D of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15061 et seq.).

(H) An agency implementing a State protection and advocacy system described in section 143 of such Act (42 U.S.C. 15043).

(I) A State Council on Developmental Disabilities (as such term is used in subtitle B of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15021 et seq.)).

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

(K) An organization representing veterans.

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

(M) Any other entity the Secretary designates as important to improving the direct care professional workforce.

(2) APPLICATIONS.—To be eligible for a grant under this section, an eligible partnership described in paragraph (1) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(c) Activities.—The Center may—

(1) develop recommendations for training and education curricula for direct care professionals, which such recommendations may include recommendations for curricula for higher education, postsecondary credentials, and programs with community and technical colleges;

(2) develop learning and dissemination strategies to—

(A) engage States and other entities in activities supported under this section and

best practices for supporting the direct care professional workforce; and

(B) distribute findings from activities supported by the grant under this section;

(3) explore the national data gaps, workforce shortage areas, and data collection strategies for direct care professionals and make recommendations to the Director of the Office of Management and Budget for an occupation category in the Standard 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 persons with a disability;

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

(C) individuals who are direct care professionals and organizations representing the rights and interests of direct care professionals;

(D) as applicable, employers of individuals described in subparagraph (C) and labor organizations representing such individuals;

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

(F) representatives reflecting diverse racial, cultural, ethnic, geographic, socioeconomic, and gender identity and sexual orientation perspectives;

(G) representatives of local boards and State boards;

(H) a nonprofit organization with demonstrated experience in the development or delivery of curricula or coursework;

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

(J) area agencies on aging;

(K) centers for independent living, as described in part C of title VII of the Rehabilitation Act of 1973 (29 U.S.C. 796f et seq.);

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

(M) representatives of Aging and Disability Resource Centers;

(N) representatives of nonprofit State provider associations that represents providers who employ direct care professionals;

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

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

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

(R) representatives of direct care professional organizations representing underserved communities, including communities of color.

(e) Authorization of Appropriations.—There are authorized to be appropriated \$10,000,000 to carry out this section for each of fiscal years 2025 through 2029.

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

Not later than 180 days after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to the appropriate committees of Congress, a report that contains an assessment of the programs and activities of the Department of Health and Human Services related to enhancing the direct care professional workforce, including the extent to which programs and activities authorized under titles VII and VIII of the Public Health Service Act (42 U.S.C. 292 et seq.; 42 U.S.C. 296 et seq.) address—

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

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

(3) increasing direct care professionals;

(4) the extent to which the Department coordinates with other Federal departments regarding programs designed to improve the direct care professional workforce; and

(5) recommendations for best practices.

SEC. 213. COMPREHENSIVE GERIATRIC EDUCATION.

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

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

(2) in subsection (b)—

(A) in paragraph (1), by striking “the elderly” and inserting “older individuals”;

(B) in paragraph (2), by striking “treatment” and all that follows and inserting “health care needs of older individuals;” and

(C) in paragraph (5), by striking “the elderly population” and inserting “older individuals”; and

(3) in subsection (e), by striking “years” and all that follows and inserting “years 2025 through 2029.”.

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

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

(1) identifies the extent of vacancies at employers that employ direct care professionals at the State and local levels within the direct care professional workforce, including with respect to vacancies of direct care professionals;

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

(3) provide recommendations on the design of apprenticeship programs in the direct care professional workforce, including about potential funding opportunities, potential apprenticeship program sponsors, and a national competency-based occupational framework; and

(4) identify opportunities for coordination with other State and local entities, including State educational agencies, local educational agencies, career and technical education programs, institutions of higher education, State agencies with responsibility for administering a State Medicaid program, and labor management organizations, to create apprenticeship programs and other ways to incorporate associate and bachelor’s degrees in apprenticeship programs.

SEC. 215. RURAL HEALTH WORKFORCE GRANT PROGRAM.

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

“SEC. 760A. RURAL HEALTH WORKFORCE GRANT PROGRAM.

“(a) Definitions.—In this section:

“(1) CARL D. PERKINS CAREER AND TECHNICAL EDUCATION ACT DEFINITIONS.—The terms ‘career and technical education’, ‘career guidance and academic counseling’, and ‘program of study’ have the meanings given the terms in section 3 of the Carl D. Perkins Career and Technical Education Act of 2006.

“(2) ESEA DEFINITIONS.—The terms ‘elementary school’, ‘local educational agency’, and ‘secondary school’ have the meanings given the terms in section 8101 of the

Elementary and Secondary Education Act of 1965.

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

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

“(5) WORKFORCE INNOVATION AND OPPORTUNITY ACT DEFINITIONS.—The terms ‘career pathway’, ‘industry or sector partnership’, and ‘local board’ have the meanings given the terms in section 3 of the Workforce Innovation and Opportunity Act.

“(b) Authorization of Grants.—

“(1) IN GENERAL.—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Secretary of Education, shall award grants on a competitive basis to eligible entities to develop career exploration programs aligned to career and technical education programs of study to bring awareness to elementary school and secondary school students in underserved rural communities about health care professions careers and provide children and youth underserved rural community health care experiences related to such careers.

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

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

“(c) Eligible Entities.—

“(1) IN GENERAL.—To be eligible to receive a grant under this section, an entity shall meet the following requirements:

“(A) Be a consortium consisting of a local educational agency and at least 2 of the following:

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

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

“(iii) A State, Indian Tribe or Tribal organization, or a local governmental entity.

“(iv) A local board.

“(v) An industry or sector partnership.

“(vi) A nonprofit organization representing the interests of underserved rural communities and rural health care.

“(vii) An area health education center.

“(viii) A rural health clinic.

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

1 “(B) Submit an application to the Secretary at such time, in such manner, and
2 containing such information that the Secretary may require, including a plan for the
3 long-term tracking of participants supported by the grant under this section.

4 “(2) MATCHING FUNDS.—In order to ensure the institutional commitment of an entity to a
5 program supported by a grant under this section, to be eligible to receive such a grant, the
6 Secretary may require the entity seeking such grant to agree to make available (directly or
7 through contributions from State, county or municipal governments, or the public or private
8 sector) recurring non-Federal contributions in cash or in kind (including plant, equipment,
9 or services) towards the costs of operating the program in an amount that is equal to not less
10 than 50 percent of the total costs of operating such program.

11 “(d) Priority.—In awarding grants under this section, the Secretary shall give priority to
12 eligible entities that—

13 “(1) include in its consortium—

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

16 “(B) a high-need local educational agency, as defined in section 200 of the Higher
17 Education Act of 1965, or a local educational agency eligible to receive assistance
18 under part B of title V of the Elementary and Secondary Education Act of 1965;

19 “(C) an institution of higher education at which at least 30 percent of the enrolled
20 students are Federal Pell Grant recipients;

21 “(D) a minority-serving institution of higher education described in any of
22 paragraphs (1) through (7) of section 371(a) of the Higher Education Act of 1965; or

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

24 “(2) provide a plan to sustain the program funded under the grant beyond the period of
25 the grant.

26 “(e) Use of Funds; Requirements.—An eligible entity receiving a grant under this section shall
27 use the grant funds to establish, improve, or expand an underserved rural community training
28 program for elementary school students and secondary school students that meets the following
29 requirements:

30 “(1) Carrying out program planning, including—

31 “(A) development and support of a coordinating body to organize, administer, and
32 oversee the activities of the consortium;

33 “(B) conducting a needs analysis using data, including community demographics,
34 workforce estimates, and capacity of training programs to direct work of the
35 consortium; and

36 “(C) developing a regional articulation plan that benefits students with respect to
37 reducing barriers to program entry, reducing time to graduation, and lower cost
38 training options.

39 “(2) Carrying out age-appropriate education activities and promotion of the program that
40 align with section 135(b)(1) of the Carl D. Perkins Career and Technical Education Act of

2006, including—

“(A) engaging students in underserved rural communities in elementary school for exposure to health career workforce opportunities, and including direct care professionals in educational opportunities as practicable;

“(B) exposing secondary school students in underserved rural communities to health career workforce opportunities available in their communities, including by providing career guidance and academic counseling on such opportunities;

“(C) developing strategies to address resiliency and mental health among elementary school and secondary school students in underserved rural communities interested in health care professions careers in such communities;

“(D) providing age-appropriate mentoring, academic enrichment, or support for elementary school and secondary school students in underserved rural communities, carried out by health care professionals or peers;

“(E) enrolling secondary school students (including those in underserved rural communities) in health care career and technical education programs of study or career pathways in underserved rural communities;

“(F) developing and enrolling of secondary school students in pre- and youth-apprenticeships or summer programs that provide clinical or other health care professions focused experiences in underserved rural communities;

“(G) providing financial supplemental support for student transportation to, and housing at, the program site, as appropriate; and

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

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

“(f) Technical Assistance.—The Administrator of the Health Resources and Services Administration shall, directly or indirectly, provide technical assistance to grant recipients for purposes of carrying out the programs described in subsection (e).

“(g) Reporting.—

“(1) ANNUAL REPORTING BY RECIPIENTS.—

“(A) IN GENERAL.—An eligible entity receiving a grant under this section shall submit an annual report to the Secretary on the progress of the program supported by such grant, based on criteria the Secretary determines appropriate, including the program selection of students who participated in the program.

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

“(2) REPORTS TO CONGRESS.—

“(A) ANNUAL REPORTS.—Not later than 2 years after the date of enactment of this section, and annually thereafter until all programs supported through a grant under this

section are completed, the Secretary shall prepare and submit to Congress a report that includes the progress of each program supported by a grant under this section and the challenges experienced by grantees with respect to such programs.

“(B) GRANT CYCLE FINAL REPORT.—Not later than September 30, 2030, the Administrator of the Health Resources and Services Administration shall submit a report to Congress on the lessons learned through the programs supported by grants under this section and that based on such lessons identifies best practices for career exploration programs with a focus on underserved rural communities and the direct care professional workforce.

“(h) Regulations.—The Secretary shall, by regulation, define the term ‘underserved rural community’ for purposes of this section.

“(i) Supplement Not Supplant.—Any eligible entity receiving funds under this section shall use such funds to supplement, not supplant, any other Federal, State, and local funds that would otherwise be expended by such entity to carry out the activities described in this section.

“(j) Evaluation.—

“(1) IN GENERAL.—The Secretary, in conjunction with the Secretary of Labor, shall evaluate the implementation and outcomes of this section on the recruitment of secondary school students residing in underserved rural communities entering professions of direct care professionals.

“(2) EXTERNAL EVALUATOR.—The Secretary shall conduct the evaluation under paragraph (1) through a contract with an external evaluator who has experience with evaluation related to workforce development and persons with a disability and older individuals.

“(k) Authorization of Appropriations.—There are authorized to be appropriated to carry out this section \$10,000,000 for each of fiscal years 2025 through 2029.”.

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

SEC. 221. ASSESSMENT OF DIRECT CARE PROFESSIONAL WELL-BEING.

(a) In General.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), in coordination with the Director of the National Institute for Occupational Safety and Health of the Centers for Disease Control and Prevention, the Assistant Secretary for Mental Health and Substance Use, and the Administrator of the Health Resources and Services Administration, shall—

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

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

1 (b) Assessment Tool.—The tool for the assessment of direct care professional well-being
2 developed under subsection (a)(1) shall—

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

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

5 (A) workplace policies and culture, including meaningful engagement of such
6 professionals;

7 (B) workplace physical environment and safety;

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

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

10 (3) be developed with input from direct care professionals, older individuals, persons
11 with a disability, and family members of older individuals and persons with disabilities.

12 (c) Public Availability of Aggregate Data and the Assessment Tool.—The Secretary shall—

13 (1) make available, through a publicly-available data repository, aggregated and de-
14 identified data collected by the assessment of direct care professional well-being under
15 subsection (a);

16 (2) make the assessment tool developed under subsection (a)(1) publicly available in a
17 format that allows employers, researchers, and other entities to voluntarily use and
18 administer such assessment for purposes of using information collected by the assessment to
19 improve the well-being of direct care professionals; and

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

23 (d) Burden on Participants.—In developing the assessment tool under subsection (a)(1), the
24 Secretary shall minimize the burden of the data collection process on direct care professionals.

25 (e) Confidentiality.—The Secretary shall ensure that the assessment tool developed under
26 subsection (a)(1), the process of data collection under subsection (a), and the publicly available
27 data under subsection (c)(1), do not involve the collection or disclosure of any individually
28 identifiable information regarding the direct care professionals who are being assessed.

29 (f) Rule of Construction.—Nothing in this section shall be construed to require that the
30 assessment tool developed under subsection (a)(1) or the data collected through such tool be used
31 for purposes of quality measurement or payment systems under the Medicare program under title
32 XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) or a State Medicaid program.

33 (g) Report.—Not later than 2 years after the date of enactment of this Act, and biennially
34 thereafter, the Secretary shall—

35 (1) submit to Congress a report on the findings of the assessment under subsection (a),
36 including any recommendations to address direct care professional well-being; and

37 (2) make such report publicly available on the website of the Centers for Disease Control
38 and Prevention.

39 (h) Definition of Well-being.—For purposes of this section, the term “well-being”, with

respect to a direct care professional, means the quality of life with respect to the health and work-related environment of such professional as related to organizational and psychosocial factors.

(i) Authorization of Appropriations.—There is authorized to be appropriated to the Secretary to carry out this section \$6,000,000 for each of fiscal years 2025 through 2030.

SEC. 222. NATIONAL DIRECT CARE PROFESSIONAL TRAINING STANDARDS COMMISSION.

(a) Establishment.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services shall establish the National Direct Care Professional Training Standards Commission (referred to in this section as the “Commission”) to advise the Secretary on—

(A) developing national direct care professional training standards described in paragraph (2) to recommend to States to implement; and

(B) providing support for States in implementing such standards.

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

(A) competency-based;

(B) industry-recognized; and

(C) portable across settings and States.

(3) MEMBERSHIP.—The Commission shall include representatives from the following:

(A) An organization representing older individuals.

(B) An organization led by persons with a disability.

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

(D) An organization (other than a labor organization) representing direct care professionals.

(E) Labor organizations representing direct care professionals.

(F) An organization representing State Medicaid agencies, State agencies defined in section 102 of the Older Americans Act of 1965 (42 U.S.C. 3002), State developmental disabilities offices, and State mental health agencies.

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

(H) An organization representing area agencies on aging.

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

(J) An organization representing State Councils on Developmental Disabilities (as such term is used in subtitle B of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15021 et seq.)).

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

(L) An organization representing nonprofit State provider associations.

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

(N) An organization representing University Centers for Excellence in Developmental Disabilities Education, Research, and Service supported under subtitle D of title I of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15061 et seq.).

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

(P) Representatives of direct care professional organizations representing underserved communities, including communities of color.

(Q) Representatives reflecting diverse racial, cultural, ethnic, geographic, socioeconomic, and gender identity and sexual orientation perspectives.

(4) PERIOD OF APPOINTMENT; VACANCIES.—

(A) IN GENERAL.—A member of the Commission shall be appointed for the life of the Commission.

(B) VACANCIES.—A vacancy in the Commission—

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

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

(5) MEETINGS.—

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

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

(C) QUORUM.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(6) CHAIRPERSON AND VICE CHAIRPERSON.—The Commission shall select a Chairperson and Vice Chairperson from among the members of the Commission.

(b) Duties.—

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

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

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

(B) methods for supporting States in implementing such standards.

(3) REPORT.—Not later than 3 years after the date of enactment of this Act, the Commission shall submit to the Secretary and the appropriate committees of Congress a

1 report that contains a detailed statement of the findings and conclusions of the Commission,
2 together with the recommendations of the Commission for such legislation and
3 administrative actions as the Commission considers appropriate.

4 (c) Powers of Commission.—

5 (1) HEARINGS.—The Commission may hold such hearings, sit and act at such times and
6 places, take such testimony, and receive such evidence as the Commission considers
7 advisable to carry out this section.

8 (2) INFORMATION FROM FEDERAL AGENCIES.—

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

12 (B) FURNISHING INFORMATION.—On request of the Chairperson of the Commission,
13 the head of the department or agency shall furnish the information to the Commission.

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

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

19 (d) Commission Personnel Matters.—

20 (1) COMPENSATION OF MEMBERS.—A member of the Commission who is not an officer
21 or employee of the Federal Government shall be compensated at a rate equal to the daily
22 equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule
23 under section 5315 of title 5, United States Code, for each day (including travel time)
24 during which the member is engaged in the performance of the duties of the Commission.

25 (2) TRAVEL EXPENSES.—A member of the Commission shall be allowed travel expenses,
26 including per diem in lieu of subsistence, at rates authorized for employees of agencies
27 under subchapter I of chapter 57 of title 5, United States Code, while away from their
28 homes or regular places of business in the performance of services for the Commission.

29 (3) STAFF.—

30 (A) IN GENERAL.—The Chairperson of the Commission may, without regard to the
31 civil service laws (including regulations), appoint and terminate an executive director
32 and such other additional personnel as may be necessary to enable the Commission to
33 perform its duties, except that the employment of an executive director shall be subject
34 to confirmation by the Commission.

35 (B) COMPENSATION.—The Chairperson of the Commission may fix the
36 compensation of the executive director and other personnel without regard to chapter
37 51 and subchapter III of chapter 53 of title 5, United States Code, relating to
38 classification of positions and General Schedule pay rates, except that the rate of pay
39 for the executive director and other personnel may not exceed the rate payable for level
40 V of the Executive Schedule under section 5316 of that title.

(4) DETAIL OF GOVERNMENT EMPLOYEES.—A Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of that title.

(e) Termination of Commission.—The Commission shall terminate 90 days after the date on which the Commission submits the report required under subsection (b)(3).

(f) Authorization of Appropriations.—There is authorized to be appropriated to carry out this section \$500,000 for fiscal year 2025, to remain available, without fiscal year limitation, until expended.

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

SEC. 231. MENTAL HEALTH SERVICES.

(a) Programs to Promote Mental Health Among Direct Care Professionals.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall award grants, contracts, or cooperative agreements to eligible entities to establish or enhance evidence-based or evidence-informed programs dedicated to improving mental health and resiliency for direct care professionals.

(2) ELIGIBILITY.—To be eligible to receive an award under this subsection, an entity shall be—

(A) a State;

(B) a labor organization, joint labor management organization, or employer of direct care professionals;

(C) a nonprofit entity with experience in aging, disability, or supporting the rights and interests of, the training of, or educating direct 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 existing, evidence-based or evidence-informed programs for preventing suicide and improving mental health and resiliency among

1 direct care professionals;

2 (C) establishing new, or enhancing existing, peer-support programs for direct care
3 professionals; or

4 (D) providing—

5 (i) mental health care;

6 (ii) follow-up services or care by a licensed or certified mental health
7 professional (including by means of telehealth); or

8 (iii) a referral for such services or care by such a professional, as appropriate.

9 (4) PRIORITY.—In awarding grants, contracts, and cooperative agreements under this
10 subsection, the Secretary shall give priority to an eligible entity in—

11 (A) a rural area; or

12 (B) an area where the number of direct care professional vacancies, in the year of the
13 application, is greater than 30 percent of the total number of direct care professional
14 positions in the area.

15 (b) Training Grants.—

16 (1) IN GENERAL.—The Secretary may establish a program to award grants to eligible
17 entities to support the inclusion, in direct care professional preparation programs and in
18 training, continuing education, or professional development programs for direct care
19 professionals, of evidence-based or evidence-informed strategies—

20 (A) to address mental and substance use disorders of direct care professionals; and

21 (B) to improve mental health and resiliency among direct care professionals.

22 (2) ELIGIBILITY.—To be eligible to receive a grant under this subsection, an entity shall
23 be—

24 (A) an institution of higher education;

25 (B) a State or local government;

26 (C) an Indian Tribe or Tribal organization;

27 (D) a public or private nonprofit entity determined appropriate by the Secretary; or

28 (E) a consortia of entities described in any of subparagraphs (A) through (D),
29 including such entities promoting multidisciplinary approaches.

30 (c) Grant Terms.—A grant, contract, or cooperative agreement awarded under subsection (a)
31 or (b) shall be for a period of 3 years.

32 (d) Application Submission.—An entity seeking an award under subsection (a) or (b) shall
33 submit an application to the Secretary at such time, in such manner, and accompanied by such
34 information as the Secretary may require.

35 (e) Annual Report.—An entity receiving an award under subsection (a) or (b) shall submit to
36 the Secretary an annual report evaluating the activities supported by the award.

37 (f) Authorization of Appropriations.—To carry out this section, there is authorized to be

appropriated \$20,000,000 for each of fiscal years 2025 through 2029.

SEC. 232. DISSEMINATION OF BEST PRACTICES WITH RESPECT TO MENTAL HEALTH OF DIRECT CARE PROFESSIONALS.

Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall—

(1) identify evidence-based or evidence-informed best practices—

(A) for preventing suicide and improving mental health and resiliency among direct care professionals; and

(B) for training direct care professionals in appropriate strategies to promote their mental health; and

(2) disseminate those best practices to the appropriate committees of Congress.

SEC. 233. EDUCATION AND AWARENESS INITIATIVE ENCOURAGING USE OF MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES BY DIRECT CARE PROFESSIONALS.

(a) In General.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), in consultation with relevant stakeholders, including medical professional associations, shall establish a national evidence-based or evidence-informed education and awareness initiative—

(1) with the goal of preventing suicide, mental health conditions, and substance use disorders of direct care professionals, to—

(A) encourage direct care professionals to seek support and care for their mental health or substance use concerns;

(B) help such professionals identify risk factors associated with suicide and mental health conditions; and

(C) help such professionals learn how best to respond to such risk factors; and

(2) to address stigma associated with seeking mental health and substance use disorder services.

(b) Reporting.—Not later than 2 years after the date of enactment of this Act, the Secretary shall provide to the appropriate committees of Congress an update on the activities and outcomes of the initiative under subsection (a), including a description of quantitative and qualitative metrics used to evaluate such activities and outcomes.

SEC. 234. DIRECT CARE PROFESSIONAL TRAINING GRANTS.

Section 2041 of the Social Security Act (42 U.S.C. 1397m) is amended to read as follows:

“SEC. 2041. DIRECT CARE PROFESSIONAL TRAINING GRANTS.

“(a) In General.—

“(1) STATE ENTITLEMENT.—

“(A) IN GENERAL.—Each State shall be entitled to receive from the Secretary for each fiscal year specified in subsection (e) a grant in an amount equal to the amount allotted to the State under subparagraph (B).

“(B) STATE ALLOTMENTS.—

“(i) IN GENERAL.—Subject to clauses (ii), (iii), and (iv) the amount allotted to a State under this subparagraph for a fiscal year shall be equal to the product of—

“(I) the available amount for the fiscal year; and

“(II) the ratio of—

“(aa) the number of State residents who have attained 60 years of age or are under a disability (as defined in section 216(i)(1)), as determined by the Secretary using the most recent version of the American Community Survey published by the Bureau of the Census or a successor data set; divided by

“(bb) the total number of such residents of all States.

“(ii) LIMITATION.—The amount allotted to a State under this subparagraph for a fiscal year shall be not less than 0.25 percent of the available amount for the fiscal year.

“(iii) ADJUSTMENT OF STATE ALLOTMENTS.—Subject to clause (ii), the Secretary shall proportionately increase or decrease the amounts allotted under this subparagraph for a fiscal year as necessary to ensure that the available amount for the fiscal year is allotted among the States.

“(iv) REDETERMINATIONS.—

“(I) FREQUENCY.—The Secretary shall make the determination referred to in clause (i)(II)(aa) every 5 years.

“(II) LIMITATION.—Subject to clause (ii), the amount allotted to a State under this subparagraph, on the basis of such a determination, for a fiscal year after fiscal year 2029 shall be—

“(aa) not less than 90 percent of the amount of the grant made to the State under this subparagraph for the preceding fiscal year; and

“(bb) not more than 110 percent of the amount referred to in item (aa).

“(2) GRANTS TO INDIAN TRIBES AND TRIBAL ORGANIZATIONS.—

1 “(A) IN GENERAL.—The Secretary, in consultation with the Secretary of the Interior,
2 shall make grants in accordance with this section to Indian tribes and tribal
3 organizations who operate at least 1 eligible setting.

4 “(B) GRANT FORMULA.—The Secretary, in consultation with the Secretary of the
5 Interior, shall devise a formula for distributing among Indian tribes and tribal
6 organizations the amount required to be reserved by subsection (e) for each fiscal year.

7 “(3) SUB-GRANTS.—A State, Indian tribe, or tribal organization to which an amount is
8 paid under this section may use the amount to make sub-grants to local organizations,
9 including community organizations, local non-profits, elder rights and justice groups, and
10 workforce development boards for any purpose described in paragraph (1) or (2) of
11 subsection (b).

12 “(b) Use of Funds.—

13 “(1) REQUIRED USES.—A State, Indian tribe, or tribal organization to which an amount is
14 paid under this section shall use the amount to—

15 “(A) provide wage subsidies to eligible individuals;

16 “(B) provide student loan repayment or tuition assistance to eligible individuals for a
17 degree or certification in a field relevant to their position referred to in subsection
18 (f)(2)(A);

19 “(C) guarantee affordable and accessible child care for eligible individuals,
20 including help with referrals, co-pays, or other direct assistance; and

21 “(D) provide assistance where necessary with obtaining appropriate transportation,
22 including public transportation if available, or gas money if public transportation is
23 unavailable or impractical based on work hours or location.

24 “(2) AUTHORIZED USES.—A State, Indian tribe, or tribal organization to which an amount
25 is paid under this section may use the amount to—

26 “(A) establish a reserve fund for financial assistance to eligible individuals in
27 emergency situations;

28 “(B) provide in-kind resource donations, such as interview clothing and conference
29 attendance fees;

30 “(C) provide assistance with programs and activities, including legal assistance,
31 deemed necessary to address arrest or conviction records that are an employment
32 barrier;

33 “(D) support employers operating an eligible setting in the State, Indian tribe, or
34 tribal organization in providing employees with not less than 2 weeks of paid leave per
35 year; or

36 “(E) provide other support services the Secretary deems necessary to allow for
37 successful recruitment and retention of workers.

38 “(3) PROVISION OF FUNDS ONLY FOR THE BENEFIT OF ELIGIBLE INDIVIDUALS IN ELIGIBLE
39 SETTINGS.—A State, Indian tribe, or tribal organization to which an amount is paid under
40 this section may provide the amount to only an eligible individual or a partner organization

1 serving an eligible individual.

2 “(4) NONSUPPLANTATION.—A State, Indian tribe, or tribal organization to which an
3 amount is paid under this section shall not use the amount to supplant the expenditure of
4 any State or tribal funds for recruiting or retaining employees in an eligible setting.

5 “(5) OBLIGATION DEADLINE.—A State, Indian tribe, or tribal organization shall remit to
6 the Secretary for reallocation under this section any amount paid under this section for a
7 fiscal year that is not obligated within 2 years after the end of the fiscal year.

8 “(c) Administration.—A State, Indian tribe, or tribal organization to which a grant is made
9 under this section shall reserve not more than 10 percent of the grant to—

10 “(1) administer subgrants in accordance with this section;

11 “(2) provide technical assistance and support for applying for and accessing such a
12 subgrant opportunity;

13 “(3) publicize the availability of the subgrants;

14 “(4) carry out activities to increase the supply of eligible individuals; and

15 “(5) provide technical assistance to help subgrantees find and train individuals to provide
16 the services for which they are contracted.

17 “(d) Reports.—

18 “(1) STATE REPORTS.—Not less frequently than annually, each State, Indian tribe, or
19 tribal organization to which a grant has been made under this section shall transmit to the
20 Secretary a written report describing the activities undertaken by the State pursuant to this
21 section during the period covered by the report, which shall include—

22 “(A) the total amount expended in the State for each type of use described in
23 paragraph (1) or (2) of subsection (b);

24 “(B) the total number of non-State organizations in the State to which grant funds
25 were provided, and the amount so provided to each such organization;

26 “(C) the change in the number of individuals working in each job category described
27 in subsection (f)(2)(A) in an eligible setting in the State;

28 “(D) the average duration of employment for each such job category;

29 “(E) the average annual wage of workers in each job category described in
30 subsection (f)(2)(A) in an eligible setting in the State;

31 “(F) the average amount of paid time off to which a worker in each job category
32 described in subsection (f)(2)(A) in an eligible setting in the State is entitled by their
33 contract; and

34 “(G) such other data elements as the Secretary deems relevant.

35 “(2) REPORT TO CONGRESS.—Not later than 3 years after the date of the enactment of this
36 section, and every 4 years thereafter, the Secretary shall submit to the Committee on Health,
37 Education, Labor, and Pensions and the Special Committee on Aging of the Senate and the
38 Committee on Energy and Commerce and the Committee on Education and the Workforce
39 of the House of Representatives a written report outlining how the grant recipients have

1 used the grants made under this section during the period covered by the report, which shall
2 include—

3 “(A) the total amount expended by each State, Indian tribe, or tribal organization for
4 each type of use described in paragraph (1) or (2) of subsection (b);

5 “(B) the total number of non-State or non-tribal organizations in each State, Indian
6 tribe, or tribal organization to which grant funds were provided, and the amount so
7 provided to each such non-State or non-tribal organization;

8 “(C) the change in the number of individuals working in each job category described
9 in subsection (f)(2)(A) in an eligible setting;

10 “(D) the average duration of employment for each such job category, by State,
11 Indian tribe, or tribal organization;

12 “(E) the average annual wage of workers in each job category described in
13 subsection (f)(2)(A) in an eligible setting;

14 “(F) the average amount of paid time off to which a worker in each job category
15 described in subsection (f)(2)(A) in an eligible setting is entitled by their contract; and

16 “(G) such other data elements as the Secretary deems relevant.

17 “(e) Appropriation.—Out of any funds in the Treasury not otherwise appropriated, there is
18 appropriated to the Secretary \$400,000,000 for each of fiscal years 2025 through 2029 to carry
19 out this section, of which 2 percent shall be reserved for grants to Indian tribes and tribal
20 organizations.

21 “(f) Definitions.—In this section:

22 “(1) AVAILABLE AMOUNT.—The term ‘available amount’ means, with respect to a fiscal
23 year, the amount specified in subsection (e) that remains after the reservation required by
24 such subsection for the fiscal year, plus all amounts remitted to the Secretary under
25 subsection (b)(5) that have not been reallocated under subsection (a)(1)(B)(iii).

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

27 “(A)(i) is a qualified home health aide, as defined in section 484.80(a) of title 42,
28 Code of Federal Regulations;

29 “(ii) is a nurse aide approved by the State as meeting the requirements of sections
30 483.150 through 483.154 of such title, and is listed in good standing on the State nurse
31 aide registry;

32 “(iii) is a personal care aide approved by the State, and furnishes personal care
33 services, as defined in section 440.167 of such title;

34 “(iv) is a qualified hospice aide, as defined in section 418.76 of such title;

35 “(v) is a licensed practical nurse or a licensed or certified social worker;

36 “(vi) is receiving training to be certified or licensed as such an aide, nurse, or social
37 worker; or

38 “(vii) is any other direct care professional; and

1 “(B) provides (or, in the case of a trainee, intends to provide) services as such an
2 aide, nurse, or social worker in an eligible setting.

3 “(3) ELIGIBLE SETTING.—The term ‘eligible setting’ means—

4 “(A) a skilled nursing facility, as defined in section 1819;

5 “(B) a nursing facility, as defined in section 1919;

6 “(C) a home health agency, as defined in section 1891;

7 “(D) a setting approved to deliver home or community-based services authorized
8 under State options described in subsection (c) or (i) of section 1915 or, as relevant,
9 demonstration projects authorized under section 1115;

10 “(E) a hospice, as defined in section 1814;

11 “(F) another long-term care setting; or

12 “(G) a tribal assisted living facility.

13 “(4) TRIBAL ORGANIZATION.—The term ‘tribal organization’ has the meaning given the
14 term in section 4 of the Indian Self-Determination and Education Assistance Act.”.

15 SEC. 235. CREDIT FOR CERTAIN HEALTH CARE 16 PROFESSIONALS.

17 (a) In General.—Subpart C of part IV of subchapter A of chapter 1 of the Internal Revenue
18 Code of 1986 is amended by inserting after section 36 the following new section:

19 “SEC. 36A. CREDIT FOR CERTAIN HEALTH CARE 20 PROFESSIONALS.

21 “(a) Allowance of Credit.—In the case of an individual who is a health care professional
22 described in subsection (b) with respect to the taxable year, there shall be allowed a credit of
23 \$5,000 against the tax imposed by this subtitle for such taxable year.

24 “(b) Health Care Professionals Described.—A health care professional described in this
25 subsection, with respect to any taxable year, is any individual who, at any time during such
26 taxable year, is—

27 “(1) a practitioner, as defined in section 1842(b)(18)(C) of the Social Security Act (42
28 U.S.C. 1395u(b)(18)(C)), providing services for compensation as such practitioner in a
29 long-term care setting,

30 “(2) a certified nursing assistant providing services for compensation as such assistant in
31 a long-term care setting,

32 “(3) a licensed practical nurse, or registered professional nurse, providing services for
33 compensation as such a nurse in a long-term care setting,

34 “(4) a home health aide providing services for compensation as such aide in a long-term
35 care setting,

36 “(5) a personal or home care aide providing services for compensation as such aide in a

1 long-term care setting, or

2 “(6) a direct care professional, who is not otherwise described in any of paragraphs (1)
3 through (5), providing services for compensation as such professional in a long-term care
4 setting.

5 “(c) Definitions.—For purposes of this section, the terms ‘direct care professional’, ‘long-term
6 care setting’, and ‘personal or home care aide’ have the meanings given such terms in section 3
7 of the Long-Term Care Workforce Support Act.”.

8 (b) Conforming Amendments.—

9 (1) Section 6211(b)(4)(A) of the Internal Revenue Code of 1986 is amended by inserting
10 “, 36A” after “36”.

11 (2) The table of section for subpart C of part IV of subchapter A of chapter 1 such Code
12 is amended by amending by inserting after the item relating to section 36 the following new
13 item:

14 “Sec.36A.Credit for certain health care professionals.”.

15 (c) Effective Date.—The amendments made by this section shall apply to taxable years
16 beginning after December 31, 2023.

17 SEC. 236. DIRECT CARE PROFESSIONAL WORKFORCE 18 EQUITY TECHNICAL ASSISTANCE CENTER.

19 (a) In General.—The Secretary of Health and Human Services (referred to in this section as
20 the “Secretary”), in consultation with the Secretary of Labor, the Administrator of the Centers for
21 Medicare & Medicaid Services, and the heads of other entities as necessary, shall establish a
22 national technical assistance center to—

23 (1) address inequities and disparities facing the direct care professional workforce; and

24 (2) ensure that long-term care settings are meeting the unique demographic, cultural, and
25 linguistic needs of the community in which such settings are situated and the community of
26 workers within such settings.

27 (b) Activities.—The Center may—

28 (1) maintain a centralized online hub of equity-focused direct care professional workforce
29 resources;

30 (2) conduct studies and develop trainings and resources on the inequities facing direct
31 care professionals and enhancing diversity, equity, inclusion, and accessibility among long-
32 term care settings;

33 (3) develop equity-specific tools and resources to support State and local governments in
34 building an equitable direct care professional workforce;

35 (4) design and inform interventions in the direct care professional workforce that reduce
36 disparities and promote equity within the direct care professional workforce;

37 (5) convene experts in the direct care professional workforce, including direct care
38 professionals, to develop equity-based resources; and

(6) collaborate with organizations representing persons with a disability, older individuals, people of color, women, immigrants, and LGBT communities, and others as determined by the Secretary.

(c) Reporting.—Not later than 2 years after the date of enactment of this Act, the Secretary shall provide to the appropriate committees of Congress an update on the activities and outcomes of the initiative under subsection (a)

(d) Authorization of Appropriations.—To carry out this section, there are authorized to be appropriated to the Secretary \$10,000,000 for each of fiscal years 2025 through 2029.

TITLE III—WORKFORCE LABOR PROTECTIONS

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

SEC. 301. DEFINITIONS.

In this subtitle:

(1) ADMINISTRATOR.—The term the “Administrator” means the Administrator of the Wage and Hour Division of the Department of Labor.

(2) COMMUNITY PARTNER.—The term “community partner” means any stakeholder with a commitment to enforcing wage and hour laws and preventing abuses of such laws, including any—

(A) State department of labor;

(B) attorney general of a State or other similar authorized official of a political subdivision thereof;

(C) law enforcement agency;

(D) consulate;

(E) employee or advocate of employees, including a labor organization, community- and faith-based organization, business association, disability organization, older individual organization, or nonprofit legal aid organization;

(F) academic institution that plans, coordinates, and implements programs and activities to prevent wage and hour violations and recover unpaid wages, damages, and penalties; or

(G) any municipal agency responsible for the enforcement of local wage and hour laws.

(3) COMMUNITY PARTNERSHIP.—The term “community partnership” means a partnership between—

(A) a working group consisting of community partners; and

(B) the Department of Labor.

(4) COVERED EMPLOYEE.—The term “covered employee” means a direct care

professional working in a long-term care setting.

(5) COVERED EMPLOYER.—The term “covered employer” means an employer who employs covered employees to work in or provide services in a long-term care setting.

(6) ELIGIBLE ENTITY.—The term “eligible entity” means an entity that is any of the following:

(A) A nonprofit organization, including such an organization that is a community-based organization, faith-based organization, disability organization, older individuals organization, or labor organization, that provides services and support to employees, including assisting such employees in recovering unpaid wages.

(B) An employer.

(C) A business association.

(D) An institution of higher education, as defined by section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

(E) A partnership between any of the entities described in subparagraphs (A) through (D).

(7) SECRETARY.—The term “Secretary” means the Secretary of Labor.

(8) STRATEGIC ENFORCEMENT.—The term “strategic enforcement” means the process by which the Secretary—

(A) targets highly noncompliant industries, as identified by the Secretary, using industry-specific structures to influence, and ultimately reform, networks of interconnected employers;

(B) analyzes regulatory regimes under which specific industries operate; and

(C) modifies the enforcement approach of such regulatory regimes in order to ensure the greatest impact.

(9) WAGE AND HOUR LAW.—The term “wage and hour law” means any Federal law enforced by the Wage and Hour Division of the Department of Labor, including any provision of this Act enforced by such division.

(10) WAGE AND HOUR VIOLATION.—The term “wage and hour violation” refers to any violation of a Federal law enforced by the Wage and Hour Division of the Department of Labor, including any provision of this Act enforced by such division.

SEC. 302. DIRECT CARE PROFESSIONAL WORKFORCE WAGE THEFT PREVENTION AND WAGE RECOVERY GRANT PROGRAM.

(a) In General.—The Secretary, acting through the Administrator, shall provide grants to eligible entities to assist such entities in enhancing the enforcement of wage and hour laws, in accordance with this section and consistent with the purposes of this Act.

(b) Grants.—A grant provided under this section shall be designed to—

(1) support an eligible entity in establishing and supporting the activities described in subsection (c)(1); and

(2) develop community partnerships to expand and improve cooperative efforts between enforcement agencies and members of the community to—

(A) prevent and reduce wage and hour violations; and

(B) assist covered employees in recovering back pay for any such violations.

(c) Use of Funds.—

(1) PERMISSIBLE ACTIVITIES.—The grants described in this section shall assist eligible entities in establishing and supporting activities that include—

(A) disseminating information and conducting outreach and training to educate covered employees about their rights under wage and hour laws;

(B) conducting educational training for covered employers about their obligations under wage and hour laws;

(C) conducting orientations and trainings jointly with officials of the Wage and Hour Division of the Department of Labor;

(D) providing assistance to covered employees in filing claims of wage and hour violations;

(E) assisting enforcement agencies in conducting investigations, including in the collection of evidence and recovering back pay;

(F) monitoring compliance with wage and hour laws;

(G) performing joint visitations to worksites that violate wage and hour laws with officials from the Wage and Hour Division of the Department of Labor;

(H) establishing networks for education, communication, and participation in the workplace and community;

(I) evaluating the effectiveness of programs designed to prevent wage and hour violations and enforce wage and hour laws;

(J) recruiting and hiring of staff and volunteers;

(K) production and dissemination of outreach and training materials;

(L) creation of a phone, short message service, web, or other technology-based communication for reporting covered employee emergencies, wage theft, or labor violations, seeking emergency services, or seeking support or guidance in lieu of emergency services; and

(M) any other activities as the Secretary may reasonably prescribe through notice and comment rulemaking.

(2) PROHIBITED ACTIVITIES.—Notwithstanding paragraph (1), an eligible entity receiving a grant under this section may not use the grant funds for any purpose reasonably prohibited by the Secretary through notice and comment rulemaking.

(d) Term of Grants.—Each grant made under this section shall be available for expenditure for

a period that is not to exceed 3 years.

(e) Applications.—

(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit an application for such grant to the Secretary in accordance with this subsection.

(2) PARTNERSHIPS.—In the case of an eligible entity that is a partnership described in section 301(4)(E), the eligible entity may submit a joint application that designates a single entity as the lead entity for purposes of receiving and disbursing funds.

(3) CONTENTS.—An application under this subsection shall include—

(A) a description of a plan for the program that the eligible entity proposes to carry out with a grant under this section, including a long-term strategy and detailed implementation plan that reflects expected participation of, and partnership with, community partners;

(B) information on the prevalence of wage and hour violations in each community or State of the eligible entity;

(C) information on any industry or geographic area targeted by the plan for such program;

(D) information on the type of outreach and relationship building that will be conducted under such program;

(E) information on the training and education that will be provided to covered employees and covered employers under such program; and

(F) the method by which the eligible entity will measure results of such program.

(f) Selection.—

(1) COMPETITIVE BASIS.—In accordance with this subsection, the Secretary shall, on a competitive basis, select grant recipients from among eligible entities that have submitted an application under subsection (e).

(2) PRIORITY.—In selecting grant recipients under paragraph (1), the Secretary shall give priority to eligible entities that—

(A) serve covered employees in the long-term care industry or geographic area that is most highly at risk for noncompliance with wage and hour violations, as identified by the Secretary; and

(B) demonstrate past and ongoing work to prevent wage and hour violations or to recover unpaid wages.

(3) OTHER CONSIDERATIONS.—In selecting grant recipients under paragraph (1), the Secretary shall also consider—

(A) the prevalence of ongoing community support for each eligible entity, including financial and other contributions; and

(B) the eligible entity's past and ongoing partnerships with other organizations.

(g) Memoranda of Understanding.—

(1) IN GENERAL.—Not later than 60 days after receiving a grant under this section, the grant recipient shall negotiate and finalize with the Secretary a memorandum of understanding that sets forth specific goals, objectives, strategies, and activities that will be carried out under the grant by such recipient through a community partnership.

(2) SIGNATURES.—A representative of the grant recipient (or, in the case of a grant recipient that is an eligible entity described in section 301(4)(E), a representative of each entity that composes the grant recipient) and the Secretary shall sign the memorandum of understanding under this subsection.

(3) REVISIONS.—The memorandum of understanding under this subsection shall be reviewed and revised by the grant recipient and the Secretary each year of the duration of the grant.

(h) Performance Evaluations.—

(1) IN GENERAL.—Each grant recipient under this section shall develop procedures for reporting, monitoring, measuring, and evaluating the activities of each program or project funded under this section.

(2) GUIDELINES.—The procedures required under paragraph (1) shall be in accordance with guidelines established by the Secretary.

(i) Revocation or Suspension of Funding.—If the Secretary determines that a recipient of a grant under this section is not in compliance with the terms and requirements of the memorandum of understanding under subsection (g), the Secretary may revoke or suspend (in whole or in part) the funding of the grant.

(j) Use of Components.—

(1) IN GENERAL.—In addition to the Wage and Hour Division, the Secretary (acting through the Administrator) may use any division or agency of the Department of Labor in carrying out this subtitle.

(2) CONSULTATION WITH HHS.—The Secretary may consult with the Secretary of Health and Human Services (acting through the Administrator for Community Living) to carry out this subtitle.

(k) Evaluation.—The Secretary of Health and Human Services, in conjunction with the Secretary of Labor, shall evaluate the implementation and outcomes of this section on the occurrence of wage and hour violations through a contract with an external evaluator who has experience with evaluation of labor regulations and long-term care services.

(l) Authorization of Appropriations.—There are authorized to be appropriated to carry out this subtitle \$50,000,000 for each of fiscal years 2025 through 2029, to remain available until expended.

Subtitle B—Direct Care Professional Rights

SEC. 311. DEFINITIONS.

(a) Fair Labor Standards Act Definitions.—In this subtitle—

(1) the terms “enterprise”, “enterprise engaged in commerce or in the production of goods

for commerce”, and “person” have the meanings given such terms in section 3 of the Fair Labor Standards Act of 1938 (29 U.S.C. 203); and

(2) the term “regular rate” has the meaning given such term in section 7(e) of such Act (29 U.S.C. 207(e)).

(b) Other Definitions.—In this subtitle:

(1) CHILD.—The term “child”—

(A) means an individual who is under 18 years of age; and

(B) includes an individual described in subparagraph (A) who is—

(i) a biological, foster, or adopted child;

(ii) a stepchild;

(iii) a child of a domestic partner;

(iv) a legal ward; or

(v) a child of a person standing in loco parentis.

(2) COVERED ENTITY.—The term “covered entity”—

(A) means any person or agency who provides compensation directly or indirectly to a direct care professional for the performance of long-term care services; and

(B) includes—

(i) a person acting directly or indirectly in the interest of the entity in relation to a direct care professional;

(ii) an employer of a direct care professional; and

(iii) an agency that contracts with an agency to provide direct care professionals.

(3) MEDICAID HCBS-ELIGIBLE OLDER INDIVIDUAL.—The term “Medicaid HCBS-eligible older individual” means an individual who—

(A) is 60 years of age or older; and

(B) is eligible for and enrolled for medical assistance for any of the following services (whether provided on a fee-for-service, risk, or other basis) under a State Medicaid program, and includes an individual who becomes eligible for medical assistance under a State Medicaid program when removed from a waiting list:

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

(ii) Personal care services authorized under paragraph (24) of such section.

(iii) PACE services authorized under paragraph (26) of such section.

(iv) Home and community-based services authorized under subsections (b), (c), (i), (j), and (k) of section 1915 of such Act (42 U.S.C. 1396n), such services authorized under a waiver under section 1115 of such Act (42 U.S.C. 1315), and

such services provided through coverage authorized under section 1937 of such Act (42 U.S.C. 1396u–7).

(v) Case management services authorized under section 1905(a)(19) of the Social Security Act (42 U.S.C. 1396d(a)(19)) and section 1915(g) of such Act (42 U.S.C. 1396n(g)).

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

(vii) Such other services specified by the Secretary of Health and Human Services.

(4) ON-CALL SHIFT.—The term “on-call shift” means any time a covered entity expects a direct care professional to—

(A) be available to work; and

(B) wait to contact, or be contacted by, the covered entity, or a designee of the entity, to determine whether the direct care professional shall report to work during such time.

(5) PARENT.—The term “parent”, with respect to a direct care professional, means—

(A) a biological, foster, or adoptive parent of a direct care professional;

(B) a stepparent of a direct care professional;

(C) parent-in-law of a direct care professional;

(D) parent of a domestic partner of a direct care professional; or

(E) a legal guardian or other person who stood in loco parentis to the direct care professional when the worker was a child.

(6) SECRETARY.—The term “Secretary” means the Secretary of Labor.

(7) SHARED LIVING ARRANGEMENT.—The term “shared living arrangement” means a living arrangement involving—

(A) not more than 2 individuals who are a person with a disability or a Medicaid HCBS-eligible older individual, except if 1 or more of the individuals are related to each other (by blood or a close association that is equivalent to a family relationship);

(B) an individual providing services for compensation and living in the private home of the recipient of such services;

(C) an individual receiving funding through a State Medicaid program or another publicly funded program;

(D) a stipend or room and board as the primary form of payment for the individual providing such services; and

(E) the individual receiving such services having the final decision regarding who is the provider of such services living with the individual, through a consumer-driven matching process that includes relationship building, person-centered planning as defined by the Administrator of the Centers for Medicare & Medicaid Services, and an

assessment of individual compatibility.

(8) SPOUSE.—The term “spouse” has the meaning given such term by the marriage laws of the State in which the marriage was celebrated.

SEC. 312. WRITTEN AGREEMENTS.

(a) Covered Direct Care Professional.—In this section, the term “covered direct care professional” means any direct care professional to whom the covered entity expects to provide compensation for the performance of long-term care services by the covered direct care professional for not less than 8 hours per week.

(b) Requirement.—Each covered entity shall provide a written agreement in accordance with this section to each covered direct care professional who is provided compensation, directly or indirectly, by the covered entity for the performance of long-term care services.

(c) Written Agreement Requirements.—

(1) IN GENERAL.—A written agreement required under this section shall—

(A) be signed and dated by the covered direct care professional and the covered entity;

(B) be written in a language easily and fully understood by the covered direct care professional and the covered entity, which may be in multiple languages if the covered direct care professional and the entity do not easily and fully understand the same language; and

(C) include the contents described in subsection (d).

(2) COPY.—A copy of the written agreement required under this section shall be provided to the covered direct care professional not later than 5 calendar days after the date on which the covered direct care professional is hired by the covered entity.

(d) Contents of the Written Agreement.—

(1) IN GENERAL.—The contents described in this subsection shall include each of the following:

(A) The full name, address, and contact information of the covered entity, including, as appropriate, any “doing business as” name of the entity and the name of each individual of the entity who will be doing business with the covered direct care professional.

(B) The address for the location where the covered direct care professional will be providing long-term care services for the covered entity.

(C) All responsibilities to be performed by the covered direct care professional for the covered entity, and the regularity in which such responsibilities are to be performed.

(D) The regular rate of pay of the covered direct care professional for any work week, including any overtime compensation due.

(E) The day of the week when the covered direct care professional will be paid.

(F) The required working hours for any work week, including—

(i) the time of day and day of week the work of the covered direct care professional begins;

(ii) meal and rest breaks described in section 316;

(iii) time off;

(iv) the work schedule of the covered direct care professional at the time of hire, including—

(I) the time of day and the days of the week the covered direct care professional will be expected to work each week for the covered entity; or

(II) if the time of day or the days of the week that the covered direct care professional will be expected to work for the covered entity will vary from week to week, information regarding a good faith estimate of the days and hours for which the covered direct care professional will be expected to work for the entity each week, including, at minimum—

(aa) the average number of hours the covered direct care professional will be expected to work for the entity each week during a typical 90-day period;

(bb) whether the covered direct care professional can expect to work any on-call shifts for the entity;

(cc) a subset of days the covered direct care professional can typically expect to work (or to be scheduled as off from work) for the entity; and

(dd) the amount of notice that the entity will provide to the covered direct care professional in advance of scheduled work hours (as defined in section 313(a)), which shall not be less than 72 hours before such scheduled work hours are to begin (except during a period described in subparagraph (A) of section 313(e)(1), in a case described in subparagraph (B) of such section, or in the case of a shared living arrangement), and the manner in which such notice shall be provided;

(v) the reporting time pay policy described in section 313(c); and

(vi) the right to request and receive a change to scheduled work hours due to personal events as described in section 314.

(G) If applicable, any policies of the covered entity with respect to the covered direct care professional for paying for or providing reimbursement for—

(i) health insurance;

(ii) transportation, meals, or lodging; and

(iii) any fees or costs associated with the long-term care services provided by the covered direct care professional for the entity.

(H) If applicable, any policies of the covered entity with respect to the covered

direct care professional for—

(i) annual or other pay increases;

(ii) severance pay; and

(iii) providing materials or equipment related to the performance of long-term care services by the covered direct care professional, including (if applicable) any cleaning supplies provided by the entity.

(I) Information about policies, procedures, and equipment related to safety and emergencies.

(J) The policy of the covered entity pertaining to notice of termination of the covered direct care professional by the entity.

(K) In the case of a covered direct care professional who resides in the household of the person for whom the covered direct care professional provides long-term care services—

(i) the circumstances under which the covered entity may enter the designated living space of the covered direct care professional;

(ii) the circumstances under which the covered direct care professional, in a shared living arrangement, may enter the designated living space of the covered entity; and

(iii) a description of certain circumstances the covered entity determines as cause for—

(I) immediate termination of the covered direct care professional; and

(II) removal of the covered direct care professional from the household of the person for whom the covered direct care professional provides long-term care services not later than 48 hours after notice of the termination.

(L) Any additional benefits afforded to the covered direct care professional by the covered entity.

(M) The process for the covered direct care professional to raise or address grievances with respect to, or breaches of, the written agreement.

(N) The process used by the covered entity to change any policy described in subparagraphs (A) through (M), including addressing additional compensation if responsibilities are added to those described in subparagraph (C), after the date on which the written agreement is provided to the covered direct care professional.

(2) PROHIBITIONS.—A written agreement required under this section may not—

(A) contain—

(i) a mandatory pre-dispute arbitration agreement for claims made by a covered direct care professional against a covered entity regarding the legal rights of the covered direct care professional; or

(ii) a non-disclosure agreement, non-compete agreement, or non-disparagement agreement, limiting the ability of the covered direct care professional to seek

1 compensation for performing long-term care services after the covered direct care
2 professional ceases to receive compensation from the covered entity for the
3 performance of long-term care services; and

4 (B) be construed to waive the rights or protections of a covered direct care
5 professional under Federal, State, or local law.

6 (e) Timing.—

7 (1) INITIAL AGREEMENT.—A covered entity shall provide a written agreement required
8 under this section—

9 (A) to each covered direct care professional hired after the date of enactment of this
10 Act, prior to the first day the covered direct care professional performs long-term care
11 services for the entity; and

12 (B) to each covered direct care professional hired on or prior to the date of
13 enactment of this Act, 90 days after such date of enactment.

14 (2) SUBSEQUENT AGREEMENTS.—Not later than 30 calendar days after the date on which
15 a covered entity makes a change to a written agreement provided to a covered direct care
16 professional under this section, the entity shall provide the covered direct care professional
17 with an updated agreement in accordance with this section.

18 (f) Records.—A covered entity that is required to provide a written agreement under this
19 section to a covered direct care professional shall retain such agreement for a period of not less
20 than 3 years from the date on which the covered direct care professional is no longer working for
21 the entity.

22 (g) Model Written Agreements.—

23 (1) IN GENERAL.—Not later than 6 months after the date of enactment of this Act, the
24 Secretary shall establish and make available templates for model written agreements under
25 this section.

26 (2) REQUIREMENTS.—A model written agreement required under paragraph (1) shall—

27 (A) be available in multiple languages commonly understood by covered direct care
28 professionals, including all languages in which the Secretary, acting through the
29 Administrator of the Wage and Hour Division, translates the basic information fact
30 sheet published by the Administrator; and

31 (B) not include any agreement described in subsection (d)(2)(A).

32 **SEC. 313. FAIR SCHEDULING PRACTICES.**

33 (a) Definitions.—In this section:

34 (1) COVERED DIRECT CARE PROFESSIONAL.—The term “covered direct care professional”
35 has the meaning given the term in section 312(a).

36 (2) SCHEDULED WORK HOURS.—The term “scheduled work hours” means the hours on a
37 specified day during which a direct care professional is, through a written agreement or
38 schedule, required by a covered entity to perform long-term care services for the entity and
39 for which the direct care professional will receive compensation for such services.

(b) Requirement for Notice of Covered Direct Care Professional.—In the case of a covered direct care professional, the covered entity shall provide the covered direct care professional notice of the scheduled work hours of such covered direct care professional through—

(1) a written agreement described in subclause (I) of section 312(d)(1)(F)(iv) regarding a schedule of the time of day and the days of the week the covered direct care professional is expected to work for the covered entity each week; or

(2) a schedule agreed upon by the covered entity and the covered direct care professional provided in the amount of time specified in accordance with a written agreement described in subclause (II) of such section, regarding a good faith estimate of the time of day and the days of the week that the covered direct care professional is expected to work for the entity.

(c) Requirements for Changes to Scheduled Work Hours and Reporting Time Pay.—A covered entity shall—

(1) communicate in writing (which may be in an electronic form) any change to the scheduled work hours of a direct care professional, including any on-call shifts, not less than 72 hours before the direct care professional is scheduled to begin work; and

(2) pay a direct care professional—

(A) the regular rate of pay of the direct care professional for any scheduled work hours the direct care professional does not work due to the covered entity canceling or reducing the scheduled work hours of the direct care professional after the direct care professional arrives to work for the scheduled work hours; or

(B) at a rate of $\frac{1}{2}$ of the regular rate of pay of the direct care professional for any scheduled work hours the direct care professional 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 hours outside of the good faith estimate under section 312(d)(1)(F)(iv)(II)(cc), the hiring entity shall obtain the written consent of the worker to work such hours prior to the commencement of such work.

(2) CONSENT.—The consent required under paragraph (1) may be transmitted electronically to the covered entity.

(e) Exceptions.—

(1) IN GENERAL.—Notwithstanding any provision in this section, the requirements under subsection (c) shall not apply—

(A) during any period in which the operations of the covered entity cannot begin or continue due to—

(i) a fire, flood, or other natural disaster;

(ii) a major disaster or emergency declared by the President under section 401 or 501, respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170, 5191) or a state of emergency declared by a Governor of a State or chief official of a unit of local government; or

(iii) a severe weather condition that poses a threat to worker safety; or

(B) in a case in which—

(i) the direct care professional voluntarily requested in writing a change to the scheduled work hours of the direct care professional; or

(ii) the covered entity changes the scheduled work hours of a direct care professional due to—

(I) a medical emergency requiring emergency medical treatment or hospitalization; or

(II) the risk of contagion or a quarantine requirement related to a public health emergency declared by the Secretary of Health and Human Services under section 319 of the Public Health Service Act (42 U.S.C. 247d).

(2) SHARED LIVING ARRANGEMENT.—Notwithstanding any provision in this section, the requirements under this section shall not apply to a shared living arrangement.

(f) Effective Date.—This section shall take effect on the date that is 2 years after the date of enactment of this Act.

SEC. 314. RIGHT TO REQUEST AND RECEIVE TEMPORARY CHANGES TO SCHEDULED WORK HOURS DUE TO PERSONAL EVENTS.

(a) Definitions.—In this section:

(1) COVERED DIRECT CARE PROFESSIONAL.—The term “covered direct care professional” has the meaning given the term in section 312(a).

(2) DOMESTIC VIOLENCE.—The term “domestic violence” has the meaning given the term in section 331.

(3) PERSONAL EVENT.—The term “personal event”, with respect to a covered direct care professional, means—

(A) an event resulting in the need of the covered direct care professional to serve as a caregiver for an individual related to the covered direct care professional by blood or

1 affinity or whose close association with the covered direct care professional is the
2 equivalent of a family relationship;

3 (B) an event resulting from the obligation of a covered direct care professional to
4 attend a legal proceeding or hearing for subsistence benefits, including benefits under
5 the supplemental nutrition assistance program established under the Food and Nutrition
6 Act of 2008 (7 U.S.C. 2011 et seq.) or under a State program for temporary assistance
7 for needy families established under part A of title IV of the Social Security Act (42
8 U.S.C. 601 et seq.), to which the covered direct care professional, or an individual
9 related to the covered direct care professional as described in subparagraph (A), is a
10 party or witness; or

11 (C) any circumstance that would constitute a basis for permissible use of safe time,
12 or family, medical, or sick leave, as determined based on the policy of the covered
13 entity.

14 (4) SAFE TIME.—The term “safe time”, with respect to a covered direct care professional,
15 means an absence from work of the covered direct care professional resulting from
16 domestic violence, sexual assault, or stalking, if the absence is to—

17 (A) seek medical attention for the covered direct care professional or a child, parent,
18 spouse, or domestic partner of the covered direct care professional, or any other
19 individual related to the covered direct care professional by blood or affinity whose
20 close association with the covered direct care professional is the equivalent of a family
21 relationship, in order to recover from physical or psychological injury or disability
22 caused by domestic violence, sexual assault, or stalking;

23 (B) obtain, or assist a child, parent, spouse, domestic partner, or other individual
24 described in subparagraph (A) in obtaining, services from a victim services
25 organization;

26 (C) obtain, or assist a child, parent, spouse, domestic partner, or other individual
27 described in subparagraph (A) in obtaining, psychological or other counseling;

28 (D) seek relocation for the covered direct care professional or a child, parent,
29 spouse, domestic partner, or other individual described in subparagraph (A); or

30 (E) take legal action, including preparing for or participating in any civil or criminal
31 legal proceeding related to or resulting from domestic violence, sexual assault, or
32 stalking, of the covered direct care professional or a child, parent, spouse, domestic
33 partner, or other individual described in subparagraph (A).

34 (5) SCHEDULED WORK HOURS.—The term “scheduled work hours” has the meaning given
35 such term in section 313(a), except that references in such section to the term “direct care
36 professional” shall be deemed to be a reference to the term “covered direct care
37 professional”.

38 (6) SEXUAL ASSAULT; STALKING.—The terms “sexual assault” and “stalking” have the
39 meanings given such terms in section 331.

40 (7) TEMPORARY CHANGE.—The term “temporary change”, with respect to a change in the
41 scheduled work hours of a covered direct care professional, means a limited alteration in the
42 hours or dates that, or locations where, a covered direct care professional is scheduled to

work, including through using paid time off, trading or shifting work hours, or using short-term unpaid leave.

(b) Request.—

(1) IN GENERAL.—In accordance with this subsection, for each calendar year, a covered entity shall, upon request of a covered direct care professional, grant to the covered direct care professional not less than—

(A) 2 requests for a temporary change, covering not more than 1 business day per request, to the scheduled work hours of the covered direct care professional due to a personal event; or

(B) 1 request for a temporary change, covering not more than 2 business days, to the scheduled work hours of the covered direct care professional due to a personal event.

(2) NOTIFICATION OF REQUEST.—

(A) IN GENERAL.—A covered direct care professional who requests a temporary change to the scheduled work hours of the covered direct care professional due to a personal event under this subsection shall—

(i) notify the covered entity, or direct supervisor, of such covered direct care professional, as soon as the covered direct care professional becomes aware of the need for the temporary change and inform the entity or supervisor that the change is due to a personal event;

(ii) make a proposal for the temporary change to the scheduled work hours of the covered direct care professional, unless the covered direct care professional seeks leave without pay; and

(iii) subject to subparagraph (B), not be required to initially submit the request in writing.

(B) WRITTEN RECORD.—

(i) IN GENERAL.—A covered direct care professional that requests a temporary change to the scheduled work hours of the covered direct care professional under this subsection and does not initially submit a request for such change in writing shall, as soon as practicable and not later than 2 business days after date on which the covered direct care professional returns to work following the conclusion of the temporary change to the scheduled work hours, submit a written record of such request indicating—

(I) the date for which the change was requested; and

(II) that the request was made due to a personal event.

(ii) ELECTRONIC MEANS.—A covered entity may require that a record under this subparagraph be submitted in electronic form if covered direct care professionals of the entity commonly use an electronic form to request and manage leave and schedule changes.

(c) Response.—A covered entity who receives a request under subsection (b) for a temporary change to the scheduled work hours of a covered direct care professional due to a personal event

shall respond as soon as practicable. Such entity shall not be initially required to respond to such request in writing. If such entity does not initially respond to the requested schedule change in writing, the entity shall, as soon as practicable and not later than 1 week after the requested schedule change, provide the direct care professional with a written record of the response to the requested schedule change.

(d) Effective Date.—This section shall take effect on the date that is 2 years after the date of enactment of this Act.

SEC. 315. PRIVACY.

(a) In General.—A covered entity shall not—

(1) monitor or record a direct care professional while such direct care professional is—

(A) using restroom or bathing facilities;

(B) in the private living quarters of the direct care professional; or

(C) engaging in any activities associated with the dressing, undressing, or changing of clothes of the direct care professional;

(2) subject to subsection (b), restrict or interfere with, or monitor, the private communications of such direct care professional; or

(3) take possession of any documents or other personal effects of such direct care professional.

(b) Private Communications.—A covered entity may—

(1) restrict, interfere with, or monitor the private communications of a direct care professional if the entity has a reasonable belief that such communications significantly interfere with the direct care professional's performance of expected duties; and

(2) establish reasonable restrictions on the private communications of a direct care professional while such direct care professional is performing work for the entity.

(c) Relation to Other Laws.—This section shall not preclude liability under any other law.

(d) Definition of Private Communications.—In this section, the term “private communications” means any communication through telephone or internet services, including sending and receiving communications by text message, social media, electronic mail, and telephone, with an entity or individual other than the covered entity.

SEC. 316. BREAKS FOR MEALS AND REST.

(a) Meal Breaks.—

(1) IN GENERAL.—Except as provided in subsection (c), a covered entity shall not require a direct care professional to work more than 5 hours for such hiring entity without an uninterrupted meal break of not less than 30 minutes. The number of hours worked by a direct care professional for purposes of this paragraph shall be calculated without regard to any rest break the direct care professional takes and to which the direct care professional has a right under subsection (b).

(2) RATE OF PAY.—A covered entity shall pay a direct care professional for a meal break

under paragraph (1) at the regular rate of pay of the direct care professional, unless the direct care professional is relieved of all duty for not less than 30 minutes during the meal break and is permitted to leave the work site during such break.

(3) PAID MEAL BREAK.—Except as provided in subsection (c), for any paid meal break required under paragraph (2), a covered entity—

(A) shall provide a reasonable opportunity for a direct care professional to take such break for a period of uninterrupted time that is not less than 30 minutes; and

(B) shall not impede or discourage a direct care professional from taking such meal break.

(b) Rest Breaks.—

(1) IN GENERAL.—Except as provided in subsection (c), for every 4 hours of work that a direct care professional is scheduled to perform for A covered entity, the entity shall allow the direct care professional a rest break of not less than 10 uninterrupted minutes in which the direct care professional is relieved of all duties related to providing long-term care services to the entity. The entity shall allow such rest break to occur during the first 3 hours of consecutive work performed by the direct care professional for the entity.

(2) RATE OF PAY.—A covered entity shall pay a direct care professional for the times spent by the direct care professional for a rest break under paragraph (1) at the regular rate of pay of the direct care professional. The hiring entity shall not impede or discourage a direct care professional from taking such break.

(c) Exceptions.—

(1) IN GENERAL.—Subject to paragraph (2), a direct care professional may not have the right to a meal break under subsection (a), or a rest break under subsection (b), in a case in which the safety of an individual under the care of the direct care professional prevents the direct care professional from taking such break.

(2) ON-DUTY BREAKS.—

(A) DEFINITION OF ON-DUTY.—In this subsection, the term “on-duty”, with respect to a meal break under subsection (a) or a rest break under subsection (b), means such a break in which the direct care professional—

(i) is not relieved of all duties of the direct care professional for the covered entity; and

(ii) may, to the extent possible given the duties of the direct care professional for the covered entity, engage in personal activities, such as resting, eating a meal, drinking a beverage, making a personal telephone call, or making other personal choices.

(B) AUTHORIZATION.—

(i) IN GENERAL.—In a case described in paragraph (1), the direct care professional may still take an on-duty meal or rest break under subsection (a) or (b), respectively, if—

(I) the nature of the work prevents a direct care professional from being

relieved of all duties required of the direct care professional for the covered entity; and

(II) the direct care professional and the covered entity agree to such an on-duty meal or rest break in a written agreement described in clause (ii).

(ii) WRITTEN AGREEMENT.—The written agreement under clause (i)(II) shall include a provision allowing the direct care professional to, in writing, revoke the agreement at any time.

(C) RATE OF PAY.—A covered entity shall compensate a direct care professional for the time of an on-duty meal or rest break under this paragraph at the regular rate of pay of the direct care professional for the entity.

(3) SHARED LIVING ARRANGEMENT.—The requirements under this section shall not apply in the case of a shared living arrangement.

SEC. 317. PROHIBITED ACTS.

(a) Interference With Rights.—It shall be unlawful for any person to interfere with, restrain, or deny the exercise of, or the attempt to exercise, any right provided under this subtitle, including—

(1) discharging or in any manner discriminating against (including retaliating against) any direct care professional for—

(A) exercising, or attempting to exercise, any right provided under this subtitle; or

(B) engaging in concerted activities for the purpose of collective bargaining or mutual aid or protection, regardless of whether such activities are with direct care professionals of different employers or direct care professionals at different worksites; and

(2) discriminating against any direct care professional by using the exercise of a right provided under this subtitle as a negative factor in an employment action, such as an action involving hiring, promotion, or changing work hours or number of shifts, or a disciplinary action.

(b) Retaliation Protection.—It shall be unlawful for any covered entity to discharge, demote, suspend, reduce the work hours of, take any other adverse employment action against, threaten to take an adverse employment action against, or in any other manner discriminate against a direct care professional with respect to compensation, terms, conditions, or privileges of employment because the direct care professional (or any person acting pursuant to the request of the direct care professional), whether at the initiative of the direct care professional or in the ordinary course of the direct care professional's duties—

(1) opposes any practice made unlawful under this subtitle;

(2) asserts any claim or right under this subtitle;

(3) assists a direct care professional in asserting such claim or right;

(4) informs any direct care professional about this subtitle;

(5) requests a change to the written agreement described in section 312;

(6) requests a change in scheduled work hours described in section 314, or any other schedule change, without regard to the eligibility of such direct care professional to receive any such change;

(7)(A) files an action, or institutes or causes to be instituted any proceeding, under or related to this subtitle;

(B) gives, or is about to give, any information in connection with any inquiry or proceeding relating to any right provided under this subtitle; or

(C) testifies, or is about to testify, in any inquiry or proceeding relating to any right provided under this subtitle; and

(8) engages in concerted activities for the purpose of collective bargaining or mutual aid or protection, regardless of whether such activities are with direct care professionals of different employers or direct care professionals at different worksites.

(c) Immigration-related Actions as Discrimination.—For purposes of subsections (a) and (b), discrimination with respect to compensation, terms, conditions, or privileges of employment occurs if a person undertakes any of the following activities (unless such activity is legal conduct undertaken at the express and specific direction or request of the Federal Government):

(1) Reporting, or threatening to report, the citizenship or immigration status of a direct care professional, or the suspected citizenship or immigration status of a family member of such an individual, to a Federal, State, or local agency.

(2) Requesting more or different documents than those required under section 274A(b) of the Immigration and Nationality Act (8 U.S.C. 1324a(b)), or refusing to honor documents that on their face appear to be genuine.

(3) Using the Federal E-Verify system to check employment status in a manner not required under section 274A(b) of the Immigration and Nationality Act (8 U.S.C. 1324a(b)) or any memorandum governing use of the E-Verify system.

(4) Filing, or threatening to file, a false police report relating to the immigration status of a direct care professional, or a family member of a direct care professional.

(5) Contacting, or threatening to contact, immigration authorities relating to the immigration status of a direct care professional, or a family member of a direct care professional.

(d) Presumption of Retaliation.—

(1) IN GENERAL.—For the purposes of subsections (a) and (b), proof that a person discharged an individual, or discriminated against an individual with respect to compensation, terms, conditions, or privileges of employment, within 90 days of the individual involved asserting any claim or right under this subtitle, or assisting any other individual in asserting such a claim or right, shall raise a presumption that the discharge or discrimination was in retaliation as prohibited under subsection (a) or (b), as the case may be.

(2) REBUTTAL.—The presumption under paragraph (1) may be rebutted by clear and convincing evidence that such discharge or discrimination was taken for another permissible reason.

SEC. 318. ENFORCEMENT AUTHORITY.

(a) In General.—

(1) APPLICATION.—In this subsection—

(A) the term “covered entity” means a covered entity described in subsection (e)(1)(A); and

(B) the term “direct care professional” means a direct care professional described in subsection (e)(4)(A).

(2) INVESTIGATIVE AUTHORITY.—

(A) IN GENERAL.—To ensure compliance with the provisions of this subtitle, or any regulation or order issued under this subtitle, the Secretary shall have the investigative authority provided under section 11(a) of the Fair Labor Standards Act of 1938 (29 U.S.C. 211(a)), with respect to covered entities, direct care professionals, and other individuals affected.

(B) OBLIGATION TO KEEP AND PRESERVE RECORDS.—A covered entity shall make, keep, and preserve records pertaining to compliance with this subtitle in accordance with section 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 care professionals, or a representative for and on behalf of the direct care professionals and any other direct care professionals that may be similarly situated.

(B) LIABILITY.—A covered entity that violates this subtitle shall be liable to a direct care professional aggrieved by the violation, except as provided in subparagraphs (C) and (D), for—

(i) damages equal to—

(I) the amount of—

(aa) any wages, salary, employment benefits, or other compensation denied or lost by reason of the violation; or

(bb) in a case in which wages, salary, employment benefits, or other compensation have not been denied or lost, any actual monetary losses sustained, or the costs reasonably related to damage to or loss of property, or any other injury to the person, reputation, character, or feelings, sustained by a direct care professional as a direct result of the violation, or any injury to another person sustained as a direct result of the violation, by the covered entity;

(II) the interest on the amount described in subclause (I) calculated at the prevailing rate;

(III) an additional amount as liquidated damages; and

(IV) such other legal relief as may be appropriate;

(ii) such equitable relief as may be appropriate, including employment, reinstatement, and promotion; and

(iii) a reasonable attorney's fee, reasonable expert witness fees, and other costs of the action.

(C) MEAL AND REST BREAKS.—In the case of a violation of section 316, the covered entity involved shall be liable under subparagraph (B)—

(i) for the amount of damages described in subclauses (I), (II), and (III) of 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 of 1938 (29 U.S.C. 206, 207, and 215(a)(3)), including the Secretary's authority to supervise payment of wages and compensation under section 16(c) of the Fair Labor Standards Act of 1938 (29 U.S.C. 216(c)).

(ii) VIOLATIONS GENERALLY.—The Secretary may assess a civil penalty against a covered entity that violates any section of this subtitle—

(I) of not more than \$15,000 for any first violation of any such section by such covered entity; and

(II) of not more than \$25,000 for any subsequent violation of any such section by such covered entity.

(B) ADMINISTRATIVE REVIEW.—Any aggrieved direct care professional who takes exception to an order issued by the Secretary under subparagraph (A) may request review of and a decision regarding such order by an administrative law judge. In reviewing the order, the administrative law judge may hold an administrative hearing concerning the order, in accordance with the requirements of sections 554, 556, and 557 of title 5, United States Code. Such hearing shall be conducted expeditiously. If no aggrieved direct care professional requests such review within 60 days after the order is issued under subparagraph (A), the order shall be considered to be a final order that is not subject to judicial review.

(C) CIVIL ACTION.—The Secretary may bring an action in any court of competent jurisdiction to recover amounts described in paragraph (3)(B) on behalf of a direct care professional aggrieved by a violation of this subtitle.

(D) SUMS RECOVERED.—

(i) IN GENERAL.—Any sums recovered by the Secretary under subparagraph (C) shall be held in a special deposit account and shall be paid, on order of the Secretary, directly to each direct care professional aggrieved by the violation for which the action was brought. Any such sums not paid to a direct care professional because of inability to do so within a period of 3 years shall be deposited into the Treasury of the United States as a miscellaneous receipt.

(ii) CIVIL PENALTY.—Any sums recovered by the Secretary under subparagraph (A)(ii) shall be deposited into the general fund of the Treasury of the United States as a miscellaneous receipt.

(5) LIMITATION.—

(A) IN GENERAL.—Except as provided in subparagraph (B), an action may be brought under paragraph (3), (4), or (6) not later than 2 years after the date of the last event constituting the alleged violation for which the action is brought.

(B) WILLFUL VIOLATION.—In the case of an action brought for a willful violation of this subtitle, such action may be brought not later than 3 years after the date of the last event constituting the alleged violation for which such action is brought.

(C) COMMENCEMENT.—An action shall be considered commenced under paragraph (3), (4), or (6) for the purposes of this paragraph on the date on which the complaint is filed under such paragraph (3), (4), or (6).

(6) ACTION FOR INJUNCTION.—The district courts of the United States together with the District Court of the Virgin Islands and the District Court of Guam shall have jurisdiction, for cause shown, in an action brought by a direct care professional or the Secretary—

(A) to restrain violations of this subtitle, including the withholding of a written agreement from a direct care professional as required under section 312, or of any

withholding of payment of wages, salary, employment benefits, or other compensation, plus interest, found by the court to be due to a direct care professional under this subtitle; or

(B) to award such other equitable relief as may be appropriate, including employment, reinstatement, and promotion, for a violation of this subtitle.

(7) SOLICITOR OF LABOR.—The Solicitor of Labor may appear for and represent the Secretary on any litigation brought under paragraph (4) or (6).

(8) GOVERNMENT ACCOUNTABILITY OFFICE AND LIBRARY OF CONGRESS.—Notwithstanding any other provision of this subsection, in the case of the Government Accountability Office and the Library of Congress, the authority of the Secretary of Labor under this subsection shall be exercised respectively by the Comptroller General of the United States and the Librarian of Congress.

(b) Employees Covered by Congressional Accountability Act of 1995.—The powers, remedies, and procedures provided in the Congressional Accountability Act of 1995 (2 U.S.C. 1301 et seq.) to the Board (as defined in section 101 of that Act (2 U.S.C. 1301)), or any person, alleging a violation of section 202(a)(1) of that Act (2 U.S.C. 1312(a)(1)) shall be the powers, remedies, and procedures this Act provides to that Board, or any person, alleging an unlawful employment practice in violation of this subtitle against a direct care professional described in subsection (e)(4)(B).

(c) Employees Covered by Chapter 5 of Title 3, United States Code.—The powers, remedies, and procedures provided in chapter 5 of title 3, United States Code, to the President, the Merit Systems Protection Board, or any person, alleging a violation of section 412(a)(1) of that title, shall be the powers, remedies, and procedures this Act provides to the President, that Board, or any person, respectively, alleging an unlawful employment practice in violation of this subtitle against a direct care professional described in subsection (e)(4)(C).

(d) Employees Covered by Chapter 63 of Title 5, United States Code.—The powers, remedies, and procedures provided in title 5, United States Code, to an employing agency, provided in chapter 12 of that title to the Merit Systems Protection Board, or provided in that title to any person, alleging a violation of chapter 63 of that title, shall be the powers, remedies, and procedures this Act provides to that agency, that Board, or any person, respectively, alleging an unlawful employment practice in violation of this subtitle against a direct care professional described in subsection (e)(4)(D).

(e) Definition.—In section 317 and this section, except as otherwise provided in this subsection:

(1) COVERED ENTITY.—Notwithstanding section 311, the term “covered entity” means a covered entity—

(A) as defined in section 311(b) except that a reference in that section to a person or an employer shall be considered to be a reference to an employer described in clause (i) or (ii) of subparagraph (A), and subparagraph (B), of paragraph (2);

(B) as defined in section 311(b) except that a reference in that section to a person or an employer shall be considered to be a reference to an employer described in subparagraphs (A)(iii) and (B) of paragraph (2);

(C) as defined in section 311(b) except that a reference in that section to a person or an employer shall be considered to be a reference to an employer described in subparagraphs (A)(iv) and (B) of paragraph (2); and

(D) as defined in section 311(b) except that a reference in that section to a person or an employer shall be considered to be a reference to an employer described in subparagraphs (A)(v) and (B) of paragraph (2).

(2) EMPLOYER.—Notwithstanding section 311, for purposes of paragraph (1), the term “employer” means a person who is—

(A)(i) any person who is not covered under another clause of this subparagraph;

(ii) an entity employing a State employee described in section 304(a) of the Government Employee Rights Act of 1991;

(iii) an employing office, as defined in section 101 of the Congressional Accountability Act of 1995;

(iv) an employing office, as defined in section 411(c) of title 3, United States Code; or

(v) an employing agency covered under subchapter V of chapter 63 of title 5, United States Code; and

(B) engaged in commerce or the production of goods for commerce or is an enterprise engaged in commerce or in the production of goods for commerce.

(3) EMPLOYMENT.—Notwithstanding section 3, the term “employment” includes work as a direct care professional.

(4) DIRECT CARE PROFESSIONAL.—Notwithstanding section 3, the term “direct care professional” means—

(A) direct care professional (as defined in such section) who is compensated for the performance of long-term care services by an entity described in paragraph (1)(A);

(B) direct care professional (as defined in such section) who is compensated for the performance of long-term care services by an entity described in paragraph (1)(B);

(C) direct care professional (as defined in such section) who is compensated for the performance of long-term care services by an entity described in paragraph (1)(C); and

(D) direct care professional (as defined in such section) who is compensated for the performance of long-term care services by an entity described in paragraph (1)(D).

SEC. 319. EFFECT ON EXISTING EMPLOYMENT BENEFITS AND OTHER LAWS.

(a) In General.—Nothing in this subtitle shall—

(1) supersede a provision in a collective bargaining agreement;

(2) be construed to diminish the obligation of a covered entity to comply with any contract, collective bargaining agreement, or employment benefit program or plan that provides greater rights or benefits to direct care professionals than the rights established

under this subtitle; or

(3) be construed to discourage or prevent a covered entity from adopting a contract, collective bargaining agreement, or employment benefit program or plan that provides greater rights or benefits to direct care professionals than the rights established under this subtitle.

(b) Other Laws.—Nothing in this subtitle shall—

(1) affect the obligation of a covered entity to provide a reasonable accommodation in the form of a change to the work schedule of a direct care professional required under any other law, or to otherwise comply with any other law;

(2) preempt, limit, or otherwise affect the applicability of any State or local law that provides comparable or superior benefits for direct care professionals to the requirements under this subtitle; or

(3) diminish the rights, privileges, or remedies of any direct care professional under any Federal or State law or under any collective bargaining agreement.

(c) No Waivers.—The rights and remedies in this subtitle may not be waived by a direct care professional through any agreement, policy, or form, or as a condition of employment.

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

SEC. 321. WORKPLACE VIOLENCE PREVENTION STANDARD.

(a) Interim Final Standard.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Labor shall issue an interim final standard on workplace violence prevention—

(A) to require certain employers in the health care and social service sectors, and certain employers in sectors that conduct activities similar to the activities in the health care and social service sectors, to develop and implement a comprehensive workplace violence prevention plan and carry out other activities or requirements described in section 323 to protect health care workers, social service workers, and other personnel from workplace violence;

(B) that shall, at a minimum, be based on the Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers published by the Occupational Safety and Health Administration of the Department of Labor in 2015 and adhere to the requirements of this subtitle; and

(C) that provides for a period determined appropriate by the Secretary, not to exceed 1 year, during which the Secretary shall prioritize technical assistance and advice consistent with section 21(d) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 670(d)) to employers subject to the standard with respect to compliance with the standard.

(2) INAPPLICABLE PROVISIONS OF LAW AND EXECUTIVE ORDER.—The following provisions of law and Executive orders shall not apply to the issuance of the interim final standard under this subsection:

(A) The requirements applicable to occupational safety and health standards under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

(B) The requirements of chapters 5 and 6 of title 5, United States Code.

(C) Subchapter I of chapter 35 of title 44, United States Code (commonly referred to as the “Paperwork Reduction Act”).

(D) Executive Order No. 12866 (58 Fed. Reg. 51735; relating to regulatory planning and review), as amended.

(3) NOTICE AND COMMENT.—Notwithstanding paragraph (2)(B), the Secretary shall, prior to issuing the interim final standard under this subsection, provide notice in the Federal Register of the interim final standard and a 30-day period for public comment.

(4) EFFECTIVE DATE OF INTERIM STANDARD.—The interim final standard shall—

(A) take effect on a date that is not later than 30 days after issuance, except that such interim final standard may include a reasonable phase-in period for the implementation of required engineering controls that take effect after such date;

(B) be enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)); and

(C) be in effect until the final standard described in subsection (b) becomes effective and enforceable.

(5) FAILURE TO PROMULGATE.—If an interim final standard described in paragraph (1) is not issued not later than 1 year of the date of enactment of this Act, the provisions of section 323 shall be in effect and enforced in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)) until such provisions are superseded in whole by an interim final standard issued by the Secretary that meets the requirements of paragraph (1).

(b) Final Standard.—

(1) PROPOSED STANDARD.—Not later than 2 years after the date of enactment of this Act, the Secretary of Labor shall, pursuant to section 6 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655), promulgate a proposed standard on workplace violence prevention—

(A) for the purposes described in subsection (a)(1)(A); and

(B) that shall include, at a minimum, requirements contained in the interim final standard required under subsection (a).

(2) FINAL STANDARD.—Not later than 42 months after the date of enactment of this Act, the Secretary shall issue a final standard on such proposed standard that shall—

(A) provide no less protection than any workplace violence standard adopted by a State plan that has been approved by the Secretary under section 18 of the

Occupational Safety and Health Act of 1970 (29 U.S.C. 667), provided the Secretary finds that the final standard is feasible on the basis of the best available evidence; and

(B) be effective and enforceable in the same manner and to the same extent as any standard promulgated under section 6(b) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 655(b)).

SEC. 322. SCOPE AND APPLICATION.

In this subtitle:

(1) COVERED FACILITY.—

(A) IN GENERAL.—The term “covered facility” means the following:

(i) Any hospital, including any specialty hospital, in-patient or outpatient setting, or clinic operating within a hospital license, or any setting that provides outpatient services.

(ii) Any residential treatment facility, including any nursing home, skilled nursing facility, hospice facility, Alzheimer’s and dementia care facility, or other long-term care facility.

(iii) Any nonresidential treatment or service setting.

(iv) Any medical treatment or social service setting or clinic at a correctional or detention facility.

(v) Any community care setting, including a community-based residential facility, group home, and mental health clinic.

(vi) Any psychiatric treatment facility.

(vii) Any drug abuse or substance use disorder treatment center.

(viii) Any independent freestanding emergency center.

(ix) Any assisted living facility.

(x) Any provider of home and community-based services.

(xi) Any facility described in clauses (i) through (x) operated by a Federal Government agency and required to comply with occupational safety and health standards pursuant to part 1960 of title 29, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act).

(xii) Any other facility the Secretary determines should be covered under the standards promulgated under section 321.

(B) EXCLUSION.—The term “covered facility” does not include an office of a physician, dentist, podiatrist, or any other health practitioner that is not physically located within a covered facility described in clauses (i) through (xi) of subparagraph (A).

(2) COVERED SERVICES.—

(A) IN GENERAL.—The term “covered service” means the following services and

operations:

(i) Any services and operations provided in any field work setting, including home health care, home-based hospice, and home-based social work.

(ii) Any emergency services and transport, including such services provided by firefighters and emergency responders.

(iii) Any services described in clauses (i) and (ii) performed by a Federal Government agency and required to comply with occupational safety and health standards pursuant to part 1960 of title 29, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act).

(iv) Any other services and operations the Secretary determines should be covered under the standards promulgated under section 321.

(B) EXCLUSION.—The term “covered service” does not include child day care services.

(3) COVERED EMPLOYER.—

(A) IN GENERAL.—The term “covered employer” includes a person (including a contractor, a subcontractor, a temporary service firm, or an employee leasing entity) that employs an individual to work at a covered facility or to perform covered services.

(B) EXCLUSION.—The term “covered employer” does not include an individual who privately employs, in the individual’s residence, a person to perform covered services for the individual or a family member of the individual or an individual who receives home and community-based services through a self-directed or participant-directed Medicaid waiver.

(4) COVERED EMPLOYEE.—The term “covered employee” includes an individual employed by a covered employer to work at a covered facility or to perform covered services.

SEC. 323. REQUIREMENTS FOR WORKPLACE VIOLENCE PREVENTION STANDARD.

Each standard described in section 321 shall include, at a minimum, the following:

(1) WORKPLACE VIOLENCE PREVENTION PLAN.—Not later than 6 months after the date of promulgation of the interim final standard under section 321(a), or 18 months after the date of enactment of this Act in a case described in section 321(a)(5), a covered employer shall develop, implement, and maintain an effective written workplace violence prevention plan (in this section referred to as the “Plan”) for covered employees at each covered facility and for covered employees performing a covered service on behalf of such employer, which meets the following:

(A) PLAN DEVELOPMENT.—Each Plan—

(i) shall be developed and implemented with the meaningful participation of direct care professionals, other employees, and employee representatives, for all aspects of the Plan;

(ii) shall be tailored and specific to conditions and hazards for the covered facility or the covered service, including patient-specific risk factors and risk factors specific to each work area or unit;

(iii) shall be suitable for the size, complexity, and type of operations at the covered facility or for the covered service, and remain in effect at all times; and

(iv) may be in consultation with stakeholders or experts who specialize in workplace violence prevention, emergency response, or other related areas of expertise for all relevant aspects of the Plan.

(B) PLAN CONTENT.—Each Plan shall include procedures and methods for the following:

(i) Identification of the individual (including the individual's role with respect to the covered employer) responsible for implementation of the Plan.

(ii) With respect to each work area and unit at the covered facility or while covered employees are performing the covered service, risk assessment and identification of workplace violence risks and hazards to employees exposed to such risks and hazards (including environmental risk factors and patient-specific risk factors), which shall be—

(I) informed by past violent incidents specific to such covered facility or such covered service; and

(II) conducted with, at a minimum—

(aa) direct care professionals;

(bb) where applicable, the representatives of such workers; and

(cc) the employer.

(iii) Hazard prevention, engineering controls, or work practice controls to correct hazards, in a timely manner, applying industrial hygiene principles of the hierarchy of controls, which—

(I) may include security and alarm systems, adequate exit routes, monitoring systems, barrier protection, established areas for patients and clients, lighting, entry procedures, staffing and working in teams, and systems to identify and flag clients with a history of violence; and

(II) shall ensure that employers correct, in a timely manner, hazards identified in any violent incident investigation described in paragraph (2) and any annual report described in paragraph (5).

(iv) Reporting, incident response, and post-incident investigation procedures, including procedures—

(I) for employees to report workplace violence risks, hazards, and incidents;

(II) for employers to respond to reports of workplace violence;

(III) for employers to perform a post-incident investigation and debriefing

of all reports of workplace violence with the participation of employees and their representatives;

(IV) to provide medical care or first aid to affected employees; and

(V) to provide employees with information about available trauma and related counseling.

(v) Procedures for emergency response, including procedures for threats of mass casualties and procedures for incidents involving a firearm or a dangerous weapon.

(vi) Procedures for communicating with and training the covered employees on workplace violence hazards, threats, and work practice controls, the employer's plan, and procedures for confronting, responding to, and reporting workplace violence threats, incidents, and concerns, and employee rights.

(vii) Procedures for—

(I) ensuring the coordination of risk assessment efforts, Plan development, and implementation of the Plan with other employers who have employees who work at the covered facility or who are performing the covered service; and

(II) determining which covered employer or covered employers shall be responsible for implementing and complying with the provisions of the standard applicable to the working conditions over which such employers have control.

(viii) Procedures for conducting the annual evaluation under paragraph (6).

(C) AVAILABILITY OF PLAN.—Each Plan shall be made available at all times to the covered employees who are covered under such Plan.

(2) VIOLENT INCIDENT INVESTIGATION.—

(A) IN GENERAL.—As soon as practicable after a workplace violence incident, risk, or hazard of which a covered employer has knowledge, the employer shall conduct an investigation of such incident, risk, or hazard under which the employer shall—

(i) review the circumstances of the incident, risk, or hazard, and whether any controls or measures implemented pursuant to the Plan of the employer were effective; and

(ii) solicit input from involved employees, their representatives, and supervisors about the cause of the incident, risk, or hazard, and whether further corrective measures (including system-level factors) could have prevented the incident, risk, or hazard.

(B) DOCUMENTATION.—A covered employer shall document the findings, recommendations, and corrective measures taken for each investigation conducted under this paragraph.

(3) TRAINING AND EDUCATION.—With respect to the covered employees covered under a Plan of a covered employer, the employer shall provide training and education to such

employees who may be exposed to workplace violence hazards and risks, which meet the following requirements:

(A) Annual training and education shall include information on the Plan, including identified workplace violence hazards, work practice control measures, reporting procedures, recordkeeping requirements, response procedures, anti-retaliation policies, and employee rights.

(B) Additional hazard recognition training shall be provided for supervisors and managers to ensure they—

(i) can recognize high-risk situations; and

(ii) do not assign employees to situations that predictably compromise the safety of such employees.

(C) Additional training shall be provided for each such covered employee whose job circumstances have changed, within a reasonable timeframe after such change.

(D) Additional training shall be provided for each such covered employee whose job circumstances require working with victims of torture, trafficking, or domestic violence.

(E) Applicable training shall be provided under this paragraph for each new covered employee prior to the employee's job assignment.

(F) All training shall provide such employees opportunities to ask questions, give feedback on training, and request additional instruction, clarification, or other follow-up.

(G) All training shall be provided in-person and by an individual with knowledge of workplace violence prevention and of the Plan, except that any annual training described in subparagraph (A) provided to an employee after the first year such training is provided to such employee may be conducted by live video if in-person training is impracticable.

(H) All training shall be appropriate in content and vocabulary to the language, educational level, and literacy of such covered employees.

(4) RECORDKEEPING AND ACCESS TO PLAN RECORDS.—

(A) IN GENERAL.—Each covered employer shall—

(i) maintain for not less than 5 years—

(I) records related to each Plan of the employer, including workplace violence risk and hazard assessments, and identification, evaluation, correction, and training procedures;

(II) a violent incident log described in subparagraph (B) for recording all workplace violence incidents; and

(III) records of all incident investigations as required under paragraph (2)(B); and

(ii)(I) make such records and logs available, upon request, to covered

employees and their representatives for examination and copying in accordance with section 1910.1020 of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act), and in a manner consistent with HIPAA privacy regulations (defined in section 1180(b)(3) of the Social Security Act (42 U.S.C. 1320d–9(b)(3))) and part 2 of title 42, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act); and

(II) ensure that any such records and logs that may be copied, transmitted electronically, or otherwise removed from the employer’s control for purposes of this clause omit any element of personal identifying information sufficient to allow identification of any patient, resident, client, or other individual alleged to have committed a violent incident (including the individual’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals such individual’s identity).

(B) VIOLENT INCIDENT LOG DESCRIPTION.—Each violent incident log shall—

(i) be maintained by a covered employer for each covered facility controlled by the employer and for each covered service being performed by a covered employee on behalf of such employer;

(ii) be based on a template developed by the Secretary not later than 1 year after the date of enactment of this Act;

(iii) include, at a minimum, a description of—

(I) the violent incident (including environmental risk factors present at the time of the incident);

(II) the date, time, and location of the incident, and the names and job titles of involved employees;

(III) the nature and extent of injuries to covered employees;

(IV) a classification of the perpetrator who committed the violence, including whether the perpetrator was—

(aa) a patient, client, resident, or customer of a covered employer;

(bb) a family or friend of a patient, client, resident, or customer of a covered employer;

(cc) a stranger;

(dd) a coworker, supervisor, or manager of a covered employee;

(ee) a partner, spouse, parent, or relative of a covered employee; or

(ff) any other appropriate classification;

(V) the type of violent incident (such as type 1 violence, type 2 violence, type 3 violence, or type 4 violence); and

(VI) how the incident was abated;

(iv) not later than 7 days after the employer learns of such incident, contain a

record of each violent incident, which is updated to ensure completeness of such record;

(v) be maintained for not less than 5 years; and

(vi) in the case of a violent incident involving a privacy concern case, protect the identity of employees in a manner consistent with section 1904.29(b) of title 29, Code of Federal Regulations (as such section is in effect on the date of enactment of this Act).

(C) ANNUAL SUMMARY.—

(i) COVERED EMPLOYERS.—Each covered employer shall prepare and submit to the Secretary an annual summary of each violent incident log for the preceding calendar year that shall—

(I) with respect to each covered facility, and each covered service, for which such a log has been maintained, include—

(aa) the total number of violent incidents;

(bb) the number of recordable injuries related to such incidents; and

(cc) the total number of hours worked by the covered employees for such preceding year;

(II) be completed on a form provided by the Secretary;

(III) be posted for 90 days beginning February 1 of each year in a manner consistent with the requirements of part 1904 of title 29, Code of Federal Regulations (as such part is in effect on the date of enactment of this Act), relating to the posting of summaries of injury and illness logs;

(IV) be located in a conspicuous place or places where notices to employees are customarily posted; and

(V) not be altered, defaced, or covered by other material.

(ii) SECRETARY.—Not later than 1 year after the promulgation of the interim final standard under section 321(a), or 2 years after the date of enactment of this Act in a case described in section 321(a)(5), the Secretary shall make available a platform for the electronic submission of annual summaries required under this subparagraph.

(5) ANNUAL REPORT.—

(A) REPORT TO SECRETARY.—Not later than February 15 of each year, each covered employer shall report to the Secretary, on a form provided by the Secretary, the frequency, quantity, and severity of workplace violence, and any incident response and post-incident investigation (including abatement measures) for the incidents set forth in the annual summary of the violent incident log described in paragraph (4)(C).

(B) REPORT TO CONGRESS.—Not later than 180 days after February 15 of each year, the Secretary shall submit to Congress a summary of the reports received under subparagraph (A). The contents of the summary of the Secretary to Congress shall not disclose any confidential information.

1 (6) ANNUAL EVALUATION.—Each covered employer shall conduct an annual written
2 evaluation, conducted with the full, active participation of covered employees and employee
3 representatives, of—

4 (A) the implementation and effectiveness of the Plan, including a review of the
5 violent incident log; and

6 (B) compliance with training required by each standard described in section 321,
7 and specified in the Plan.

8 (7) PLAN UPDATES.—Each covered employer shall incorporate changes to the Plan, in a
9 manner consistent with paragraph (1)(A)(i) and based on findings from the most recent
10 annual evaluation conducted under paragraph (6), as appropriate.

11 (8) ANTI-RETALIATION.—

12 (A) POLICY.—Each covered employer shall adopt a policy prohibiting any person
13 (including an agent of the employer) from the discrimination or retaliation described in
14 subparagraph (B).

15 (B) PROHIBITION.—No covered employer shall discriminate or retaliate against any
16 employee for—

17 (i) reporting a workplace violence incident, threat, or concern to, or seeking
18 assistance or intervention with respect to such incident, threat, or concern from,
19 the employer, law enforcement, local emergency services, or a local, State, or
20 Federal government agency; or

21 (ii) exercising any other rights under this section.

22 (C) ENFORCEMENT.—This paragraph shall be enforced in the same manner and to
23 the same extent as any standard promulgated under section 6(b) of the Occupational
24 Safety and Health Act of 1970 (29 U.S.C. 655(b)).

25 SEC. 324. RULES OF CONSTRUCTION.

26 Notwithstanding section 18 of the Occupational Safety and Health Act of 1970 (29 U.S.C.
27 667)—

28 (1) nothing in this subtitle shall be construed to curtail or limit authority of the Secretary
29 under any other provision of the law;

30 (2) the rights, privileges, or remedies of covered employees shall be in addition to the
31 rights, privileges, or remedies provided under any Federal or State law, or any collective
32 bargaining agreement;

33 (3) nothing in this subtitle shall be construed to limit or prevent health care workers,
34 social service workers, and other personnel from reporting violent incidents to appropriate
35 law enforcement; and

36 (4) nothing in this Act shall be construed to limit or diminish any protections in relevant
37 Federal, State, or local law related to—

38 (A) domestic violence;

39 (B) stalking;

(C) dating violence; or

(D) sexual assault.

SEC. 325. DEFINITIONS.

In this subtitle:

(1) ALARM.—The term “alarm” means a mechanical, electrical, or electronic device that does not rely upon an employee’s vocalization in order to alert others.

(2) DANGEROUS WEAPON.—The term “dangerous weapon” means an instrument capable of inflicting death or serious bodily injury, without regard to whether such instrument was designed for that purpose.

(3) ENGINEERING CONTROLS.—

(A) IN GENERAL.—The term “engineering controls” means an aspect of the built space or a device that removes a hazard from the workplace or creates a barrier between a covered employee and the hazard.

(B) INCLUSIONS.—For purposes of reducing workplace violence hazards, the term “engineering controls” includes electronic access controls to employee occupied areas, weapon detectors (installed or handheld), enclosed workstations with shatter-resistant glass, deep service counters, separate rooms or areas for high-risk patients, locks on doors, removing access to or securing items that could be used as weapons, furniture affixed to the floor, opaque glass in patient rooms (which protects privacy, but allows the health care provider to see where the patient is before entering the room), closed-circuit television monitoring and video recording, sight-aids, and personal alarm devices.

(4) ENVIRONMENTAL RISK FACTORS.—

(A) IN GENERAL.—The term “environmental risk factors” means factors in the covered facility or area in which a covered service is performed that may contribute to the likelihood or severity of a workplace violence incident.

(B) CLARIFICATION.—Environmental risk factors may be associated with the specific task being performed or the work area, such as working in an isolated area, poor illumination or blocked visibility, and lack of physical barriers between individuals and persons at risk of committing workplace violence.

(5) PATIENT-SPECIFIC RISK FACTORS.—The term “patient-specific risk factors” means factors specific to a patient that may increase the likelihood or severity of a workplace violence incident, including—

(A) a patient’s treatment and medication status, and history of violence and use of drugs or alcohol; and

(B) any conditions or disease processes of the patient that may cause the patient to experience confusion or disorientation, be nonresponsive to instruction, behave unpredictably, or engage in disruptive, threatening, or violent behavior.

(6) SECRETARY.—The term “Secretary” means the Secretary of Labor.

1 (7) THREAT OF VIOLENCE.—The term “threat of violence” means a statement or conduct
2 that—

3 (A) causes an individual to fear for such individual’s safety because there is a
4 reasonable possibility the individual might be physically injured; and

5 (B) serves no legitimate purpose.

6 (8) TYPE 1 VIOLENCE.—The term “type 1 violence”—

7 (A) means workplace violence directed at a covered employee at a covered facility
8 or while performing a covered service by an individual who has no legitimate business
9 at the covered facility or with respect to such covered service; and

10 (B) includes violent acts by any individual who enters the covered facility or
11 worksite where a covered service is being performed with the intent to commit a crime.

12 (9) TYPE 2 VIOLENCE.—The term “type 2 violence” means workplace violence directed at
13 a covered employee by customers, clients, patients, students, inmates, or any individual for
14 whom a covered facility provides services or for whom the employee performs covered
15 services.

16 (10) TYPE 3 VIOLENCE.—The term “type 3 violence” means workplace violence directed
17 at a covered employee by a present or former employee, supervisor, or manager.

18 (11) TYPE 4 VIOLENCE.—The term “type 4 violence” means workplace violence directed
19 at a covered employee by an individual who is not an employee, but has or is known to have
20 had a personal relationship with such employee, or with a customer, client, patient, student,
21 inmate, or any individual for whom a covered facility provides services or for whom the
22 employee performs covered services.

23 (12) WORK PRACTICE CONTROLS.—

24 (A) IN GENERAL.—The term “work practice controls” means procedures and rules
25 that are used to effectively reduce workplace violence hazards.

26 (B) INCLUSIONS.—The term “work practice controls” includes—

27 (i) assigning and placing sufficient numbers of staff to reduce patient-specific
28 type 2 violence hazards;

29 (ii) provision of dedicated and available safety personnel such as security
30 guards;

31 (iii) employee training on workplace violence prevention methods and
32 techniques to de-escalate and minimize violent behavior; and

33 (iv) employee training on procedures for response in the event of a workplace
34 violence incident and for post-incident response.

35 (13) WORKPLACE VIOLENCE.—

36 (A) IN GENERAL.—The term “workplace violence” means any act of violence or
37 threat of violence, without regard to intent, that occurs at a covered facility or while a
38 covered employee performs a covered service.

39 (B) EXCLUSIONS.—The term “workplace violence” does not include lawful acts of

self-defense or lawful acts of defense of others.

(C) INCLUSIONS.—The term “workplace violence” includes—

(i) the threat or use of physical force against a covered employee that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, without regard to whether the covered employee sustains an injury, psychological 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 and health plan), to comply with the Workplace Violence Prevention Standard (as promulgated under section 321 of the Long-Term Care Workforce Support Act).”; and

(2) in subsection (b)(4)—

(A) in subparagraph (A), by inserting “and a hospital or skilled nursing facility that fails to comply with the requirement of subsection (a)(1)(Z) (relating to the Workplace Violence Prevention Standard)” after “Bloodborne Pathogens standard”; and

(B) in subparagraph (B)—

(i) by striking “(a)(1)(U)” and inserting “(a)(1)(V)”; and

(ii) by inserting “(or, in the case of a failure to comply with the requirement of subsection (a)(1)(Z), for a violation of the Workplace Violence Prevention standard referred to in such subsection by a hospital or skilled nursing facility, as applicable, that is subject to the provisions of such Act)” before the period at the end.

(b) Effective Date.—The amendments made by subsection (a) shall apply beginning on the date that is 1 year after the date of issuance of the interim final standard on workplace violence prevention required under section 321.

Subtitle D—Improving Access to Job Benefits

SEC. 331. DEFINITIONS.

In this subtitle:

(1) CHILD.—The term “child” means a biological, foster, or adopted child, a stepchild, a child of a domestic partner, a legal ward, or a child of a person standing in loco parentis.

(2) COMMERCE; INDUSTRY OR ACTIVITY AFFECTING COMMERCE.—The terms “commerce” and “industry or activity affecting commerce” mean any activity, business, or industry in commerce or in which a labor dispute would hinder or obstruct commerce or the free flow of commerce, and include “commerce” and any “industry affecting commerce”, as defined in paragraphs (1) and (3) of section 501 of the Labor Management Relations Act, 1947 (29 U.S.C. 142 (1) and (3)).

(3) COVERED DIRECT CARE PROFESSIONAL.—The term “covered direct care professional” means an employee who is employed as a direct care professional by an employer.

(4) DOMESTIC VIOLENCE.—The term “domestic violence” has the meaning given the term in section 40002(a) of the Violence Against Women Act of 1994 (34 U.S.C. 12291(a)), except that the reference in such section to the term “jurisdiction receiving grant funding” shall be deemed to mean the jurisdiction in which the victim lives or the jurisdiction in which the employer involved is located. Such term also includes dating violence, as that term is defined in such section.

(5) EMPLOYEE.—The term “employee” means an individual who is an employee, as defined in section 3(e) of the Fair Labor Standards Act of 1938 (29 U.S.C. 203(e)), except that a reference in such section to an employer shall be considered to be a reference to an employer described in paragraph (6).

(6) EMPLOYER.—

(A) IN GENERAL.—The term “employer”—

(i) means a person who is engaged in commerce or in any industry or activity affecting commerce who employs 1 or more employees;

(ii) includes—

(I) any person who acts, directly or indirectly, in the interest of an employer to any of the employees of such employer; and

(II) any successor in interest of such an employer; and

(iii) does not include any public agency.

(B) DEFINITIONS.—For purposes of this subparagraph:

(i) EMPLOYEE.—The term “employee” has the meaning given such term in section 3 of the Fair Labor Standards Act of 1938 (29 U.S.C. 203).

(ii) PERSON.—The term “person” has the meaning given such term in section 3 of the Fair Labor Standards Act of 1938 (29 U.S.C. 203).

(iii) PUBLIC AGENCY.—The term “public agency” has the meaning given such

term in section 3 of the Fair Labor Standards Act of 1938 (29 U.S.C. 203).

(C) PREDECESSORS.—Any reference in this paragraph to an employer shall include a reference to any predecessor of such employer.

(7) EMPLOYMENT BENEFITS.—The term “employment benefits” means all benefits provided or made available to employees by an employer, including group life insurance, health insurance, disability insurance, sick leave, annual leave, educational benefits, and pensions, regardless of whether such benefits are provided by a practice or written policy of an employer or through an “employee benefit plan”, as defined in section 3(3) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(3)).

(8) HEALTH CARE PROVIDER.—The term “health care provider” means a provider who—

(A)(i) is a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices; or

(ii) is any other person determined by the Secretary to be capable of providing health care services; and

(B) is not employed by an employer for whom the provider issues certification under this subtitle.

(9) PAID SICK TIME.—The term “paid sick time” means an increment of compensated leave that—

(A) can be—

(i) earned by an employee for use during an absence from employment for a reason described in any paragraph of section 332(b); or

(ii) provided by an employer during a public health emergency for use during an absence from employment for a reason described in any paragraph of section 332(b); and

(B) is compensated at a rate that is not less than the greatest of—

(i) the employee’s regular rate of pay;

(ii) the wage rate described in section 6(a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 206(a)(1)); or

(iii) the minimum wage rate provided for in the applicable State or local law for the State or locality in which the employee is employed.

(10) PARENT.—The term “parent” means a biological, foster, or adoptive parent of an employee, a stepparent of an employee, parent-in-law, parent of a domestic partner, or a legal guardian or other person who stood in loco parentis to an employee when the employee was a child.

(11) PUBLIC HEALTH EMERGENCY.—The term “public health emergency” means a public health emergency declared by the Secretary of Health and Human Services for a jurisdiction, or by a State public health official with authority to declare such an emergency for the State or jurisdiction within the State.

(12) SECRETARY.—The term “Secretary” means the Secretary of Labor.

(13) SEXUAL ASSAULT.—The term “sexual assault” has the meaning given the term in section 40002(a) of the Violence Against Women Act of 1994 (34 U.S.C. 12291(a)).

(14) SPOUSE.—The term “spouse”, with respect to an employee, has the meaning given such term by the marriage laws of the State in which the marriage was celebrated.

(15) STALKING.—The term “stalking” has the meaning given the term in section 40002(a) of the Violence Against Women Act of 1994 (34 U.S.C. 12291(a)).

(16) VICTIM SERVICES ORGANIZATION.—The term “victim services organization” means a nonprofit, nongovernmental organization that provides assistance to victims of domestic violence, sexual assault, or stalking or advocates for such victims, including a rape crisis center, an organization carrying out a domestic violence, sexual assault, or stalking prevention or treatment program, an organization operating a shelter or providing counseling services, or a legal services organization or other organization providing assistance through the legal process.

SEC. 332. PAID SICK TIME.

(a) Earning of Paid Sick Time.—

(1) IN GENERAL.—Subject to subsection (c), an employer shall provide each covered direct care professional employed by the employer not less than 1 hour of earned paid sick time for every 30 hours worked, to be used as described in subsection (b). An employer shall not be required to permit a covered direct care professional to earn, under this subsection, more than 56 hours of paid sick time in a year, unless the employer chooses to set a higher limit.

(2) EXEMPT COVERED DIRECT CARE PROFESSIONALS.—

(A) IN GENERAL.—Except as provided in subparagraph (B), for purposes of this subsection, a covered direct care professional who is exempt from overtime requirements under section 13(a)(1) of the Fair Labor Standards Act of 1938 (29 U.S.C. 213(a)(1)) shall be deemed to work 40 hours in each workweek.

(B) SHORTER NORMAL WORKWEEK.—If the normal workweek of such a covered direct care professional is less than 40 hours, the covered direct care professional shall earn paid sick time under this subsection based upon that normal workweek.

(3) DATES FOR BEGINNING TO EARN PAID SICK TIME AND USE.—

(A) IN GENERAL.—Except as provided in subparagraph (B) and the second sentence of paragraph (8), covered direct care professionals shall begin to earn paid sick time under this section at the commencement of their employment. Except as provided in such subparagraph and such sentence, a covered direct care professional shall be entitled to use the earned paid sick time beginning on the 60th calendar day following commencement of the covered direct care professional’s employment. After that 60th calendar day, the covered direct care professional may use the paid sick time as the time is earned. An employer may, at the discretion of the employer, loan paid sick time to a covered direct care professional for use by such covered direct care professional in advance of the covered direct care professional earning such sick time as provided in this section and may permit use before the 60th day of employment.

(B) PUBLIC HEALTH EMERGENCY.—Subparagraph (A) shall not apply with respect to additional paid sick time provided under subsection (c). In the event of a public health emergency, a covered direct care professional may immediately use the additional or accrued paid sick time described in subsection (c), regardless of how long the covered direct care professional has been employed by an employer.

(4) CARRYOVER.—

(A) IN GENERAL.—Except as provided in subparagraph (B), paid sick time earned under this section shall carry over from 1 year to the next.

(B) CONSTRUCTION.—Except as provided in subsection (c), this subtitle shall not be construed to require an employer to permit a covered direct care professional to earn more than 56 hours of earned paid sick time at a given time.

(5) EMPLOYERS WITH EXISTING POLICIES.—Any employer with a paid leave policy who makes available an amount of paid leave that is sufficient to meet the requirements of this section and that may be used for the same purposes and under the same conditions as the purposes and conditions described in this section shall not be required to permit a covered direct care professional to earn additional paid sick time under this section.

(6) CONSTRUCTION.—Nothing in this section shall be construed as requiring financial or other reimbursement to a covered direct care professional from an employer upon the covered direct care professional's termination, resignation, retirement, or other separation from employment for earned paid sick time that has not been used.

(7) REINSTATEMENT.—If a covered direct care professional is separated from employment with an employer and is rehired, within 12 months after that separation, by the same employer, the employer shall reinstate the covered direct care professional's previously earned paid sick time. The covered direct care professional shall be entitled to use the earned paid sick time and earn additional paid sick time at the recommencement of employment with the employer.

(8) PROHIBITION.—An employer may not require, as a condition of providing paid sick time under this subtitle, that the covered direct care professional involved search for or find a replacement to cover the hours during which the covered direct care professional is using paid sick time.

(b) Uses.—Paid sick time earned under this section may be used by a covered direct care professional for any of the following:

(1) An absence resulting from a physical or mental illness, injury, or medical condition of the covered direct care professional.

(2) An absence resulting from obtaining professional medical diagnosis or care, or preventive medical care, for the covered direct care professional.

(3) An absence resulting from the closure of a covered direct care professional's place of employment by order of a Federal or State public official with jurisdiction, or at the employer's discretion, due to a public health emergency.

(4) An absence because a Federal or State public official with jurisdiction or a health care provider has determined that the covered direct care professional's presence in the

community may jeopardize the health of others because of the covered direct care professional's exposure to a communicable disease during a public health emergency, regardless of whether the covered direct care professional has actually contracted the communicable disease.

(5) An absence for the purpose of caring for a child, a parent, a spouse, a domestic partner, or any other individual related by blood or affinity whose close association with the covered direct care professional is the equivalent of a family relationship—

(A) who is a child, if the child's school or place of care has been closed by order of a Federal or State public official with jurisdiction or at the discretion of the school or place of care due to a public health emergency, including if a school or entity operating the place of care is physically closed but is providing education or care to the child remotely; or

(B) because a Federal or State public official with jurisdiction or a health care provider has determined that the presence in the community of the person receiving care may jeopardize the health of others because of the person's exposure to a communicable disease during a public health emergency, regardless of whether the person has actually contracted the communicable disease.

(6) An absence for the purpose of caring for a child, a parent, a spouse, a domestic partner, or any other individual related by blood or affinity whose close association with the covered direct care professional is the equivalent of a family relationship—

(A) who has any of the conditions or needs for diagnosis or care described in paragraph (1) or (2);

(B) who is a child, if the covered direct care professional is required to attend a school meeting or a meeting at a place where the child is receiving care necessitated by the child's health condition or disability; or

(C) who is otherwise in need of care.

(7) An absence resulting from domestic violence, sexual assault, or stalking, if the time is to—

(A) seek medical attention for the covered direct care professional or the covered direct care professional's child, parent, spouse, domestic partner, or an individual related to the covered direct care professional as described in paragraph (6), to recover from physical or psychological injury or disability caused by domestic violence, sexual assault, or stalking;

(B) obtain or assist a related person described in paragraph (6) in obtaining services from a victim services organization;

(C) obtain or assist a related person described in paragraph (6) in obtaining psychological or other counseling;

(D) seek relocation; or

(E) take legal action, including preparing for or participating in any civil or criminal legal proceeding related to or resulting from domestic violence, sexual assault, or stalking.

(c) Additional Paid Sick Time for Public Health Emergency.—

(1) ADDITIONAL PAID SICK TIME.—On the date of a declaration of a public health emergency by the Secretary of Health and Human Services under section 319 of the Public Health Service Act (42 U.S.C. 247d) or a major disaster or emergency declared by the President under section 401 or 501, respectively, of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170, 5191), an employer in the jurisdiction involved shall provide each covered direct care professional of the employer in that jurisdiction with additional paid sick time, in addition to any amount of paid sick time accrued by the covered direct care professional under subsection (a) (including paid leave referred to in subsection (a)(4)).

(2) AMOUNT OF PAID SICK TIME.—In receiving additional paid sick time under paragraph (1), the covered direct care professional shall receive—

(A) for a full-time salaried covered direct care professional, a specified amount of paid sick time that is sufficient to provide the covered direct care professional with 14 continuous days away from work without a reduction in pay; and

(B) for a part-time or hourly covered direct care professional, a specified amount of paid sick time equal to the number of hours that the covered direct care professional was scheduled to work or, if not so scheduled, regularly works in a 14-day period.

(3) USE OF LEAVE.—The additional sick time and accrued sick time described in this subsection shall be available for immediate use by the covered direct care professional for the purposes described in any paragraph of subsection (b) beginning on the date a public health emergency is declared, regardless of how long the covered direct care professional has been employed by an employer.

(4) SEQUENCING.—During the public health emergency, a covered direct care professional may first use the additional sick time for those purposes. The covered direct care professional may then use the accrued sick time during the public health emergency, or retain the accrued sick time for use after the public health emergency. An employer may not require a covered direct care professional to use the accrued sick time, or any other paid leave provided by the employer to the covered direct care professional, before using the additional sick time.

(5) PERIODS.—A covered direct care professional may take the additional sick time on the schedule that meets the covered direct care professional's needs, consistent with subsection (b), including taking the additional sick time intermittently or on a reduced leave schedule, and an employer may not require a covered direct care professional to take the additional sick time in a single period or on any other schedule specified by the employer.

(d) Scheduling.—A covered direct care professional shall make a reasonable effort to schedule a period of paid sick time under subsection (a) in a manner that does not unduly disrupt the operations of the employer.

(e) Procedures.—

(1) IN GENERAL.—Paid sick time shall be provided upon the oral or written request of a covered direct care professional. Such request shall—

(A) include the expected duration of the period of such time; and

(B)(i) in a case in which the need for such period of time is foreseeable at least 7 days in advance of such period, be provided at least 7 days in advance of such period; and

(ii) otherwise, be provided as soon as practicable after the covered direct care professional is aware of the need for such period.

(2) CERTIFICATION IN GENERAL.—

(A) PROVISION.—

(i) IN GENERAL.—Subject to subparagraphs (C) and (D), an employer may require that a request for paid sick time under this section for a purpose described in paragraph (1), (2), or (6) of subsection (b) be supported by a certification issued by the health care provider of the covered direct care professional or of an individual described in subsection (b)(6), as appropriate, if the period of such time covers more than 3 consecutive workdays.

(ii) TIMELINESS.—The covered direct care professional shall provide a copy of such certification to the employer in a timely manner, not later than 30 days after the first day of the period of time. The employer shall not delay the commencement of the period of time on the basis that the employer has not yet received the certification.

(B) SUFFICIENT CERTIFICATION.—

(i) IN GENERAL.—A certification provided under subparagraph (A) shall be sufficient if it states—

(I) the date on which the period of time will be needed;

(II) the probable duration of the period of time;

(III) the appropriate medical facts within the knowledge of the health care provider regarding the condition involved, subject to clause (ii); and

(IV)(aa) for purposes of paid sick time under subsection (b)(1), a statement that absence from work is medically necessary;

(bb) for purposes of such time under subsection (b)(2), the dates on which testing for a medical diagnosis or care is expected to be given and the duration of such testing or care; and

(cc) for purposes of such time under subsection (b)(6), in the case of time to care for someone who is not a child, a statement that care is needed for an individual described in such subsection, and an estimate of the amount of time that such care is needed for such individual.

(ii) LIMITATION.—In issuing a certification under subparagraph (A), a health care provider shall make reasonable efforts to limit the medical facts described in clause (i)(III) that are disclosed in the certification to the minimum necessary to establish a need for the covered direct care professional to use paid sick time.

(C) PUBLIC HEALTH EMERGENCIES.—No certification or other documentation may be required under this subtitle by an employer during any public health emergency.

1 (D) REGULATIONS.—Regulations prescribed under section 339 shall specify the
2 manner in which a covered direct care professional who does not have health insurance
3 shall provide a certification for purposes of this paragraph.

4 (E) CONFIDENTIALITY AND NONDISCLOSURE.—

5 (i) PROTECTED HEALTH INFORMATION.—Nothing in this subtitle shall be
6 construed to require a health care provider to disclose information in violation of
7 section 1177 of the Social Security Act (42 U.S.C. 1320d–6) or the regulations
8 promulgated pursuant to section 264(c) of the Health Insurance Portability and
9 Accountability Act of 1996 (42 U.S.C. 1320d–2 note).

10 (ii) HEALTH INFORMATION RECORDS.—If an employer possesses health
11 information about a covered direct care professional, a covered direct care
12 professional’s child, parent, spouse, domestic partner, or an individual related to
13 the covered direct care professional as described in subsection (b)(6), such
14 information shall—

15 (I) be maintained on a separate form and in a separate file from other
16 personnel information;

17 (II) be treated as a confidential medical record; and

18 (III) not be disclosed except to the affected covered direct care
19 professional or with the permission of the affected covered direct care
20 professional.

21 (3) CERTIFICATION IN THE CASE OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, OR
22 STALKING.—

23 (A) IN GENERAL.—An employer may require that a request for paid sick time under
24 this section for a purpose described in subsection (b)(7) be supported by any one of the
25 following:

26 (i) A police report indicating that the covered direct care professional, or a
27 member of the covered direct care professional’s family described in subsection
28 (b)(7), was a victim of domestic violence, sexual assault, or stalking.

29 (ii) A court order protecting or separating the covered direct care professional
30 or a member of the covered direct care professional’s family described in
31 subsection (b)(7) from the perpetrator of an act of domestic violence, sexual
32 assault, or stalking, or other evidence from the court or prosecuting attorney that
33 the covered direct care professional or a member of the covered direct care
34 professional’s family described in subsection (b)(7) has appeared in court or is
35 scheduled to appear in court in a proceeding related to domestic violence, sexual
36 assault, or stalking.

37 (iii) Other documentation signed by a covered direct care professional or
38 volunteer working for a victim services organization, an attorney, a police officer,
39 a medical professional, a social worker, an antiviolence counselor, or a member of
40 the clergy, affirming that the covered direct care professional or a member of the
41 covered direct care professional’s family described in subsection (b)(7) is a victim
42 of domestic violence, sexual assault, or stalking.

(B) REQUIREMENTS.—The requirements of paragraph (2) shall apply to certifications under this paragraph, except that—

(i) subclauses (III) and (IV) of subparagraph (B)(i) and subparagraph (B)(ii) of such paragraph shall not apply;

(ii) the certification shall state the reason that the leave is required with the facts to be disclosed limited to the minimum necessary to establish a need for the covered direct care professional to be absent from work, and the covered direct care professional shall not be required to explain the details of the domestic violence, sexual assault, or stalking involved; and

(iii) with respect to confidentiality under subparagraph (E) of such paragraph, any information provided to the employer under this paragraph shall be confidential, except to the extent that any disclosure of such information is—

(I) requested or consented to in writing by the covered direct care professional; or

(II) otherwise required by applicable Federal or State law.

(C) SPECIFICATION OF DOCUMENTATION.—An employer may not specify which of the forms of documentation described in clause (i), (ii), or (iii) of subparagraph (A) is required to be provided in order to satisfy the requirement under such subparagraph.

SEC. 333. NOTICE REQUIREMENT.

(a) In General.—Each employer shall notify each covered direct care professional employed by the employer and include in any employee handbook the information—

(1) describing paid sick time available to covered direct care professionals under this subtitle;

(2) pertaining to the filing of an action under this subtitle;

(3) on the details of the notice requirement for a foreseeable period of time under section 332(e)(1)(B)(i); and

(4) that describes—

(A) the protections that a covered direct care professional has in exercising rights under this subtitle; and

(B) how the covered direct care professional can contact the Secretary if any of the rights are violated.

(b) Posting of Notice.—Each employer shall post and keep posted a notice, to be prepared or approved in accordance with procedures specified in regulations prescribed under section 339, setting forth excerpts from, or summaries of, the pertinent provisions of this subtitle including the information described in paragraphs (1) through (4) of subsection (a).

(c) Location.—The notice described under subsection (b) shall be posted—

(1) in conspicuous places on the premises of the employer, where notices to employees (including applicants) are customarily posted; or

(2) in employee handbooks.

(d) Violation; Penalty.—Any employer who willfully violates the posting requirements of this section shall be subject to a civil fine in an amount not to exceed \$100 for each separate offense.

SEC. 334. PROHIBITED ACTS.

(a) Interference With Rights.—

(1) EXERCISE OF RIGHTS.—It shall be unlawful for any employer to interfere with, restrain, or deny the exercise of, or the attempt to exercise, any right provided under this subtitle, including—

(A) discharging or discriminating against (including retaliating against) any individual, including a job applicant, for exercising, or attempting to exercise, any right provided under this subtitle;

(B) using the taking of paid sick time under this subtitle as a negative factor in an employment action, such as hiring, promotion, reducing hours or number of shifts, or a disciplinary action; or

(C) counting the paid sick time under a no-fault attendance policy or any other absence-control policy.

(2) DISCRIMINATION.—It shall be unlawful for any employer to discharge or in any other manner discriminate against (including retaliating against) any individual, including a job applicant, for opposing any practice made unlawful by this subtitle.

(b) Interference With Proceedings or Inquiries.—It shall be unlawful for any person to discharge or in any other manner discriminate against (including retaliating against) any individual, including a job applicant, because such individual—

(1) has filed an action, or has instituted or caused to be instituted any proceeding, under or related to this subtitle;

(2) has given, or is about to give, any information in connection with any inquiry or proceeding relating to any right provided under this subtitle; or

(3) has testified, or is about to testify, in any inquiry or proceeding relating to any right provided under this subtitle.

(c) Construction.—Nothing in this section shall be construed to state or imply that the scope of the activities prohibited by section 105 of the Family and Medical Leave Act of 1993 (29 U.S.C. 2615) is less than the scope of the activities prohibited by this section.

SEC. 335. ENFORCEMENT AUTHORITY.

(a) Investigative Authority.—

(1) IN GENERAL.—To ensure compliance with the provisions of this subtitle, or any regulation or order issued under this subtitle, the Secretary shall have, subject to paragraph (3), the investigative authority provided under section 11(a) of the Fair Labor Standards Act of 1938 (29 U.S.C. 211(a)), with respect to employers, covered direct care professionals, and other individuals affected by an employer.

(2) OBLIGATION TO KEEP AND PRESERVE RECORDS.—An employer shall make, keep, and preserve records pertaining to compliance with this subtitle in accordance with section 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.

(3) REQUIRED SUBMISSIONS GENERALLY LIMITED TO AN ANNUAL BASIS.—The Secretary shall not require, under the authority of this subsection, an employer to submit to the Secretary any books or records more than once during any 12-month period, unless the Secretary has reasonable cause to believe there may exist a violation of this subtitle or any regulation or order issued pursuant to this subtitle, or is investigating a charge pursuant to subsection (c).

(4) SUBPOENA AUTHORITY.—For the purposes of any investigation provided for in this subsection, the Secretary shall have the subpoena authority provided for under section 9 of the Fair Labor Standards Act of 1938 (29 U.S.C. 209).

(b) Civil Action by Covered Direct Care Professionals or Individuals.—

(1) RIGHT OF ACTION.—An action to recover the damages or equitable relief prescribed in paragraph (1) may be maintained against any employer in any Federal or State court of competent jurisdiction by a covered direct care professional or individual or a representative for and on behalf of—

(A) the covered direct care professional or individual; or

(B) the covered direct care professional or individual and others similarly situated.

(2) LIABILITY.—Any employer who violates section 334 (including a violation relating to rights provided under section 332) shall be liable to any covered direct care professional or individual affected—

(A) for damages equal to—

(i) the amount of—

(I) any wages, salary, employment benefits, or other compensation denied or lost by reason of the violation; or

(II) in a case in which wages, salary, employment benefits, or other compensation have not been denied or lost, any actual monetary losses sustained as a direct result of the violation up to a sum equal to 56 hours of wages or salary for the covered direct care professional or individual, or the specified period described in section 332(c)(3), or a combination of those hours and that period, as the case may be;

(ii) the interest on the amount described in clause (i) calculated at the prevailing rate; and

(iii) an additional amount as liquidated damages; and

(B) for such equitable relief as may be appropriate, including employment, reinstatement, and promotion.

(3) FEES AND COSTS.—The court in an action under this subsection shall, in addition to any judgment awarded to the plaintiff, allow a reasonable attorney's fee, reasonable expert

witness fees, and other costs of the action to be paid by the defendant.

(c) Action by the Secretary.—

(1) ADMINISTRATIVE ACTION.—The Secretary shall receive, investigate, and attempt to resolve complaints of violations of section 334 (including a violation relating to rights provided under section 332) in the same manner that the Secretary receives, investigates, and attempts to resolve complaints of violations of sections 6 and 7 of the Fair Labor Standards Act of 1938 (29 U.S.C. 206 and 207).

(2) CIVIL ACTION.—The Secretary may bring an action in any court of competent jurisdiction to recover the damages described in subsection (b)(2)(A).

(3) SUMS RECOVERED.—Any sums recovered by the Secretary pursuant to paragraph (2) shall be held in a special deposit account and shall be paid, on order of the Secretary, directly to each covered direct care professional or individual affected. Any such sums not paid to a covered direct care professional or individual affected because of inability to do so within a period of 3 years shall be deposited into the Treasury of the United States as miscellaneous receipts.

(d) Limitation.—

(1) IN GENERAL.—Except as provided in paragraph (2), an action may be brought under subsection (b), (c), or (e) not later than 2 years after the date of the last event constituting the alleged violation for which the action is brought.

(2) WILLFUL VIOLATION.—In the case of an action brought for a willful violation of section 334 (including a willful violation relating to rights provided under section 332), such action may be brought not later than 3 years after the last event constituting the alleged violation for which such action is brought.

(3) COMMENCEMENT.—In determining when an action is commenced under subsection (b), (c), or (e) for the purposes of this subsection, it shall be considered to be commenced on the date when the complaint is filed.

(e) Action for Injunction by Secretary.—The district courts of the United States shall have jurisdiction, for cause shown, in an action brought by the Secretary—

(1) to restrain violations of section 334 (including a violation relating to rights provided under section 332), including the restraint of any withholding of payment of wages, salary, employment benefits, or other compensation, plus interest, found by the court to be due to covered direct care professionals or individuals eligible under this subtitle; or

(2) to award such other equitable relief as may be appropriate, including employment, reinstatement, and promotion.

(f) Solicitor of Labor.—The Solicitor of Labor may appear for and represent the Secretary on any litigation brought under subsection (c) or (e).

SEC. 336. EDUCATION AND OUTREACH.

(a) In General.—The Secretary may conduct a public awareness campaign to educate and inform the public of the requirements for paid sick time required by this subtitle.

(b) Authorization of Appropriations.—There is authorized to be appropriated to the Secretary \$20,000,000 to carry out such campaign.

SEC. 337. EFFECT ON EXISTING EMPLOYMENT BENEFITS.

(a) More Protective.—Nothing in this subtitle shall be construed to diminish the obligation of an employer to comply with any contract, collective bargaining agreement, or any employment benefit program or plan that provides greater paid sick leave or other leave rights to covered direct care professionals or individuals than the rights established under this subtitle.

(b) Less Protective.—The rights established for covered direct care professionals under this subtitle shall not be diminished by any contract, collective bargaining agreement, or any employment benefit program or plan.

SEC. 338. ENCOURAGEMENT OF MORE GENEROUS LEAVE POLICIES.

Nothing in this subtitle shall be construed—

(1) to discourage employers from adopting or retaining leave policies more generous than policies that comply with the requirements of this subtitle; or

(2) to discourage or prevent an employer from adopting a contract, collective bargaining agreement, or employment benefit program or plan that provides greater right or benefits to covered direct care professionals than the rights established under this subtitle.

SEC. 339. REGULATIONS.

(a) In General.—Subject to subsection (b), not later than 180 days after the date of enactment of this Act, the Secretary shall prescribe such regulations as are necessary to carry out this subtitle.

(b) Immediate Compliance.—The rights and responsibilities specified in this subtitle shall take effect on the date of enactment of this Act and employers and other persons subject to those responsibilities shall comply immediately, without regard whether regulations have been prescribed under this section.

SEC. 339A. EFFECTIVE DATE.

If a public health emergency was declared before and remains in effect on the date of enactment of this Act, for purposes of this subtitle, including section 332(c), the public health emergency shall be considered to have been declared on the date of enactment of this Act.

SEC. 339B. COLLECTION OF DATA AND FURTHER STUDY.

(a) Compilation of Information.—The Commissioner of the Bureau of Labor Statistics shall—

(1) collect data on—

(A) the amount of paid and unpaid sick time available to covered direct care

professionals by occupation and type of employment establishment; and

(B) an estimate of the average sick time used by covered direct care professionals according to occupation and the type of covered direct care professional; and

(2) annually report that data to the Comptroller General of the United States.

(b) GAO Study.—The Comptroller General of the United States shall—

(1) conduct a study to evaluate the implementation of this subtitle—

(A) that includes an estimation of the access of covered direct care professionals to paid sick time, the awareness of covered direct care professionals of rights under this Act, and the experiences of employers in complying with this subtitle; and

(B) that takes into account access, awareness, and experiences of covered direct care professionals by race, ethnicity, gender, disability, occupation, and any other characteristic determined by the Secretary; and

(2) not later than 5 years after the date of enactment of this Act, submit the report to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate and the Committee on Education and the Workforce of the House of Representatives.

TITLE IV—NATIONAL DIRECT CARE PROFESSIONAL COMPENSATION STRATEGY

SEC. 401. DEFINITIONS.

In this title:

(1) ADVISORY COUNCIL.—The term “Advisory Council” means the National Direct Care Professional Compensation Advisory Council convened under section 403.

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

(3) STRATEGY.—The term “Strategy” means the National Direct Care Professional Compensation Strategy set forth under section 402.

SEC. 402. NATIONAL DIRECT CARE PROFESSIONAL COMPENSATION STRATEGY.

(a) In General.—The Secretary, in consultation with the heads of other appropriate Federal agencies, shall develop jointly with the Advisory Council and submit to the appropriate committees of Congress, and the State agencies responsible for carrying out direct care professional programs, and make publicly available on the internet website of the Department of Health and Human Services, a National Direct Care Professional Compensation Strategy.

(b) Contents.—

(1) IN GENERAL.—The Strategy shall identify recommended actions that the Federal Government (under existing Federal programs), State and local governments, communities, health care providers, including direct care professionals and others, are taking, or may take,

1 to provide direct care professionals a livable wage, including recommendations on—

2 (A) how to calculate the fair cost of labor provided by direct care professionals;

3 (B) how State Medicaid agencies, managed care organizations, and other public
4 payers should establish policies and procedures to ensure the direct care professional
5 workforce is compensated at the full cost of their labor;

6 (C) how to set clear expectations for employers of direct care professionals with
7 respect to compensation for such professionals; and

8 (D) how to ensure additional training and certification is tied to increased
9 compensation for such professionals.

10 (2) CONSIDERATIONS.—The recommendations under paragraph (1) shall take into
11 account—

12 (A) the particular challenges of the direct care professional workforce, including—

13 (i) the largely part-time nature of the work;

14 (ii) the mobile or transient nature of positions in the direct care professional
15 workforce;

16 (iii) precarity due to race, ethnicity, sexual orientation, gender identity, and
17 immigration status; and

18 (iv) any decrease in public benefits that direct care professionals may
19 experience following an increase in wages; and

20 (B) strategies for wage enhancement for direct care professionals.

21 (c) Duties of the Secretary.—The Secretary, in carrying out subsection (a), shall oversee the
22 following:

23 (1) Collecting and making publicly available information submitted by the Advisory
24 Council under section 403(e) to the appropriate committees of Congress, and the State
25 agencies responsible for carrying out direct care professional programs, including evidence-
26 based or promising practices and innovative models (both domestic and foreign) regarding
27 compensation for direct care professionals.

28 (2) Coordinating and assessing existing Federal Government programs and activities to
29 compensate direct care professionals while ensuring maximum effectiveness and avoiding
30 unnecessary duplication.

31 (3) Providing technical assistance, as appropriate, such as disseminating identified best
32 practices and information sharing based on reports provided under section 403(e), to State
33 or local efforts to compensate direct care professionals.

34 (d) Initial Strategy; Updates.—The Secretary shall—

35 (1) not later than 18 months after the date of enactment of this Act, develop, publish, and
36 submit to the appropriate committees of Congress, and the State agencies responsible for
37 carrying out direct care professional programs, an initial Strategy incorporating the items
38 addressed in the Advisory Council's initial report under section 403(e) and other relevant
39 information, including best practices, for compensating direct care professionals; and

(2) biennially update, republish, and submit to the appropriate committees of Congress and the State agencies responsible for carrying out direct care professional programs the Strategy, taking into account the most recent annual report submitted under section 403(e)(1)—

(A) to reflect new developments, challenges, opportunities, and solutions; and

(B) to review progress based on recommendations for compensating direct care professionals in the Strategy and, based on the results of such review, recommend priority actions for improving the implementation of such recommendations, as appropriate.

(e) Process for Public Input.—The Secretary shall establish a process for public input to inform the development of, and updates to, the Strategy, including a process for the public to submit recommendations to the Advisory Council and an opportunity for public comment on the proposed Strategy.

(f) No Preemption.—Nothing in this title preempts any authority of a State or local government to compensate direct care professionals.

(g) Rule of Construction.—Nothing in this title shall be construed to permit the Secretary (through regulation, guidance, grant criteria, or otherwise) to—

(1) mandate, direct, or control the allocation of State or local resources;

(2) mandate the use of any of the best practices identified in the reports required under this title; or

(3) otherwise expand the authority of the Secretary beyond that expressly provided to the Secretary in this title.

(h) Authorization of Appropriations.—There is authorized to be appropriated for the advisory committee \$100,000 for each of years 2025 through 2029.

SEC. 403. NATIONAL DIRECT CARE PROFESSIONAL COMPENSATION ADVISORY COUNCIL.

(a) Convening.—The Secretary shall convene a National Direct Care Professional Compensation Advisory Council to advise and provide recommendations, including identified best practices, to the Secretary on compensating direct care professionals.

(b) Membership.—

(1) IN GENERAL.—The members of the Advisory Council shall consist of—

(A) the appointed members under paragraph (2); and

(B) the Federal members under paragraph (3).

(2) APPOINTED MEMBERS.—In addition to the Federal members under paragraph (3), the Secretary shall appoint not more than 15 voting members of the Advisory Council who are not representatives of Federal departments or agencies and who shall include at least 1 representative of each of the following:

(A) Direct care professionals.

1 (B) Older individuals eligible for long-term care services under a State Medicaid
2 program.

3 (C) Persons with a disability.

4 (D) Health care and social service providers.

5 (E) Employers of direct care professionals.

6 (F) State and local officials responsible for direct care professional policies in their
7 jurisdictions.

8 (G) Accreditation bodies responsible for accrediting direct care professionals.

9 (H) Veterans who are older individuals or persons with a disability.

10 (I) Organizations representing workers, including labor organizations.

11 (J) As appropriate, other experts in direct care and advocacy organizations for the
12 direct care professional workforce.

13 (3) FEDERAL MEMBERS.—The Federal members of the Advisory Council, who shall be
14 nonvoting members, shall consist of the following:

15 (A) The Administrator of the Centers for Medicare & Medicaid Services (or the
16 Administrator's designee).

17 (B) The Administrator of the Administration for Community Living (or the
18 Administrator's designee who has experience in both aging and disability).

19 (C) The Secretary of Veterans Affairs (or the Secretary's designee).

20 (D) The Secretary of Labor (or the Secretary's designee).

21 (E) The Administrator of the Health Resources and Services Administration (or the
22 Administrator's designee).

23 (F) The heads of other Federal departments or agencies (or their designees),
24 including relevant departments or agencies that oversee labor and workforce,
25 economic, government financial policies, community service, and other impacted
26 populations, as appointed by the Secretary or the Chair of the Advisory Council.

27 (4) DIVERSE REPRESENTATION.—The Secretary shall ensure that the membership of the
28 Advisory Council reflects the diversity of direct care professionals and individuals eligible
29 for long-term care services under a State Medicaid program.

30 (c) Meetings.—The Advisory Council shall meet quarterly during the 1-year period beginning
31 on the date of enactment of this Act and at least 3 times during each year thereafter. Meetings of
32 the Advisory Council shall be open to the public.

33 (d) Non-Federal Member Compensation.—

34 (1) COMPENSATION OF MEMBERS.—A member of the Advisory Council who is not an
35 officer or employee of the Federal Government shall be compensated at a rate equal to the
36 daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive
37 Schedule under section 5315 of title 5, United States Code, for each day (including travel
38 time) during which the member is engaged in the performance of the duties of the

Commission.

(2) TRAVEL EXPENSES.—A member of the Advisory Council who is not an officer or employee of the Federal Government shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(3) CHILD CARE.—A member of the Advisory Council who is not an officer or employee of the Federal Government shall be permitted expenses for child care during the period for which they are required to meet with the Advisory Council or travel to and from meetings of the Advisory Council.

(4) TECHNOLOGY SUPPORT.—A member of the Advisory Council who is not an officer or employee of the Federal Government shall be permitted expenses for technology necessary to participate in activities of the Advisory Council.

(e) Advisory Council Annual Reports.—

(1) IN GENERAL.—Not later than 12 months after the date of enactment of this Act, and annually thereafter, the Advisory Council shall submit to the Secretary, the appropriate committees of Congress, and the State agencies responsible for carrying out direct care professional programs, and make publicly available on the internet website of the Department of Health and Human Services, a report concerning the development, maintenance, and updating of the Strategy, including a description of the outcomes of the recommendations and any priorities included in the initial report pursuant to paragraph (2), as appropriate.

(2) INITIAL REPORT.—The Advisory Council's initial report under paragraph (1) shall include—

(A) an inventory and assessment of all federally funded efforts to compensate direct care professionals and the outcomes of such efforts, including analyses of the extent to which federally funded efforts are reaching direct care professionals and gaps in such efforts;

(B) recommendations—

(i) to improve and better coordinate Federal programs and activities to compensate direct care professionals, as well as opportunities to improve the coordination of such Federal programs and activities with State programs; and

(ii) to effectively deliver services based on the performance, mission, and purpose of a program while eliminating redundancies, avoiding unnecessary duplication and overlap, and ensuring the needs of direct care professionals are met;

(C) the identification of challenges faced by direct care professionals, including financial, health, and other challenges, and existing approaches to address such challenges; and

(D) an evaluation of how the status of the direct care professional workforce affects the Medicare program, the Medicaid program, and other Federal programs.

(f) Nonapplicability of Federal Advisory Committee Act.—Chapter 10 of title 5, United States Code, shall not apply to the Advisory Council.

SEC. 404. SUNSET PROVISION.

The authority and obligations established by this title shall terminate on the date that is 10 years after the date of enactment of this Act.

TITLE V—IMPROVING OVERSIGHT AND ACCOUNTABILITY

SEC. 501. EVALUATION OF IMPLEMENTATION AND OUTCOMES.

(a) In General.—The Secretary of Health and Human Services, in conjunction with the Secretary of Labor, shall evaluate the implementation and outcomes of this Act in the aggregate through a contract with an external evaluator who has experience in evaluating—

- (1) home and community-based services;
- (2) disability programs;
- (3) programs for older individuals;
- (4) nursing homes and intermediate care facilities; and
- (5) health care workforce programs, including direct care professional workforce programs.

(b) Evaluation Criteria.—The external evaluator shall document and evaluate the implementation and outcomes of this Act, and the amendments made by this Act, including outcomes based on—

- (1) the impact on workforce creation, training, education, recruitment, retention, professional development, and advancement of the direct care professional workforce, including direct care professionals from low-income families;
- (2) the economic effects, including the impact on compensation and benefits, on the direct care professional workforce;
- (3) the impact on working conditions, including scheduling flexibility and stability, for direct care professionals;
- (4) the impact of workforce investment activities, including supportive services, on recruitment, wages, benefits, and advancement of direct care professionals;
- (5) the impact on burnout, attrition, and stability of the direct care professional workforce;
- (6) the impact on vacancy rates and crude separation rates of the direct care professional workforce;
- (7) the economic effects on—
 - (A) individuals enrolled for medical assistance under a State Medicaid program;

(B) persons with a disability and older individuals receiving long-term care services, including home and community-based services; and

(C) the families of any such individuals or persons described in subparagraph (A) or (B);

(8) the impact on the capacity of States to ensure the delivery of long-term care services and on the costs to the Medicare and Medicaid programs;

(9) the capacity of the direct care professional workforce to provide services for individuals needing long-term care services or changes in access, availability, and quality of long-term care services;

(10) the impact on State waiting lists for home and community-based services;

(11) the impact on mental health outcomes, including substance use disorders and suicidality, among direct care professionals;

(12) promising practices identified by activities authorized or conducted pursuant to this Act, or the amendments made by this Act; and

(13) any other factor as determined appropriate by the Secretary of Health and Human Services.

(c) Fiscal Analysis.—The Secretary of Health and Human Services, in conjunction with the Secretary of Labor, shall contract with an independent external evaluator to track spending by States and providers of funding provided to States under sections 101 and 102 (including the amendments made by such sections). The evaluator shall—

(1) collect spending data from each State receiving funds under such sections;

(2) analyze the data to determine what percentage of funding under such sections was expended to improve wages and benefits of direct care professionals, disaggregated by subcategories of direct care professionals described in section 3(11);

(3) beginning 2 years after the date of enactment of this Act, and every year thereafter through fiscal year 2039—

(A) publish an annual report of State spending and the analyses conducted under paragraph (2); and

(B) provide all such reports to the appropriate committees of Congress; and

(4) share the data described in paragraph (1) with researchers to encourage further analysis.

(d) Dissemination of Evaluation Findings.—The Secretary of Health and Human Services shall—

(1) disseminate the findings from the evaluations conducted under this section, and from any other evaluation conducted under this Act or an amendment made by this Act, to—

(A) all State Medicaid agencies; and

(B) the appropriate committees of Congress; and

(2) make all such findings publicly available in an accessible electronic format and any other accessible format determined appropriate by the Secretary.