



Fiscal Year 2023 Appropriations – House Report Language – Labor-HHS-Education

On June 29, 2022, the House Committee on Appropriations released [the Report for the Departments of Labor, Health and Human Services, Education and Related Agencies for Fiscal Year 2023 Appropriations](#). The report includes specific instructions with respect to the appropriated amounts.

Below, we have pulled notable report language related to social determinants of health, health equity, and maternal health that were included as part of this report for the HHS Office of the Secretary, Assistant Secretary for Health, CMS, CDC, SAMHSA, HRSA, HHS Office of Minority Health (OMH), and HHS Office of the National Coordinator for Health IT (ONC).

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Social Determinants of Health

- **HHS Office of the Secretary - Social Determinants of Health.** —The Committee directs the Social Determinants Council created by House Report 116–450 to continue to provide technical assistance to jurisdictions in this program. The Committee requests a report within 90 days of the date of enactment of this Act on the status of the selection of all Council members.
- **HHS Office of the Secretary - Strategy to Reduce Nutrition Related Chronic Diseases.**—The Committee encourages the Secretary, in consultation with other Federal agencies, to work through the Office of Disease Prevention and Health Promotion to develop and implement a Federal strategy to reduce nutrition-related chronic diseases in the U.S., including diet-related research and programmatic efforts that increase Americans’ access to food as medicine, and healthy, nutritious, organic, and affordable foods, especially in at-risk communities. The Committee requests a report within one year of the enactment of this Act on the implementation of the Federal strategy and its effectiveness in reducing nutrition related chronic diseases in the U.S. In developing the strategy, HHS shall reference the recommendation of the Government Accountability Office in its September 2021 report entitled “Chronic Health Conditions: Federal Strategy Needed to Coordinate Diet-Related Efforts.”
- **HHS Office of the Secretary - Food as Medicine.** —The Committee directs the Secretary, in consultation with other Federal agencies, to develop and implement a Federal strategy to reduce nutrition-related chronic diseases and food insecurity and improve health and racial equity in the U.S., including diet-related research and programmatic efforts that increase Americans’ access to food as medicine, and healthy, nutritious, organic, and affordable foods, especially in at-risk communities. The Committee includes \$2,000,000 in the Office of the Secretary to establish a Food As Medicine pilot program, an integrative model for healthcare, that addresses food insecurity, social isolation, and chronic disease to advance health and racial equity. Additionally, the Committee requests a report within two years of the date of enactment of this Act on the implementation of the Federal strategy and an examination of the status of each pilot project; the results of the evaluation completed during the previous fiscal year; and to the maximum extent practicable the impact of the pilot project on appropriate health, nutrition, and associated



behavioral outcomes among patients participating in the pilot project baseline information relevant to the stated goals and desired outcomes of the pilot project; and equivalent information about similar or identical measures among control or comparison groups that did not participate in the pilot project.

- **HHS Office of the Secretary - Population Health Task Force.** —The Committee notes that the world’s most advanced and innovative hospitals, clinics, pharmacies, research institutions, healthcare professional schools, managed care organization, and medical therapies are addressing social determinants of health by implementing population health management strategies and value-based care approaches to improve health outcomes, lower cost of care and optimize experience of care. The Committee includes \$1,000,000 for the Secretary to establish and maintain a report on best practices of population health management through the creation of a population health task force. The task force should be comprised of representatives from, but not limited to, the Office of the Secretary, CMS, CDC, population health providers, experts on health equity, health technology, and value-based care. The Committee requests a report within a year of the date of enactment of this Act from the task force on population health, including the task force’s initial recommendations.
- **CMS - Programs of All-Inclusive Care for the Elderly.** —The Committee notes during the COVID–19 pandemic, Programs of All-Inclusive Care for the Elderly (PACE) have been effective in keeping their medically complex, nursing home eligible population safe at home. PACE organizations furnish all Medicare and Medicaid covered services, long term care and supports, meals and other services as needed by participants, principally in participants homes. The Committee urges CMS to consider moving forward on PACE-specific pilots in fiscal year 2023, so this community-based model of care may be evaluated as to whether it increases access and affordability for Medicare or Medicaid beneficiaries.
- **CMS - Transportation for Dialysis.** —The Committee continues to urge CMS to delay further implementation of the Prior Authorization of Repetitive, Scheduled Non-Emergent Ambulance Transport model until it ensures appropriate alternative transportation to dialysis services and diabetes-related wound care for low-income beneficiaries who have no other means of transportation.
- **CMS - Diabetes Self-Management Training Benefit.** —The Committee is concerned that barriers to accessing the Medicare diabetes self-management training benefit, particularly among communities of color, have resulted in utilization by only five percent of newly diagnosed Medicare beneficiaries. The Committee looks forward to receiving the report addressing the barriers to accessing the diabetes self-management training benefit, as requested in House Report 117–96.
- **CMS - Obesity and Comorbidities.** —The Committee notes obesity is a disease, and it leads to serious and costly health issues, including diabetes, heart disease, stroke, certain chronic liver diseases like nonalcoholic steatohepatitis, and some types of cancer. Committee requests additional information in the fiscal year 2024 Congressional Budget Justification on how policies in Medicare could be improved to help reduce obesity and its comorbidities for those Americans who require clinical interventions and reduce the racial and ethnic disparities in health care outcomes for beneficiaries suffering from obesity.
- **CMS - Psychosocial Rehabilitation Model.** —The Committee is concerned about the high prevalence of loneliness and social isolation among Americans with severe mental illness (SMI), especially given the body of research indicating that these factors, along with other social determinants of health, can strongly affect mental and physical health outcomes for this

population. The Committee encourages CMS to explore alternative payment models that better reflect the significant health, economic, and overall societal benefits associated with alleviating social isolation among people with SMI. The Committee encourages CMS to consider how CMMI could integrate the value associated with reducing social isolation for people with SMI in current and future value-based models; how the Center for Clinical Standards of Quality could identify patient-reported outcome measures related to social isolation and loneliness that could be included in current and future value-based models; and how the Center for Medicaid and CHIP Services (CMCS) could encourage State Medicaid agencies to contract with payers that offer comprehensive psychosocial rehabilitation services that reduce social isolation and improve quality of life for people with SMI.

- **CMS - Social Determinants of Health.** —The Committee is aware that social determinants of health are critical drivers of health outcomes and health care costs and that early childhood development is affected by social factors. The Committee commends CMS for the guidance on social determinants issued to States in January 2021 and encourages CMS to continue to clarify and disseminate strategies that States can implement under current Medicaid and Children’s Health Insurance Program (CHIP) authority, or through waivers, to address social determinants of health (SDOH) in the provision of health care, including strategies specifically targeting the pediatric population. This should include guidance on how States can encourage and incentivize managed care organizations to address SDOH through contracts.
- **CMS - Utilization of Z Codes for Social Determinants of Health.** —The Committee commends CMS for publishing a report on the Utilization of Z codes for SDOH among Medicare FFS beneficiaries. As the report notes, the COVID–19 pandemic has disproportionately affected underserved communities. The Committee is concerned about whether the current Z codes definitions are expansive and specific enough to track the SDOH impacting underserved communities. To help reduce these barriers, the Committee encourages HHS to update the current Z code definitions and establish a national standard to review SDOH to ensure physicians nationwide use the same tools to analyze SDOH. The Committee requests a briefing within 180 days of the date of enactment of this Act on the current utilization of Z codes, how HHS suggests the Z codes definitions could be updated to better track SDOH impacting underserved communities and recommendations on how to increase the utilization of Z codes.
- **CMS - Social Determinants of Health Analytics.** —The Committee is encouraged that Medicare Advantage (MA) and Medicaid Managed Care Organizations (MCOs) have stated an intent to employ strategies to address SDOH, and the Committee supports work on SDOH given historic inequities that have existed among at-risk populations like communities of color and rural communities. However, in constructing SDOH-based recommendations for beneficiaries, many health plans are regularly using what is described as “consumer data,” which includes clinical, social, economic, behavioral, and environmental data that is individually identified, sometimes combining or allowing other entities to combine it with protected medical information governed by Health Insurance Portability and Accountability Act of 1996. The Committee requests a report within 180 days of the date of enactment of this Act on efforts by CMS to ensure the transparency by MA and MCO plans in the use of data of beneficiaries in addressing SDOH, how CMS ensures that MA and MCO plans notify beneficiaries of the use of protected or consumer data, and how ongoing CMS work with MA and MCOs around SDOH and the use of consumer data and protected medical information aligns with and improves health equity as per the goals of Executive Order 13985 and the HHS’s Equity Action Plan.

- **CMS - Language Access.** —The Committee recognizes the need to ensure that translated materials are culturally competent and written in a manner that can be adequately understood by limited English proficient populations (LEP). The Committee urges CMS to improve the quality and quantity of such materials, and consult community-based organizations to help vet translated consumer-facing materials produced by CMS in at least the top 15 languages spoken by LEP people living in the United States. The Committee also encourages CMS to develop translation glossaries of common terms used within CMS programs in at least the top 15 languages spoken by LEP people.
- **CDC - Diabetes.** —The Committee includes an increase of \$5,000,000 to prevent diabetes and its complications, and to reduce inequities through prevention strategies, translational research, and education. In addition, the Committee includes an increase of \$5,000,000 for the Diabetes Prevention Program to expand efforts of this public-private partnership that provides diabetes prevention for people with prediabetes. The Committee supports the dissemination of community-based prevention and control programs and encourages flexibility to organizations serving low-income populations to address barriers these populations face in achieving weight loss outcomes.
- **CDC - Early Child Care Collaboratives.** —The Committee includes an increase of \$1,000,000 to enable training of early care and education providers in the implementation of healthy eating and physical activity best practices, including strategies for engaging families. Funds will also support technical assistance for integration of healthy eating and physical activity best practices into existing State and local professional development systems' early care and education settings, and health initiatives. The Committee also encourages the program to serve a mix of rural, suburban and urban areas, including areas with high childhood obesity rates.
- **CDC - Nutrition, Physical Activity and Obesity.** —The Committee supports CDC's efforts to promote healthy behaviors at every stage of life by encouraging regular physical activity, good nutrition, and preventing adult and childhood obesity.
- **CDC - Social Determinants of Health.** —The Committee includes an increase of \$92,000,000 to award competitive grants to State, local, territorial, or tribal jurisdictions to support the development of Social Determinants of Health Accelerator Plans, the implementation of those plans, and to improve the health of Medicaid beneficiaries. Such plans should include a description of the health and social outcome objectives of the Social Determinants Accelerator Plan; identify target populations that would benefit from implementation of the plan including Medicaid-eligible individuals; and identify non-governmental, private, or public health organizations and community organizations that would participate in the development of the plan. Grantees may use a portion of grant funding to convene government entities, public and private stakeholders, and to engage qualified research experts in developing Accelerator Plans.
- **CDC - Climate and Health.** —The Committee includes an increase of \$65,000,000 to expand to more States and territories to identify potential health effects associated with climate change and implement health adaptation plans. Climate-related events affect everyone, but not everyone is affected equally.
- **CDC - Adverse Childhood Experiences.** —The Committee includes an increase of \$3,000,000 to expand efforts including technical assistance to States to analyze data and burden.

- **CDC - Public Health Infrastructure and Capacity.** —The Committee includes an increase of \$550,000,000 to provide consistent and reliable funding for State, local, territorial, Federal public health agencies. This disease-agnostic funding can be used to address crosscutting needs, including bolstering the public health workforce, addressing local priorities, ensuring capacity to meet urgent needs during emergencies, and improving data collection and sharing processes. The Committee encourages CDC to provide States with clear guidance on the suballocation of this funding to local health departments that do not receive funding directly. The Committee further urges CDC to publicly track and report on the suballocation of funding through State health departments to local health departments. The Committee directs that no less than 70 percent of this funding be awarded to health departments.
- **SAMHSA - Homelessness Prevention Programs.** —The Committee includes an increase of \$5,000,000 for Homeless Prevention Programs to help prevent or reduce chronic homelessness by funding services for individuals and families experiencing homelessness while living with severe mental illness or co-occurring mental and substance disorders. The program addresses the need for treatment and support service provision to individuals and families.
- **SAMHSA - Interagency Task Force on Trauma-Informed Care.** —The Committee includes \$3,000,000 for the Interagency Task Force on Trauma-Informed Care, as authorized by section 7132 of the SUPPORT Act (P.L. 115–271). The Task Force recommends best practices to identify, prevent, and mitigate the effects of trauma on infants, children, youth, and their families.
- **SAMHSA - Projects for Assistance in Transition from Homelessness.** —The Committee includes \$79,635,000, an increase of \$15,000,000 for the Projects for Assistance in Transition from Homelessness (PATH) program, which supports grants to States and territories for assistance to individuals suffering from severe mental illness and/or SUDs and who are experiencing homelessness or at imminent risk of becoming homeless. Grants may be used for outreach, screening and diagnostic treatment services, rehabilitation services, community mental health services, alcohol or drug treatment services, training, case management services, supportive and supervisory services in residential settings, and a limited set of housing services.
- **SAMHSA - HUD/HHS Collaboration Supportive Housing for People with Mental Illness Pilot.** — The Committee is concerned that inadequate housing and support opportunities exist for people with serious mental health illness, which often results in people with serious mental illness cycling through hospitals and public institutions like jails, prisons, and homeless shelters. The Committee recognizes that housing support paired with wraparound services is a successful model. In fiscal year 2021, the Committee requested a report from the Department of Housing and Urban Development (HUD) and SAMHSA on the feasibility of such a program and received agency feedback for its creation. The Committee directs SAMHSA to work with HUD to establish a pilot program for PATH grantees to partner with public housing agencies to provide mental health, SUD, and other supportive services for people experiencing homelessness, at imminent risk of becoming homeless, or in HUD-assisted housing. The Committee directs SAMHSA to use no less than \$5,000,000 of the funds made available for the PATH program for this pilot.
- **SAMHSA - Impact of COVID–19 on the Mental Health of Older Adults.** —The Committee recognizes the exacerbated impact of the COVID–19 pandemic on older adults, who, being more susceptible to the virus, have experienced heightened isolation since the onset of the pandemic, which is linked to higher rates of loneliness, depression, suicidal ideation, and other mental health

issues. The Committee encourages SAMHSA to work with States to address the impact of increased isolation of seniors. The Committee requests a report within 180 days of the date of enactment of this Act, outlining specific efforts to address seniors' mental health challenges.

- **SAMHSA - Reducing Barriers to Transportation.** —The Committee notes that mental health, SUD, and opioid use disorder (OUD) are a pervasive crisis across the country and have been exacerbated by the effects of the COVID–19 pandemic. The Committee is also aware that many seeking treatment lack reliable transportation which becomes a major barrier for individuals seeking out treatment or other mental health services. The Committee encourages SAMHSA to acknowledge funds for State and local governments can be used to provide reliable, equitable, and convenient access to transportation for those seeking treatment. The Committee requests SAMHSA conduct a review within 180 days of the date of enactment of this Act to measure the impact of recovery transportation on individuals' ability to access treatment and provide a summary report.
- **HRSA - Health Centers.** – The Committee recommends \$1,945,772,000 for the Health Centers program, \$198,000,000 above the fiscal year 2022 enacted level and \$107,750,000 above the fiscal year 2023 budget request. Health Centers deliver affordable, accessible, quality, and cost-effective primary health care to millions of people across the country regardless of their ability to pay. Programs supported by this funding include community health centers, migrant health centers, health care for the homeless, and public housing health service grants. The Committee includes bill language providing up to \$120,000,000 for the Federal Tort Claims Act program, the same as the fiscal year 2022 enacted level and the fiscal year 2023 budget request.
- **HRSA - Health Care for the Homeless.** — The Committee supports the activities of the Health Care for the Homeless program, which provides funding to community-based health centers to provide low- or no-cost health care to underserved populations using a trauma-informed, harm reduction approach. Services provided by such health centers include primary care, mental health treatment, substance use treatment, medical respite care, case management, and enrollment/benefits assistance
- **HRSA - Health Center Controlled Networks (HCCNs).** — These networks are the foundation of health information technology (HIT) services for the nation's community health centers. Health centers function as the largest primary care network in the country, caring for 30 million patients. HCCNs are voluntary associations of community health centers that band together to invest in HIT tools, optimize the use of these technologies, digitally connect to health care and community partners, and more. The HIT infrastructure requires robust Federal investment to support the demand caused by the COVID–19 pandemic's resulting shift in how health care is provided. The Committee encourages HRSA to provide robust support for these networks and requests as part of the fiscal year 2024 Congressional Budget Justification an update on the status of the network HIT infrastructure.
- **HRSA - Behavioral Health Integration into Community-Based Settings.** —The Committee includes \$10,000,000, the same as the fiscal year 2023 budget request, to provide grants to community-based organizations and local health departments to integrate navigators and community health workers trained in Mental Health First Aid or similar trainings into non-traditional community settings. This effort will be carried out in partnership with the Maternal



and Child Health Bureau and will help to address the behavioral health needs of families in underserved communities.

- **ONC - Standards for Interoperability.** —The recommendation includes not less than \$5,000,000 to support Fast Healthcare Interoperability Resource standards-related activities needed to successfully achieve interoperability and information sharing for better health and health care.

Health Equity

- **Assistant Secretary for Health - Office of Climate Change and Health Equity.** —The Committee includes \$3,000,000 in funding for the Office of Climate Change and Health Equity (OCCH) within OASH. HHS established OCCH to enhance overall population health by serving at the intersection of social determinants of health and climate resiliency.
- **HHS Office of the Secretary - Rare Kidney Diseases in Health Equity Initiatives.** —The Committee recognizes the work across HHS to implement practices and policies to eliminate healthcare disparities in America, particularly for communities of color. Rare kidney diseases are underreported and understudied, especially among Black Americans. The Committee requests an update in the fiscal year 2024 Congressional Budget Justification on disparities in kidney care and the inclusion of rare kidney diseases in policies and programs aimed at eliminating health disparities in communities of color.
- **CMS - Children’s Mental Health.** —The Committee is aware of reporting in recent years on trends in behavioral health services for children insured by Medicaid, including increased reliance on psychotropic medications without accompanying behavioral health services, a lack of home- and community-based services options, and children in Medicaid from racially/ethnically diverse backgrounds being less likely than white children to use behavioral health services. The Committee requests a report within 180 days of the date of enactment of this Act on Medicaid spending for children, youth, and young adolescents on behavioral health, disaggregated by race and ethnicity.
- **CDC - Racial and Ethnic Approaches to Community Health (REACH).** — The Committee includes a total increase of \$10,000,000 to continue scaling this program to all States and territories, and to support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities. REACH is a vital initiative to help eliminate healthcare disparities in minority communities. The Committee’s recommended level includes an increase of \$4,000,000 for Good Health and Wellness in Indian Country.
- **CDC - Opioid Abuse and Overdose Prevention.** —The Committee includes an increase of \$25,000,000 to enhance activities, including outreach capacity and to help eliminate racial disparities in overdose deaths and improve access to prevention and treatment services. In addition, the Committee notes that CDC is currently conducting efforts focused on chronic pain as directed in House Report 117–96, and requests an update in the fiscal year 2024 Congressional Budget Justification on the status of these efforts.
- **SAMHSA - NSPL-Specialized Services for LGBTQI+ Youth.** —Of the funds provided for the 988 Program, the Committee includes \$30,000,000 for SAMHSA to continue to provide specialized services for LGBTQI+ youth within the NSPL, including training for existing counselors in LGBTQI+ youth cultural competency and the establishment and operation of an Interactive Voice Response (IVR) and other technical solutions to transfer LGBTQI+ youth to a specialty organization. SAMHSA

shall make this funding competitively available to an organization with experience working with LGBTQI+ youth and possessing the capacity and infrastructure to handle LGBTQI+ youth callers through an IVR.

- **SAMHSA - Minority Fellowship Program.** —The Committee provides a total of \$25,169,000, an increase of \$9,000,000, across SAMHSA for the Minority Fellowship Program in order to improve prevention, wellness, and treatment across the lifespan. As Congress seeks to better address substance misuse and mental health disorders across all populations, the Committee recognizes the critical importance of supporting a diverse behavioral health workforce and its effectiveness in addressing SUDs and mental health issues impacting minority and underserved populations.
- **SAMHSA - Community Violence Pilot.** —The Committee recognizes the crisis of community violence that is devastating families and claiming the lives of youth—particularly youth in communities of color—all across this country. Of the funds provided for CMHS, the Committee includes \$50,000,000 for SAMHSA to establish a pilot program to provide and expand mental health services for families affected by community violence. The severe lack of resources for emotional support and wellbeing is of paramount need in Black and brown communities and this funding would be a crucial support for the pervasive trauma that so many families, especially families of color, face in the aftermath of fatal community violence.
- **SAMHSA - MHBG and AANHPIs.** —The Committee urges States to ensure a portion of MHBG funding is allocated to focus on Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI). This focus should include the training of professionals on effective outreach and engagement with AANHPIs to raise awareness of these culturally inclusive services, including those with lived experiences.
- **SAMHSA - COVID–19 Impact on Communities of Color.** —The Committee is concerned by the enduring impact of the COVID–19 pandemic on the mental health of communities of color. The pandemic exacerbated high rates of mental illness in these communities and highlighted the need for culturally and linguistically appropriate services. The Committee requests a report not later than 180 days after the date of enactment of this Act on SAMHSA’s outreach, education, and public engagement strategies, designed to meet the cultural and language needs of diverse populations; increase awareness of symptoms of SUD and mental illness common among the aforementioned populations, taking into account differences within subgroups such as gender, gender identity, age, sexual orientation, or disability; disseminate evidence-based, culturally and linguistically appropriate and adapted interventions and treatments; ensure meaningful engagement of people with lived experiences, their families, and community members in the materials development and implementation; broaden the perspective among both individuals in these communities and stakeholders serving these communities, to use a comprehensive public health approach to promoting behavioral health that addresses a holistic view of health by focusing on the intersection between behavioral and physical health; and address the impact of the COVID–19 pandemic on the behavioral health of such populations.
- **HRSA - Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities.** — The Committee appreciates the work and leadership of HRSA to implement the Alcee L. Hastings Program for Advanced Cancer Screening in Underserved Communities and provides \$15,000,000 for this activity, an increase of \$10,000,000 above the fiscal year 2022 enacted level. This program is imperative to redressing disparities in cancer screening in medically underserved

communities. In continuing to implement this program, the Committee encourages HRSA to support approaches that leverage the use of community health workers and navigators providing health services at the individual health center and, where appropriate, health center-controlled network level with training, oversight, and clinical workflow support from NCI-designated comprehensive cancer centers. Also, given the immense data supporting the disparate impact of lung cancer on medically underserved populations and the effectiveness of screening for this condition, the Committee strongly encourages HRSA to prioritize programs targeting lung cancer, such as tobacco screening and smoking cessation counseling

- **HRSA - Centers of Excellence (COEs).** —The Committee includes \$30,422,000 for COEs, \$6,000,000 above the fiscal year 2022 enacted level. This program provides grants to health professions schools and other institutions to serve as resource and education centers for the recruitment, training, and retention of underrepresented minority students and faculty.
- **OMH - Center for Indigenous Innovation and Health Equity.** —The Committee continues to recognize the importance of advancing Indigenous solutions to achieve health equity. The Committee includes \$4,000,000, an increase of \$2,000,000 to support the work of the Center for Indigenous Innovation and Health Equity. The Committee continues to urge HHS to consider partnering with universities with a focus on Indigenous health research and policy among Native Americans and Alaska Natives, as well as universities with a focus on Indigenous health policy and innovation among Native Hawaiians/Pacific Islanders.
- **OMH - Community Health Worker Workgroup.** —The Committee provides an additional \$1,000,000 for the Community Health Worker Workgroup within OMH specifically to focus on increasing cultural competency in educational campaigns on public health vaccines and prevention, including but not limited to influenza and COVID-19.
- **OMH - Healthcare Delivery and Faith-Based Organizations.** —The Committee notes the emerging partnerships with faith-based organizations to deliver healthcare in underserved communities, including recent successful efforts to address the COVID-19 pandemic. The Committee understands that community partners and faith-based organizations can take on an expanded role and support efforts to address health disparities and promote health equity. HHS and OMH are encouraged to continue to pursue new and expanded opportunities.
- **OMH - Language Access Services.** —The Committee includes \$3,000,000 to research, develop, and test methods of informing limited English proficient (LEP) individuals about their right to and the availability of language access services, including considerations related to literacy levels of LEP populations, the needs of older adults and speakers of indigenous languages, readability, and the usage of symbols, taglines, translated materials and other methodologies. OMH shall consult external experts and organizations with knowledge on or connections to LEP communities and partner with nonprofit community-based organizations to test solutions and solicit feedback from LEP populations. The goal of this research would preferably be to develop a universal symbol that, accompanied by a phone number or similar information, could be prominently placed on consumer-facing documents, websites and notices, about the availability of language access services. In addition, the Committee notes that the HHS language access plan has not been updated since 2013. The Committee requests a report not later than 180 days after the date of enactment of this Act, on HHS's plan to update its language access plan, including a timeline for publication on lep.gov.

- **OMH - Minority Leaders Development Program.** —The Committee provides a \$1,000,000 increase for the Minority Leaders Development Program which aims to enhance skills and competencies necessary for Federal leadership service among participants through a curriculum focused on health care policy, leadership skill-building, and cultural competence. The initiative will fill a gap in Federal fellowship opportunities for individuals interested in working at HHS to advance health equity and address the social determinants of health through health policies, programs, and practices.
- **OMH - Shortage of Healthcare Providers.** —The Committee is concerned about the growing shortage of providers including both primary and specialty health care providers that threatens the foundation of the health care system and health equity. A coordinated national strategy is needed to diversify the health care workforce and address shortages in rural and urban communities. The findings of The Roundtable on Black Men and Black Women in Science, Engineering, and Medicine outline racism and bias as significant reasons for this disparity in science, engineering, and medicine, with detrimental implications on individuals, health care organizations, and the nation as a whole. The Committee directs the Secretary to include a multi-year plan in the fiscal year 2024 Congressional Budget Justification to address the national primary care and specialty provider shortages to improve access to care. The plan shall include strategies to improve health outcomes by diversifying the field of primary care through the establishment of a pathway program for community college students to pursue premedical training and enter medical school.

Maternal Health

- **HHS Office of the Secretary - Contraceptive Deserts.** —The Committee notes that an estimated 19 million women in need of publicly funded contraception live in contraceptive deserts, counties in which there is no reasonable access to the full range of contraceptive options. The Committee requests the Secretary undertake a study of contraceptive deserts and examine the extent to which Federal policy changes and resources can improve access to the full range of contraceptive options. The Committee requests this report within 180 days of the date of enactment of this Act, along with the Department’s policy recommendations.
- **HHS Office of the Secretary - Contraceptive Access Under the Affordable Care Act.** —The Committee is concerned about access to care for patients seeking preventive services, including contraceptive services. The Committee directs the Secretary, in collaboration with the Departments of Labor (DOL) and Treasury, to engage in patient education to ensure patients understand their rights under the Affordable Care Act to access (without cost sharing) the contraceptive product that is determined best for the patient, in consultation with their health care provider. In addition, the Committee directs the Secretary to engage with health care providers to disseminate the latest guidance on contraceptive access for patients, as well as how to help patients seek access to contraceptive services (without cost sharing) through a health insurance plan’s exceptions process. The Committee urges the Secretary to take action against health insurance plans that are not meeting their obligations to patients under the law.
- **CMS - Contraceptive Access under the Affordable Care Act.** —The Committee is concerned about access to care for patients seeking preventive services, including contraceptive services. The Committee directs CMS to engage in patient education to ensure patients understand their rights under the Affordable Care Act (ACA) to access (without cost sharing) the contraceptive product

that is determined best for the patient, in consultation with their health care provider. In addition, the Committee directs CMS to engage with health care providers to disseminate the latest guidance on contraceptive access for patients, as well as how to help patients seek access to contraceptive services (without cost sharing) through a health insurance plan's exceptions process.

- **CDC - Safe Motherhood and Infant Health.** —The Committee includes a total increase of \$60,000,000 for this portfolio of programs to improve the health of pregnant and postpartum individuals and their babies, including to reduce disparities in maternal and infant health outcomes. The total funding allows for the expansion of Maternal Mortality Review Committees (MMRCs) and Perinatal Quality Collaboratives (PQCs) to additional States and territories and for increased support to current States and territories, as well as increased support for other programs including Sudden Unexplained Infant Death (SUID). The Committee supports CDC's efforts to provide technical assistance to existing State MMRCs to build stronger data systems, improve data collection to ensure the accuracy and completeness, and create consistency in data collection. The Committee encourages CDC to establish data collection guidelines and to provide technical assistance to State MMRCs regarding the unique concerns of rural and underserved communities. The Committee encourages CDC to work with States to include and report data from birth centers in the Maternity Practices in Infant Nutrition and Care Survey and the Levels of Care Assessment Tool. In addition, the Committee encourages CDC to collect and report PQC data by race and ethnicity to mitigate inequities in overuse of cesarean sections. The Committee also encourages PQCs, whenever feasible, to include all care settings (hospital, birth center, home) and midwives with all nationally recognized credentials (certified nurse-midwives, certified professional midwives, certified midwives) for shared learning and teaching in this quality improvement work. The Committee also encourages CDC to increase awareness through PQCs of newer options and technologies for postpartum hemorrhage management. In addition, the Committee urges CDC to facilitate improved data collection and analysis, including the expansion of the SUID and Sudden Death in the Young Case Registry, to improve SUID prevention strategies. Furthermore, the Committee supports the CDC's past efforts to promote the engagement of fathers and partners in addressing maternal mortality and severe morbidity. The Committee encourages CDC to continue these efforts and to consider opportunities to build on the PRAMS for Dads pilot projects by expanding such pilot projects into additional States.
- **CDC - Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET).** —The Committee includes an increase of \$20,000,000 to increase efforts and expand the reach of SET-NET to detect and respond to emerging threats to mothers and babies.
- **CDC - Newborn Screening.** —The Committee includes an increase of \$3,000,000 to further support newborn screening efforts so that affected newborns can receive early and often life-saving treatment through the timely implementation for all Recommended Uniform Screening Panel conditions. The Committee is aware that State laboratories need specialized support to begin screening for additional newborn conditions and recognizes CDC's expertise in working with laboratories to implement accurate newborn screening tests. The Committee supports the Newborn Screening Quality Assurance Program to support State laboratories as they implement screening for new disorders. The increase in funding will enable States to establish testing for new conditions and improve testing of current conditions; build technical capacity in States by

providing education, training and technical assistance to address testing challenges and determine appropriate testing methods for rapid screening; and ensure test results for new conditions are accurate by improving test result interpretation and expanding data analytic capacity.

- **SAMHSA - Perinatal Suicide Prevention.** —The Committee continues to urge SAMHSA to develop and implement perinatal suicide prevention programs, including culturally appropriate resources and programs for Black and other at-risk pregnant and postpartum individuals.
- **HRSA - Maternity Care Target Areas (MCTAs).** —The Committee includes \$5,000,000, \$4,000,000 above the fiscal year 2022 enacted level and the same as the fiscal year 2023 budget request, within NHSC to implement requirements contained in the Improving Access to Maternity Care Act, including establishing criteria for and identifying MCTAs and collecting and publishing data on the availability and need for maternity care health services in Health Professional Shortage Areas (HPSAs).
- **HRSA - Maternal and Perinatal Nursing Workforce Program.** —Within the total for Advanced Nursing Education, the Committee includes \$20,000,000 to increase and diversify the number of certified nurse midwives, with a focus on practitioners working in rural and underserved communities, as described in the fiscal year 2023 budget request. These funds will support grants to accredited nurse midwifery programs or other eligible entities to award scholarships to students and registered nurses to cover the total cost of tuition for the duration of the nurse midwifery program, as well as the planning/development of new midwife training programs.
- **HRSA - Addressing Emerging Issues and Social Determinants of Maternal Health.** — The Committee includes \$10,000,000 to create an innovation fund for community-based organizations to support reducing maternal mortality and adverse maternal outcomes, as described in the fiscal year 2023 budget request. Projects may include expanding access to maternal mental health and SUD services, providing resources to address social determinants of maternal health, developing digital tools to enhance maternal health care, and technology-enabled collaborative learning and capacity building models for pregnant and postpartum women.
- **HRSA - Maternal Mental Health Hotline.** —The Committee includes \$7,000,000, an increase of \$3,000,000 above the fiscal year 2022 level and the same as the fiscal year 2023 budget request, to support the maternal mental health hotline. The COVID–19 pandemic has exacerbated maternal mental health conditions, with pregnant and new mothers experiencing anxiety and depression at a three to four times higher rate than prior to the pandemic. The hotline should provide 24 hours a day voice and text support that is culturally and linguistically appropriate. Funds provided should also be used to raise public awareness about maternal mental health issues and the hotline.
- **HRSA - Behavioral Health Integration Into Community-Based Settings.** —The Committee includes \$40,000,000, the same as the fiscal year 2023 budget request, to provide grants to engage and train community partners in underserved communities to link mothers and children with resources to address their mental and behavioral health needs, as well as children’s social and emotional development. This effort will be carried out in partnership with the Behavioral Health Workforce Education and Training program.
- **ONC - Interoperability of Maternity Care Records.** —The Committee recognizes that Personal Health Records for pregnant people are needed to improve patient health and safety as they



move from one level of care to another during pregnancy, and that efforts must continue to improve the interoperability of electronic health records in order to optimize the care of pregnant persons. The Committee requests that within one year of enactment of this Act, HHS create and publish guidelines that address Perinatal Care and that leverage the skills of all providers, including physicians and midwives, and all sites of care, including hospitals and freestanding birth centers. The guidelines should also outline best practices for creating and maintaining accessible, longitudinal peri- and post-natal health records for patients.