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(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to award grants to faith- or community-based organizations to address persistent health inequities and chronic disease challenges.

IN THE HOUSE OF REPRESENTATIVES

Ms. WILLIAMS of Georgia introduced the following bill; which was referred to the Committee on _____

A BILL

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to award grants to faith- or community-based organizations to address persistent health inequities and chronic disease challenges.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Access Innova-
5 tion Act of 2025”.

1 **SEC. 2. HEALTH EQUITY INNOVATION GRANT PROGRAM.**

2 Part P of title III of the Public Health Service Act
3 (42 U.S.C. 280g et seq.) is amended by adding at the end
4 the following:

5 **“SEC. 399V–8. HEALTH EQUITY INNOVATION GRANT PRO-**
6 **GRAM.**

7 “(a) IN GENERAL.—The Secretary may award grants
8 to eligible entities to expand access to culturally and lin-
9 guistically appropriate care, encourage innovation, and ad-
10 dress persistent health inequities and chronic disease chal-
11 lenges, including by—

12 “(1) paying the costs of necessary medical serv-
13 ices, health screenings, tests, and other preventive
14 services;

15 “(2) expanding access to care, such as by—

16 “(A) expanding access to health care and
17 public health services;

18 “(B) expanding the diversity of types of
19 health workers;

20 “(C) expanding the availability of cul-
21 turally and linguistically appropriate services;
22 and

23 “(D) addressing other social determinants
24 of health and barriers to receiving timely and
25 quality care;

26 “(3) supporting—

1 “(A) community health navigators;

2 “(B) community health workers (also
3 known as ‘promotores de salud’);

4 “(C) peer support specialists;

5 “(D) community health representatives;

6 and

7 “(E) other health care professionals, in-
8 cluding those who work with faith- or commu-
9 nity-based organizations as trusted messengers
10 with lived experiences to support access and
11 connection to care;

12 “(4) expanding the capacity of the eligible enti-
13 ty; and

14 “(5) carrying out other programs that address
15 social determinants of health.

16 “(b) ELIGIBLE ENTITIES.—To be eligible for a grant
17 under this section, an entity shall be a faith- or commu-
18 nity-based organization that—

19 “(1) has demonstrated an ability to address
20 chronic health disparities and health conditions in
21 communities disproportionately affected by such dis-
22 parities and conditions; and

23 “(2) is located in a medically underserved com-
24 munity or a designated health professional shortage
25 area.

1 “(c) PRIORITY.—In awarding grants under this sec-
2 tion, the Secretary shall give priority to eligible entities
3 that established or operated one or more health workforce
4 or health care access programs during a public health
5 emergency.

6 “(d) COMMUNITY-BASED ORGANIZATION DE-
7 FINED.—In this section, the term ‘community-based orga-
8 nization’ has the meaning given the term in section 8101
9 of the Elementary and Secondary Education Act of 1965.

10 “(e) AUTHORIZATION OF APPROPRIATIONS.—

11 “(1) IN GENERAL.—There is authorized to be
12 appropriated to carry out this section—

13 “(A) \$50,000,000 for fiscal year 2026;

14 “(B) \$55,000,000 for fiscal year 2027;

15 “(C) \$60,000,000 for fiscal year 2028;

16 “(D) \$65,000,000 for fiscal year 2029;

17 and

18 “(E) \$70,000,000 for fiscal year 2029.

19 “(2) ADMINISTRATIVE COSTS.—Of the funds
20 appropriated to carry out this section, not more than
21 5 percent may be used by the Secretary for the ad-
22 ministrative costs of carrying out this section.”.