

119TH CONGRESS
1ST SESSION

S. 2825

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 SENATE OF THE UNITED STATES

SEPTEMBER 16, 2025

Mrs. GILLIBRAND (for herself, Mr. BOOKER, and Mr. PADILLA) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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 2030.

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.”.

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