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(Original Signature of Member)

119TH CONGRESS
2D SESSION

H. R. _____

To require the Secretary of Defense and the Secretary of Homeland Security to improve the transition of medics into the civilian workforce in certain health care occupations and to modify the assistance provided to separated members of the Armed Forces seeking employment with health care providers, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Ms. DEXTER introduced the following bill; which was referred to the
Committee on _____

A BILL

To require the Secretary of Defense and the Secretary of Homeland Security to improve the transition of medics into the civilian workforce in certain health care occupations and to modify the assistance provided to separated members of the Armed Forces seeking employment with health care providers, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Medic Education and
3 Deployment Into Civilian Careers Act of 2026” or the
4 “MEDIC Careers Act of 2026”.

5 **SEC. 2. IMPROVEMENT OF TRANSITION OF MEDICS IN THE**
6 **ARMED FORCES TO THE CIVILIAN WORK-**
7 **FORCE IN HEALTH CARE OCCUPATIONS.**

8 (a) **RECOMMENDATIONS REQUIRED.**—The Secretary
9 concerned, in consultation with each of the States
10 (through the Defense-State Liaison Office of the Depart-
11 ment of Defense), the Secretary of Veterans Affairs, the
12 Secretary of Health and Human Services, and the Sec-
13 retary of Labor, shall develop recommendations to improve
14 the transition of medics under the jurisdiction of the Sec-
15 retary concerned into the civilian workforce in health care
16 occupations, including as certified nurse aides, licensed
17 practical nurses, or medical assistants.

18 (b) **CONSIDERATIONS.**—In carrying out subsection
19 (a), the Secretary concerned shall—

20 (1) identify any barriers—

21 (A) to improving the ability of the Sec-
22 retary concerned to determine and communicate
23 how the military credentials and experience of
24 a medic separating from the Armed Forces
25 translate to credentialed civilian employment in
26 health care occupations;

1 (B) that exist to the standardization
2 among the Armed Forces of military medic cre-
3 dentials and experience and the alignment of
4 such credentials and experience to credentialed
5 civilian employment in health care occupations;

6 (C) that exist to ensuring members of the
7 Armed Forces with military medic credentials
8 and experience have earned the equivalent civil-
9 ian credential prior to separation from the
10 Armed Forces in addition to receiving their
11 military credentials;

12 (D) to the increased establishment and up-
13 take of accelerated or bridge programs to assist
14 separating members of the Armed Forces in
15 translating military credentials and experience
16 into civilian health care credentials and employ-
17 ment;

18 (E) to increasing the availability and ac-
19 cessibility of preparatory activities under the
20 SkillBridge program established under section
21 1143(e) of title 10, United States Code, in the
22 health care sector for members of the Armed
23 Forces preparing for separation, to include—

24 (i) the approval timeline for sepa-
25 rating members to participate in

1 SkillBridge programs in the health care
2 sector; and

3 (ii) requirements to return to their
4 duty station for out-processing; and

5 (F) to providing information on civilian
6 health care credentials and employment under
7 the Transition Assistance Program to medics
8 separating from the Armed Forces, including
9 information on State-by-State licensing and
10 credentialing; and

11 (2) consider the potential impact of—

12 (A) clarification by States through legisla-
13 tion, actions of State licensing boards, or ac-
14 tions of State credentialing boards of the civil-
15 ian equivalents of certain military credentials
16 and experience in health care;

17 (B) implementation, including through
18 State-provided incentives, of accelerated pro-
19 grams to bridge military medic credentials and
20 experience with civilian health care credentials
21 and licenses;

22 (C) financial support or incentives by
23 States to increase the availability and accessi-
24 bility of such programs;

1 (D) requiring the military departments to
2 align military health care credentials with civil-
3 ian equivalents; and

4 (E) requiring the Department of Veterans
5 Affairs and the Department of Labor to track
6 and report the number of separated members of
7 the Armed Forces with health care-related mili-
8 tary credentials and experience who continue in
9 the civilian health care sector, including the
10 type of employment they pursue.

11 (c) REPORT.—Not later than 180 days after the date
12 of the enactment of this Act, the Secretary concerned shall
13 submit to the relevant committees of Congress a report
14 containing—

15 (1) the recommendations developed under sub-
16 section (a); and

17 (2) a plan to implement those recommenda-
18 tions.

19 (d) DEFINITIONS.—In this section:

20 (1) MEDIC.—The term “medic” means a mem-
21 ber of the Armed Forces acting in a clinical health
22 care-related occupation while serving in the Armed
23 Forces.

1 (2) RELEVANT COMMITTEES OF CONGRESS.—

2 The term “relevant committees of Congress”
3 means—

4 (A) the Committee on Armed Services, the
5 Committee on Commerce, Science, and Trans-
6 portation, the Committee on Health, Education,
7 Labor, and Pensions, and the Committee on
8 Veterans’ Affairs of the Senate; and

9 (B) the Committee on Armed Services, the
10 Committee on Education and Workforce, and
11 the Committee on Veterans’ Affairs of the
12 House of Representatives.

13 (3) SECRETARY CONCERNED.—The term “Sec-
14 retary concerned” means—

15 (A) the Secretary of Defense, with respect
16 to matters concerning the Department of De-
17 fense; and

18 (B) the Secretary of Homeland Security,
19 with respect to matters concerning the Coast
20 Guard when it is not operating as a service in
21 the Department of the Navy.

22 (4) STATE.—The term “State” means each of
23 the several States, the District of Columbia, the
24 Commonwealth of Puerto Rico, the United States
25 Virgin Islands, Guam, American Samoa, or the

1 Commonwealth of the Northern Mariana Islands
2 that have a Defense-State Liaison Office.

3 (5) TRANSITION ASSISTANCE PROGRAM.—The
4 term “Transition Assistance Program” means the
5 program of the Department of Defense for pre-sepa-
6 ration counseling, employment assistance, and other
7 transitional services provided under sections 1142
8 and 1144 of title 10, United States Code.

9 **SEC. 3. HEALTH CARE WORKFORCE PREPAREDNESS AND**
10 **RESPONSE PILOT PROGRAM.**

11 (a) IN GENERAL.—Section 1153 of title 10, United
12 States Code, is amended to read as follows:

13 **“§ 1153. Health Care Workforce Preparedness and Re-**
14 **sponse Pilot Program**

15 “(a) GRANTS.—The Secretary of Defense shall estab-
16 lish a pilot program to award grants to eligible providers
17 to support the hiring, training, and retention by such pro-
18 viders of members of the Armed Forces separating from
19 the Armed Forces to improve access to, and enhance the
20 quality of, civilian health care occupations by such mem-
21 bers.

22 “(b) DURATION.—The duration of a grant awarded
23 under this section shall be for a period of three years, with
24 an option to renew for subsequent one-year periods until
25 the earlier of—

1 “(1) two renewal periods; or

2 “(2) the date on which funds are no longer
3 available for grants under this section.

4 “(c) ELIGIBLE PROVIDERS.—To be eligible for a
5 grant under this section, an entity shall—

6 “(1) own or operate, or act as a consortium
7 that includes—

8 “(A) a rural health clinic, as defined in
9 section 1861(aa) of the Social Security Act (42
10 U.S.C. 1395x(aa));

11 “(B) a nursing home, as defined in section
12 232(b) of the National Housing Act (12 U.S.C.
13 1715w(b));

14 “(C) a medical facility, as defined in sub-
15 section (a) of section 332 of the Public Health
16 Service Act (42 U.S.C. 254e(a)), located in a
17 health professional shortage area designated
18 under such section;

19 “(D) a Federally qualified health center, as
20 defined in section 1861(aa) of the Social Secu-
21 rity Act (42 U.S.C. 1395x(aa)); or

22 “(E) a health care facility, as defined in
23 section 801 of the Public Health Service Act
24 (42 U.S.C. 296);

1 “(2) be a public or private nonprofit organiza-
2 tion, as defined in section 501(c) of the Internal
3 Revenue Code of 1986; and

4 “(3) be located in a medically underserved area,
5 as designated pursuant to section 330(b)(3)(A) of
6 the Public Health Service Act (42 U.S.C.
7 245b(b)(3)(a)).

8 “(d) USE OF FUNDS.—An eligible provider receiving
9 a grant under this section shall use amounts received
10 through the grant to implement a new program or enhance
11 an existing program—

12 “(1) to assist in the hiring or retaining by an
13 eligible provider of members of the Armed Forces
14 separating or recently separated from service in the
15 Armed Forces;

16 “(2) to assist such members who are
17 transitioning to employment with an eligible pro-
18 vider, including—

19 “(A) activities relating to the period of
20 time the member is pursuing licensing,
21 credentialing, or certification as required by the
22 State, field of service of the eligible provider, or
23 occupation of the member; and

1 “(B) providing specific training to meet
2 Federal or State licensing or certification re-
3 quirements; and

4 “(3) to coordinate or improve coordination with
5 transition assistance programs operated by the De-
6 partment of Defense to ensure appropriate transi-
7 tion by such members to civilian employment.

8 “(e) APPLICATION.—An eligible provider seeking a
9 grant under this section shall submit to the Secretary of
10 Defense an application at such time, in such manner, and
11 containing such information as the Secretary may require,
12 including—

13 “(1) a description of the project that the eligi-
14 ble provider will carry out using the amounts pro-
15 vided through the grant;

16 “(2) an explanation of the reasons why Federal
17 Government assistance is required to carry out the
18 project;

19 “(3) a plan for sustaining the project for which
20 the grant was awarded after Federal Government
21 assistance for the project has ended;

22 “(4) a description of how the population in the
23 area or areas to be served through the grant will ex-
24 perience increased access to quality health care serv-

1 ices across the continuum of care as a result of the
2 activities carried out by the eligible provider; and

3 “(5) a description of such other priorities as the
4 Secretary of Defense considers appropriate.

5 “(f) ALLOCATION OF GRANTS TO RURAL PRO-
6 VIDERS.—The Secretary of Defense shall ensure that eligi-
7 ble providers located in rural areas are adequately rep-
8 resented in the total number of grants awarded under this
9 section.

10 “(g) MAXIMUM GRANT AMOUNT.—The amount of a
11 grant made under this section to a single grant recipient
12 shall not exceed—

13 “(1) with respect to the initial three-year pe-
14 riod, \$600,000; and

15 “(2) with respect to any additional year,
16 \$200,000.

17 “(h) REPORTS.—

18 “(1) REPORT TO SECRETARY.—An eligible pro-
19 vider awarded a grant under this section shall peri-
20 odically submit to the Secretary of Defense a report
21 evaluating the activities supported by the grant.

22 “(2) REPORT TO PUBLIC.—Not later than two
23 years after the date of the enactment of the MEDIC
24 Careers Act of 2026, and not less frequently than
25 annually thereafter, the Secretary of Defense shall

1 submit to the appropriate committees of Congress
2 and make publicly available a report on the findings
3 of the Secretary with respect to the success of the
4 pilot program under this section in improving access
5 by separating members of the Armed Forces to civil-
6 ian health care occupations and enhancing the qual-
7 ity of those occupations.

8 “(i) DEFINITIONS.—In this section:

9 “(1) The term ‘appropriate committees of Con-
10 gress’ means—

11 “(A) the Committee on Health, Education,
12 Labor, and Pensions, the Committee on Armed
13 Services, and the Committee on Veterans’ Af-
14 fairs of the Senate; and

15 “(B) the Committee on Education and
16 Workforce, the Committee on Armed Services,
17 and the Committee on Veterans’ Affairs of the
18 House of Representatives.

19 “(2) The term ‘eligible provider’ means a health
20 care provider, as defined in section 3000 of the Pub-
21 lic Health Service Act (42 U.S.C. 300jj).

22 “(j) AUTHORIZATION OF APPROPRIATIONS.—

23 “(1) IN GENERAL.—There are authorized to be
24 appropriated to the Secretary of Defense \$5,000,000

1 for each of fiscal years 2027 through 2031 to carry
2 out this section.

3 “(2) ADMINISTRATIVE COSTS.—The Secretary
4 of Defense may use not more than 10 percent of the
5 amount appropriated pursuant to paragraph (1) for
6 a fiscal year for the administrative expenses of car-
7 rying out this section.”.

8 (b) CLERICAL AMENDMENT.—The table of sections
9 at the beginning of chapter 58 of title 10, United States
10 Code, is amended by striking the item relating to section
11 1153 and inserting the following new item:

“1153. Health Care Workforce Preparedness and Response Pilot Program.”.