

117TH CONGRESS
1ST SESSION

S. _____

To amend title XIX of the Social Security Act to require coverage of home and community-based services under the Medicaid program.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice and referred to the Committee on _____

A BILL

To amend title XIX of the Social Security Act to require coverage of home and community-based services under the Medicaid program.

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; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “HCBS Access Act of 2021”.

6 (b) TABLE OF CONTENTS.—The table of contents of
7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Purpose.

Sec. 3. Requiring coverage of home and community-based services under the Medicaid program.

Sec. 4. Medicaid eligibility modifications.

Sec. 5. Home and community-based services implementation plan grant program.

Sec. 6. Quality of services.

Sec. 7. Workforce development.

1 **SEC. 2. PURPOSE.**

2 It is the purpose of this Act to require coverage of
3 home and community-based services (in this section re-
4 ferred to as “HCBS”) under a State plan (or waiver of
5 such plan) under title XIX of the Social Security Act (42
6 U.S.C. 1396 et seq.) for the following reasons:

7 (1) In order to fulfill the purposes of Americans
8 with Disabilities Act to ensure people with disabili-
9 ties and older adults live in the most integrated set-
10 ting.

11 (2) To eliminate waiting lists for HCBS, which
12 delay access to necessary services and civil rights for
13 people with disabilities and aging adults.

14 (3) To build on decades of progress in serving
15 people with disabilities and aging adults via HCBS
16 and not in institutions, nursing homes or other con-
17 gregate settings.

18 (4) To fulfill the purposes of the Medicaid pro-
19 gram to provide medical assistance for those whose
20 income and resources are insufficient to meet the
21 costs of necessary medical services, and to provide
22 rehabilitation and other services to help such fami-

1 lies and individuals attain or retain capability for
2 independence or self-care.

3 (5) To eliminate silos and ensure that people
4 with all kinds of and with multiple disabilities, in-
5 cluding intellectual disabilities, developmental dis-
6 abilities, mental health disabilities, physical disabil-
7 ities, and substance use disorders, and aging adults,
8 receive the services they need to live in their commu-
9 nities.

10 (6) To streamline access to HCBS by elimi-
11 nating the need for States to repeatedly apply for
12 waivers.

13 (7) To continue to increase the capacity of com-
14 munity services to ensure people with disabilities and
15 aging adults have safe and meaningful options in the
16 community are not at risk of unnecessary institu-
17 tionalization.

18 (8) Because decades of research and practice
19 show that everyone, including people with the most
20 severe disabilities, can live in the community with
21 the right services and supports.

22 (9) To support over 65,000,000 unpaid family
23 caregivers who are often providing complex services
24 and supports to aging adults and people with dis-
25 abilities because of a lack of affordable services,

1 workforce shortages, and other inefficiencies of the
2 Medicaid system.

3 (10) To improve direct care work quality and
4 address the decades long workforce barriers for
5 nearly 4,600,000 direct care workers giving support
6 to people with disabilities and aging adults in their
7 homes and communities.

8 (11) To eliminate the race and gender dispari-
9 ties that exist in accessing information and HCBS
10 and to prevent the unnecessary impoverishment and
11 institutionalization of black and brown individuals
12 with disabilities and aging adults.

13 **SEC. 3. REQUIRING COVERAGE OF HOME AND COMMUNITY-**
14 **BASED SERVICES UNDER THE MEDICAID**
15 **PROGRAM.**

16 (a) DEFINITION OF HOME AND COMMUNITY-BASED
17 SERVICES.—

18 (1) IN GENERAL.—Section 1905 of the Social
19 Security Act (42 U.S.C. 1396d) is amended by add-
20 ing at the end the following new subsection:

21 “(hh) HOME AND COMMUNITY-BASED SERVICES.—

22 “(1) IN GENERAL.—For purposes of this title,
23 the term ‘home and community-based services’
24 means those services specified in paragraph (2) fur-
25 nished to an eligible individual (as defined in para-

1 graph (3)), based on an individualized assessment
2 (as described in paragraph (4)) of such individual,
3 in a setting that—

4 “(A) meets the qualities specified in para-
5 graph (1) of section 441.710(a) of title 42,
6 Code of Federal Regulations (or a successor
7 regulation);

8 “(B) is not described in paragraph (2) of
9 such section (or successor regulation); and

10 “(C) meets such other qualities as the Sec-
11 retary determines appropriate.

12 “(2) SERVICES SPECIFIED.—

13 “(A) IN GENERAL.—For purposes of para-
14 graph (1), the services specified in this para-
15 graph are services described in any of para-
16 graphs (7), (8), (13)(C), (19), (20), (24), and
17 (29) (as applied without regard to the reference
18 to ‘September 30, 2025’) of subsection (a) or in
19 any of subsections (c)(4)(B), (c)(5), (k)(1)(A),
20 (k)(1)(B), or (k)(1)(D) of section 1915, includ-
21 ing the following:

22 “(i) Supported employment and inte-
23 grated day services.

24 “(ii) Personal assistance, including
25 personal care attendants, direct support

1 professionals, home health aides, private
2 duty nursing, homemakers and chore as-
3 sistance, and companionship services.

4 “(iii) Services that enhance independ-
5 ence, inclusion, and full participation in
6 the broader community.

7 “(iv) Non-emergency, non-medical
8 transportation services to facilitate commu-
9 nity integration.

10 “(v) Respite services provided in the
11 individual’s home or broader community.

12 “(vi) Caregiver and family support
13 services.

14 “(vii) Case management, including in-
15 tensive case management,; fiscal inter-
16 mediary, and support brokerage services.

17 “(viii) Services which support person-
18 centered planning and self-direction.

19 “(ix) Direct support services during
20 acute hospitalizations.

21 “(x) Necessary medical and nursing
22 services not otherwise covered which are
23 necessary in order for the individual to re-
24 main in their home and community, includ-
25 ing hospice services.

1 “(xi) Home and community-based in-
2 tensive behavioral health and crisis inter-
3 vention services.

4 “(xii) Peer support services.

5 “(xiii) Housing support and wrap-
6 around services.

7 “(xiv) Necessary home modifications
8 and assistive technology, including those
9 which substitute for human assistance.

10 “(xv) Transition services to support
11 an individual’s transition from an institu-
12 tional setting to the community, including
13 such transition services provided while the
14 individual resides in an institution.

15 “(xvi) Any other service specified by
16 the panel convened pursuant to subpara-
17 graph (B).

18 “(B) SPECIFICATION OF SERVICES.—

19 “(i) IN GENERAL.—Not later than 6
20 months after the date of the enactment of
21 this subparagraph, and not less frequently
22 than once every 10 years thereafter, the
23 Secretary shall convene an advisory panel
24 (in this subparagraph referred to as the
25 ‘panel’) for purposes of specifying services

1 which shall be included as home and com-
2 munity-based services under this para-
3 graph.

4 “(ii) COMPOSITION.—

5 “(I) SELECTION.—The panel
6 shall be composed of individuals se-
7 lected by the Secretary from the fol-
8 lowing groups:

9 “(aa) Individuals with dis-
10 abilities receiving home and com-
11 munity-based services under this
12 title and individuals with disabil-
13 ities in need of such services, in-
14 cluding those with physical dis-
15 abilities, behavioral health dis-
16 abilities, or intellectual or devel-
17 opmental disabilities, and includ-
18 ing elderly individuals.

19 “(bb) Representatives of
20 beneficiary-led disability rights
21 organizations, disability organiza-
22 tions representing families and
23 providers, aging organizations,
24 the Protection and Advocacy sys-
25 tem, the Centers for Independent

1 Living, health care providers, the
2 National Association of Medicaid
3 Directors, the National Associa-
4 tion of State Directors of Devel-
5 opmental Disabilities Services,
6 the National Association of State
7 Mental Health Program Direc-
8 tors, ADvancing States, the Cen-
9 ters for Medicare & Medicaid
10 Services, the Administration for
11 Community Living, and other rel-
12 evant representatives from local,
13 State, and Federal home and
14 community-based service systems.

15 “(II) REQUIREMENT FOR EQUAL
16 REPRESENTATION.—The Secretary
17 shall select an equal number of indi-
18 viduals described in items (aa) and
19 (bb) of subclause (I) in convening the
20 panel.

21 “(iii) DUTIES.—Not later than 6
22 months after a panel is convened under
23 clause (i), the panel shall submit to the
24 Secretary and to Congress a report speci-
25 fying services which shall be included as

1 home and community-based services under
2 this paragraph. Such services shall be so
3 specified with the goal of increasing com-
4 munity integration and self-determination
5 for individuals with disabilities receiving
6 such services.

7 “(iv) IMPLEMENTATION OF SPECIFIED
8 SERVICES.—

9 “(I) IN GENERAL.—Services
10 specified by the panel in a report sub-
11 mitted under clause (iii) shall be
12 treated as services described in sub-
13 paragraph (A)(xvi) for calendar quar-
14 ters beginning on or after the date
15 that is 1 year after the date of such
16 submission.

17 “(II) NOTIFICATION.—Not later
18 than 1 year after the first report is
19 submitted under clause (iii), and not
20 later than 1 year after the submission
21 of each subsequent such report, the
22 Secretary shall notify States of any
23 additions or removals of home and
24 community-based services based on
25 services specified under such report

1 through State Medicaid Director let-
2 ters.

3 “(3) ELIGIBLE INDIVIDUAL.—

4 “(A) IN GENERAL.—For purposes of para-
5 graph (1), the term ‘eligible individual’
6 means—

7 “(i) an individual who is determined,
8 on an annual basis or on a longer basis
9 specified by the State, by a health care
10 provider approved by the State under a
11 process described in subparagraph (C) to
12 have a functional impairment (as defined
13 in subparagraph (B)) (not taking into ac-
14 count any items or services, or any other
15 ameliorative measures, furnished to such
16 individual to mitigate such impairment)
17 that is expected to last at least 90 days; or

18 “(ii) an individual receiving or deter-
19 mined to be eligible for, as of the date of
20 the enactment of this subsection, home and
21 community-based services under this title
22 under a waiver or State plan option in ef-
23 fect under section 1915 or 1115.

24 “(B) FUNCTIONAL IMPAIRMENT.—For
25 purposes of subparagraph (A), the term ‘func-

1 tional impairment’ means, with respect to an
2 individual the inability of such individual to
3 perform, without assistance, 2 or more activities
4 of daily living (as described in section
5 7702B(c)(2)(B) of the Internal Revenue Code
6 of 1986) or 2 or more instrumental activities of
7 daily living (as defined for purposes of section
8 1915(k)(1)(A)).

9 “(C) HEALTH CARE PROVIDER STATE AP-
10 PROVAL.—For purposes of subparagraph (A)(i),
11 a process described in this subparagraph is a
12 process established by the State to approve
13 health care providers to make determinations
14 described in such subparagraph that meets such
15 standards as the Secretary may prescribe.

16 “(4) INDIVIDUALIZED ASSESSMENT.—

17 “(A) IN GENERAL.—For purposes of para-
18 graph (1), an individualized assessment de-
19 scribed in this paragraph is an independent as-
20 sessment, with respect to an eligible indi-
21 vidual—

22 “(i) to determine a necessary level of
23 services and supports to be provided, con-
24 sistent with an individual’s functional im-
25 pairments, to facilitate an individual’s

1 community integration, self-determination,
2 and well-being;

3 “(ii) to prevent the provision of un-
4 necessary or inappropriate care;

5 “(iii) to establish a person-centered
6 care plan (as described in subparagraph
7 (C)) for the individual;

8 “(iv) that includes each of the ele-
9 ments described in clauses (ii) through (v)
10 of section 1915(i)(1)(F); and

11 “(v) that occurs not later than 30
12 days after such individual is determined to
13 be an eligible individual.

14 “(B) PRESUMPTION.—The assessment de-
15 scribed in subparagraph (A) shall be conducted
16 with the presumption—

17 “(i) that each eligible individual, re-
18 gardless of type or level of disability or
19 service need, can be served in the individ-
20 ual’s own home and community; and

21 “(ii) at the option of the individual,
22 that services may be self-directed (as de-
23 fined in section 1915(i)(1)(G)(iii)(II)).

24 “(C) PERSON-CENTERED CARE PLAN.—

25 For purposes of subparagraph (A)(iii), a per-

1 son-centered care plan described in this sub-
2 paragraph is a written plan with respect to an
3 individual that meets the requirements of sec-
4 tion 1915(i)(1)(G)(ii).

5 “(D) STANDARDS.—An individualized as-
6 sessment described in subparagraph (A) shall
7 be conducted in accordance with standards
8 specified by the Secretary, in consultation with
9 the Administration for Community Living,
10 that—

11 “(i) safeguard against conflicts of in-
12 terest;

13 “(ii) specify qualifications for who
14 may perform such assessments;

15 “(iii) ensure transparency in the fur-
16 nishing of such assessments, including en-
17 suring the provision of the results of such
18 assessments that includes information in
19 plain language necessary to interpret the
20 methodology and results of such assess-
21 ments;

22 “(iv) ensure that the methodologies
23 used in such assessments are sound and
24 evidence-based; and

1 “(v) require such methodologies to be
2 made available on the public website of the
3 State and tested for reliability and valid-
4 ity.”.

5 (2) INCLUSION AS MEDICAL ASSISTANCE.—Sec-
6 tion 1905(a) of the Social Security Act (42 U.S.C.
7 1396d(a)) is amended—

8 (A) in paragraph (30), by striking “; and”
9 and inserting a semicolon;

10 (B) by redesignating paragraph (31) as
11 paragraph (32); and

12 (C) by inserting after paragraph (30) the
13 following new paragraph:

14 “(31) home and community-based services (as
15 defined in subsection (hh)); and”.

16 (b) MANDATORY BENEFIT.—Section 1902(a)(10)(A)
17 of the Social Security Act (42 U.S.C. 1396a(a)(10)(A))
18 is amended by striking “and (30)” and inserting “, (30),
19 and (31)”.

20 (c) ENSURING COVERAGE OF HCBS FOR ALL MED-
21 ICAID-ELIGIBLE INDIVIDUALS.—Section 1902(a)(10)(D)
22 of the Social Security Act (42 U.S.C. 1396a(a)(10)(A))
23 is amended—

24 (1) by inserting “(i)” after “(D)”;

25 (2) by adding “and” after the semicolon; and

1 (3) by adding at the end the following new
2 clause:

3 “(ii) for the inclusion of home and community-
4 based services (as defined in section 1905(hh)) for
5 any individual who—

6 “(I) is eligible for medical assistance under
7 the State plan (or waiver of such plan);

8 “(II) is an eligible individual (as defined in
9 such section); and

10 “(III) elects to receive such services.”.

11 (d) FEDERAL MEDICAL ASSISTANCE PERCENTAGE
12 FOR HOME AND COMMUNITY-BASED SERVICES.—Section
13 1905 of the Social Security Act (42 U.S.C. 1396d), as
14 amended by subsection (a), is further amended—

15 (1) in subsection (b), by striking “and (ff)” and
16 inserting “(ff), and (ii)”; and

17 (2) by adding at the end the following new sub-
18 section:

19 “(ii) SPECIFIED FMAP FOR HOME AND COMMU-
20 NITY-BASED SERVICES.—Notwithstanding any other pro-
21 vision of law, the Federal medical assistance percentage
22 for amounts expended for medical assistance for home and
23 community-based services (as defined in subsection (hh)),
24 including any such services furnished under a waiver in

1 effect under section 1915, on or after the date of the en-
2 actment of this subsection shall be equal to 100 percent.”.

3 (e) CONFORMING AMENDMENTS.—Title XIX of the
4 Social Security Act (42 U.S.C. 1396 et seq.) is amended—

5 (1) in section 1902(a)(10)(A)(ii)(V), by insert-
6 ing “or who are eligible individuals (as defined in
7 section 1905(kk)(3))” after “such period”;

8 (2) in section 1905(a)(xvii), by striking “pursu-
9 ant to a State plan amendment under such sub-
10 section” and inserting “(as defined in section
11 1905(hh))”; and

12 (3) in section 1915, by adding at the end the
13 following new subsection:

14 “(m) SUNSET OF PROVISIONS RELATING TO HOME
15 AND COMMUNITY-BASED SERVICES.—

16 “(1) IN GENERAL.—Except as provided in para-
17 graph (2), the preceding provisions of this section,
18 insofar as such provisions relate to a waiver for
19 home and community-based services, shall not apply
20 beginning with the first calendar quarter beginning
21 on or after the date that is 5 years after the date
22 of the enactment of this subsection.

23 “(2) EXCEPTION.—The Secretary may waive
24 the application of paragraph (1) for a calendar quar-
25 ter and a State if the State requests such a waiver

1 and the Secretary determines that such a waiver is
2 appropriate.”; and

3 (4) in section 1943(b)(5), by striking “the
4 State” and all that follows through the period at the
5 end and inserting “an annual determination be con-
6 ducted in accordance with section 1905(gg) for pur-
7 poses of providing home and community-based serv-
8 ices under the State plan (or waiver of such plan).”.

9 (f) EFFECTIVE DATE.—

10 (1) IN GENERAL.—Except as provided in para-
11 graph (2), the amendments made by this section
12 (other than the amendments made by subsection
13 (d)) shall apply with respect to calendar quarters be-
14 ginning on or after the date that is 5 years after the
15 date of the enactment of this Act.

16 (2) EXCEPTION.—In the case of a State with
17 an exception in effect under section 1915(m)(2) of
18 the Social Security Act, the amendments described
19 in paragraph (1) shall apply with respect to calendar
20 quarters beginning on or after a date determined ap-
21 propriate by the Secretary.

22 **SEC. 4. MEDICAID ELIGIBILITY MODIFICATIONS.**

23 Section 1902(a)(10)(C)(iii) of the Social Security Act
24 (42 U.S.C. 1396a(a)(10)(C)(iii)) is amended—

1 (1) by striking “and (II)” and inserting “(II)”;

2 and

3 (2) by inserting “, and (III) home and commu-
4 nity-based services (as described in section
5 1905(hh))” after “delivery services”.

6 **SEC. 5. HOME AND COMMUNITY-BASED SERVICES IMPLE-**
7 **MENTATION PLAN GRANT PROGRAM.**

8 (a) IN GENERAL.—Not later than 1 year after the
9 date of the enactment of this Act, the Secretary of Health
10 and Human Services shall award to each State a grant
11 for purposes of enabling such State to implement the re-
12 quirement to provide home and community-based services
13 under title XIX of the Social Security Act (42 U.S.C.
14 1396 et seq.).

15 (b) USE OF FUNDS.—A grant awarded under sub-
16 section (a) shall be used by a State to develop an imple-
17 mentation plan described in subsection (c).

18 (c) IMPLEMENTATION PLAN.—An implementation
19 plan described in this subsection is a plan developed by
20 a State that includes the following:

21 (1) An explanation of how the State will
22 operationalize the definition of an eligible individual
23 under section 1905(hh) of the Social Security Act,
24 including the process for determinations specified in
25 paragraph (3)(A)(i) of such section.

1 (2) A description of the State’s plan to ensure
2 a stable and high quality workforce and how the
3 State plans to ensure a living wage for individuals
4 furnishing home and community-based services and
5 identify and address any additional workforce issues.

6 (3) A list of any home and community-based
7 services provided under the State Medicaid plan (in-
8 cluding any waiver of such plan) [as of the date of
9 enactment of this Act], including a breakdown of
10 use of such services by different disability popu-
11 lations and by gender, race, ethnicity, geography,
12 and other demographics, compared to such services
13 that are required under the amendments made by
14 section 3, and a description of numerical goals to in-
15 crease access to such services that have barriers to
16 access for populations in need of such services.

17 (4) A description of how the State will incor-
18 porate existing State disability agencies into the new
19 unified provision of home and community-based
20 services and how such State will ensure that such
21 services address all functional impairments.

22 (5) An explanation of how the State will ensure
23 access to such services.

24 (6) A plan for carrying out outreach and edu-
25 cation activities with respect to the availability of

1 such services through Aging and Disability Resource
2 Centers and other similar entities (such as entities
3 receiving funds from the Administration for Commu-
4 nity Living or the Substance Abuse and Mental
5 Health Services Administration), including a pro-
6 gram that ensures that an individual is not denied
7 such services based on the fact that the individual
8 contacts the wrong entity (commonly referred to as
9 a “No Wrong Door Program”).

10 (7) A plan for how such services will be coordi-
11 nated with other relevant State agencies, such as
12 housing, transportation, child welfare, food and in-
13 come security, and employment agencies.

14 (8) A description of how the State will build ca-
15 pacity prior to the implementation of the require-
16 ment described in subsection (a) to ensure that such
17 services are available to every eligible individual
18 under the Medicaid program and how the State will
19 ensure that such services are provided in a setting
20 that meets the requirements specified in paragraph
21 (1) of section 1905(hh).

22 (9) In the case of a State that utilizes an alter-
23 native benefit plan, a description of how the State
24 will ensure that all individuals who are eligible indi-
25 viduals (as defined in such section) are appropriately

1 identified as medically frail and exempted from such
2 plan.

3 (10) How the State will coordinate eligibility for
4 such services with other disability eligibility pro-
5 grams, such as disability buy-in programs.

6 (11) Data and milestone requirements to ensure
7 community integration, including such requirements
8 with respect to utilization of such services by gender,
9 race, ethnicity, geography, and other demographics.

10 (d) STATE PLAN REQUIREMENT.—Section 1902(a)
11 of the Social Security Act (42 U.S.C. 1396a(a)) is amend-
12 ed—

13 (1) in paragraph (86), by striking “and” at the
14 end;

15 (2) in paragraph (87), by striking the period at
16 the end and inserting “; and”; and

17 (3) by adding at the end the following new
18 paragraph:

19 “(88) provide for the submission to the Sec-
20 retary of an implementation plan described in sec-
21 tion 5(c) of the HCBS Access Act of 2021 prior to
22 the beginning of the first calendar quarter beginning
23 on or after the date that is 5 years after the date
24 of the enactment of this paragraph.”.

25 (e) DEFINITIONS.—In subsections (a) through (c):

1 (1) HOME AND COMMUNITY-BASED SERV-
2 ICES.—The term “home and community-based serv-
3 ices” has the meaning given such term in section
4 1905(hh) of the Social Security Act.

5 (2) STATE.—The term “State” has the mean-
6 ing given that term in section 1101(1) of the Social
7 Security Act (42 U.S.C. 1301(1)) for purposes of
8 title XIX of such Act (42 U.S.C. 1396 et seq.).

9 **SEC. 6. QUALITY OF SERVICES.**

10 (a) IN GENERAL.—

11 (1) DEVELOPMENT OF METRICS.—Not later
12 than 1 year after the date of enactment of this Act,
13 the Director of the Agency for Healthcare Research
14 and Quality, in consultation with State Medicaid Di-
15 rectors, shall develop standardized, State-level
16 metrics of access to, and satisfaction with, providers,
17 including primary care and specialist providers, with
18 respect to individuals who are enrolled in State Med-
19 icaid plans under title XIX of the Social Security
20 Act, broken down by gender, race, ethnicity, geog-
21 raphy, and other demographics. Such metrics shall
22 include metrics on the total number of individuals
23 enrolled in the State plan or under a waiver of the
24 plan during a fiscal year that required the level of
25 care provided in a nursing facility, intermediate care

1 facility for individuals with intellectual disabilities,
2 institution for mental disease, or other similarly re-
3 strictive or institutional setting, disaggregated by
4 the type of facility or setting, race, ethnicity, pri-
5 mary language, disability status, age, sex, sexual ori-
6 entation, and gender identity.

7 (2) PROCESS.—The Director of the Agency for
8 Healthcare Research and Quality shall develop the
9 metrics described in paragraph (1) through a public
10 process, which shall provide opportunities for stake-
11 holders to participate.

12 (b) UPDATING METRICS.—The Director of the Agen-
13 cy for Healthcare Research and Quality, in consultation
14 with the Deputy Administrator for the Center for Med-
15 icaid and CHIP Services and State Medicaid Directors,
16 shall update the metrics developed under subsection (a)
17 not less than once every 3 years.

18 (c) STATE IMPLEMENTATION FUNDING.—The Direc-
19 tor of the Agency for Healthcare Research and Quality
20 may award funds, from the amount appropriated under
21 subsection (d), to States for the purpose of implementing
22 the metrics developed under this section.

23 (d) APPROPRIATION.—There is appropriated to the
24 Director of the Agency for Healthcare Research and Qual-
25 ity, out of any funds in the Treasury not otherwise appro-

1 priated, \$200,000,000 for fiscal year 2021, to remain
2 available until expended, for the purpose of carrying out
3 this section.

4 **SEC. 7. WORKFORCE DEVELOPMENT.**

5 ***【To be supplied.】***