

119TH CONGRESS
1ST SESSION

S. _____

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 SENATE OF THE UNITED STATES

Mr. KELLY (for himself and Mr. ROUNDS) introduced the following bill; which was read twice and 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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medic Education and
5 Deployment into Civilian Careers Act of 2025” or the
6 “MEDIC Careers Act of 2025”.

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

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

14 (b) CONSIDERATIONS.—In carrying out subsection
15 (a), the Secretary concerned shall—

16 (1) identify any barriers—

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

23 (B) that exist to the standardization
24 among the Armed Forces of military medic cre-
25 dentials and experience and the alignment of

1 such credentials and experience to credentialed
2 civilian employment in health care occupations;

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

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

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

21 (i) the approval timeline for sepa-
22 rating members to participate in
23 SkillBridge programs in the health care
24 sector; and

1 (ii) requirements to return to their
2 duty station for out-processing; and

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

9 (2) consider the potential impact of—

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

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

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

23 (D) requiring the military departments to
24 align military health care credentials with civil-
25 ian equivalents; and

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

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

12 (1) the recommendations developed under sub-
13 section (a); and

14 (2) a plan to implement those recommenda-
15 tions.

16 (d) DEFINITIONS.—In this section:

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

21 (2) RELEVANT COMMITTEES OF CONGRESS.—
22 The term “relevant committees of Congress”
23 means—

24 (A) the Committee on Armed Services, the
25 Committee on Commerce, Science, and Trans-

1 portation, the Committee on Health, Education,
2 Labor, and Pensions, and the Committee on
3 Veterans' Affairs of the Senate; and

4 (B) the Committee on Armed Services, the
5 Committee on Education and the Workforce,
6 and the Committee on Veterans' Affairs of the
7 House of Representatives.

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

10 (A) the Secretary of Defense, with respect
11 to matters concerning the Department of De-
12 fense; and

13 (B) the Secretary of Homeland Security,
14 with respect to matters concerning the Coast
15 Guard when it is not operating as a service in
16 the Department of the Navy.

17 (4) STATE.—The term “State” means each of
18 the several States, the District of Columbia, the
19 Commonwealth of Puerto Rico, the United States
20 Virgin Islands, Guam, American Samoa, or the
21 Commonwealth of the Northern Mariana Islands
22 that have a Defense-State Liaison Office.

23 (5) TRANSITION ASSISTANCE PROGRAM.—The
24 term “Transition Assistance Program” means the
25 program of the Department of Defense for pre-sepa-

1 ration counseling, employment assistance, and other
2 transitional services provided under sections 1142
3 and 1144 of title 10, United States Code.

4 **SEC. 3. HEALTH CARE WORKFORCE PREPAREDNESS AND**
5 **RESPONSE PILOT PROGRAM.**

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

8 **“§ 1153. Health Care Workforce Preparedness and Re-**
9 **sponse Pilot Program**

10 “(a) GRANTS.—The Secretary of Defense shall estab-
11 lish a pilot program to award grants to eligible providers
12 to support the hiring, training, and retention by such pro-
13 viders of members of the armed forces separating from
14 the armed forces to improve access to, and enhance the
15 quality of, civilian health care occupations by such mem-
16 bers.

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

21 “(1) two renewal periods; or

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

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

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

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

6 “(B) a nursing home, as defined in section
7 232(b) of the National Housing Act (12 U.S.C.
8 1715w(b));

9 “(C) a medical facility, as defined in sub-
10 section (a) of section 332 of the Public Health
11 Service Act (42 U.S.C. 254e(a)), located in a
12 health professional shortage area designated
13 under such section;

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

17 “(E) a health care facility, as defined in
18 section 801 of the Public Health Service Act
19 (42 U.S.C. 296));

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

23 “(3) be located in a medically underserved area,
24 as designated pursuant to section 330(b)(3)(A) of

1 the Public Health Service Act (42 U.S.C.
2 245b(b)(3)(a)).

3 “(d) USE OF FUNDS.—

4 “(1) IN GENERAL.—An eligible provider receiv-
5 ing a grant under this section shall use amounts re-
6 ceived through the grant to implement a new pro-
7 gram or enhance an existing program—

8 “(A) to assist in the hiring or retaining by
9 an eligible provider of members of the armed
10 force separating or recently separated from
11 service in the armed forces;

12 “(B) to assist such members who are
13 transitioning to employment with an eligible
14 provider, including—

15 “(i) activities relating to the period of
16 time the member is pursuing licensing,
17 credentialing, or certification as required
18 by the State, field of service of the eligible
19 provider, or occupation of the member; and

20 “(ii) providing specific training to
21 meet Federal or State licensing or certifi-
22 cation requirements; and

23 “(C) to coordinate or improve coordination
24 with transition assistance programs operated by
25 the Department of Defense to ensure appro-

1 priate transition by such members to civilian
2 employment.

3 “(2) EXCEPTION FOR ACTIVITIES ELIGIBLE FOR
4 EDUCATIONAL ASSISTANCE UNDER TITLE 38.—In
5 the case of training described in paragraph
6 (1)(A)(ii), if such training is an eligible use of edu-
7 cational assistance received under subchapter II of
8 chapter 33 of title 38 and the recipient of such
9 training is eligible for the receipt of such educational
10 assistance, the Secretary of Defense shall coordinate
11 with the Secretary of Veterans Affairs to ensure that
12 payment for such training is made through the use
13 of such educational assistance instead of through the
14 use of grant amounts awarded under this section.

15 “(e) APPLICATION.—An eligible provider seeking a
16 grant under this section shall submit to the Secretary of
17 Defense an application at such time, in such manner, and
18 containing such information as the Secretary may require,
19 including—

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

23 “(2) an explanation of the reasons why Federal
24 Government assistance is required to carry out the
25 project;

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

4 “(4) a description of how the population in the
5 area or areas to be served through the grant will ex-
6 perience increased access to quality health care serv-
7 ices across the continuum of care as a result of the
8 activities carried out by the eligible provider; and

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

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

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

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

21 “(2) with respect to any additional year,
22 \$200,000.

23 “(h) REPORTS.—

24 “(1) REPORT TO SECRETARY.—An eligible pro-
25 vider awarded a grant under this section shall peri-

1 odically submit to the Secretary of Defense a report
2 evaluating the activities supported by the grant.

3 “(2) REPORT TO PUBLIC.—Not later than two
4 years after the date of the enactment of the MEDIC
5 Careers Act of 2025, and not less frequently than
6 annually thereafter, the Secretary of Defense shall
7 submit to the appropriate committees of Congress
8 and make publicly available a report on the findings
9 of the Secretary with respect to the success of the
10 pilot program under this section in improving access
11 by separating members of the armed forces to civil-
12 ian health care occupations and enhancing the qual-
13 ity of those occupations.

14 “(i) DEFINITIONS.—In this section:

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

17 “(A) the Committee on Health, Education,
18 Labor, and Pensions, the Committee on Armed
19 Services, and the Committee on Veterans’ Af-
20 fairs of the Senate; and

21 “(B) the Committee on Education and
22 Workforce, the Committee on Armed Services,
23 and the Committee on Veterans’ Affairs of the
24 House of Representatives.

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

4 “(j) AUTHORIZATION OF APPROPRIATIONS.—

5 “(1) IN GENERAL.—There are authorized to be
6 appropriated to the Secretary of Defense \$5,000,000
7 for each of fiscal years 2026 through 2030 to carry
8 out this section.

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

14 (b) CLERICAL AMENDMENT.—The table of sections
15 at the beginning of chapter 58 of title 10, United States
16 Code, is amended by striking the item relating to section
17 1153 and inserting the following new item:

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