

119TH CONGRESS
2^D SESSION

H. R. 9140

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

JUNE 4, 2026

Ms. DEXTER (for herself and Mr. HAMADEH of Arizona) introduced the following bill; which was referred to the Committee on Armed Services

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 2026” or the
6 “MEDIC Careers Act of 2026”.

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 Workforce, and
6 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.—An eligible provider receiving
4 a grant under this section shall use amounts received
5 through the grant to implement a new program or enhance
6 an existing program—

7 “(1) to assist in the hiring or retaining by an
8 eligible provider of members of the Armed Forces
9 separating or recently separated from service in the
10 Armed Forces;

11 “(2) to assist such members who are
12 transitioning to employment with an eligible pro-
13 vider, including—

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

19 “(B) providing specific training to meet
20 Federal or State licensing or certification re-
21 quirements; and

22 “(3) to coordinate or improve coordination with
23 transition assistance programs operated by the De-
24 partment of Defense to ensure appropriate transi-
25 tion by such members to civilian employment.

1 “(e) APPLICATION.—An eligible provider seeking a
2 grant under this section shall submit to the Secretary of
3 Defense an application at such time, in such manner, and
4 containing such information as the Secretary may require,
5 including—

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

9 “(2) an explanation of the reasons why Federal
10 Government assistance is required to carry out the
11 project;

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

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

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

22 “(f) ALLOCATION OF GRANTS TO RURAL PRO-
23 VIDERS.—The Secretary of Defense shall ensure that eligi-
24 ble providers located in rural areas are adequately rep-

1 resent in the total number of grants awarded under this
2 section.

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

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

8 “(2) with respect to any additional year,
9 \$200,000.

10 “(h) REPORTS.—

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

15 “(2) REPORT TO PUBLIC.—Not later than two
16 years after the date of the enactment of the MEDIC
17 Careers Act of 2026, and not less frequently than
18 annually thereafter, the Secretary of Defense shall
19 submit to the appropriate committees of Congress
20 and make publicly available a report on the findings
21 of the Secretary with respect to the success of the
22 pilot program under this section in improving access
23 by separating members of the Armed Forces to civil-
24 ian health care occupations and enhancing the qual-
25 ity of those occupations.

1 “(i) DEFINITIONS.—In this section:

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

4 “(A) the Committee on Health, Education,
5 Labor, and Pensions, the Committee on Armed
6 Services, and the Committee on Veterans’ Af-
7 fairs of the Senate; and

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

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

15 “(j) AUTHORIZATION OF APPROPRIATIONS.—

16 “(1) IN GENERAL.—There are authorized to be
17 appropriated to the Secretary of Defense \$5,000,000
18 for each of fiscal years 2027 through 2031 to carry
19 out this section.

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

1 (b) CLERICAL AMENDMENT.—The table of sections
2 at the beginning of chapter 58 of title 10, United States
3 Code, is amended by striking the item relating to section
4 1153 and inserting the following new item:

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

