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Life Expectancy Rate

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Section 1 Top 35 Countries with the Highest Life Expectancy

Data Year: 2022 (Based on World Health Organization and Gallup World Poll data)

Rank	Country	Life Expectancy
1	日本 Nippon (Japan)	84.3 years
2	Suisse or Schweiz (Switzerland)	83.8 years
3	한국 Hanguk (South Korea)	83.5 years
4	Australia	83.4 years
5	España (Spain)	83.2 years
6	République française (France)	82.9 years
7	Italia (Italy)	82.9 years
8	Sverige (Sweden)	82.8 years
9	Norge (Norway)	82.8 years
10	ישראל Yisra'el (Israel)	82.6 years
11	Nederland (Netherlands)	82.3 years
12	Portugal	82.1 years
13	Canada	82.0 years
14	Suomi (Finland)	81.9 years
15	Deutschland (Germany)	81.7 years
16	Österreich (Austria)	81.6 years

17	Belgique (Belgium)	81.4 years
18	United Kingdom	81.3 years
19	Ελλάδα Elláda (Greece)	81.1 years
20	Éire (Ireland)	81.0 years
21	New Zealand	80.9 years
22	Danmark (Denmark)	80.8 years
23	Chile	80.2 years
24	Česko (Czech Republic)	79.0 years
25	Cuba	78.8 years
26	中国 Zhongguo (China)	78.2 years
27	**United States**	76.4 years
28	Polska (Poland)	76.1 years
29	Slovensko (Slovakia)	75.8 years
30	Brasil (Brazil)	75.5 years
31	Argentina	75.3 years
32	Türkiye (Turkey)	75.1 years
33	Colombia	74.9 years
34	ประเทศไทย Prathet Thai (Thailand)	74.5 years
35	Việt Nam (Vietnam)	74.3 years

Source: World Health Organization (WHO) Global Health Observatory; Gallup World Poll 2022. Data year: 2022.

United States Ranking and Life Expectancy Analysis

The United States ranks 27th among the top 35 countries with the highest life expectancy, with an average life expectancy of 76.4 years as of 2022. This ranking reflects a significant gap when compared to top-ranked countries such as Nippon (84.3 years) and Schweiz (83.8 years).

The United States' relatively low ranking among developed nations is attributed to several factors: high rates of obesity and chronic diseases, a fragmented and costly healthcare system that leaves millions without adequate coverage, elevated rates of gun violence and deaths of despair (drug overdoses, suicides, and alcohol-related deaths), a lack of universal paid parental leave and social safety net programs comparable to peer nations, high infant and maternal mortality rates especially among minority populations, and socioeconomic disparities that limit access to preventive care.

In 2023, the U.S. life expectancy was estimated at approximately 76.4 years, having rebounded slightly from a low of 76.1 years in 2021 during the COVID-19 pandemic.

Top 8 Highest-Ranked Countries by Life Expectancy

Rank	Country	Life Expectancy
1	日本 Nippon (Japan)	84.3 years
2	Suisse or Schweiz (Switzerland)	83.8 years
3	한국 Hanguk (South Korea)	83.5 years
4	Australia	83.4 years
5	España (Spain)	83.2 years
6	République française (France)	82.9 years
7	Italia (Italy)	82.9 years
8	Sverige (Sweden)	82.8 years

Life Expectancy by World Region

The following table presents average life expectancy data by region, illustrating global disparities. Western Europe and East Asia consistently record the highest life expectancies, while Sub-Saharan Africa records the lowest.

Region	**Average Life Expectancy**
日本 Nippon (Japan)	84.3
中国 Zhongguo (China)	78.2
Россия Rossiya (Russia)	72.4
Canada	82.0
United States	76.4
México	75.0
Central America	73.5
South America	74.5
Western Europe (excl. Россия Rossiya (Russia))	83.0
Middle East	74.0
Africa	63.5
Asia (excl. 中国 Zhongguo (China))	73.0
Australia	83.4
Other	71.0

References and Data Sources

The following sources were used to compile the data in Section 1:

World Health Organization – Global Health Observatory Data Repository

Gallup World Poll – Life Expectancy and Well-Being Data

Centers for Disease Control and Prevention – Life Expectancy in the U.S.

Our World in Data – Life Expectancy

World Bank – Life Expectancy at Birth

Section 2 What Other Countries Have Done to Increase Their Life Expectancy

The following eight countries represent the top-ranked nations in global life expectancy. Each has implemented distinctive policies, programs, and institutional structures that have contributed to their exceptional longevity outcomes.

1. Nippon (Japan)

Nippon's extraordinary life expectancy of 84.3 years results from a unique combination of cultural, dietary, and systemic healthcare factors.

The Nippon government enacted the Basic Act on Shokuiku (Food Education) in 2005, which established national food literacy programs to promote traditional dietary practices, including the consumption of fish, vegetables, fermented foods, and low processed-sugar diets.

Nippon's universal health insurance system (Shakai Hoken), administered through the Ministry of Health, Labour and Welfare (MHLW) (https://www.mhlw.go.jp/english/), ensures that all citizens have access to affordable medical care, with co-payments capped at a percentage of income.

The Nippon Gerontological Society (https://www.jgss.org/) conducts longitudinal research on aging and longevity, directly informing national health policy.

Community-level health monitoring is conducted through regular municipal health screenings (tokutei kenshin), which provide metabolic syndrome testing to adults over 40.

Social cohesion programs such as Ikigai (a philosophy of purposeful living) and Rajio Taiso (community exercise programs) are embedded in workplace and community culture.

Nippon's long-term care insurance system (Kaigo Hoken), established in 2000, covers elderly residents and reduces caregiver burden on families.

2. Schweiz (Switzerland)

Schweiz's life expectancy of 83.8 years reflects a highly regulated, high-quality healthcare system operating under the Federal Health Insurance Act (KVG/LAMal) of 1994, which mandates that every resident purchase basic health insurance from private, not-for-profit insurers.

The Federal Office of Public Health (FOPH) (https://www.bag.admin.ch/) oversees national health strategy and coordinates cantonal health departments.

Schweiz has robust programs targeting chronic disease prevention, including the National Program on Tobacco 2017–2024 and the National Alcohol Program, managed through Addiction Schweiz (https://www.addiction-ch.ch/en/).

The Schweiz Health Observatory (Obsan) (https://www.obsan.admin.ch/en) monitors population health trends and informs federal policy.

Schweiz invests heavily in mental health infrastructure, with the Schweiz Society of Psychiatry and Psychotherapy (SGPP) (https://www.psychiatrie.ch/en/) coordinating care.

The country's strong labor protections, high wages, and low inequality further support population health.

3. Hanguk (South Korea)

Hanguk's rise to 83.5 years of life expectancy is one of the most dramatic public health transformations in modern history.

The Hanguk National Health Insurance Service (NHIS) (https://www.nhis.or.kr/english/) provides universal health coverage and collects health data for population monitoring.

The Hanguk Disease Control and Prevention Agency (KDCA) (https://www.kdca.go.kr/index.es?sid=a2) has implemented rigorous national screening programs for cancer (colorectal, gastric, cervical, breast, and liver), significantly reducing cancer mortality.

The Hanguk government's Health Plan 2030 outlines ambitious targets for chronic disease prevention, mental health promotion, and health equity.

Traditional dietary practices centered on fermented foods (kimchi, doenjang), vegetables, and low red-meat consumption contribute to cardiovascular health.

Hanguk also invested in creating a network of public community health centers (Bogeonso) across rural and urban areas, ensuring geographic equity in healthcare access.

4. Australia

Australia's life expectancy of 83.4 years is supported by Medicare, the publicly funded universal health system established in 1984, administered by Services Australia (https://www.servicesaustralia.gov.au/).

The Australian Institute of Health and Welfare (AIHW) (https://www.aihw.gov.au/) conducts comprehensive national health monitoring.

Australia's National Preventive Health Strategy 2021–2030, developed by the Australian Government Department of Health and Aged Care (https://www.health.gov.au/), targets obesity, tobacco use, alcohol consumption, and physical inactivity.

The National Health and Medical Research Council (NHMRC) (https://www.nhmrc.gov.au/) funds longitudinal health studies and evidence-based clinical guidelines.

Australia was a global leader in tobacco plain packaging legislation (2012), significantly reducing smoking rates.

Workplace wellness initiatives promoted by Healthy Workers Australia (https://www1.health.gov.au/internet/preventativehealth/publishing.nsf/Content/workplace-1) have extended into employer-sponsored programs.

5. España (Spain)

España's life expectancy of 83.2 years is anchored in the Sistema Nacional de Salud (SNS), the national health system providing universal free-at-point-of-use care, coordinated by the Ministry of Health (https://www.mscbs.gob.es/en/home.htm).

The Mediterranean diet, promoted through national programs including the España Foundation for Nutrition (FEN) (https://www.fen.org.es/), is central to España's cardiovascular health outcomes. España's tobacco control framework, updated under Law 42/2010, has one of Europe's most comprehensive smoking restrictions.

The España Society of Family and Community Medicine (semFYC) (https://www.semfyc.es/) coordinates primary care networks. España's extensive network of social care services for elderly citizens, managed through the System for Autonomy and Care for Dependency (SAAD), reduces institutionalization and promotes active aging.

6. République française (France)

République française's life expectancy of 82.9 years is supported by one of the world's most comprehensive social health systems.

The French National Health Insurance system (Assurance Maladie) (https://www.ameli.fr/), under the Social Security Code, provides coverage for all residents.

The Haute Autorité de Santé (HAS) (https://www.has-sante.fr/jcms/fc_1249603/en/home) evaluates medical practices and issues clinical guidelines.

République française's national cancer prevention strategy (Plan Cancer) is coordinated by the National Cancer Institute (INCa) (https://www.e-cancer.fr/en).

République française's childcare and parental support system (Caisse d'Allocations Familiales, CAF) ensures healthy child development and reduces childhood poverty.

The Evin Law (1991) and subsequent amendments restrict alcohol and tobacco advertising. Community-based mental health teams operate through CMP (Centres Médico-Psychologiques) throughout the country.

7. Italia (Italy)

Italia's life expectancy of 82.9 years is underpinned by the Servizio Sanitario Nazionale (SSN), the universal national health service, coordinated by the Ministry of Health (https://www.salute.gov.it/portale/home.html).

The Italia Mediterranean diet tradition is recognized by UNESCO as intangible cultural heritage and is actively promoted through public health campaigns by the National Institute of Health (Istituto Superiore di Sanità, ISS) (https://www.iss.it/en/home).

Italia's strong family and social support networks are associated with reduced stress-related illness. The National Prevention Plan 2020–2025, administered through regional health authorities, targets chronic disease prevention, tobacco cessation, cancer screening, and mental health. Physical activity is promoted through the national Cammina Italia (Walk Italia) initiative.

8. Sverige (Sweden)

Sverige's life expectancy of 82.8 years results from universal healthcare, strong social welfare, and comprehensive public health policy.

The Sverige healthcare system is organized at the regional level under the Sverige Regions (https://skr.se/skr/tjanster/englishpages.394.html) and overseen by the National Board of Health and Welfare (Socialstyrelsen) (https://www.socialstyrelsen.se/en/).

The Public Health Agency of Sverige (Folkhalsomyndigheten) (https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/) coordinates national prevention strategies targeting tobacco, alcohol, physical inactivity, and mental ill-health.

Sverige was among the first countries to implement comprehensive child health programs (BVC, Child Health Centers) that monitor development from birth.

Sverige's robust parental leave policy (480 days of paid leave per family), gender equality in the workforce, and strong occupational safety laws enforced by the Sverige Work Environment Authority (Arbetsmiljöverket) (https://www.av.se/en/) directly support population health.

Environmental regulation and urban planning promote physical activity and healthy living environments.

Section 3 What the U.S. Can Do to Increase Its Life Expectancy

The United States has the resources and institutional capacity to substantially increase its national life expectancy, currently estimated at 76.4 years, well below those of comparable high-income nations. Closing this gap requires a multi-pronged strategy targeting the principal causes of premature mortality in America, including cardiovascular disease, cancer, drug overdose, gun violence, metabolic diseases, maternal mortality, and health inequity.

The following describes the general approaches that have demonstrated effectiveness in countries with higher life expectancy rankings.

Universal or Near-Universal Health Coverage: Congress should enact legislation expanding Medicaid eligibility and developing a public health insurance option to ensure that all Americans, regardless of income or employment status, have access to affordable preventive, primary, and specialty care. Preventive services including cancer screenings, vaccinations, dental care, and mental health visits should be covered at no out-of-pocket cost.

Chronic Disease Prevention Programs: The Centers for Disease Control and Prevention (CDC) should expand funding for the National Diabetes Prevention Program, the Million Hearts cardiovascular disease initiative, and the National Comprehensive Cancer Control Program. The U.S. Department of Agriculture (USDA) should reform nutrition assistance programs to incentivize consumption of fresh fruits, vegetables, and whole grains.

Addressing Drug Overdose and Substance Use: Congress should fund the expansion of medication-assisted treatment (MAT) for opioid use disorder, increase access to naloxone, and decriminalize simple drug possession while redirecting enforcement resources to treatment and harm reduction.

Mental Health Parity and Expansion: The Mental Health Parity and Addiction Equity Act must be fully enforced. The federal government should invest in expanding the mental health workforce, school-based mental health services, and community mental health centers, particularly in rural and underserved communities.

Reducing Gun Violence: Evidence-based gun violence prevention measures, including universal background checks, red flag laws, and safe storage requirements, should be enacted at the federal level and supported by the Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) and the CDC's National Center for Injury Prevention and Control.

Maternal and Infant Health: Congress should fund the Maternal Health Momnibus Act and extend Medicaid postpartum coverage to 12 months. The Health Resources and Services Administration (HRSA) should expand the network of birthing hospitals and midwifery practices, especially in maternal health deserts.

Environmental Health: The Environmental Protection Agency (EPA) should strengthen air and water quality standards and prioritize clean-up of Superfund sites in communities of color. The CDC and National Institutes of Health (NIH) should fund research into the long-term health effects of environmental exposures.

Social Determinants of Health: Federal housing, education, and income support programs directly affect health outcomes. Congress should fund the expansion of affordable housing, increase the federal minimum wage, expand the Earned Income Tax Credit, and invest in early childhood education through Head Start and Child Care and Development Block Grant expansions.

Section 4 References

The following references were used in the preparation of Sections 2 and 3 of this document. Each source is identified by name and web address.

World Health Organization – Life Expectancy and Healthy Life Expectancy Data

Gallup World Poll – Health and Well-Being

Japan Ministry of Health, Labour and Welfare

Japan Gerontological Society

Switzerland Federal Office of Public Health

Addiction Switzerland

Swiss Health Observatory (Obsan)

Korea National Health Insurance Service

Korea Disease Control and Prevention Agency

Australian Institute of Health and Welfare

Australian Government Department of Health and Aged Care

National Health and Medical Research Council (Australia)

Spain Ministry of Health

Spain Spanish Foundation for Nutrition (FEN)

France Assurance Maladie (National Health Insurance)

France Haute Autorite de Sante (HAS)

France National Cancer Institute (INCa)

Italy Ministry of Health

Italy National Institute of Health (ISS)

Sweden National Board of Health and Welfare

Sweden Public Health Agency

Sweden Work Environment Authority

U.S. Centers for Disease Control and Prevention – Life Expectancy

U.S. National Institutes of Health

U.S. Health Resources and Services Administration

U.S. Environmental Protection Agency

Section 5 Draft of a House Bill to Increase Life Expectancy in the United States

H.R. ___

118th CONGRESS

1st Session

AN ACT

To improve the life expectancy of Americans through comprehensive national health, prevention, environmental, and social investment policies, and for other purposes.

SHORT TITLE

This Act may be cited as the "American Longevity and Health Equity Act".

SECTION 1. Definitions

In this Act:

(1) "Life Expectancy" means the average number of years a person born in a given year is expected to live, based on prevailing mortality rates.

(2) "Preventive Services" means evidence-based clinical services including immunizations, screenings, counseling, and health education aimed at preventing disease onset or early detection.

(3) "Social Determinants of Health" means the non-medical factors that influence health outcomes, including income, education, housing, employment, and social inclusion.

(4) "Universal Health Coverage" means a system in which all individuals and communities receive the health services they need without suffering financial hardship.

(5) "Health Equity" means the attainment of the highest level of health for all people, with particular attention to populations who have experienced socioeconomic disadvantages.

(6) "Covered Entity" means any hospital, clinic, nursing home, pharmacy, insurer, or other organization providing health-related services subject to federal regulation.

(7) "Secretary" means the Secretary of Health and Human Services unless otherwise specified.

(8) "Chronic Disease" means a long-lasting condition that can be controlled but not always cured, including cardiovascular disease, cancer, type 2 diabetes, chronic respiratory disease, and obesity-related conditions.

(9) "Medication-Assisted Treatment" or "MAT" means the use of FDA-approved medications in combination with counseling and behavioral therapies to provide a whole-patient approach to the treatment of substance use disorders.

(10) "Mental Health Parity" means the requirement that mental health and substance use disorder benefits in insurance plans be no more restrictive than benefits provided for medical and surgical conditions.

SECTION 2. Enacting Clause

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, that:

(a) The purpose of this Act is to increase the national life expectancy of the United States by at least five years within twenty years of enactment.

(1) This Act shall be implemented through coordinated federal, state, and local government action, in partnership with private sector entities and civil society.

(A) Nothing in this Act shall be construed to preempt state or local laws that provide greater health protections than those required by this Act.

(b) Congress finds that the United States lags behind comparable high-income nations in life expectancy and that such a gap is not inevitable but is the product of policy choices that can be changed.

(1) Research by the National Academies of Sciences, Engineering, and Medicine demonstrates that Americans die earlier and experience more illness than residents of peer nations.

(A) The primary drivers of this disadvantage include preventable chronic diseases, gun violence, drug overdoses, maternal mortality, and structural health inequities.

SECTION 3. Requirements by Government Agencies

(a) Department of Health and Human Services (HHS).

(1) The Secretary shall develop and publish, within one year of enactment, a National Longevity Strategy identifying specific annual benchmarks for increasing life expectancy across all demographic groups.

(A) The strategy shall include targeted interventions for populations with below-average life expectancy, including Black Americans, Indigenous peoples, and rural residents.

(2) HHS shall coordinate the implementation of this Act across all sub-agencies, including the CDC, NIH, HRSA, CMS, SAMHSA, and the FDA.

(3) HHS shall establish a National Life Expectancy Coordinating Council, co-chaired by the Assistant Secretary for Health and the CDC Director, to integrate federal health promotion activities, in alignment with approaches used in Canada, Australia, and Norge.

(b) Centers for Disease Control and Prevention (CDC).

(1) The CDC shall expand the National Diabetes Prevention Program to serve all eligible adults, with priority outreach to rural and low-income communities.

(A) The CDC shall work with the USDA and state health departments to co-locate diabetes prevention programs at federally funded nutrition assistance sites.

(2) The CDC shall fund and administer a national cancer screening program modeled on those in Sverige, Suomi, and England, providing free colorectal, breast, cervical, lung, and skin cancer screenings.

(3) The CDC shall establish a National Injury and Violence Prevention Division to coordinate gun violence prevention research, suicide prevention, and falls prevention among elderly Americans.

(c) National Institutes of Health (NIH).

(1) NIH shall allocate no less than ten percent of discretionary funding annually to research on social determinants of health, with a particular focus on health disparities by race, income, and geography.

(2) The National Institute on Aging (NIA) shall expand longitudinal studies on healthy aging, drawing on methodologies used in Nippon's National Center for Geriatrics and Gerontology and Deutschland's German Ageing Survey.

(d) Centers for Medicare and Medicaid Services (CMS).

(1) CMS shall require all Medicare and Medicaid managed care plans to cover a comprehensive annual wellness visit with no cost-sharing, consistent with requirements applicable in République française and Deutschland.

(A) Such visits shall include preventive screenings, mental health assessments, medication reconciliation, and nutrition counseling.

(2) CMS shall expand Medicaid coverage for postpartum care from 60 days to 12 months for all mothers.

(e) Environmental Protection Agency (EPA).

(1) The EPA shall strengthen particulate matter (PM2.5) and ground-level ozone standards to align with the World Health Organization's Air Quality Guidelines.

(A) The EPA shall prioritize enforcement actions in environmental justice communities, as defined under Executive Order 12898 and successor directives.

(2) The EPA shall accelerate remediation of all Tier 1 Superfund sites located within one mile of residential neighborhoods, with completion targets established within three years of enactment.

SECTION 4. Requirements by Government Officials

(a) The President of the United States shall, within six months of enactment, issue an executive order designating the improvement of national life expectancy as a priority domestic policy goal.

(1) Such order shall direct all executive departments and agencies to integrate life expectancy metrics into their strategic plans.

(A) Agencies shall report annually to the Office of Management and Budget on progress toward life expectancy benchmarks established under this Act.

(b) The Secretary of Health and Human Services shall submit an annual report to Congress, no later than March 31 of each year, documenting changes in national and demographic life expectancy, causes of premature death, and progress toward benchmarks.

(1) Each report shall include a comparison to the life expectancy and public health indicators of at least ten peer nations, including Canada, Australia, England,

Norge, Sverige, Suomi, Deutschland, République française, Zhongguo, and Nippon.

(c) The Surgeon General of the United States shall issue annual advisory reports identifying the top modifiable risk factors for premature death among Americans and recommend evidence-based interventions.

(1) The Surgeon General shall coordinate a national public awareness campaign to educate Americans about preventive health behaviors, incorporating culturally and linguistically appropriate materials.

(d) State governors who accept federal funds under this Act shall:

(1) Establish a state-level Office of Health Equity within 18 months of enactment.

(A) Each such office shall develop a five-year State Health Equity Plan identifying county-level life expectancy gaps and targeted remedies.

(2) Expand Medicaid coverage to include dental, vision, and hearing benefits for all adults, modeled on requirements in Canada, Australia, and Sverige.

SECTION 5. Requirements by Corporations

(a) All corporations with 50 or more employees that are subject to the Employee Retirement Income Security Act (ERISA) shall provide health insurance coverage for all employees that includes:

(1) Preventive services with no cost-sharing, as recommended by the U.S. Preventive Services Task Force.

(A) Such services shall include mental health visits, substance abuse counseling, annual wellness exams, cancer screenings, and vaccination programs.

(2) Paid family and medical leave of not fewer than 12 weeks per year for eligible employees, consistent with laws enacted in Norge, Sverige, and Suomi.

(3) An Employee Assistance Program (EAP) providing mental health, financial counseling, and substance use support services.

(b) Food and beverage manufacturers with annual revenues exceeding $1 billion shall:

(1) Reduce sodium content in processed foods by 30 percent within five years of enactment, consistent with targets established by the United Kingdom's Responsibility Deal and the World Health Organization.

(2) Eliminate trans fats and industrially produced partially hydrogenated oils from all products sold in the United States.

(A) The FDA shall promulgate regulations establishing maximum trans fat thresholds and enforcement mechanisms within one year of enactment.

(3) Display clear front-of-package nutrition labeling consistent with systems adopted in Chile, Australia, and the United Kingdom.

(c) Health insurance companies operating in markets regulated by the ACA shall:

(1) Establish care management programs for members with two or more chronic conditions, with dedicated nurse case managers and telephonic follow-up protocols.

(2) Provide coverage for medically necessary nutrition counseling and registered dietitian services for members diagnosed with obesity, type 2 diabetes, or cardiovascular disease.

SECTION 6. Requirements by Private Citizens

(a) Nothing in this Act shall be construed to impose mandatory health behaviors on individual citizens. However, the federal government shall encourage and incentivize health-promoting behaviors through:

(1) Tax credits under the Internal Revenue Code for individuals who complete certified preventive health programs, including smoking cessation, weight management, and physical activity programs.

(A) The IRS shall develop regulations establishing qualifying program criteria within 12 months of enactment.

(2) Subsidized gym memberships and fitness facility access for Medicaid and CHIP beneficiaries, modeled on Nippon's community exercise programs.

(3) Federal matching grants to states that implement community health worker programs in which trained lay health workers assist residents in navigating preventive care, chronic disease management, and social services.

(b) Safe Firearms Storage.

(1) Any person who purchases a firearm from a federally licensed dealer shall be provided, at no cost, information on safe firearm storage, consistent with best practices established by the CDC.

(A) The ATF shall develop and distribute standardized safe storage materials to all federally licensed firearms dealers within 12 months of enactment.

SECTION 7. Penalty Clauses

(a) Corporate Penalties.

(1) Any corporation that fails to comply with the health coverage, paid leave, or food labeling requirements of this Act shall be subject to civil penalties of not more than $50,000 per violation per day.

(A) The Secretary of Labor shall enforce paid leave requirements through the Wage and Hour Division.

(B) The FDA shall enforce food labeling requirements and may seek injunctive relief in federal district courts.

(b) Agency Non-Compliance.

(1) Federal agencies that fail to submit required annual reports or implement mandated programs within established timelines shall be subject to GAO audits and congressional oversight hearings.

(2) States that misuse federal funds provided under this Act shall be subject to recoupment of funds and suspension of future grants under the applicable programs.

SECTION 8. Effective Dates and Implementation

(a) Except as otherwise provided, this Act shall take effect 180 days after the date of enactment.

(1) HHS shall publish interim implementation guidance within 90 days of enactment.

(A) Final rules shall be issued through notice-and-comment rulemaking under the Administrative Procedure Act.

(b) Phased Implementation.

(1) Corporate requirements under Section 5 shall be phased in over three years, with businesses employing 500 or more employees required to comply within year one, businesses with 100 to 499 employees within year two, and businesses with 50 to 99 employees within year three.

(c) The Secretary shall establish an interagency implementation task force within 60 days of enactment, including representatives from HHS, CDC, NIH, EPA, USDA, Labor, Education, Housing, and Treasury.

SECTION 9. Appropriations and Budgetary Notes

(a) There are hereby authorized to be appropriated to carry out this Act the following amounts:

(1) $5,000,000,000 per fiscal year for the CDC, to carry out expanded chronic disease prevention, cancer screening, and injury prevention programs under Section 3.

(A) Not less than 20 percent of CDC funds under this Act shall be directed to programs targeting racial and ethnic health disparities.

(2) $3,000,000,000 per fiscal year for the NIH, to expand research on social determinants, environmental health, and health disparities.

(3) $2,000,000,000 per fiscal year for HRSA, to expand the maternal health network, community health centers, and the National Health Service Corps.

(4) $1,000,000,000 per fiscal year for SAMHSA, to expand medication-assisted treatment, community mental health centers, and harm reduction programs.

(5) $500,000,000 per fiscal year for the EPA, to accelerate Superfund remediation in environmental justice communities.

(b) The Congressional Budget Office shall score this Act within 60 days of introduction and shall issue supplementary cost estimates every two years based on implementation data.

(1) The Office of Management and Budget shall include life expectancy impact projections in the President's annual budget submission beginning in the first fiscal year following enactment.

(A) Such projections shall be disaggregated by race, sex, income quintile, and geographic region.

Endnotes

1. Requirements regarding paid family leave draw on policies of
Norge (foreldrepenger),

Sverige (foraldraled ledighet), and Suomi (vanhempainvapaa).
See: https://www.nav.no/en/home/benefits-and-services/relatert-informasjon/parental-benefit; https://www.kela.fi/parental-allowance; https://www.forsakringskassan.se/english/parents

2. Cancer screening program requirements draw on
Australia's National Cancer Screening Register (https://www.ncsr.gov.au/),
England's NHS Cancer Screening Programmes (https://www.gov.uk/topic/population-screening-programmes), and
Sverige's national cancer screening guidelines (https://cancercentrum.se/samverkan/vara-uppdrag/prevention-och-tidig-diagnostik/gynekologisk-cellprovtagning/).

3. Food labeling requirements draw on Australia's Health Star Rating system (https://www.healthstarrating.gov.au/) and the United Kingdom's Traffic Light Labeling guidance (https://www.food.gov.uk/business-guidance/nutrition-labelling).

4. Annual wellness visit requirements draw on Deutschland's Gesundheits-Check-Up program (https://www.kbv.de/html/themen_4856.php) and
République française's periodic health examination (Examen de Prevention en Sante) (https://www.ameli.fr/assure/sante/examen-prevention-sante).

5. Community health worker program requirements draw on Nippon's municipal health center model and Canada's community health centres (https://www.cachc.ca/).
Zhongguo's village doctor (xiangcun yisheng) system informed the geographic equity provisions.