

110TH CONGRESS  
2D SESSION

# S. 2708

To amend the Public Health Service Act to attract and retain trained health care professionals and direct care workers dedicated to providing quality care to the growing population of older Americans.

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IN THE SENATE OF THE UNITED STATES

MARCH 5, 2008

Mrs. BOXER introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

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## A BILL

To amend the Public Health Service Act to attract and retain trained health care professionals and direct care workers dedicated to providing quality care to the growing population of older Americans.

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 “Caring for an Aging  
5       America Act of 2008”.

6       **SEC. 2. FINDINGS.**

7       Congress makes the following findings:

1           (1) The projected growth in the number and  
2           proportion of older adults is unprecedented in  
3           United States history.

4           (2) By 2030, the population of the United  
5           States aged 65 and older will exceed 70,000,000,  
6           about twice the number of such individuals in 2000.

7           (3) In the December 2007 final report titled  
8           “From Isolation to Integration: Recommendations to  
9           Improve Quality in Long-Term Care” the National  
10          Commission for Quality Long-Term Care reported  
11          that there is abundant evidence that the health and  
12          long-term care workforce is not equipped in skills or  
13          in numbers to respond adequately to the aging of  
14          the United States population.

15          (4) Inadequate training in geriatrics and geron-  
16          tology often results in misdiagnoses, medication er-  
17          rors, inappropriate services, and a lack of care co-  
18          ordination, particularly in transitions from one set-  
19          ting to another, that are harmful to older patients  
20          and costly to our health and long-term care system.

21          (5) Twenty-five percent of medical students re-  
22          port inadequate amounts of time devoted to geriatric  
23          training, 30 percent feel unprepared to care for  
24          older adults in acute care settings, and 42 percent

1 say they are unprepared to care for frail older people  
2 in nursing homes.

3 (6) Only 3 percent of psychologists view geri-  
4 atrics as their primary area of practice and only 28  
5 percent of psychologists have some graduate training  
6 in geriatrics or gerontology.

7 (7) Less than 1 percent of nurses are certified  
8 gerontological nurses and only 3 percent of advance  
9 practice nurses specialize in aging.

10 (8) Only 5 percent of social workers are trained  
11 in aging issues, yet 70 percent of licensed clinical so-  
12 cial workers have worked in some capacity with older  
13 adults and their families.

14 (9) By 2050, the United States will need three  
15 times as many direct care workers in home, commu-  
16 nity-based and facility-based long-term care settings  
17 as are employed now to meet the needs of the baby  
18 boom generation.

19 **SEC. 3. GERIATRIC AND GERONTOLOGY LOAN REPAYMENT**  
20 **PROGRAM.**

21 Part E of title VII of the Public Health Service Act  
22 (42 U.S.C. 295 et seq.) is amended by adding at the end  
23 the following:

1           **“Subpart 3—Strengthening Recruitment and**  
2                   **Retention for Geriatric Care Practice**

3   **“SEC. 771. GERIATRIC AND GERONTOLOGY LOAN REPAY-**  
4                   **MENT PROGRAM.**

5           “(a) ESTABLISHMENT.—The Secretary shall estab-  
6   lish a Geriatric and Gerontology Loan Repayment Pro-  
7   gram within the Health Resources and Services Adminis-  
8   tration to ensure an adequate supply of physicians, physi-  
9   cian assistants, nurse practitioners, clinical nurse special-  
10   ists, psychologists, and social workers trained in geriatrics  
11   or gerontology and to reduce critical workforce shortages  
12   in geriatric care practice.

13          “(b) CONTRACTS.—Under the program established  
14   under subsection (a), the Secretary shall enter into con-  
15   tracts with individuals described in subsection (d) under  
16   which the individuals agree to provide full-time clinical  
17   practice and service to older adults for a minimum of 2  
18   years.

19          “(c) PAYMENT FOR YEARS OF SERVICE.—In consid-  
20   eration of the Federal Government agreeing to pay, for  
21   each year of service under a contract under this section,  
22   not more than \$35,000 of the principal and interest of  
23   the educational loans of the individual involved for each  
24   of the first 2 years of service, the individual shall carry  
25   out activities in accordance with subsection (d)(4). For  
26   subsequent years, loan repayments of up to \$40,000 per

1 year for a third or fourth year of service may be made  
2 available.

3 “(d) ELIGIBLE INDIVIDUALS.—An individual de-  
4 scribed in this subsection is an individual—

5 “(1) who—

6 “(A) is a physician, including an osteo-  
7 pathic physician, who has completed specialty  
8 training in geriatric medicine or geriatric psy-  
9 chiatry;

10 “(B) is a nurse practitioner or clinical  
11 nurse specialist who has completed specialty  
12 training in geriatrics or gerontology;

13 “(C) is a physician assistant who has com-  
14 pleted specialty training in geriatrics;

15 “(D) is a social worker who has completed  
16 specialty training in gerontology;

17 “(E) is a psychologist who has completed  
18 specialty training in gerontology; or

19 “(F) otherwise—

20 “(i) has a degree in medicine, osteo-  
21 pathic medicine, clinical or counseling psy-  
22 chology (doctoral degree program), social  
23 work (master’s or doctoral degree pro-  
24 gram), or who is a certified nurse practi-

1           tioner, certified clinical nurse specialist, or  
2           physician assistant; and

3                   “(ii) is enrolled in, or has successfully  
4           completed, an accredited program of spe-  
5           cialty training in geriatric medicine, geri-  
6           atric psychiatry, geropsychology, geronto-  
7           logical social work, gerontological nursing,  
8           or equivalent geriatric care practice (as de-  
9           termined by the Secretary);

10                   “(2) who has obtained an educational loan for  
11           costs associated with graduate training in medicine,  
12           psychology, or social work, or costs associated with  
13           becoming a nurse practitioner, clinical nurse spe-  
14           cialist, or physician assistant;

15                   “(3) who is appropriately licensed, without re-  
16           striction (as determined by the Secretary), in the  
17           State in which the individual practices; and

18                   “(4) who agrees to provide clinical services to  
19           older adults for a period of not less than 2 years in  
20           a setting determined appropriate by the Secretary.

21           “(e) APPLICABILITY OF CERTAIN PROVISIONS.—

22   With respect to the National Health Service Corps Loan  
23   Repayment Program established in subpart III of part D  
24   of title III of this Act, the provisions of such subpart shall,  
25   except as inconsistent with this section, apply to the pro-

1 gram established in this section in the same manner and  
2 to the same extent as such provisions apply to the Na-  
3 tional Health Service Corps Loan Repayment Program.

4 “(f) NATIONAL ADVISORY COUNCIL ON THE GERI-  
5 ATRIC AND GERONTOLOGY LOAN REPAYMENT PRO-  
6 GRAM.—

7 “(1) ESTABLISHMENT.—The Secretary shall es-  
8 tablish a National Advisory Council on the Geriatric  
9 and Gerontology Loan Repayment Program (re-  
10 ferred to in this section as the ‘Council’) that shall  
11 be composed of not to exceed 11 members to be ap-  
12 pointed by the Secretary.

13 “(2) DUTIES.—The Council shall consult with,  
14 advise, and make recommendations to the Secretary  
15 with respect to the Secretary’s administration of the  
16 program established under subsection (a).

17 “(3) ADMINISTRATIVE PROVISIONS.—Members  
18 of the Council shall be appointed for a term of 3  
19 years and shall be representative of the health pro-  
20 fessions, and professional associations, that are eligi-  
21 ble to enter into agreements under this section.

22 “(g) REPORTS.—Not later than 2 years after the date  
23 of the enactment of this section, and annually thereafter,  
24 the Secretary shall prepare and submit to the appropriate  
25 committees of Congress a report that describes—

1           “(1) the program established under this section  
2           (including the number and amount of loan repay-  
3           ments, the number and practice locations of the loan  
4           repayment recipients, the demographics of the indi-  
5           viduals participating in the program, the default  
6           rate and actions required upon default, and to the  
7           extent that it can be determined, the reasons for  
8           such defaults);

9           “(2) how the program interacts with other Fed-  
10          eral loan repayment programs for primary health  
11          care professionals; and

12          “(3) the overall costs and benefits of the pro-  
13          gram.

14          “(h) DEFINITION.—In this section:

15               “(1) GERIATRICS.—The term ‘geriatrics’ means  
16               the branch of medicine that deals with the problems  
17               and diseases of older adults and aging.

18               “(2) GERONTOLOGY.—The term ‘gerontology’  
19               means the multidisciplinary study of the aging proc-  
20               ess and individuals as they grow from middle age  
21               through later life. Such term encompasses the social,  
22               psychological, biological and economic aspects of  
23               aging.

24               “(3) SPECIALTY TRAINING.—The term ‘spe-  
25               cialty training’ means coursework in geriatrics and



1 gerontology and clinical training, including intern-  
2 ships or fellowships, in a geriatric setting.

3 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is  
4 authorized to be appropriated to carry out this section,  
5 \$4,000,000 for fiscal year 2009, \$9,500,000 for fiscal year  
6 2010, \$16,000,000 for fiscal year 2011, \$24,000,000 for  
7 fiscal year 2012, and \$30,500,000 for fiscal year 2013.”.

8 **SEC. 4. EXPANSION OF NURSING EDUCATION LOAN REPAY-**  
9 **MENT PROGRAM.**

10 Section 846 of the Public Health Service Act (42  
11 U.S.C. 297n) is amended—

12 (1) by redesignating subsection (i) as subsection  
13 (j); and

14 (2) by inserting after subsection (h), the fol-  
15 lowing:

16 “(i) GERIATRIC CARE PRACTICE IN LONG-TERM  
17 CARE SETTINGS.—

18 “(1) LOAN REPAYMENTS.—In providing for  
19 loan repayments under this section, the Secretary  
20 shall ensure that eligible individuals include reg-  
21 istered nurses who complete specialty training in  
22 geriatrics or gerontology and who elect to provide  
23 nursing services to older adults in home and commu-  
24 nity-based or facility-based long-term care settings,

1 or any other program determined appropriate by the  
2 Secretary.

3 “(2) DEFINITION.—In this subsection, the term  
4 ‘specialty training’ means coursework in geriatrics  
5 and gerontology and clinical training, including in-  
6 ternships or fellowships, in a geriatric setting.

7 “(3) AUTHORIZATION OF APPROPRIATIONS.—  
8 There is authorized to be appropriated to carry out  
9 this subsection, \$1,500,000 for fiscal year 2009,  
10 \$3,000,000 for fiscal year 2010, \$5,000,000 for fis-  
11 cal year 2011, \$7,000,000 for fiscal year 2012, and  
12 \$8,500,000 for fiscal year 2013.”.

13 **SEC. 5. EXPANSION OF CAREER LADDER PROGRAMS.**

14 Section 831 of the Public Health Service Act (42  
15 U.S.C. 296p) is amended—

16 (1) in subsection (c)(1)(A)—

17 (A) by striking “to promote career” and  
18 inserting the following: “to—

19 “(i) promote career”; and

20 (B) by adding at the end the following:

21 “(ii) focus on specialty training in  
22 providing long-term care services for nurs-  
23 ing personnel (including registered nurses,  
24 licensed practical nurses, licensed voca-  
25 tional nurses, certified nurse assistants,

1 home health aides, personal care attend-  
 2 ants, or any other related worker category  
 3 designated by the Secretary) who provide  
 4 services in home and community-based or  
 5 facility-based long-term care settings;  
 6 and”; and

7 (2) in subsection (h), by adding at the end the  
 8 following: “There is authorized to be appropriated  
 9 for grants under subsection (c)(1)(A)(ii), \$4,000,000  
 10 for fiscal year 2009, \$4,000,000 for each of fiscal  
 11 years 2010 through 2012, and \$3,500,000 for fiscal  
 12 year 2013.”.

13 **SEC. 6. HEALTH AND LONG-TERM CARE WORKFORCE ADVI-**  
 14 **SORY PANEL FOR AN AGING AMERICA.**

15 Subpart 3 of part E of title VII of the Public Health  
 16 Service Act (as added by section 2) is further amended  
 17 by adding at the end the following:

18 **“SEC. 772. HEALTH AND LONG-TERM CARE WORKFORCE**  
 19 **ADVISORY PANEL FOR AN AGING AMERICA.**

20 “(a) ESTABLISHMENT.—The Secretary, in consulta-  
 21 tion with the Secretary of Labor, shall establish a Health  
 22 and Long-Term Care Workforce Advisory Panel (referred  
 23 to in this section as the ‘Panel’) to—

24 “(1) examine workforce issues related to health  
 25 and long-term care for the aging population; and

1           “(2) provide advice to each such Secretary and  
2           to the appropriate committees of Congress con-  
3           cerning workforce issues related to health and long-  
4           term care for the aging population.

5           “(b) MEMBERSHIP.—The Panel shall be composed of  
6           not to exceed 20 individuals to be appointed by the Sec-  
7           retary.

8           “(c) DUTIES.—The Panel shall—

9           “(1) analyze the existing geriatric health and  
10          long-term care workforce data infrastructure;

11          “(2) make recommendations for new or addi-  
12          tional uniform data elements across regions and  
13          States that is necessary to track supply, demand,  
14          and workforce shortages related to health and long-  
15          term care for the aging population;

16          “(3) conduct a research project to identify in-  
17          centives for recruitment and retention of new popu-  
18          lations of clinicians and providers who agree to serve  
19          vulnerable older adults in geriatric and long-term  
20          care settings and make recommendations for one or  
21          more demonstrations, including the design, imple-  
22          mentation and evaluation of outcomes; and

23          “(4) carry out other activities determined ap-  
24          propriate by the Secretary.

1       “(d) FOCUS OF RESEARCH PROJECT.—In carrying  
2 out the research project under subsection (c)(3), the Sec-  
3 retary in consultation with the Panel shall focus on indi-  
4 viduals who are not otherwise eligible for loan repayment  
5 incentives under this title or title VIII, such as retired  
6 military clinicians or other retired health professionals,  
7 health care professionals seeking a mid-career change, and  
8 direct care workers in long-term care settings. To carry  
9 out such research project, the Secretary may award grants  
10 or contracts. Eligible entities shall include State or local  
11 government, health professions schools, academic health  
12 centers, and other appropriate public or private non-profit  
13 entities.

14       “(e) ADMINISTRATIVE PROVISIONS.—Members of the  
15 Panel shall be appointed for a term of not to exceed 3  
16 years (as determined by the Secretary at the time of ap-  
17 pointment), shall convene at least twice per year, and shall  
18 be representative of diverse public and private sector ex-  
19 pertise and interests, including representation from the  
20 Department of Health and Human Services (including the  
21 Health Resources and Services Administration, the Agen-  
22 cy for Healthcare Research and Quality, and the Adminis-  
23 tration on Aging), the Department of Labor (including the  
24 Bureau of Labor Statistics, the Employment and Training  
25 Administration, and the Employment Standards Adminis-

1 tration), other Federal officials as the Secretary deter-  
2 mines appropriate, academic institutions, consumer orga-  
3 nizations, national aging advocates, health professional  
4 and paraprofessional associations, organized labor, nation-  
5 ally-recognized researchers in the area of geriatric care  
6 and long-term care workforce issues, health care and long-  
7 term care associations (including those representing home  
8 and community-based and facility-based settings), and pri-  
9 vate foundations that have sponsored initiatives to expand  
10 health professionals to care for the aging population.

11       “(f) REPORTS.—Not later than 2 years after the date  
12 of enactment of this section, and every 2 years thereafter,  
13 the Secretary, based on the advice and recommendations  
14 of the Panel, shall submit to the appropriate committees  
15 of Congress a report on the status of the health profes-  
16 sions and long-term care workforce for the aging popu-  
17 lation.

18       “(g) AUTHORIZATION OF APPROPRIATIONS.—There  
19 is authorized to be appropriated to carry out this section,  
20 \$1,500,000 for fiscal year 2009, and such sums as may  
21 be necessary for each of fiscal years 2010 through 2013.”.

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