

EDUCATING MEDICAL PROFESSIONALS AND OPTIMIZING  
 WORKFORCE EFFICIENCY AND READINESS FOR  
 HEALTH ACT OF 2019

SEPTEMBER 24, 2019.—Committed to the Committee of the Whole House on the  
 State of the Union and ordered to be printed

Mr. PALLONE, from the Committee on Energy and Commerce,  
 submitted the following

R E P O R T

[To accompany H.R. 2781]

The Committee on Energy and Commerce, to whom was referred the bill (H.R. 2781) to amend title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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The amendment is as follows:  
 Strike all after the enacting clause and insert the following:

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019” or the “EMPOWER for Health Act of 2019”.

**SEC. 2. REAUTHORIZATION OF HEALTH PROFESSIONS WORKFORCE PROGRAMS.**

(a) CENTERS OF EXCELLENCE.—Subsection (i) of section 736 of the Public Health Service Act (42 U.S.C. 293) is amended to read as follows:

“(i) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$24,897,000 for each of fiscal years 2020 through 2024.”.

(b) HEALTH PROFESSIONS TRAINING FOR DIVERSITY.—Section 740 of the Public Health Service Act (42 U.S.C. 293d) is amended—

(1) in subsection (a), by striking “\$51,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011 through 2014” and inserting “\$51,419,000 for each of fiscal years 2020 through 2024”;

(2) in subsection (b), by striking “\$5,000,000 for each of the fiscal years 2010 through 2014” and inserting “\$1,250,000 for each of fiscal years 2020 through 2024”; and

(3) in subsection (c), by striking “\$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014” and inserting “\$20,000,000 for each of fiscal years 2020 through 2024”.

(c) PRIMARY CARE TRAINING AND ENHANCEMENT.—Section 747(c)(1) of the Public Health Service Act (42 U.S.C. 293k(c)(1)) is amended by striking “\$125,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014” and inserting “\$51,371,000 for each of fiscal years 2020 through 2024”.

(d) TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY.—Section 748(f) of the Public Health Service Act (42 U.S.C. 293k–2(f)) is amended by striking “\$30,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2015” and inserting “\$42,707,000 for each of fiscal years 2020 through 2024”.

(e) AREA HEALTH EDUCATION CENTERS.—Section 751(j)(1) of the Public Health Service Act (42 U.S.C. 294a(j)(1)) is amended by striking “\$125,000,000 for each of the fiscal years 2010 through 2014” and inserting “\$42,075,000 for each of fiscal years 2020 through 2024”.

(f) NATIONAL CENTER FOR HEALTHCARE WORKFORCE ANALYSIS.—

(1) IN GENERAL.—Section 761(e)(1)(A) of the Public Health Service Act (42 U.S.C. 294n(e)(1)(A)) is amended by striking “\$7,500,000 for each of fiscal years 2010 through 2014” and inserting “\$5,947,000 for each of fiscal years 2020 through 2024”.

(2) TECHNICAL CORRECTION.—Section 761(e)(2) of the Public Health Service Act (42 U.S.C. 294n(e)(2)) is amended by striking “subsection (a)” and inserting “paragraph (1)”.

(g) PUBLIC HEALTH WORKFORCE.—Section 770(a) of the Public Health Service Act (42 U.S.C. 295e(a)) is amended by striking “\$43,000,000 for fiscal year 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2015” and inserting “\$17,850,000 for each of fiscal years 2020 through 2024”.

**SEC. 3. EDUCATION AND TRAINING RELATING TO GERIATRICS.**

Section 753 of the Public Health Service Act (42 U.S.C. 294c) is amended to read as follows:

**“SEC. 753. EDUCATION AND TRAINING RELATING TO GERIATRICS.**

“(a) GERIATRICS WORKFORCE ENHANCEMENT PROGRAMS.—

“(1) IN GENERAL.—The Secretary shall award grants or contracts under this subsection to entities described in paragraph (1), (3), or (4) of section 799B, section 801(2), or section 865(d), or other health professions schools or programs approved by the Secretary, for the establishment or operation of geriatrics workforce enhancement programs that meet the requirements of paragraph (2).

“(2) REQUIREMENTS.—A geriatrics workforce enhancement program meets the requirements of this paragraph if such program supports the development of a health care workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties. Special emphasis should be placed on providing the primary care workforce with the knowledge and skills to care for older adults and collaborating with community partners to address gaps in health care for older adults through individual, system, community, and population level changes. Areas of programmatic focus may include the following:

“(A) Transforming clinical training environments to integrated geriatrics and primary care delivery systems to ensure trainees are well prepared to practice in and lead in such systems.

“(B) Developing providers from multiple disciplines and specialties to work interprofessionally to assess and address the needs and preferences of older adults and their families and caregivers at the individual, community, and population levels with cultural and linguistic competency.

“(C) Creating and delivering community-based programs that will provide older adults and their families and caregivers with the knowledge and skills to improve health outcomes and the quality of care for such adults.

“(D) Providing Alzheimer’s disease and related dementias (ADRD) education to the families and caregivers of older adults, direct care workers, health professions students, faculty, and providers.

“(3) DURATION.—The Secretary shall award grants and contracts under paragraph (1) for a period not to exceed five years.

“(4) APPLICATION.—To be eligible to receive a grant or contract under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including the specific measures the applicant will use to demonstrate that the project is improving the quality of care provided to older adults in the applicant’s region, which may include—

“(A) improvements in access to care provided by a health professional with training in geriatrics or gerontology;

“(B) improvements in family caregiver capacity to care for older adults;

“(C) patient outcome data demonstrating an improvement in older adult health status or care quality; and

“(D) reports on how the applicant will implement specific innovations with the target audience to improve older adults’ health status or the quality of care.

“(5) EQUITABLE GEOGRAPHIC DISTRIBUTION.—The Secretary may award grants and contracts under paragraph (1) in a manner which will equitably distribute such grants among the various regions of the United States.

“(6) QUALIFICATIONS.—In awarding grants and contracts under paragraph (2), the Secretary shall consider programs that—

“(A) have the goal of improving and providing comprehensive coordinated care of older adults, including medical, dental, and psychosocial needs;

“(B) demonstrate coordination with other programmatic efforts funded under this program or other public or private entities;

“(C) support the training and retraining of faculty, preceptors, primary care providers, and providers in other specialties to increase their knowledge of geriatrics and gerontology;

“(D) provide clinical experiences across care settings, including ambulatory care, hospitals, post-acute care, nursing homes, federally qualified health centers, and home and community-based services;

“(E) emphasize education and engagement of family caregivers on disease self-management, medication management, and stress reduction strategies;

“(F) provide training to the health care workforce on disease self-management, motivational interviewing, medication management, and stress reduction strategies;

“(G) provide training to the health care workforce on social determinants of health in order to better address the geriatric health care needs of diverse populations with cultural and linguistic competency;

“(H) integrate geriatrics competencies and interprofessional collaborative practice into health care education and training curricula for residents, fellows, and students;

“(I) substantially benefit rural or underserved populations of older adults or conduct outreach to communities that have a shortage of geriatric workforce professionals;

“(J) integrate behavioral health competencies into primary care practice, especially with respect to elder abuse, pain management, and advance care planning; or

“(K) offer short-term intensive courses that—

“(i) focus on geriatrics, gerontology, chronic care management, and long-term care that provide supplemental training for faculty members in medical schools and other health professions schools or graduate programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health, or other health disciplines, as approved by the Secretary; and

“(ii) are open to current faculty, and appropriately credentialed volunteer faculty and practitioners, to upgrade their knowledge and clinical skills for the care of older adults and adults with functional and cognitive limitations and to enhance their interdisciplinary teaching skills.

“(7) PRIORITY.—In awarding grants under paragraph (1), particularly with respect to awarding, in fiscal year 2020, any amount appropriated for such fiscal year for purposes of carrying out this subsection that is in excess of the amount appropriated for the most previous fiscal year for which appropriations were made for such purposes, the Secretary may give priority to entities that operate—

“(A) in communities that have a shortage of geriatric workforce professionals; and

“(B) in States in which no entity has previously received an award under such paragraph (including as in effect before the date of enactment of the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019).

“(8) AWARD AMOUNTS.—Awards under paragraph (1) shall be in an amount determined by the Secretary. Entities that submit applications under this subsection that describe a plan for providing geriatric education and training for home health workers and family caregivers are eligible to receive \$100,000 per year more than entities that do not include a description of such a plan.

“(9) REPORTING.—Each entity awarded a grant under paragraph (1) shall submit an annual report to the Secretary on financial and programmatic performance under such grant, which may include factors such as the number of trainees, the number of professions and disciplines, the number of partnerships with health care delivery sites, the number of faculty and practicing professionals who participated in continuing education programs, and such other factors as the Secretary may require.

“(b) GERIATRIC ACADEMIC CAREER AWARDS.—

“(1) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program to award grants, to be known as Geriatric Academic Career Awards, to eligible entities applying on behalf of eligible individuals to promote the career development of such individuals as academic geriatricians or other academic geriatrics health professionals.

“(2) ELIGIBILITY.—

“(A) ELIGIBLE ENTITY.—For purposes of this subsection, the term ‘eligible entity’ means—

“(i) an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health; or

“(ii) another type of accredited health professions school or graduate program deemed by the Secretary to be eligible under this subsection.

“(B) ELIGIBLE INDIVIDUAL.—

“(i) IN GENERAL.—For purposes of this subsection, the term ‘eligible individual’ means an individual who—

“(I) has a junior, nontenured, faculty appointment at an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health or at another type of accredited health professions school or graduate program described in subparagraph (A)(ii);

“(II)(aa) is board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or has completed the training required for the individual’s discipline; and

“(bb) is employed at an eligible entity; or

“(III) has completed an approved fellowship program in geriatrics or gerontology, or has completed specialty training in geriatrics or gerontology as required for the individual’s discipline and any additional geriatrics or gerontology training as required by the Secretary.

“(ii) SPECIAL RULE.—If during the period of an award under this subsection respecting an eligible individual, the individual is promoted to associate professor and thereby no longer meets the criteria of clause (i)(I), the individual may continue to be treated as an eligible individual through the term of the award.

“(3) LIMITATIONS.—An eligible entity may not receive an award under paragraph (1) on behalf of an eligible individual unless the eligible entity—

“(A) submits to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary approves such application;

“(B) provides, in such form and manner as the Secretary may require, assurances that the eligible individual on whose behalf an application was submitted under subparagraph (A) will meet the service requirement described in paragraph (8); and

“(C) provides, in such form and manner as the Secretary may require, assurances that such individual has a full-time faculty appointment in an accredited health professions school or graduate program and documented commitment from such school or program to spend 75 percent of the individual’s time that is supported by the award on teaching and developing skills in interprofessional education in geriatrics.

“(4) REQUIREMENTS.—In awarding grants under this subsection, the Secretary—

“(A) shall give priority to eligible entities that apply on behalf of eligible individuals who are on the faculty of institutions that integrate geriatrics education, training, and best practices into academic program criteria;

“(B) may give priority to eligible entities that operate a geriatrics workforce enhancement program under subsection (a);

“(C) shall ensure that grants are equitably distributed across the various geographical regions of the United States, including rural and underserved areas;

“(D) shall pay particular attention to geriatrics health care workforce needs among underserved populations, diverse communities, and rural areas;

“(E) may not require an eligible individual, or an eligible entity applying on behalf of an eligible individual, to be a recipient of a grant or contract under this part; and

“(F) shall pay the full amount of the award to the eligible entity.

“(5) MAINTENANCE OF EFFORT.—An eligible entity receiving an award under paragraph (1) on behalf of an eligible individual shall provide assurances to the Secretary that funds provided to such individual under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by such individual.

“(6) AMOUNT AND TERM.—

“(A) AMOUNT.—The amount of an award under this subsection for eligible individuals who are physicians shall equal \$100,000 for fiscal year 2020, adjusted for subsequent fiscal years to reflect the increase in the Consumer Price Index. The Secretary shall determine the amount of an award under this subsection for individuals who are not physicians.

“(B) TERM.—The term of any award made under this subsection shall not exceed 5 years.

“(7) SERVICE REQUIREMENT.—An eligible individual on whose behalf an application was submitted and approved under paragraph (3)(A) shall provide training in clinical geriatrics or gerontology, including the training of interprofessional teams of health care professionals.

“(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$51,000,000 for each of fiscal years 2020 through 2024. Notwithstanding the preceding sentence, no funds shall be made available to carry out subsection (b) for a fiscal year unless the amount made available to carry out this section for such fiscal year is more than the amount made available to carry out this section for fiscal year 2017.”

#### SEC. 4. INVESTMENT IN TOMORROW’S PEDIATRIC HEALTH CARE WORKFORCE.

Section 775 of the Public Health Service Act (42 U.S.C. 295f) is amended to read as follows:

##### “SEC. 775. INVESTMENT IN TOMORROW’S PEDIATRIC HEALTH CARE WORKFORCE.

“(a) IN GENERAL.—The Secretary shall establish and carry out a program of entering into pediatric specialty loan repayment agreements with qualified health professionals under which—

“(1) the qualified health professional agrees to a period of not less than 2 years of obligated service during which the professional will—

“(A) participate in an accredited pediatric medical subspecialty, pediatric surgical specialty, child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health residency or fellowship; or

“(B) be employed full-time in providing pediatric medical subspecialty care, pediatric surgical specialty care, child and adolescent psychiatry subspecialty care, or child and adolescent mental and behavioral health care,

including substance use disorder prevention and treatment services, in an area with—

“(i) a shortage of health care professionals practicing in the pediatric medical subspecialty, the pediatric surgical specialty, the child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health, as applicable; and

“(ii) a sufficient pediatric population, as determined by the Secretary, to support the addition of a practitioner in the pediatric medical subspecialty, the pediatric surgical specialty, the child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health, as applicable; and

“(2) the Secretary agrees to make payments on the principal and interest of undergraduate, graduate, or graduate medical education loans of the qualified health professional of not more than \$35,000 a year for each year of agreed upon service under paragraph (1) for a period of not more than 3 years.

“(b) ELIGIBILITY REQUIREMENTS.—

“(1) PEDIATRIC MEDICAL SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS.—For purposes of loan repayment agreements under this section with respect to pediatric medical subspecialty and pediatric surgical specialty practitioners, the term ‘qualified health professional’ means a licensed physician who—

“(A) is entering or receiving training in an accredited pediatric medical subspecialty or pediatric surgical subspecialty residency or fellowship; or

“(B) has completed (but not prior to the end of the calendar year in which the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019 is enacted) the training described in subparagraph (A).

“(2) CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL AND BEHAVIORAL HEALTH.—For purposes of loan repayment agreements under this section with respect to child and adolescent mental and behavioral health care, the term ‘qualified health professional’ means a health care professional who—

“(A) has received specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, or psychiatric nursing;

“(B) has a license or certification in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, or psychiatric nursing; or

“(C) is a mental health service professional who has completed (but not before the end of the calendar year in which the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019 is enacted) specialized training or clinical experience in child and adolescent mental health described in subparagraph (A).

“(3) ADDITIONAL ELIGIBILITY REQUIREMENTS.—The Secretary may not enter into a loan repayment agreement under this section with a qualified health professional unless—

“(A) the professional agrees to work in, or for a provider serving, an area or community with a shortage of eligible qualified health professionals (as defined in paragraphs (1) and (2));

“(B) the professional is a United States citizen, a permanent legal United States resident, or lawfully present in the United States; and

“(C) if the professional is enrolled in a graduate program, the program is accredited, and the professional has an acceptable level of academic standing (as determined by the Secretary).

“(c) PRIORITY.—In entering into loan repayment agreements under this section, the Secretary shall give priority to applicants who—

“(1) have familiarity with evidence-based methods and cultural and linguistic competence in health care services; and

“(2) demonstrate financial need.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated for each of fiscal years 2020 through 2024—

“(1) \$30,000,000 to carry out this section with respect to loan repayment agreements with qualified health professionals described in subsection (b)(1); and

“(2) \$20,000,000 to carry out this section with respect to loan repayment agreements with respect to qualified health professionals described in subsection (b)(2).”.

**SEC. 5. INCREASING WORKFORCE DIVERSITY IN THE PROFESSIONS OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, AND SPEECH-LANGUAGE PATHOLOGY.**

Title VII of the Public Health Service Act is amended—

(1) by redesignating part G (42 U.S.C. 295j et seq.) as part H; and

(2) by inserting after part F (42 U.S.C. 294n et seq.) the following new part:

**“PART G—INCREASING WORKFORCE DIVERSITY IN THE PROFESSIONS OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, AND SPEECH-LANGUAGE PATHOLOGY**

**“SEC. 783. SCHOLARSHIPS AND STIPENDS.**

“(a) IN GENERAL.—The Secretary may award grants and contracts to eligible entities to increase educational opportunities in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology for eligible individuals by—

“(1) providing student scholarships or stipends, including for—

“(A) completion of an accelerated degree program;

“(B) completion of an associate’s, bachelor’s, master’s, or doctoral degree program; and

“(C) entry by a diploma or associate’s degree practitioner into a bridge or degree completion program;

“(2) providing assistance for completion of prerequisite courses or other preparation necessary for acceptance for enrollment in the eligible entity; and

“(3) carrying out activities to increase the retention of students in one or more programs in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology.

“(b) CONSIDERATION OF RECOMMENDATIONS.—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of national organizations representing the professions of physical therapy, occupational therapy, audiology, and speech-language pathology, including the American Physical Therapy Association, the American Occupational Therapy Association, the American Speech-Language-Hearing Association, the American Academy of Audiology, and the Academy of Doctors of Audiology.

“(c) REQUIRED INFORMATION AND CONDITIONS FOR AWARD RECIPIENTS.—

“(1) IN GENERAL.—The Secretary may require recipients of awards under this section to report to the Secretary concerning the annual admission, retention, and graduation rates for eligible individuals in programs of the recipient leading to a degree in any of the professions of physical therapy, occupational therapy, audiology, and speech-language pathology.

“(2) FALLING RATES.—If any of the rates reported by a recipient under paragraph (1) fall below the average for such recipient over the two years preceding the year covered by the report, the recipient shall provide the Secretary with plans for immediately improving such rates.

“(3) INELIGIBILITY.—A recipient described in paragraph (2) shall be ineligible for continued funding under this section if the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.

“(d) DEFINITIONS.—In this section:

“(1) ELIGIBLE ENTITIES.—The term ‘eligible entity’ means an education program that—

“(A) is accredited by—

“(i) the Council on Academic Accreditation in Audiology and Speech-Language Pathology or the Accreditation Commission for Audiology Education;

“(ii) the Commission on Accreditation in Physical Therapy Education;

or

“(iii) the Accreditation Council for Occupational Therapy Education;

and

“(B) is carrying out a program for recruiting and retaining students underrepresented in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology (including racial or ethnic minorities, or students from disadvantaged backgrounds).

“(2) ELIGIBLE INDIVIDUAL.—The term ‘eligible individual’ means an individual who—

“(A) is a member of a class of persons who are underrepresented in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology (including individuals who are racial or ethnic minorities, or are from disadvantaged backgrounds);

“(B) has a financial need for a scholarship or stipend; and

“(C) is enrolled (or accepted for enrollment) at an audiology, speech-language pathology, physical therapy, or occupational therapy program as a full-time student at an eligible entity.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2020 through 2024.”.

## I. PURPOSE AND SUMMARY

H.R. 2781, the “Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019” or the “EMPOWER for Health Act of 2019”, was introduced on May 16, 2019, by Reps. Jan Schakowsky (D–IL) and Michael Burgess (R–TX) and referred to the Committee on Energy and Commerce. H.R. 2781 would reauthorize funding at the Health Resources and Services Administration (HRSA) for health professions workforce, education, and training programs. The legislation expands efforts to increase diversity, improve geriatrics education and training, and grow the pediatric health care workforce. The five-year reauthorization includes annual authorizations of: \$24.897 million for Centers of Excellence; \$51.419 million for Scholarships for Disadvantaged Students; \$1.25 million for Loan Repayments and Fellowships Regarding Faculty Positions; \$14.899 million for the Health Careers Opportunity Program; \$51.371 million for Primary Care Training and Enhancement; \$42.707 million for Oral Health Training; \$42,075,000 for Area Health Education Centers; \$5.947 million for the National Center for Health Workforce Analysis; \$17.85 million for Public Health Workforce grants; \$51 million for Education and Training Related to Geriatrics; \$30 million for pediatric medical subspecialists and surgical specialist loan repayment; and \$20 million for child and adolescent mental and behavioral health professionals loan repayment. The bill also creates a new authorization of \$5 million to increase workforce diversity in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology.

## II. BACKGROUND AND NEED FOR LEGISLATION

Title VII of the Public Health Service Act includes programs administered primarily through HRSA to support and educate the medical, dental, public health, and allied health professional workforce through grants that flow to institutions and directly to professionals and pre-professionals.<sup>1</sup> Some estimates have projected that the United States could experience a shortfall of over 100,000 physicians by 2032,<sup>2</sup> and Title VII workforce programs aim to reduce that shortage by bolstering the health workforce. With the goal of improving health and achieving health equity, many of the programs in Title VII place a particular emphasis on ensuring the United States has a diverse health workforce, which has been shown to improve patient satisfaction, patient-clinician communication, and access to care for patients belonging to minority populations.<sup>3</sup>

<sup>1</sup>BERNICE REYES-AKINBILEJE, CONG. RESEARCH SERV., R43177, HEALTH WORKFORCE PROGRAMS IN TITLE VII OF THE PUBLIC HEALTH SERVICE ACT (2013).

<sup>2</sup>ASSOC. OF AMERICAN MEDICAL COLLEGES, THE COMPLEXITIES OF PHYSICIAN SUPPLY AND DEMAND: PROJECTIONS FROM 2017 TO 2032 4 (2019).

<sup>3</sup>HEALTH RESOURCES AND SERVICES ADMIN., SEX, RACE, AND ETHNIC DIVERSITY OF U.S. HEALTH OCCUPATIONS (2011–2015) 2–3 (2017).

H.R. 2781 provides reauthorizations and updates for Title VII programs, and makes modifications to the programs, including the creation of a new workforce diversity program in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology.

The Centers of Excellence Program provides grants to health professions schools and other public and nonprofit health or educational entities to focus on recruitment, training, and retention of underrepresented minority students and faculty.<sup>4</sup> In the 2017–2018 academic year, the Centers of Excellence Program supported 168 training programs or activities, and more than 97 percent of trainees were underrepresented minorities in the health professions, and 69 percent were from financially and/or educationally disadvantaged backgrounds.<sup>5</sup>

The Scholarships for Disadvantaged Students Program provides grants to health professional and nursing schools to be used as scholarships for students from disadvantaged backgrounds, a majority of whom are underrepresented minorities.<sup>6</sup> In the 2017–2018 school year, 3,047 students received scholarship amounts up to \$30,000 for their health professional and nursing educations.<sup>7</sup>

The Faculty Loan Repayment Program pays up to \$20,000 of principal and interest, per year, on loans held by health profession graduates from disadvantaged backgrounds who serve as faculty at health professions colleges or universities for at least two years.<sup>8</sup>

The Health Careers Opportunity Program (HCOP) promotes interest in health careers and avenues for young students from economically and educationally disadvantaged backgrounds to gain the skills needed to compete for, enter, and graduate from health professional schools and schools for the allied health professions.<sup>9</sup> Entities eligible to receive HCOP awards include health professional schools and other public or private nonprofit health or educational entities, including non-academic nonprofit entities focused on health care that have partnered with educational entities to serve disadvantaged students underrepresented in the health professions.

The Primary Care Training and Enhancement Program strengthens the primary care workforce by creating accredited professional training programs in the field of family medicine, general internal medicine, or general pediatrics. The program includes support for the Primary Care Medicine and Dentistry Clinician Educator Career Development Awards, which fund innovative projects that aim to transform health delivery systems.<sup>10</sup>

Oral Health Training Programs include training for general, pediatric, and public health dentists and dental hygiene providers. In the 2017–2018 academic year, the program trained 9,562 dental and dental hygiene students, 495 dental residents and fellows, and 332 dental faculty members.<sup>11</sup>

<sup>4</sup>HEALTH RESOURCES AND SERVICES ADMIN., FISCAL YEAR 2020 JUSTIFICATION OF ESTIMATES FOR APPROPRIATIONS COMMITTEES 89 (2019).

<sup>5</sup>*Id.*

<sup>6</sup>*Id.* at 92.

<sup>7</sup>*Id.*

<sup>8</sup>*Id.* at 87.

<sup>9</sup>*Id.* at 95.

<sup>10</sup>*Id.* at 102–103.

<sup>11</sup>*Id.* at 107–108.

Area Health Education Centers (AHEC) coordinate and enhance education and training networks within communities, academic institutions, and community-based organizations. The networks support increased diversity among health professionals, spread the health workforce throughout the country, enhance quality, and improve care delivery in rural and underserved areas.<sup>12</sup> In the 2017–2018 academic year, the AHEC program supported more than 3,600 different types of training programs that drew the participation of 297,169 students and residents.<sup>13</sup>

The National Center for Health Workforce Analysis (NCHWA) collects and analyzes workforce data and information while evaluating the effectiveness of workforce investments. NCHWA models projections of future supply and demand of the health care workforce.

Title VII also funds public health workforce development through Public Health Training Centers (PHTC) Program and the Preventive Medicine Residency (PMR) Program. PHTCs strengthen the public health workforce by providing education, training, and consultation to state, local, and tribal public health departments. Approximately 63 percent of the most recent cohort of training sites in the PHTC program were in underserved communities.<sup>14</sup> The PMR program provides stipends for medical residents training in preventive medicine to defer costs of living expenses, tuition, and fees.<sup>15</sup>

The Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA) program provide training to students, faculty, providers, direct service workers, patients, families, and lay and family caregivers to address gaps in health care for older adults.<sup>16</sup> According to the NCHWA, by 2025, all regions in the U.S. are projected to have a shortage of geriatricians.<sup>17</sup> These programs make important investments in the future of the geriatric workforce.

The Investment in Tomorrow's Pediatric Health Care Workforce loan repayment program provides loan repayment to health professionals in pediatric medical subspecialties, pediatric surgical specialties, or child and adolescent mental and behavioral health. Eligible individuals must have familiarity with evidence-based methods and cultural and linguistic competence health care services and demonstrate financial need.

Members of the physical therapy, occupational therapy, and speech-language pathology professions are predominantly white and female.<sup>18</sup> Researchers have noted that achieving greater diversity among healthcare workforce will produce a more culturally competent workforce, improve access to high-quality care for the medically underserved, increase the breadth and depth of the U.S. health research agenda, and expand the pool of medically trained

<sup>12</sup>Health Resources and Services Administration, National Center for Workforce Analysis, *Area Health Education Centers Program*, [bhwa.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/program-highlights/2018/area-health-education-centers-2018.pdf](http://bhwa.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/program-highlights/2018/area-health-education-centers-2018.pdf) (2018).

<sup>13</sup>*Id.*

<sup>14</sup>*Supra* note 4 at 130–131.

<sup>15</sup>*Id.*

<sup>16</sup>*Id.* at 120–121.

<sup>17</sup>Health Resources and Services Administration, National Center for Health Workforce Analysis.

<sup>18</sup>HEALTH RESOURCES AND SERVICES ADMIN., SEX, RACE, AND ETHNIC DIVERSITY OF U.S. HEALTH OCCUPATIONS (2011–2015) Tables 1–2 (2017).

executives and policymakers ready to serve in leadership positions in the health care system.<sup>19</sup> Despite the benefits of a more diverse workforce, health professional education programs have struggled to diversify the pool of health professional students and the future health care workforce.<sup>20</sup> The diversity workforce program for physical therapists, occupational therapists, audiologists, and speech-language pathologists, authorized by this legislation, is modeled on the successful nursing workforce diversity grants program in Title VIII of the Public Health Service Act<sup>21</sup> and would provide student scholarships or stipends to eligible entities (defined as accredited education programs carrying out a program for recruiting and retaining students underrepresented in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology, including racial or ethnic minorities or students from disadvantaged backgrounds) on behalf of eligible individuals (defined as an individual who is a member of a class of persons who are underrepresented in the professions described above, has a financial need for a scholarship or stipend, and is enrolled at an audiology, speech-language pathology, physical therapy, or occupational therapy program as a full-time student at an eligible entity).

The diversity workforce program for physical therapists, occupational therapists, audiologists, and speech-language pathologists, authorized by this legislation, is modeled on the successful nursing workforce diversity grants program in Title VIII of the Public Health Service Act<sup>22</sup> and would provide student scholarships or stipends to eligible entities (defined as accredited education programs carrying out a program for recruiting and retaining students underrepresented in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology, including racial or ethnic minorities or students from disadvantaged backgrounds) on behalf of eligible individuals (defined as an individual who is a member of a class of persons who are underrepresented in the professions described above, has a financial need for a scholarship or stipend, and is enrolled at an audiology, speech-language pathology, physical therapy, or occupational therapy program as a full-time student at an eligible entity).

### III. COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress, the following hearing was used to develop or consider H.R. 2781:

The Subcommittee on Health held a hearing in the 115th Congress entitled “Supporting Tomorrow’s Health Providers: Examining Workforce Programs Under the Public Health Service Act.” Witnesses at the hearing included:

- **Adrian Billings, M.D., Ph.D., FAAFP**, Chief Medical Officer, Preventive Care Health Services and Associate Professor, Department of Family and Community Medicine, Texas Tech University Health Sciences Center-Permian Basin.

<sup>19</sup>Jordan J. Cohen, Barbara A. Gabriel, and Charles Terrell, *The Case for Diversity in the Health Care Workforce*, HEALTH AFFAIRS, Vol. 21, Issue 5, at 90 (2002).

<sup>20</sup>See IN THE NATION’S COMPELLING INTEREST: ENSURING DIVERSITY IN THE HEALTH-CARE WORKFORCE (Brian D. Smedley, Adrienne Stith Butler, Lonnie R. Bristow, eds., Institute of Medicine of the National Academies 2004).

<sup>21</sup>See 42 U.S.C. § 296m.

<sup>22</sup>See 42 U.S.C. § 296m.

- **Neil S. Calman, M.D., FAAFP**, President, American Association of Teaching Health Centers, President and CEO, Institute for Family Health, Chair, Department of Family Medicine and Community Health, Icahn School of Medicine at Mount Sinai.
- **Janice A. Knebl, D.O., M.B.A.**, Dallas Southwest Osteopathic Physicians Endowed Chair and Professor in Geriatrics, University of North Texas Health Science Center.
- **Juliann Sebastian, Ph.D., R.N., FAAN**, Chair of the Board of Directors, American Association of Colleges of Nursing, Dean and Professor, College of Nursing, University of Nebraska Medical Center.

#### IV. COMMITTEE CONSIDERATION

H.R. 2781, the “Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019” or the “EMPOWER for Health Act of 2019”, was introduced on May 16, 2019, by Reps. Jan Schakowsky (D–IL) and Michael Burgess (R–TX) and referred to the Committee on Energy and Commerce. Subsequently, the bill was referred to the Subcommittee on Health on May 17, 2019. The Subcommittee met in open markup session, pursuant to notice, on July 11, 2019, for consideration of H.R. 2781. Amendments offered by Mr. Burgess and Mr. Rush were both agreed to by a voice vote. Subsequently, the Subcommittee on Health agreed to a motion by Ms. Eshoo, Chairwoman of the Subcommittee, to forward favorably H.R. 2781, amended, to the full Committee on Energy and Commerce by a voice vote.

On July 17, 2019, the full Committee met in open markup session, pursuant to notice, to consider H.R. 2781, as amended by the subcommittee. During markup of the bill, an amendment offered by Ms. Schakowsky (D–IL) was agreed to by a voice vote. At the conclusion of consideration of the bill, the full Committee on Energy and Commerce agreed to a motion by Mr. Pallone, Chairman of the Committee, to order the bill H.R. 2781 reported favorably to the House, amended, by a voice vote, a quorum being present.

#### V. COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list each record vote on the motion to report legislation and amendments thereto. There were no recorded votes taken in connection with ordering H.R. 2781 reported or on any amendments to the bill.

#### VI. OVERSIGHT FINDINGS

Pursuant to clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the oversight findings and recommendations of the Committee are reflected in the descriptive portion of the report.

#### VII. NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

Pursuant to 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or rev-

venues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

The Committee has requested but not received from the Director of the Congressional Budget Office a statement as to whether this bill contains any new budget authority, credit authority, or an increase or decrease in revenues or tax expenditures.

#### VIII. FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

#### IX. STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII, the general performance goal or objective of this legislation is to amend title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce.

#### X. DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII, no provision of H.R. 2781 is known to be duplicative of another Federal program, including any program that was included in a report to Congress pursuant to section 21 of Public Law 111-139 or the most recent Catalog of Federal Domestic Assistance.

#### XI. COMMITTEE COST ESTIMATE

Pursuant to clause 3(d)(1) of rule XIII, the Committee adopts as its own the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

#### XII. EARMARKS, LIMITED TAX BENEFITS, AND LIMITED TARIFF BENEFITS

Pursuant to clause 9(e), 9(f), and 9(g) of rule XXI, the Committee finds that H.R. 2781 contains no earmarks, limited tax benefits, or limited tariff benefits.

#### XIII. ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act were created by this legislation.

#### XIV. APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

## XV. SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

*Section 1. Short title*

Section 1 designates that the short title may be cited as the “Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019” or the “EMPOWER for Health Act of 2019”.

*Section 2. Reauthorization of health professions workforce programs*

Section 2 reauthorizes funding for health professions workforce programs for five years, through 2024, and includes the following annual authorizations: \$24,897,000 for Centers of Excellence; \$51,419,000 for scholarships for disadvantaged students; \$1,250,000 for faculty loan repayment; \$20,000,000 for the Health Careers Opportunities Program; \$51,371,000 for primary care training and enhancement; \$42,707,000 for training in general, pediatric, and public health dentistry; \$42,075,000 for area health education centers; \$5,947,000 for the National Center for Healthcare Workforce Analysis; and \$17,850,000 for public health workforce programs.

*Section 3. Education and training related to geriatrics*

Section 3 reauthorizes the Geriatrics Workforce Enhancement Programs (GWEPs) and officially authorizes the Geriatric Academic Career Awards (GACAs) program. GWEPs are required to place special emphasis on providing the primary care workforce with the knowledge and skills to care for older adults and collaborating with community partners to address gaps in health care for older adults through individual, system, community, and population level changes. Priority for GWEP awards will be given to communities that have a shortage of workforce professionals and states in which no entity has previously received a GWEP award. Award amounts are determined by the Secretary, and Section 3, paragraph 8 notes that those program applications that describe a plan for providing geriatric education and training for home health workers and family caregivers are eligible to receive \$100,000 per year more than entities that do not include a description of such a plan.

The GACA program would provide awards to eligible entities (specifically accredited schools of allopathic or osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, allied health, or other types of accredited health professions schools or graduate programs deemed eligible by the Secretary), on behalf of eligible individuals (specifically: an individual who has a junior, nontenured faculty appointment at accredited schools of allopathic or osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, allied health, or other types of accredited health professions schools or graduate programs deemed eligible by the Secretary; is board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or has completed the training required for the individual’s discipline and meets other requirements). Award amounts for physicians shall be \$100,000 for fiscal year (FY) 2020, and that amount should increase in future years to reflect the increase in the Consumer Price Index. The Secretary can determine award amounts for non-physicians. The term of any GACAs may not exceed five years. Under a special rule, if

during an award period an individual is promoted to associate professor during the course of an award, and thereby no longer meets the criteria of being a junior nontenured faculty appointee, the individual may continue to be treated as an eligible individual through the full term of the award. In issuing awards, the Secretary shall pay particular attention to geriatrics health care workforce needs among underserved populations, diverse communities, and rural areas, and shall ensure that grants are equitably distributed across the various geographical regions of the United States, including rural and underserved areas. Any funds awarded under a GACA must only be used to supplement, and not supplant, the amount of Federal, State, and local funds otherwise expended by such an individual.

For both GWEPs and GACAs, \$51,000,000 is authorized annually from FY 2020 to FY 2024 to carry out the programs. Funds for GACAs may not be made available unless the amount made available to carry out the GACA program is more than the amount made to carry out GWEPs and GACAs in FY 2017.

*Section 4. Investment in Tomorrow's Pediatric Health Care Workforce*

This section reauthorizes the Investment in Tomorrow's Pediatric Health Care Workforce Program, which requires the Secretary to establish and carry out a pediatric specialty loan repayment program for qualified health professionals who agree to serve not less than two years in which the professional participates in an accredited pediatric subspecialty, pediatric surgical specialty, child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health residency or fellowship; or employed full-time in providing such care in an area with a shortage of health care professionals practicing in these specialties or subspecialties and a sufficient pediatric population to support the addition of a practitioner in such specialties. Under the program, the Secretary would agree to make payments on the principal and interest of undergraduate, graduate, or graduate medical education loans of the qualified health professional of not more than \$35,000 per year for each year of agreed upon service for not more than three years. This section describes an individual's required educational and professional qualifications relevant to each respective specialty or subspecialty, and further requires that eligible individuals must agree to work in or for a provider serving an area or community with a shortage of eligible qualified health professionals, and the professional is a United States citizen, a permanent legal United States resident, or is lawfully present in the United States. This section authorizes \$30,000,000 annually to carry out this program for pediatric medical subspecialists and pediatric surgical specialists and \$20,000,000 annually to carry out this program for child and adolescent psychiatry and behavioral health professionals. The authorizations run from FY 2020 through FY 2024.

*Section 5. Increasing workforce diversity in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology*

Section 5 creates a workforce diversity program which pays scholarships or stipends to eligible entities on behalf of eligible stu-

dents underrepresented in the fields of physical therapy, occupational therapy, audiology, or speech-language pathology. This section authorizes \$5,000,000 annually for FYs 2020 through 2024 for purposes of carrying out this program.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, and existing law in which no change is proposed is shown in roman):

**PUBLIC HEALTH SERVICE ACT**

\* \* \* \* \*

**TITLE VII—HEALTH PROFESSIONS  
EDUCATION**

\* \* \* \* \*

**PART B—HEALTH PROFESSIONS TRAINING  
FOR DIVERSITY**

**SEC. 736. CENTERS OF EXCELLENCE.**

(a) **IN GENERAL.**—The Secretary shall make grants to, and enter into contracts with, designated health professions schools described in subsection (c), and other public and nonprofit health or educational entities, for the purpose of assisting the schools in supporting programs of excellence in health professions education for under-represented minority individuals.

(b) **REQUIRED USE OF FUNDS.**—The Secretary may not make a grant under subsection (a) unless the designated health professions school involved agrees, subject to subsection (c)(1)(C), to expend the grant—

(1) to develop a large competitive applicant pool through linkages with institutions of higher education, local school districts, and other community-based entities and establish an education pipeline for health professions careers;

(2) to establish, strengthen, or expand programs to enhance the academic performance of under-represented minority students attending the school;

(3) to improve the capacity of such school to train, recruit, and retain under-represented minority faculty including the payment of such stipends and fellowships as the Secretary may determine appropriate;

(4) to carry out activities to improve the information resources, clinical education, curricula and cultural competence of the graduates of the school, as it relates to minority health issues;

(5) to facilitate faculty and student research on health issues particularly affecting under-represented minority groups, in-

cluding research on issues relating to the delivery of health care;

(6) to carry out a program to train students of the school in providing health services to a significant number of under-represented minority individuals through training provided to such students at community-based health facilities that—

(A) provide such health services; and

(B) are located at a site remote from the main site of the teaching facilities of the school; and

(7) to provide stipends as the Secretary determines appropriate, in amounts as the Secretary determines appropriate.

(c) CENTERS OF EXCELLENCE.—

(1) DESIGNATED SCHOOLS.—

(A) IN GENERAL.—The designated health professions schools referred to in subsection (a) are such schools that meet each of the conditions specified in subparagraphs (B) and (C), and that—

(i) meet each of the conditions specified in paragraph (2)(A);

(ii) meet each of the conditions specified in paragraph (3);

(iii) meet each of the conditions specified in paragraph (4); or

(iv) meet each of the conditions specified in paragraph (5).

(B) GENERAL CONDITIONS.—The conditions specified in this subparagraph are that a designated health professions school—

(i) has a significant number of under-represented minority individuals enrolled in the school, including individuals accepted for enrollment in the school;

(ii) has been effective in assisting under-represented minority students of the school to complete the program of education and receive the degree involved;

(iii) has been effective in recruiting under-represented minority individuals to enroll in and graduate from the school, including providing scholarships and other financial assistance to such individuals and encouraging under-represented minority students from all levels of the educational pipeline to pursue health professions careers; and

(iv) has made significant recruitment efforts to increase the number of under-represented minority individuals serving in faculty or administrative positions at the school.

(C) CONSORTIUM.—The condition specified in this subparagraph is that, in accordance with subsection (e)(1), the designated health profession school involved has with other health profession schools (designated or otherwise) formed a consortium to carry out the purposes described in subsection (b) at the schools of the consortium.

(D) APPLICATION OF CRITERIA TO OTHER PROGRAMS.—In the case of any criteria established by the Secretary for purposes of determining whether schools meet the conditions described in subparagraph (B), this section may not,

with respect to racial and ethnic minorities, be construed to authorize, require, or prohibit the use of such criteria in any program other than the program established in this section.

(2) CENTERS OF EXCELLENCE AT CERTAIN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES.—

(A) CONDITIONS.—The conditions specified in this subparagraph are that a designated health professions school—

- (i) is a school described in section 799B(1); and
- (ii) received a contract under section 788B for fiscal year 1987, as such section was in effect for such fiscal year.

(B) USE OF GRANT.—In addition to the purposes described in subsection (b), a grant under subsection (a) to a designated health professions school meeting the conditions described in subparagraph (A) may be expended—

- (i) to develop a plan to achieve institutional improvements, including financial independence, to enable the school to support programs of excellence in health professions education for under-represented minority individuals; and
- (ii) to provide improved access to the library and informational resources of the school.

(C) EXCEPTION.—The requirements of paragraph (1)(C) shall not apply to a historically black college or university that receives funding under paragraphs (2) or (5).

(3) HISPANIC CENTERS OF EXCELLENCE.—The conditions specified in this paragraph are that—

(A) with respect to Hispanic individuals, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;

(B) the school agrees, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Hispanic individuals; and

(C) the school agrees, as a condition of receiving a grant under subsection (a), that—

- (i) the school will establish an arrangement with 1 or more public or nonprofit community based Hispanic serving organizations, or public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Hispanic individuals, the purposes of which will be to carry out a program—

(I) to identify Hispanic students who are interested in a career in the health profession involved; and

(II) to facilitate the educational preparation of such students to enter the health professions school; and

- (ii) the school will make efforts to recruit Hispanic students, including students who have participated in

the undergraduate or other matriculation program carried out under arrangements established by the school pursuant to clause (i)(II) and will assist Hispanic students regarding the completion of the educational requirements for a degree from the school.

(4) NATIVE AMERICAN CENTERS OF EXCELLENCE.—Subject to subsection (e), the conditions specified in this paragraph are that—

(A) with respect to Native Americans, each of clauses (i) through (iv) of paragraph (1)(B) applies to the designated health professions school involved;

(B) the school agrees, as a condition of receiving a grant under subsection (a), that the school will, in carrying out the duties described in subsection (b), give priority to carrying out the duties with respect to Native Americans; and

(C) the school agrees, as a condition of receiving a grant under subsection (a), that—

(i) the school will establish an arrangement with 1 or more public or nonprofit private institutions of higher education, including schools of nursing, whose enrollment of students has traditionally included a significant number of Native Americans, the purpose of which arrangement will be to carry out a program—

(I) to identify Native American students, from the institutions of higher education referred to in clause (i), who are interested in health professions careers; and

(II) to facilitate the educational preparation of such students to enter the designated health professions school; and

(ii) the designated health professions school will make efforts to recruit Native American students, including students who have participated in the undergraduate program carried out under arrangements established by the school pursuant to clause (i) and will assist Native American students regarding the completion of the educational requirements for a degree from the designated health professions school.

(5) OTHER CENTERS OF EXCELLENCE.—The conditions specified in this paragraph are—

(A) with respect to other centers of excellence, the conditions described in clauses (i) through (iv) of paragraph (1)(B); and

(B) that the health professions school involved has an enrollment of under-represented minorities above the national average for such enrollments of health professions schools.

(d) DESIGNATION AS CENTER OF EXCELLENCE.—

(1) IN GENERAL.—Any designated health professions school receiving a grant under subsection (a) and meeting the conditions described in paragraph (2) or (5) of subsection (c) shall, for purposes of this section, be designated by the Secretary as a Center of Excellence in Under-Represented Minority Health Professions Education.

(2) HISPANIC CENTERS OF EXCELLENCE.—Any designated health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(3) shall, for purposes of this section, be designated by the Secretary as a Hispanic Center of Excellence in Health Professions Education.

(3) NATIVE AMERICAN CENTERS OF EXCELLENCE.—Any designated health professions school receiving a grant under subsection (a) and meeting the conditions described in subsection (c)(4) shall, for purposes of this section, be designated by the Secretary as a Native American Center of Excellence in Health Professions Education. Any consortium receiving such a grant pursuant to subsection (e) shall, for purposes of this section, be so designated.

(e) AUTHORITY REGARDING NATIVE AMERICAN CENTERS OF EXCELLENCE.—With respect to meeting the conditions specified in subsection (c)(4), the Secretary may make a grant under subsection (a) to a designated health professions school that does not meet such conditions if—

(1) the school has formed a consortium in accordance with subsection (d)(1); and

(2) the schools of the consortium collectively meet such conditions, without regard to whether the schools individually meet such conditions.

(f) DURATION OF GRANT.—The period during which payments are made under a grant under subsection (a) may not exceed 5 years. Such payments shall be subject to annual approval by the Secretary and to the availability of appropriations for the fiscal year involved to make the payments.

(g) DEFINITIONS.—In this section:

(1) DESIGNATED HEALTH PROFESSIONS SCHOOL.—

(A) IN GENERAL.—The term “health professions school” means, except as provided in subparagraph (B), a school of medicine, a school of osteopathic medicine, a school of dentistry, a school of pharmacy, or a graduate program in behavioral or mental health.

(B) EXCEPTION.—The definition established in subparagraph (A) shall not apply to the use of the term “designated health professions school” for purposes of subsection (c)(2).

(2) PROGRAM OF EXCELLENCE.—The term “program of excellence” means any program carried out by a designated health professions school with a grant made under subsection (a), if the program is for purposes for which the school involved is authorized in subsection (b) or (c) to expend the grant.

(3) NATIVE AMERICANS.—The term “Native Americans” means American Indians, Alaskan Natives, Aleuts, and Native Hawaiians.

(h) FORMULA FOR ALLOCATIONS.—

(1) ALLOCATIONS.—Based on the amount appropriated under subsection (i) for a fiscal year, the following subparagraphs shall apply as appropriate:

(A) IN GENERAL.—If the amounts appropriated under subsection (i) for a fiscal year are \$24,000,000 or less—

(i) the Secretary shall make available \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A); and

(ii) and available after grants are made with funds under clause (i), the Secretary shall make available—

(I) 60 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting the conditions under subsection (e)); and

(II) 40 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

(B) FUNDING IN EXCESS OF \$24,000,000.—If amounts appropriated under subsection (i) for a fiscal year exceed \$24,000,000 but are less than \$30,000,000—

(i) 80 percent of such excess amounts shall be made available for grants under subsection (a) to health professions schools that meet the requirements described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e)); and

(ii) 20 percent of such excess amount shall be made available for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

(C) FUNDING IN EXCESS OF \$30,000,000.—If amounts appropriated under subsection (i) for a fiscal year exceed \$30,000,000 but are less than \$40,000,000, the Secretary shall make available—

(i) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);

(ii) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));

(iii) not less than \$6,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and

(iv) after grants are made with funds under clauses (i) through (iii), any remaining excess amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).

(D) FUNDING IN EXCESS OF \$40,000,000.—If amounts appropriated under subsection (i) for a fiscal year are \$40,000,000 or more, the Secretary shall make available—

(i) not less than \$16,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);

(ii) not less than \$16,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of sub-

section (c) (including meeting conditions pursuant to subsection (e));

(iii) not less than \$8,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and

(iv) after grants are made with funds under clauses (i) through (iii), any remaining funds for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).

(2) NO LIMITATION.—Nothing in this subsection shall be construed as limiting the centers of excellence referred to in this section to the designated amount, or to preclude such entities from competing for grants under this section.

(3) MAINTENANCE OF EFFORT.—

(A) IN GENERAL.—With respect to activities for which a grant made under this part are authorized to be expended, the Secretary may not make such a grant to a center of excellence for any fiscal year unless the center agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the center for the fiscal year preceding the fiscal year for which the school receives such a grant.

(B) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a center of excellence and available for carrying out activities for which a grant under this part is authorized to be expended, the center shall, before expending the grant, expend the Federal amounts obtained from sources other than the grant, unless given prior approval from the Secretary.

[(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

[(1) \$50,000,000 for each of the fiscal years 2010 through 2015; and

[(2) and such sums as are necessary for each subsequent fiscal year.]

(i) AUTHORIZATION OF APPROPRIATIONS.—*To carry out this section, there is authorized to be appropriated \$24,897,000 for each of fiscal years 2020 through 2024.*

\* \* \* \* \*

**SEC. 740. AUTHORIZATION OF APPROPRIATION.**

(a) SCHOLARSHIPS.—There are authorized to be appropriated to carry out section 737, [\$51,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011 through 2014] \$51,419,000 for each of fiscal years 2020 through 2024. Of the amount appropriated in any fiscal year, the Secretary shall ensure that not less than 16 percent shall be distributed to schools of nursing.

(b) LOAN REPAYMENTS AND FELLOWSHIPS.—For the purpose of carrying out section 738, there is authorized to be appropriated, [\$5,000,000 for each of the fiscal years 2010 through 2014] \$1,250,000 for each of fiscal years 2020 through 2024.

(c) EDUCATIONAL ASSISTANCE IN HEALTH PROFESSIONS REGARDING INDIVIDUALS FOR DISADVANTAGED BACKGROUNDS.—For the purpose of grants and contracts under section 739(a)(1), there is authorized to be appropriated [\\$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014] *\$20,000,000 for each of fiscal years 2020 through 2024*. The Secretary may use not to exceed 20 percent of the amount appropriated for a fiscal year under this subsection to provide scholarships under section 739(a)(2)(F).

(d) REPORT.—Not later than 6 months after the date of enactment of this part, the Secretary shall prepare and submit to the appropriate committees of Congress a report concerning the efforts of the Secretary to address the need for a representative mix of individuals from historically minority health professions schools, or from institutions or other entities that historically or by geographic location have a demonstrated record of training or educating underrepresented minorities, within various health professions disciplines, on peer review councils.

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## **PART C—TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, PHYSICIAN ASSISTANTS, GENERAL DENTISTRY, AND PEDIATRIC DENTISTRY**

### **Subpart I—Medical Training Generally**

#### **SEC. 747. PRIMARY CARE TRAINING AND ENHANCEMENT.**

(a) SUPPORT AND DEVELOPMENT OF PRIMARY CARE TRAINING PROGRAMS.—

(1) IN GENERAL.—The Secretary may make grants to, or enter into contracts with, an accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract—

(A) to plan, develop, operate, or participate in an accredited professional training program, including an accredited residency or internship program in the field of family medicine, general internal medicine, or general pediatrics for medical students, interns, residents, or practicing physicians as defined by the Secretary;

(B) to provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents, practicing physicians, or other medical personnel, who are participants in any such program, and who plan to specialize or work in the practice of the fields defined in subparagraph (A);

(C) to plan, develop, and operate a program for the training of physicians who plan to teach in family medicine, general internal medicine, or general pediatrics training programs;

(D) to plan, develop, and operate a program for the training of physicians teaching in community-based settings;

(E) to provide financial assistance in the form of traineeships and fellowships to physicians who are participants in any such programs and who plan to teach or conduct research in a family medicine, general internal medicine, or general pediatrics training program;

(F) to plan, develop, and operate a physician assistant education program, and for the training of individuals who will teach in programs to provide such training;

(G) to plan, develop, and operate a demonstration program that provides training in new competencies, as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry and the National Health Care Workforce Commission established in section 5101 of the Patient Protection and Affordable Care Act, which may include—

(i) providing training to primary care physicians relevant to providing care through patient-centered medical homes (as defined by the Secretary for purposes of this section);

(ii) developing tools and curricula relevant to patient-centered medical homes; and

(iii) providing continuing education to primary care physicians relevant to patient-centered medical homes; and

(H) to plan, develop, and operate joint degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies and injury control.

(2) DURATION OF AWARDS.—The period during which payments are made to an entity from an award of a grant or contract under this subsection shall be 5 years.

(b) CAPACITY BUILDING IN PRIMARY CARE.—

(1) IN GENERAL.—The Secretary may make grants to or enter into contracts with accredited schools of medicine or osteopathic medicine to establish, maintain, or improve—

(A) academic units or programs that improve clinical teaching and research in fields defined in subsection (a)(1)(A); or

(B) programs that integrate academic administrative units in fields defined in subsection (a)(1)(A) to enhance interdisciplinary recruitment, training, and faculty development.

(2) PREFERENCE IN MAKING AWARDS UNDER THIS SUBSECTION.—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

(A) establishing academic units or programs in fields defined in subsection (a)(1)(A); or

(B) substantially expanding such units or programs.

(3) PRIORITIES IN MAKING AWARDS.—In awarding grants or contracts under paragraph (1), the Secretary shall give priority to qualified applicants that—

(A) proposes a collaborative project between academic administrative units of primary care;

(B) proposes innovative approaches to clinical teaching using models of primary care, such as the patient centered medical home, team management of chronic disease, and interprofessional integrated models of health care that incorporate transitions in health care settings and integration physical and mental health provision;

(C) have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers trained, who enter and remain in primary care practice;

(D) have a record of training individuals who are from underrepresented minority groups or from a rural or disadvantaged background;

(E) provide training in the care of vulnerable populations such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with HIV/AIDS, and individuals with disabilities;

(F) establish formal relationships and submit joint applications with federally qualified health centers, rural health clinics, area health education centers, or clinics located in underserved areas or that serve underserved populations;

(G) teach trainees the skills to provide interprofessional, integrated care through collaboration among health professionals;

(H) provide training in enhanced communication with patients, evidence-based practice, chronic disease management, preventive care, health information technology, or other competencies as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry and the National Health Care Workforce Commission established in section 5101 of the Patient Protection and Affordable Care Act; or

(I) provide training in cultural competency and health literacy.

(4) DURATION OF AWARDS.—The period during which payments are made to an entity from an award of a grant or contract under this subsection shall be 5 years.

(c) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—For purposes of carrying out this section (other than subsection (b)(1)(B)), there are authorized to be appropriated **[\$125,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014]** *\$51,371,000 for each of fiscal years 2020 through 2024.*

(2) TRAINING PROGRAMS.—Fifteen percent of the amount appropriated pursuant to paragraph (1) in each such fiscal year shall be allocated to the physician assistant training programs described in subsection (a)(1)(F), which prepare students for practice in primary care.

(3) INTEGRATING ACADEMIC ADMINISTRATIVE UNITS.—For purposes of carrying out subsection (b)(1)(B), there are authorized to be appropriated \$750,000 for each of fiscal years 2010 through 2014.

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**SEC. 748. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY.**

(a) SUPPORT AND DEVELOPMENT OF DENTAL TRAINING PROGRAMS.—

(1) IN GENERAL.—The Secretary may make grants to, or enter into contracts with, a school of dentistry, public or non-profit private hospital, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract—

(A) to plan, develop, and operate, or participate in, an approved professional training program in the field of general dentistry, pediatric dentistry, or public health dentistry for dental students, residents, practicing dentists, dental hygienists, or other approved primary care dental trainees, that emphasizes training for general, pediatric, or public health dentistry;

(B) to provide financial assistance to dental students, residents, practicing dentists, and dental hygiene students who are in need thereof, who are participants in any such program, and who plan to work in the practice of general, pediatric, public health dentistry, or dental hygiene;

(C) to plan, develop, and operate a program for the training of oral health care providers who plan to teach in general, pediatric, public health dentistry, or dental hygiene;

(D) to provide financial assistance in the form of traineeships and fellowships to dentists who plan to teach or are teaching in general, pediatric, or public health dentistry;

(E) to meet the costs of projects to establish, maintain, or improve dental faculty development programs in primary care (which may be departments, divisions or other units);

(F) to meet the costs of projects to establish, maintain, or improve predoctoral and postdoctoral training in primary care programs;

(G) to create a loan repayment program for faculty in dental programs; and

(H) to provide technical assistance to pediatric training programs in developing and implementing instruction regarding the oral health status, dental care needs, and risk-based clinical disease management of all pediatric populations with an emphasis on underserved children.

(2) FACULTY LOAN REPAYMENT.—

(A) IN GENERAL.—A grant or contract under subsection (a)(1)(G) may be awarded to a program of general, pediatric, or public health dentistry described in such subsection to plan, develop, and operate a loan repayment program under which—

(i) individuals agree to serve full-time as faculty members; and

(ii) the program of general, pediatric or public health dentistry agrees to pay the principal and interest on the outstanding student loans of the individuals.

(B) MANNER OF PAYMENTS.—With respect to the payments described in subparagraph (A)(ii), upon completion by an individual of each of the first, second, third, fourth, and fifth years of service, the program shall pay an amount equal to 10, 15, 20, 25, and 30 percent, respectively, of the individual's student loan balance as calculated based on principal and interest owed at the initiation of the agreement.

(b) ELIGIBLE ENTITY.—For purposes of this subsection, entities eligible for such grants or contracts in general, pediatric, or public health dentistry shall include entities that have programs in dental or dental hygiene schools, or approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry. Eligible entities may partner with schools of public health to permit the education of dental students, residents, and dental hygiene students for a master's year in public health at a school of public health.

(c) PRIORITIES IN MAKING AWARDS.—With respect to training provided for under this section, the Secretary shall give priority in awarding grants or contracts to the following:

(1) Qualified applicants that propose collaborative projects between departments of primary care medicine and departments of general, pediatric, or public health dentistry.

(2) Qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers, who enter and remain in general, pediatric, or public health dentistry.

(3) Qualified applicants that have a record of training individuals who are from a rural or disadvantaged background, or from underrepresented minorities.

(4) Qualified applicants that establish formal relationships with Federally qualified health centers, rural health centers, or accredited teaching facilities and that conduct training of students, residents, fellows, or faculty at the center or facility.

(5) Qualified applicants that conduct teaching programs targeting vulnerable populations such as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with disabilities, and individuals with HIV/AIDS, and in the risk-based clinical disease management of all populations.

(6) Qualified applicants that include educational activities in cultural competency and health literacy.

(7) Qualified applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings.

(8) Qualified applicants that intend to establish a special populations oral health care education center or training pro-

gram for the didactic and clinical education of dentists, dental health professionals, and dental hygienists who plan to teach oral health care for people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly.

(d) APPLICATION.—An eligible entity desiring a grant under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(e) DURATION OF AWARD.—The period during which payments are made to an entity from an award of a grant or contract under subsection (a) shall be 5 years. The provision of such payments shall be subject to annual approval by the Secretary and subject to the availability of appropriations for the fiscal year involved to make the payments.

(f) AUTHORIZATIONS OF APPROPRIATIONS.—For the purpose of carrying out subsections (a) and (b), there is authorized to be appropriated ~~【\$30,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2015】~~ \$42,707,000 for each of fiscal years 2020 through 2024.

(g) CARRYOVER FUNDS.—An entity that receives an award under this section may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary. In no case may any funds be carried over pursuant to the preceding sentence for more than 3 years.

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**PART D—INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES**

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**SEC. 751. AREA HEALTH EDUCATION CENTERS.**

(a) ESTABLISHMENT OF AWARDS.—The Secretary shall make the following 2 types of awards in accordance with this section:

(1) INFRASTRUCTURE DEVELOPMENT AWARD.—The Secretary shall make awards to eligible entities to enable such entities to initiate health care workforce educational programs or to continue to carry out comparable programs that are operating at the time the award is made by planning, developing, operating, and evaluating an area health education center program.

(2) POINT OF SERVICE MAINTENANCE AND ENHANCEMENT AWARD.—The Secretary shall make awards to eligible entities to maintain and improve the effectiveness and capabilities of an existing area health education center program, and make other modifications to the program that are appropriate due to changes in demographics, needs of the populations served, or other similar issues affecting the area health education center program. For the purposes of this section, the term “Program” refers to the area health education center program.

(b) ELIGIBLE ENTITIES; APPLICATION.—

(1) ELIGIBLE ENTITIES.—

(A) INFRASTRUCTURE DEVELOPMENT.—For purposes of subsection (a)(1), the term “eligible entity” means a school

of medicine or osteopathic medicine, an incorporated consortium of such schools, or the parent institutions of such a school. With respect to a State in which no area health education center program is in operation, the Secretary may award a grant or contract under subsection (a)(1) to a school of nursing.

(B) POINT OF SERVICE MAINTENANCE AND ENHANCEMENT.—For purposes of subsection (a)(2), the term “eligible entity” means an entity that has received funds under this section, is operating an area health education center program, including an area health education center or centers, and has a center or centers that are no longer eligible to receive financial assistance under subsection (a)(1).

(2) APPLICATION.—An eligible entity desiring to receive an award under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(c) USE OF FUNDS.—

(1) REQUIRED ACTIVITIES.—An eligible entity shall use amounts awarded under a grant under subsection (a)(1) or (a)(2) to carry out the following activities:

(A) Develop and implement strategies, in coordination with the applicable one-stop delivery system under section 134(c) of the Workforce Investment Act of 1998, to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.

(B) Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations, in collaboration with other Federal and State health care workforce development programs, the State workforce agency, and local workforce investment boards, and in health care safety net sites.

(C) Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, Federally qualified health centers, rural health clinics, public health departments, or other appropriate facilities.

(D) Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.

(E) Deliver or facilitate continuing education and information dissemination programs for health care profes-

sionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations.

(F) Propose and implement effective program and outcomes measurement and evaluation strategies.

(G) Establish a youth public health program to expose and recruit high school students into health careers, with a focus on careers in public health.

(2) INNOVATIVE OPPORTUNITIES.—An eligible entity may use amounts awarded under a grant under subsection (a)(1) or subsection (a)(2) to carry out any of the following activities:

(A) Develop and implement innovative curricula in collaboration with community-based accredited primary care residency training programs, Federally qualified health centers, rural health clinics, behavioral and mental health facilities, public health departments, or other appropriate facilities, with the goal of increasing the number of primary care physicians and other primary care providers prepared to serve in underserved areas and health disparity populations.

(B) Coordinate community-based participatory research with academic health centers, and facilitate rapid flow and dissemination of evidence-based health care information, research results, and best practices to improve quality, efficiency, and effectiveness of health care and health care systems within community settings.

(C) Develop and implement other strategies to address identified workforce needs and increase and enhance the health care workforce in the area served by the area health education center program.

(d) REQUIREMENTS.—

(1) AREA HEALTH EDUCATION CENTER PROGRAM.—In carrying out this section, the Secretary shall ensure the following:

(A) An entity that receives an award under this section shall conduct at least 10 percent of clinical education required for medical students in community settings that are removed from the primary teaching facility of the contracting institution for grantees that operate a school of medicine or osteopathic medicine. In States in which an entity that receives an award under this section is a nursing school or its parent institution, the Secretary shall alternatively ensure that—

(i) the nursing school conducts at least 10 percent of clinical education required for nursing students in community settings that are remote from the primary teaching facility of the school; and

(ii) the entity receiving the award maintains a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the area health education center program area.

(B) An entity receiving funds under subsection (a)(2) does not distribute such funding to a center that is eligible to receive funding under subsection (a)(1).

(2) AREA HEALTH EDUCATION CENTER.—The Secretary shall ensure that each area health education center program in-

cludes at least 1 area health education center, and that each such center—

(A) is a public or private organization whose structure, governance, and operation is independent from the award-ee and the parent institution of the awardee;

(B) is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;

(C) designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;

(D) fosters networking and collaboration among communities and between academic health centers and community-based centers;

(E) serves communities with a demonstrated need of health professionals in partnership with academic medical centers;

(F) addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and

(G) has a community-based governing or advisory board that reflects the diversity of the communities involved.

(e) MATCHING FUNDS.—With respect to the costs of operating a program through a grant under this section, to be eligible for financial assistance under this section, an entity shall make available (directly or through contributions from State, county or municipal governments, or the private sector) recurring non-Federal contributions in cash or in kind, toward such costs in an amount that is equal to not less than 50 percent of such costs. At least 25 percent of the total required non-Federal contributions shall be in cash. An entity may apply to the Secretary for a waiver of not more than 75 percent of the matching fund amount required by the entity for each of the first 3 years the entity is funded through a grant under subsection (a)(1).

(f) LIMITATION.—Not less than 75 percent of the total amount provided to an area health education center program under subsection (a)(1) or (a)(2) shall be allocated to the area health education centers participating in the program under this section. To provide needed flexibility to newly funded area health education center programs, the Secretary may waive the requirement in the sentence for the first 2 years of a new area health education center program funded under subsection (a)(1).

(g) AWARD.—An award to an entity under this section shall be not less than \$250,000 annually per area health education center included in the program involved. If amounts appropriated to carry out this section are not sufficient to comply with the preceding sentence, the Secretary may reduce the per center amount provided for in such sentence as necessary, provided the distribution established in subsection (j)(2) is maintained.

(h) PROJECT TERMS.—

(1) IN GENERAL.—Except as provided in paragraph (2), the period during which payments may be made under an award under subsection (a)(1) may not exceed—

(A) in the case of a program, 12 years; or

(B) in the case of a center within a program, 6 years.

(2) EXCEPTION.—The periods described in paragraph (1) shall not apply to programs receiving point of service maintenance and enhancement awards under subsection (a)(2) to maintain existing centers and activities.

(i) INAPPLICABILITY OF PROVISION.—Notwithstanding any other provision of this title, section 791(a) shall not apply to an area health education center funded under this section.

(j) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—There is authorized to be appropriated to carry out this section ~~【\$125,000,000 for each of the fiscal years 2010 through 2014】~~ *\$42,075,000 for each of fiscal years 2020 through 2024.*

(2) REQUIREMENTS.—Of the amounts appropriated for a fiscal year under paragraph (1)—

(A) not more than 35 percent shall be used for awards under subsection (a)(1);

(B) not less than 60 percent shall be used for awards under subsection (a)(2);

(C) not more than 1 percent shall be used for grants and contracts to implement outcomes evaluation for the area health education centers; and

(D) not more than 4 percent shall be used for grants and contracts to provide technical assistance to entities receiving awards under this section.

(3) CARRYOVER FUNDS.—An entity that receives an award under this section may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary. In no case may any funds be carried over pursuant to the preceding sentence for more than 3 years.

(k) SENSE OF CONGRESS.—It is the sense of the Congress that every State have an area health education center program in effect under this section.

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**[SEC. 753. EDUCATION AND TRAINING RELATING TO GERIATRICS.**

**[(a) GERIATRIC EDUCATION CENTERS.—**

**[(1) IN GENERAL.—**The Secretary shall award grants or contracts under this section to entities described in paragraphs (1), (3), or (4) of section 799B, and section 801(2), for the establishment or operation of geriatric education centers.

**[(2) REQUIREMENTS.—**A geriatric education center is a program that—

**[(A) improves the training of health professionals in geriatrics, including geriatric residencies, traineeships, or fellowships;**

**[(B) develops and disseminates curricula relating to the treatment of the health problems of elderly individuals;**

**[(C) supports the training and retraining of faculty to provide instruction in geriatrics;**

[(D) supports continuing education of health professionals who provide geriatric care; and

[(E) provides students with clinical training in geriatrics in nursing homes, chronic and acute disease hospitals, ambulatory care centers, and senior centers.

[(b) GERIATRIC TRAINING REGARDING PHYSICIANS AND DENTISTS.—

[(1) IN GENERAL.—The Secretary may make grants to, and enter into contracts with, schools of medicine, schools of osteopathic medicine, teaching hospitals, and graduate medical education programs, for the purpose of providing support (including residencies, traineeships, and fellowships) for geriatric training projects to train physicians, dentists and behavioral and mental health professionals who plan to teach geriatric medicine, geriatric behavioral or mental health, or geriatric dentistry.

[(2) REQUIREMENTS.—Each project for which a grant or contract is made under this subsection shall—

[(A) be staffed by full-time teaching physicians who have experience or training in geriatric medicine or geriatric behavioral or mental health;

[(B) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching dentists who have experience or training in geriatric dentistry;

[(C) be staffed, or enter into an agreement with an institution staffed by full-time or part-time teaching behavioral mental health professionals who have experience or training in geriatric behavioral or mental health;

[(D) be based in a graduate medical education program in internal medicine or family medicine or in a department of geriatrics or behavioral or mental health;

[(E) provide training in geriatrics and exposure to the physical and mental disabilities of elderly individuals through a variety of service rotations, such as geriatric consultation services, acute care services, dental services, geriatric behavioral or mental health units, day and home care programs, rehabilitation services, extended care facilities, geriatric ambulatory care and comprehensive evaluation units, and community care programs for elderly individuals with intellectual disabilities; and

[(F) provide training in geriatrics through one or both of the training options described in subparagraphs (A) and (B) of paragraph (3).

[(3) TRAINING OPTIONS.—The training options referred to in subparagraph (F) of paragraph (2) shall be as follows:

[(A) A 1-year retraining program in geriatrics for—

[(i) physicians who are faculty members in departments of internal medicine, family medicine, gynecology, geriatrics, and behavioral or mental health at schools of medicine and osteopathic medicine;

[(ii) dentists who are faculty members at schools of dentistry or at hospital departments of dentistry; and

[(iii) behavioral or mental health professionals who are faculty members in departments of behavioral or mental health; and

[(B) A 2-year internal medicine or family medicine fellowship program providing emphasis in geriatrics, which shall be designed to provide training in clinical geriatrics and geriatrics research for—

[(i) physicians who have completed graduate medical education programs in internal medicine, family medicine, behavioral or mental health, neurology, gynecology, or rehabilitation medicine;

[(ii) dentists who have demonstrated a commitment to an academic career and who have completed postdoctoral dental training, including postdoctoral dental education programs or who have relevant advanced training or experience; and

[(iii) behavioral or mental health professionals who have completed graduate medical education programs in behavioral or mental health.

[(4) DEFINITIONS.—For purposes of this subsection:

[(A) The term “graduate medical education program” means a program sponsored by a school of medicine, a school of osteopathic medicine, a hospital, or a public or private institution that—

[(i) offers postgraduate medical training in the specialties and subspecialties of medicine; and

[(ii) has been accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association through its Committee on Postdoctoral Training.

[(B) The term “post-doctoral dental education program” means a program sponsored by a school of dentistry, a hospital, or a public or private institution that—

[(i) offers post-doctoral training in the specialties of dentistry, advanced education in general dentistry, or a dental general practice residency; and

[(ii) has been accredited by the Commission on Dental Accreditation.

[(c) GERIATRIC FACULTY FELLOWSHIPS.—

[(1) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program to provide Geriatric Academic Career Awards to eligible individuals to promote the career development of such individuals as academic geriatricians.

[(2) ELIGIBLE INDIVIDUALS.—To be eligible to receive an Award under paragraph (1), an individual shall—

[(A) be board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or have completed any required training in a discipline and employed in an accredited health professions school that is approved by the Secretary;

[(B) have completed an approved fellowship program in geriatrics or have completed specialty training in geriatrics as required by the discipline and any addition geriatrics training as required by the Secretary; and

[(C) have a junior (non-tenured) faculty appointment at an accredited (as determined by the Secretary) school of medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or other allied health dis-

ciplines in an accredited health professions school that is approved by the Secretary.

[(3) LIMITATIONS.—No Award under paragraph (1) may be made to an eligible individual unless the individual—

[(A) has submitted to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary has approved such application;

[(B) provides, in such form and manner as the Secretary may require, assurances that the individual will meet the service requirement described in paragraph (6); and

[(C) provides, in such form and manner as the Secretary may require, assurances that the individual has a full-time faculty appointment in a health professions institution and documented commitment from such institution to spend 75 percent of the total time of such individual on teaching and developing skills in interdisciplinary education in geriatrics.

[(4) MAINTENANCE OF EFFORT.—An eligible individual that receives an Award under paragraph (1) shall provide assurances to the Secretary that funds provided to the eligible individual under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the eligible individual.

[(5) AMOUNT AND TERM.—

[(A) AMOUNT.—The amount of an Award under this section for individuals who are physicians shall equal \$50,000 for fiscal year 1998, adjusted for subsequent fiscal years to reflect the increase in the Consumer Price Index. The Secretary shall determine the amount of an Award under this section for individuals who are not physicians.

[(B) TERM.—The term of any Award made under this subsection shall not exceed 5 years.

[(C) PAYMENT TO INSTITUTION.—The Secretary shall make payments to institutions which include schools of medicine, osteopathic medicine, nursing, social work, psychology, dentistry, and pharmacy, or other allied health discipline in an accredited health professions school that is approved by the Secretary.

[(6) SERVICE REQUIREMENT.—An individual who receives an Award under this subsection shall provide training in clinical geriatrics, including the training of interdisciplinary teams of health care professionals. The provision of such training shall constitute at least 75 percent of the obligations of such individual under the Award.

[(d) GERIATRIC WORKFORCE DEVELOPMENT.—

[(1) IN GENERAL.—The Secretary shall award grants or contracts under this subsection to entities that operate a geriatric education center pursuant to subsection (a)(1).

[(2) APPLICATION.—To be eligible for an award under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

[(3) USE OF FUNDS.—Amounts awarded under a grant or contract under paragraph (1) shall be used to—

[(A) carry out the fellowship program described in paragraph (4); and

[(B) carry out 1 of the 2 activities described in paragraph (5).

[(4) FELLOWSHIP PROGRAM.—

[(A) IN GENERAL.—Pursuant to paragraph (3), a geriatric education center that receives an award under this subsection shall use such funds to offer short-term intensive courses (referred to in this subsection as a “fellowship”) that focus on geriatrics, chronic care management, and long-term care that provide supplemental training for faculty members in medical schools and other health professions schools with programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health, or other health disciplines, as approved by the Secretary. Such a fellowship shall be open to current faculty, and appropriately credentialed volunteer faculty and practitioners, who do not have formal training in geriatrics, to upgrade their knowledge and clinical skills for the care of older adults and adults with functional limitations and to enhance their interdisciplinary teaching skills.

[(B) LOCATION.—A fellowship shall be offered either at the geriatric education center that is sponsoring the course, in collaboration with other geriatric education centers, or at medical schools, schools of dentistry, schools of nursing, schools of pharmacy, schools of social work, graduate programs in psychology, or allied health and other health professions schools approved by the Secretary with which the geriatric education centers are affiliated.

[(C) CME CREDIT.—Participation in a fellowship under this paragraph shall be accepted with respect to complying with continuing health profession education requirements. As a condition of such acceptance, the recipient shall agree to subsequently provide a minimum of 18 hours of voluntary instructional support through a geriatric education center that is providing clinical training to students or trainees in long-term care settings.

[(5) ADDITIONAL REQUIRED ACTIVITIES DESCRIBED.—Pursuant to paragraph (3), a geriatric education center that receives an award under this subsection shall use such funds to carry out 1 of the following 2 activities.

[(A) FAMILY CAREGIVER AND DIRECT CARE PROVIDER TRAINING.—A geriatric education center that receives an award under this subsection shall offer at least 2 courses each year, at no charge or nominal cost, to family caregivers and direct care providers that are designed to provide practical training for supporting frail elders and individuals with disabilities. The Secretary shall require such Centers to work with appropriate community partners to develop training program content and to publicize the availability of training courses in their service areas. All family caregiver and direct care provider training programs shall include instruction on the management of psychological and behavioral aspects of dementia, communication techniques for working with individuals who have de-

mentia, and the appropriate, safe, and effective use of medications for older adults.

【(B) INCORPORATION OF BEST PRACTICES.—A geriatric education center that receives an award under this subsection shall develop and include material on depression and other mental disorders common among older adults, medication safety issues for older adults, and management of the psychological and behavioral aspects of dementia and communication techniques with individuals who have dementia in all training courses, where appropriate.

【(6) TARGETS.—A geriatric education center that receives an award under this subsection shall meet targets approved by the Secretary for providing geriatric training to a certain number of faculty or practitioners during the term of the award, as well as other parameters established by the Secretary.

【(7) AMOUNT OF AWARD.—An award under this subsection shall be in an amount of \$150,000. Not more than 24 geriatric education centers may receive an award under this subsection.

【(8) MAINTENANCE OF EFFORT.—A geriatric education center that receives an award under this subsection shall provide assurances to the Secretary that funds provided to the geriatric education center under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the geriatric education center.

【(9) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other funding available to carry out this section, there is authorized to be appropriated to carry out this subsection, \$10,800,000 for the period of fiscal year 2011 through 2014.

【(e) GERIATRIC CAREER INCENTIVE AWARDS.—

【(1) IN GENERAL.—The Secretary shall award grants or contracts under this section to individuals described in paragraph (2) to foster greater interest among a variety of health professionals in entering the field of geriatrics, long-term care, and chronic care management.

【(2) ELIGIBLE INDIVIDUALS.—To be eligible to received an award under paragraph (1), an individual shall—

【(A) be an advanced practice nurse, a clinical social worker, a pharmacist, or student of psychology who is pursuing a doctorate or other advanced degree in geriatrics or related fields in an accredited health professions school; and

【(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

【(3) CONDITION OF AWARD.—As a condition of receiving an award under this subsection, an individual shall agree that, following completion of the award period, the individual will teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of 5 years under guidelines set by the Secretary.

【(4) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, \$10,000,000 for the period of fiscal years 2011 through 2013.】

**SEC. 753. EDUCATION AND TRAINING RELATING TO GERIATRICS.****(a) GERIATRICS WORKFORCE ENHANCEMENT PROGRAMS.—**

(1) *IN GENERAL.*—The Secretary shall award grants or contracts under this subsection to entities described in paragraph (1), (3), or (4) of section 799B, section 801(2), or section 865(d), or other health professions schools or programs approved by the Secretary, for the establishment or operation of geriatrics workforce enhancement programs that meet the requirements of paragraph (2).

(2) *REQUIREMENTS.*—A geriatrics workforce enhancement program meets the requirements of this paragraph if such program supports the development of a health care workforce that maximizes patient and family engagement and improves health outcomes for older adults by integrating geriatrics with primary care and other appropriate specialties. Special emphasis should be placed on providing the primary care workforce with the knowledge and skills to care for older adults and collaborating with community partners to address gaps in health care for older adults through individual, system, community, and population level changes. Areas of programmatic focus may include the following:

(A) Transforming clinical training environments to integrated geriatrics and primary care delivery systems to ensure trainees are well prepared to practice in and lead in such systems.

(B) Developing providers from multiple disciplines and specialties to work interprofessionally to assess and address the needs and preferences of older adults and their families and caregivers at the individual, community, and population levels with cultural and linguistic competency.

(C) Creating and delivering community-based programs that will provide older adults and their families and caregivers with the knowledge and skills to improve health outcomes and the quality of care for such adults.

(D) Providing Alzheimer's disease and related dementias (ADRD) education to the families and caregivers of older adults, direct care workers, health professions students, faculty, and providers.

(3) *DURATION.*—The Secretary shall award grants and contracts under paragraph (1) for a period not to exceed five years.

(4) *APPLICATION.*—To be eligible to receive a grant or contract under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including the specific measures the applicant will use to demonstrate that the project is improving the quality of care provided to older adults in the applicant's region, which may include—

(A) improvements in access to care provided by a health professional with training in geriatrics or gerontology;

(B) improvements in family caregiver capacity to care for older adults;

(C) patient outcome data demonstrating an improvement in older adult health status or care quality; and

(D) reports on how the applicant will implement specific innovations with the target audience to improve older adults' health status or the quality of care.

(5) *EQUITABLE GEOGRAPHIC DISTRIBUTION.*—The Secretary may award grants and contracts under paragraph (1) in a manner which will equitably distribute such grants among the various regions of the United States.

(6) *QUALIFICATIONS.*—In awarding grants and contracts under paragraph (2), the Secretary shall consider programs that—

(A) have the goal of improving and providing comprehensive coordinated care of older adults, including medical, dental, and psychosocial needs;

(B) demonstrate coordination with other programmatic efforts funded under this program or other public or private entities;

(C) support the training and retraining of faculty, preceptors, primary care providers, and providers in other specialties to increase their knowledge of geriatrics and gerontology;

(D) provide clinical experiences across care settings, including ambulatory care, hospitals, post-acute care, nursing homes, federally qualified health centers, and home and community-based services;

(E) emphasize education and engagement of family caregivers on disease self-management, medication management, and stress reduction strategies;

(F) provide training to the health care workforce on disease self-management, motivational interviewing, medication management, and stress reduction strategies;

(G) provide training to the health care workforce on social determinants of health in order to better address the geriatric health care needs of diverse populations with cultural and linguistic competency;

(H) integrate geriatrics competencies and interprofessional collaborative practice into health care education and training curricula for residents, fellows, and students;

(I) substantially benefit rural or underserved populations of older adults or conduct outreach to communities that have a shortage of geriatric workforce professionals;

(J) integrate behavioral health competencies into primary care practice, especially with respect to elder abuse, pain management, and advance care planning; or

(K) offer short-term intensive courses that—

(i) focus on geriatrics, gerontology, chronic care management, and long-term care that provide supplemental training for faculty members in medical schools and other health professions schools or graduate programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health, or other health disciplines, as approved by the Secretary; and

(ii) are open to current faculty, and appropriately credentialed volunteer faculty and practitioners, to upgrade their knowledge and clinical skills for the care of older adults and adults with functional and cognitive

limitations and to enhance their interdisciplinary teaching skills.

(7) **PRIORITY.**—In awarding grants under paragraph (1), particularly with respect to awarding, in fiscal year 2020, any amount appropriated for such fiscal year for purposes of carrying out this subsection that is in excess of the amount appropriated for the most previous fiscal year for which appropriations were made for such purposes, the Secretary may give priority to entities that operate—

(A) in communities that have a shortage of geriatric workforce professionals; and

(B) in States in which no entity has previously received an award under such paragraph (including as in effect before the date of enactment of the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019).

(8) **AWARD AMOUNTS.**—Awards under paragraph (1) shall be in an amount determined by the Secretary. Entities that submit applications under this subsection that describe a plan for providing geriatric education and training for home health workers and family caregivers are eligible to receive \$100,000 per year more than entities that do not include a description of such a plan.

(9) **REPORTING.**—Each entity awarded a grant under paragraph (1) shall submit an annual report to the Secretary on financial and programmatic performance under such grant, which may include factors such as the number of trainees, the number of professions and disciplines, the number of partnerships with health care delivery sites, the number of faculty and practicing professionals who participated in continuing education programs, and such other factors as the Secretary may require.

(b) **GERIATRIC ACADEMIC CAREER AWARDS.**—

(1) **ESTABLISHMENT OF PROGRAM.**—The Secretary shall establish a program to award grants, to be known as Geriatric Academic Career Awards, to eligible entities applying on behalf of eligible individuals to promote the career development of such individuals as academic geriatricians or other academic geriatrics health professionals.

(2) **ELIGIBILITY.**—

(A) **ELIGIBLE ENTITY.**—For purposes of this subsection, the term “eligible entity” means—

(i) an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health; or

(ii) another type of accredited health professions school or graduate program deemed by the Secretary to be eligible under this subsection.

(B) **ELIGIBLE INDIVIDUAL.**—

(i) **IN GENERAL.**—For purposes of this subsection, the term “eligible individual” means an individual who—

(I) has a junior, nontenured, faculty appointment at an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health

or at another type of accredited health professions school or graduate program described in subparagraph (A)(ii);

(II)(aa) is board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or has completed the training required for the individual's discipline; and

(bb) is employed at an eligible entity; or

(III) has completed an approved fellowship program in geriatrics or gerontology, or has completed specialty training in geriatrics or gerontology as required for the individual's discipline and any additional geriatrics or gerontology training as required by the Secretary.

(ii) *SPECIAL RULE.*—If during the period of an award under this subsection respecting an eligible individual, the individual is promoted to associate professor and thereby no longer meets the criteria of clause (i)(I), the individual may continue to be treated as an eligible individual through the term of the award.

(3) *LIMITATIONS.*—An eligible entity may not receive an award under paragraph (1) on behalf of an eligible individual unless the eligible entity—

(A) submits to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary approves such application;

(B) provides, in such form and manner as the Secretary may require, assurances that the eligible individual on whose behalf an application was submitted under subparagraph (A) will meet the service requirement described in paragraph (8); and

(C) provides, in such form and manner as the Secretary may require, assurances that such individual has a full-time faculty appointment in an accredited health professions school or graduate program and documented commitment from such school or program to spend 75 percent of the individual's time that is supported by the award on teaching and developing skills in interprofessional education in geriatrics.

(4) *REQUIREMENTS.*—In awarding grants under this subsection, the Secretary—

(A) shall give priority to eligible entities that apply on behalf of eligible individuals who are on the faculty of institutions that integrate geriatrics education, training, and best practices into academic program criteria;

(B) may give priority to eligible entities that operate a geriatrics workforce enhancement program under subsection (a);

(C) shall ensure that grants are equitably distributed across the various geographical regions of the United States, including rural and underserved areas;

(D) shall pay particular attention to geriatrics health care workforce needs among underserved populations, diverse communities, and rural areas;

*(E) may not require an eligible individual, or an eligible entity applying on behalf of an eligible individual, to be a recipient of a grant or contract under this part; and*

*(F) shall pay the full amount of the award to the eligible entity.*

*(5) MAINTENANCE OF EFFORT.—An eligible entity receiving an award under paragraph (1) on behalf of an eligible individual shall provide assurances to the Secretary that funds provided to such individual under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by such individual.*

*(6) AMOUNT AND TERM.—*

*(A) AMOUNT.—The amount of an award under this subsection for eligible individuals who are physicians shall equal \$100,000 for fiscal year 2020, adjusted for subsequent fiscal years to reflect the increase in the Consumer Price Index. The Secretary shall determine the amount of an award under this subsection for individuals who are not physicians.*

*(B) TERM.—The term of any award made under this subsection shall not exceed 5 years.*

*(7) SERVICE REQUIREMENT.—An eligible individual on whose behalf an application was submitted and approved under paragraph (3)(A) shall provide training in clinical geriatrics or gerontology, including the training of interprofessional teams of health care professionals.*

*(c) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated \$51,000,000 for each of fiscal years 2020 through 2024. Notwithstanding the preceding sentence, no funds shall be made available to carry out subsection (b) for a fiscal year unless the amount made available to carry out this section for such fiscal year is more than the amount made available to carry out this section for fiscal year 2017.*

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**PART E—HEALTH PROFESSIONS AND PUBLIC HEALTH WORKFORCE**

**Subpart 1—Health Professions Workforce Information and Analysis**

**SEC. 761. HEALTH PROFESSIONS WORKFORCE INFORMATION AND ANALYSIS.**

*(a) PURPOSE.—It is the purpose of this section to—*

*(1) provide for the development of information describing the health professions workforce and the analysis of workforce related issues; and*

*(2) provide necessary information for decision-making regarding future directions in health professions and nursing programs in response to societal and professional needs.*

*(b) NATIONAL CENTER FOR HEALTH CARE WORKFORCE ANALYSIS.—*

(1) ESTABLISHMENT.—The Secretary shall establish the National Center for Health Workforce Analysis (referred to in this section as the “National Center”).

(2) PURPOSES.—The National Center, in coordination to the extent practicable with the National Health Care Workforce Commission (established in section 5101 of the Patient Protection and Affordable Care Act), and relevant regional and State centers and agencies, shall—

(A) provide for the development of information describing and analyzing the health care workforce and workforce related issues;

(B) carry out the activities under section 792(a);

(C) annually evaluate programs under this title;

(D) develop and publish performance measures and benchmarks for programs under this title; and

(E) establish, maintain, and publicize a national Internet registry of each grant awarded under this title and a database to collect data from longitudinal evaluations (as described in subsection (d)(2)) on performance measures (as developed under sections 749(d)(3), 757(d)(3), and 762(a)(3)).

(3) COLLABORATION AND DATA SHARING.—

(A) IN GENERAL.—The National Center shall collaborate with Federal agencies and relevant professional and educational organizations or societies for the purpose of linking data regarding grants awarded under this title.

(B) CONTRACTS FOR HEALTH WORKFORCE ANALYSIS.—For the purpose of carrying out the activities described in subparagraph (A), the National Center may enter into contracts with relevant professional and educational organizations or societies.

(c) STATE AND REGIONAL CENTERS FOR HEALTH WORKFORCE ANALYSIS.—

(1) IN GENERAL.—The Secretary shall award grants to, or enter into contracts with, eligible entities for purposes of—

(A) collecting, analyzing, and reporting data regarding programs under this title to the National Center and to the public; and

(B) providing technical assistance to local and regional entities on the collection, analysis, and reporting of data.

(2) ELIGIBLE ENTITIES.—To be eligible for a grant or contract under this subsection, an entity shall—

(A) be a State, a State workforce investment board, a public health or health professions school, an academic health center, or an appropriate public or private nonprofit entity; and

(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(d) INCREASE IN GRANTS FOR LONGITUDINAL EVALUATIONS.—

(1) IN GENERAL.—The Secretary shall increase the amount awarded to an eligible entity under this title for a longitudinal evaluation of individuals who have received education, training, or financial assistance from programs under this title.

(2) CAPABILITY.—A longitudinal evaluation shall be capable of—

(A) studying practice patterns; and

(B) collecting and reporting data on performance measures developed under sections 749(d)(3), 757(d)(3), and 762(a)(3).

(3) GUIDELINES.—A longitudinal evaluation shall comply with guidelines issued under sections 749(d)(4), 757(d)(4), and 762(a)(4).

(4) ELIGIBLE ENTITIES.—To be eligible to obtain an increase under this section, an entity shall be a recipient of a grant or contract under this title.

(e) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—

(A) NATIONAL CENTER.—To carry out subsection (b), there are authorized to be appropriated ~~【\$7,500,000 for each of fiscal years 2010 through 2014】~~ *\$5,947,000 for each of fiscal years 2020 through 2024.*

(B) STATE AND REGIONAL CENTERS.—To carry out subsection (c), there are authorized to be appropriated \$4,500,000 for each of fiscal years 2010 through 2014.

(C) GRANTS FOR LONGITUDINAL EVALUATIONS.—To carry out subsection (d), there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2014.

(2) RESERVATION.—Of the amounts appropriated under ~~【sub-section (a)】~~ *paragraph (1)* for a fiscal year, the Secretary shall reserve not less than \$600,000 for conducting health professions research and for carrying out data collection and analysis in accordance with section 792.

(3) AVAILABILITY OF ADDITIONAL FUNDS.—Amounts otherwise appropriated for programs or activities under this title may be used for activities under subsection (b) with respect to the programs or activities from which such amounts were made available.

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**Subpart 2—Public Health Workforce**

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**SEC. 770. AUTHORIZATION OF APPROPRIATIONS.**

(a) IN GENERAL.—For the purpose of carrying out this subpart, there is authorized to be appropriated ~~【\$43,000,000 for fiscal year 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2015】~~ *\$17,850,000 for each of fiscal years 2020 through 2024.*

(b) LIMITATION REGARDING CERTAIN PROGRAM.—In obligating amounts appropriated under subsection (a), the Secretary may not obligate more than 30 percent for carrying out section 767.

### Subpart 3—Recruitment and Retention Programs

#### ISEC. 775. INVESTMENT IN TOMORROW'S PEDIATRIC HEALTH CARE WORKFORCE.

[(a) ESTABLISHMENT.—The Secretary shall establish and carry out a pediatric specialty loan repayment program under which the eligible individual agrees to be employed full-time for a specified period (which shall not be less than 2 years) in providing pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services.

[(b) PROGRAM ADMINISTRATION.—Through the program established under this section, the Secretary shall enter into contracts with qualified health professionals under which—

[(1) such qualified health professionals will agree to provide pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care in an area with a shortage of the specified pediatric subspecialty that has a sufficient pediatric population to support such pediatric subspecialty, as determined by the Secretary; and

[(2) the Secretary agrees to make payments on the principal and interest of undergraduate, graduate, or graduate medical education loans of professionals described in paragraph (1) of not more than \$35,000 a year for each year of agreed upon service under such paragraph for a period of not more than 3 years during the qualified health professional's—

[(A) participation in an accredited pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental health subspecialty residency or fellowship; or

[(B) employment as a pediatric medical subspecialist, pediatric surgical specialist, or child and adolescent mental health professional serving an area or population described in such paragraph.

[(c) IN GENERAL.—

[(1) ELIGIBLE INDIVIDUALS.—

[(A) PEDIATRIC MEDICAL SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS.—For purposes of contracts with respect to pediatric medical specialists and pediatric surgical specialists, the term “qualified health professional” means a licensed physician who—

[(i) is entering or receiving training in an accredited pediatric medical subspecialty or pediatric surgical specialty residency or fellowship; or

[(ii) has completed (but not prior to the end of the calendar year in which this section is enacted) the training described in subparagraph (B).

[(B) CHILD AND ADOLESCENT MENTAL AND BEHAVIORAL HEALTH.—For purposes of contracts with respect to child and adolescent mental and behavioral health care, the term “qualified health professional” means a health care professional who—

[(i) has received specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social

work, substance abuse disorder prevention and treatment, marriage and family therapy, school counseling, or professional counseling;

[(ii) has a license or certification in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling; or

[(iii) is a mental health service professional who completed (but not before the end of the calendar year in which this section is enacted) specialized training or clinical experience in child and adolescent mental health described in clause (i).

[(2) **ADDITIONAL ELIGIBILITY REQUIREMENTS.**—The Secretary may not enter into a contract under this subsection with an eligible individual unless—

[(A) the individual agrees to work in, or for a provider serving, a health professional shortage area or medically underserved area, or to serve a medically underserved population;

[(B) the individual is a United States citizen or a permanent legal United States resident; and

[(C) if the individual is enrolled in a graduate program, the program is accredited, and the individual has an acceptable level of academic standing (as determined by the Secretary).

[(d) **PRIORITY.**—In entering into contracts under this subsection, the Secretary shall give priority to applicants who—

[(1) are or will be working in a school or other pre-kindergarten, elementary, or secondary education setting;

[(2) have familiarity with evidence-based methods and cultural and linguistic competence health care services; and

[(3) demonstrate financial need.

[(e) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated \$30,000,000 for each of fiscal years 2010 through 2014 to carry out subsection (c)(1)(A) and \$20,000,000 for each of fiscal years 2010 through 2013 to carry out subsection (c)(1)(B).]

**SEC. 775. INVESTMENT IN TOMORROW'S PEDIATRIC HEALTH CARE WORKFORCE.**

(a) *IN GENERAL.*—The Secretary shall establish and carry out a program of entering into pediatric specialty loan repayment agreements with qualified health professionals under which—

(1) the qualified health professional agrees to a period of not less than 2 years of obligated service during which the professional will—

(A) participate in an accredited pediatric medical subspecialty, pediatric surgical specialty, child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health residency or fellowship; or

(B) be employed full-time in providing pediatric medical subspecialty care, pediatric surgical specialty care, child and adolescent psychiatry subspecialty care, or child and adolescent mental and behavioral health care, including substance use disorder prevention and treatment services, in an area with—

(i) a shortage of health care professionals practicing in the pediatric medical subspecialty, the pediatric surgical specialty, the child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health, as applicable; and

(ii) a sufficient pediatric population, as determined by the Secretary, to support the addition of a practitioner in the pediatric medical subspecialty, the pediatric surgical specialty, the child and adolescent psychiatry subspecialty, or child and adolescent mental and behavioral health, as applicable; and

(2) the Secretary agrees to make payments on the principal and interest of undergraduate, graduate, or graduate medical education loans of the qualified health professional of not more than \$35,000 a year for each year of agreed upon service under paragraph (1) for a period of not more than 3 years.

(b) **ELIGIBILITY REQUIREMENTS.**—

(1) **PEDIATRIC MEDICAL SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS.**—For purposes of loan repayment agreements under this section with respect to pediatric medical subspecialty and pediatric surgical specialty practitioners, the term “qualified health professional” means a licensed physician who—

(A) is entering or receiving training in an accredited pediatric medical subspecialty or pediatric surgical subspecialty residency or fellowship; or

(B) has completed (but not prior to the end of the calendar year in which the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019 is enacted) the training described in subparagraph (A).

(2) **CHILD AND ADOLESCENT PSYCHIATRY AND MENTAL AND BEHAVIORAL HEALTH.**—For purposes of loan repayment agreements under this section with respect to child and adolescent mental and behavioral health care, the term “qualified health professional” means a health care professional who—

(A) has received specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, or psychiatric nursing;

(B) has a license or certification in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, or psychiatric nursing; or

(C) is a mental health service professional who has completed (but not before the end of the calendar year in which the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019 is enacted) specialized training or clinical experience in child and adolescent mental health described in subparagraph (A).

(3) **ADDITIONAL ELIGIBILITY REQUIREMENTS.**—The Secretary may not enter into a loan repayment agreement under this section with a qualified health professional unless—

(A) the professional agrees to work in, or for a provider serving, an area or community with a shortage of eligible qualified health professionals (as defined in paragraphs (1) and (2));

(B) the professional is a United States citizen, a permanent legal United States resident, or lawfully present in the United States; and

(C) if the professional is enrolled in a graduate program, the program is accredited, and the professional has an acceptable level of academic standing (as determined by the Secretary).

(c) **PRIORITY.**—In entering into loan repayment agreements under this section, the Secretary shall give priority to applicants who—

(1) have familiarity with evidence-based methods and cultural and linguistic competence in health care services; and

(2) demonstrate financial need.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated for each of fiscal years 2020 through 2024—

(1) \$30,000,000 to carry out this section with respect to loan repayment agreements with qualified health professionals described in subsection (b)(1); and

(2) \$20,000,000 to carry out this section with respect to loan repayment agreements with respect to qualified health professionals described in subsection (b)(2).

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## **PART G—INCREASING WORKFORCE DIVERSITY IN THE PROFESSIONS OF PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AUDIOLOGY, AND SPEECH-LANGUAGE PATHOLOGY**

### **SEC. 783. SCHOLARSHIPS AND STIPENDS.**

(a) **IN GENERAL.**—The Secretary may award grants and contracts to eligible entities to increase educational opportunities in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology for eligible individuals by—

(1) providing student scholarships or stipends, including for—

(A) completion of an accelerated degree program;

(B) completion of an associate's, bachelor's, master's, or doctoral degree program; and

(C) entry by a diploma or associate's degree practitioner into a bridge or degree completion program;

(2) providing assistance for completion of prerequisite courses or other preparation necessary for acceptance for enrollment in the eligible entity; and

(3) carrying out activities to increase the retention of students in one or more programs in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology.

(b) **CONSIDERATION OF RECOMMENDATIONS.**—In carrying out subsection (a), the Secretary shall take into consideration the recommendations of national organizations representing the professions of physical therapy, occupational therapy, audiology, and speech-language pathology, including the American Physical Therapy Association, the American Occupational Therapy Association, the American Speech-Language-Hearing Association, the American Academy of Audiology, and the Academy of Doctors of Audiology.

(c) *REQUIRED INFORMATION AND CONDITIONS FOR AWARD RECIPIENTS.*—

(1) *IN GENERAL.*—The Secretary may require recipients of awards under this section to report to the Secretary concerning the annual admission, retention, and graduation rates for eligible individuals in programs of the recipient leading to a degree in any of the professions of physical therapy, occupational therapy, audiology, and speech-language pathology.

(2) *FALLING RATES.*—If any of the rates reported by a recipient under paragraph (1) fall below the average for such recipient over the two years preceding the year covered by the report, the recipient shall provide the Secretary with plans for immediately improving such rates.

(3) *INELIGIBILITY.*—A recipient described in paragraph (2) shall be ineligible for continued funding under this section if the plan of the recipient fails to improve the rates within the 1-year period beginning on the date such plan is implemented.

(d) *DEFINITIONS.*—In this section:

(1) *ELIGIBLE ENTITIES.*—The term “eligible entity” means an education program that—

(A) is accredited by—

(i) the Council on Academic Accreditation in Audiology and Speech-Language Pathology or the Accreditation Commission for Audiology Education;

(ii) the Commission on Accreditation in Physical Therapy Education; or

(iii) the Accreditation Council for Occupational Therapy Education; and

(B) is carrying out a program for recruiting and retaining students underrepresented in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology (including racial or ethnic minorities, or students from disadvantaged backgrounds).

(2) *ELIGIBLE INDIVIDUAL.*—The term “eligible individual” means an individual who—

(A) is a member of a class of persons who are underrepresented in the professions of physical therapy, occupational therapy, audiology, and speech-language pathology (including individuals who are racial or ethnic minorities, or are from disadvantaged backgrounds);

(B) has a financial need for a scholarship or stipend; and

(C) is enrolled (or accepted for enrollment) at an audiology, speech-language pathology, physical therapy, or occupational therapy program as a full-time student at an eligible entity.

(e) *AUTHORIZATION OF APPROPRIATIONS.*—There are authorized to be appropriated to carry out this section \$5,000,000 for each of fiscal years 2020 through 2024.

**PART [G] H—GENERAL PROVISIONS**

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