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111TH CONGRESS
1ST SESSION

H. R. 1946

To amend the Public Health Service Act to address health workforce shortages.

IN THE HOUSE OF REPRESENTATIVES

APRIL 2, 2009

Mr. PASCRELL (for himself, Mr. MORAN of Kansas, and Ms. KILPATRICK of Michigan) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To amend the Public Health Service Act to address health workforce shortages.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Health Workforce Investment Act of 2009''.

SEC. 2. FINDINGS; PURPOSES.

(a) FINDINGS.—The Congress finds as follows:

(1) The United States is facing shortages in a wide range of health workforce professions, including among specialists and subspecialists.

(2) By 2020, the United States will face shortages of as many as 1,000,000 nurses, 55,000 physicians, 140,000 family physicians, 157,000 pharmacists, and 2,500,000 allied health professionals.

(3) The long-term care workforce is plagued by rising vacancy and turnover rates.

(4) These shortages will be exacerbated by the growth in the number and proportion of older adults in America.

(5) Data on health workforce supply and demand are limited.

(6) Many health workforce professions are inappropriately distributed, with some areas experiencing chronic shortages of a wide range of health professionals.

(7) The diversity of the health workforce continually fails to mirror the diversity of the United States population.

(8) A 2008 report entitled ''Out of Order, Out of Time'' from the Association of Academic Health Centers found that Federal health workforce policy and infrastructure has been dysfunctional, decentralized, and piecemeal with little integration and harmonization.

(9) Nearly every State has initiated action to address health workforce shortages without comprehensive planning and leadership from the Federal Government to address the full spectrum of health workforce professions and issues.

(10) Over the last 5 years, Federal investment in health workforce programs has fallen by more than 20 percent.

(b) PURPOSES.—The purposes of this Act are to—

(1) ensure access to health services for all individuals, particularly those with low incomes or limited access to health services, through an adequate health workforce;

(2) comprehensively and regularly gather data, provide projections, and conduct research on the supply, demand, distribution, diversity, and development of the health workforce, including information on specific specialties and subspecialties;

(3) coordinate the current patchwork of health workforce programs through a comprehensive Federal framework;

(4) improve the supply, distribution, diversity, and development of the health workforce, including specialties and subspecialties, through the creation of comprehensive national and related State-specific

health workforce goals and objectives related to current and emerging issues related to the overall health workforce; and

(5) provide States with national leadership, accountability, and flexibility to address specific health workforce needs.

SEC. 3. NATIONAL HEALTH WORKFORCE ADVISORY COUNCIL.

Section 762 of the Public Health Service Act (42 U.S.C. 294o) is amended to read as follows:

"SEC. 762. NATIONAL HEALTH WORKFORCE ADVISORY COUNCIL.

''(a) ESTABLISHMENT.—There is established the National Health Workforce Advisory Council.

''(b) DUTIES.—The Council shall—

''(1) make recommendations to the Secretary of Health and Human Services, the Secretary of Labor, the Secretary of Education, the Secretary of Veterans Affairs, the Committee on Health, Education, Labor, and Pensions of the Senate, the Committee on Finance of the Senate, the Committee on Energy and Commerce of the House of Representatives, and the Committee on Ways and Means of the House of Representatives with respect to—

"(A) the supply and distribution of the health workforce in the United States;

"(B) current and future shortages or excesses of health workforce professionals, including specialists and subspecialists;

"(C) issues relating to foreign medical school graduates and graduates of foreign schools of nursing;

"(D) appropriate Federal policies with respect to the matters specified in subparagraphs (A), (B), and (C), including—

"(i) policies concerning changes in the financing of undergraduate and graduate medical education programs; and

"(ii) changes in the types of medical education training in career, technical, and postsecondary education, including graduate medical education programs;

"(E) appropriate efforts to be carried out by hospitals and career, technical, and postsecondary education programs, including schools of medicine, schools of osteopathic medicine, schools of public health, schools of allied health, and accrediting bodies, with respect to the matters specified in subparagraphs (A), (B), and

(C), including efforts for changes in undergraduate and graduate medical education programs;

''(F) deficiencies in, and needs for improvements in, existing databases concerning the supply and distribution of, and career, technical, and postsecondary education training programs for, health workforce professionals in the United States and steps that should be taken to eliminate those deficiencies;

''(G) factors in the health care environment which may impact decisions of practitioners in selecting certain specialty areas, including malpractice insurance costs, on-call time, and income levels;

''(H) incentives to encourage primary care practice in underserved areas; and

''(I) appropriate levels or percentages of funds under section 781 (relating to health workforce investment grants) for specific professions based on evolving health workforce needs, including whether the percentage of funds reserved for nursing programs under section 781(c)(2) remains appropriate; and

''(2) encourage entities providing graduate medical education to conduct activities to voluntarily achieve the recommendations of the Council under paragraph (1)(E).

''(c) COMPOSITION.—The Council shall be composed of—

''(1) the Assistant Secretary for Health (or the Assistant Secretary's designee);

''(2) the Administrator of the Centers for Medicare & Medicaid Services;

''(3) the official designated by the Secretary to administer section 781 (relating to health workforce investment grants);

''(4) the Chief Medical Director of the Department of Veterans Affairs;

''(5) 15 members appointed by the Secretary to include representatives of practicing health and public health workforce professionals, national and specialty health profession organizations, foreign medical graduates, and health workforce student associations;

''(6) 10 members appointed by the Secretary to include representatives of schools of medicine and osteopathic medicine, schools of nursing, allied

health schools, other health workforce training programs, and public and private teaching hospitals;

''(7) 4 members appointed by the Secretary to include representatives of health insurers, business, and labor;

''(8) the Assistant Secretary for the Employment and Training Administration of the Department of Labor (or the Assistant Secretary's designee); and

''(9) the Secretary of Education (or the Secretary's designee).

''(d) TERMS OF APPOINTED MEMBERS.—

''(1) IN GENERAL; STAGGERED ROTATION.—Members of the Council appointed under paragraphs (5), (6), and (7) of subsection (b) shall be appointed for a term of 4 years, except that the term of office of the members first appointed shall expire, as designated by the Secretary at the time of appointment, as follows: 8 at the end of 1 year, 7 at the end of 2 years, 7 at the end of 3 years, and 7 at the end of 4 years.

''(2) DATE CERTAIN FOR APPOINTMENT.—The Secretary shall appoint the first members to the Council under paragraphs (5), (6), and (7) of subsection (b) within 60 days after the date of the en-

actment of the Health Workforce Investment Act of 2009.

''(e) CHAIR.—The Council shall elect one of its members as Chairman of the Council.

''(f) COOPERATION.—The Council shall carry out this section in cooperation with the Council on Graduate Medical Education established by section 762, the National Advisory Council on the National Health Service Corps established by section 337, the Advisory Committee on Training in Primary Care Medicine and Dentistry established pursuant to section 748, the Advisory Committee on Interdisciplinary, Community-Based Linkages established pursuant to section 756, and the National Advisory Council on Nurse Education and Practice established pursuant to section 845.

''(g) QUORUM.—Eighteen members of the Council shall constitute a quorum, but a lesser number may hold hearings.

''(h) VACANCIES.—Any vacancy in the Council shall not affect its power to function.

''(i) COMPENSATION.—Each member of the Council who is not otherwise employed by the United States Government shall receive compensation at a rate equal to the daily rate prescribed for GS–18 under the General Schedule under section 5332 of title 5, United States Code, for

each day, including traveltime, such member is engaged in the actual performance of duties as a member of the Council. A member of the Council who is an officer or employee of the United States Government shall serve without additional compensation. All members of the Council shall be reimbursed for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties.

''(j) CERTAIN AUTHORITIES AND DUTIES.—

''(1) AUTHORITIES.—In order to carry out the provisions of this section—

''(A) the Council is authorized to collect such information, hold such hearings, and sit and act at such times and places, either as a whole or by subcommittee, and request the attendance and testimony of such witnesses and the production of such books, records, correspondence, memoranda, papers, and documents as the Council or such subcommittee may consider available; and

''(B) the Council is authorized to request the cooperation and assistance of Federal departments, agencies, and instrumentalities, and such departments, agencies, and instrumental-

ities are authorized to provide such cooperation and assistance.

''(2) COORDINATION OF ACTIVITIES.—The Council shall coordinate its activities with the activities of the Secretary under section 792. The Secretary shall, in cooperation with the Council and pursuant to the recommendations of the Council, take such steps as are practicable to eliminate deficiencies in the data base established under section 792 and shall make available in reports such comprehensive data sets as are developed pursuant to this section.

''(k) REPORTS.—Not later than 2 years after the date of the enactment of the Health Workforce Investment Act of 2009, and annually thereafter, the Council shall submit a report to each official and committee listed in the matter preceding subparagraph (A) in subsection (b)(1) containing—

''(1) a description of the Council's actions during the period for which the report is made; and

''(2) each of the recommendations required by subsection (b).

''(l) DEFINITIONS.—In this section:

''(1) The term 'Council' means the National Health Workforce Advisory Council established by subsection (a).

''(2) The term 'health workforce' has the meaning given to such term in section 781.

''(3) The term 'Secretary' means the Secretary of Health and Human Services unless otherwise specified.

''(m) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2009 through 2013.''.

SEC. 4. NATIONAL CENTER FOR HEALTH WORKFORCE INFORMATION AND ANALYSIS.

Section 792 of the Public Health Service Act (42 U.S.C. 295k) is amended to read as follows:

''SEC. 792. NATIONAL CENTER FOR HEALTH WORKFORCE INFORMATION AND ANALYSIS.

''(a) ESTABLISHMENT.—There is established in the Department of Health and Human Services the National Center for Health Workforce Information and Analysis (in this section referred to as the 'Center'), which shall be under the direction of a director who shall conduct and support statistical and epidemiological activities for the purpose of assessing and improving the supply, distribu-

tion, diversity, and development of the health workforce in the United States.

''(b) CERTAIN AUTHORITIES AND REQUIREMENTS.—In carrying out subsection (a), the Secretary, acting through the Director of the Center, shall—

''(1) regularly collect statistics on—

''(A) the supply and projected demand, along with projected shortages and surpluses, of the health workforce by health profession, specialty, and geographic location;

''(B) the diversity of the health workforce by health profession, specialty, and geographic location; and

''(C) the supply and projected demand, along with projected shortages and surpluses, of the health workforce serving minority groups by health profession, specialty, and geographic location;

''(2) establish a uniform health workforce data reporting system, which may include a system of unique identifiers for various provider groups;

''(3) undertake and support (by grant or contract) research, demonstrations, and evaluations respecting new or improved methods for obtaining cur-

rent data on the matters referred to in paragraph (1);

''(4) undertake and support (by grant or contract) research, demonstrations, and evaluations on the matters referred to in paragraph (1); and

''(5) coordinate efforts with the National Center for Health Statistics and the Bureau of Labor Statistics.

''(c) GRANTS AND CONTRACTS.—The Secretary may make grants and enter into contracts with States (or an appropriate nonprofit private entity in any State) for carrying out the activities referred to in paragraphs (1) through (3). The Secretary shall determine the amount and scope of any such grant or contract. To be eligible for any such grant or contract, a State or entity shall submit an application in such form and manner and containing such information as the Secretary may require. Such application shall include reasonable assurances, satisfactory to the Secretary, that—

''(1) such State or entity will establish a program of mandatory annual registration of the health workforce personnel who reside or practice in such State and of health institutions licensed by such State, which registration shall include such informa-

tion as the Secretary may determine to be appropriate;

''(2) such State or entity will collect and report to the Secretary such information in such form and manner as the Secretary may prescribe; and

''(3) such State or entity will comply with the requirements of subsection (e).

''(d) REPORT TO CONGRESS.—The Secretary shall submit to the Congress not later than October 1, 2010, and biennially thereafter, a comprehensive report regarding the status of the health workforce according to profession, including a report regarding the analytic and descriptive studies conducted under this section.

''(e) REQUIREMENTS REGARDING PERSONAL DATA.—

''(1) IN GENERAL.—The Secretary and each program entity shall in securing and maintaining any record of individually identifiable personal data (hereinafter in this subsection referred to as 'personal data') for purposes of this section—

''(A) inform any individual who is asked to supply personal data whether he is legally required, or may refuse, to supply such data and inform him of any specific consequences, known to the Secretary or program entity, as the case

may be, of providing or not providing such data;

"(B) upon request, inform any individual if he is the subject of personal data secured or maintained by the Secretary or program entity, as the case may be, and make the data available to him in a form comprehensible to him;

"(C) assure that no use is made of personal data which use is not within the purposes of this section unless an informed consent has been obtained from the individual who is the subject of such data; and

"(D) upon request, inform any individual of the use being made of personal data respecting such individual and of the identity of the individuals and entities which will use the data and their relationship to the programs under this section.

"(2) CONSENT AS PRECONDITION TO DISCLOSURE.—Any entity which maintains a record of personal data and which receives a request from the Secretary or a program entity for such data for purposes of this section shall not transfer any such data to the Secretary or to a program entity unless the

individual whose personal data is to be so transferred gives an informed consent for such transfer.

''(3) DISCLOSURE BY SECRETARY.—

''(A) Notwithstanding any other provision of law, personal data collected by the Secretary or any program entity under this section may not be made available or disclosed by the Secretary or any program entity to any person other than the individual who is the subject of such data unless (i) such person requires such data for purposes of this section, or (ii) in response to a demand for such data made by means of compulsory legal process. Any individual who is the subject of personal data made available or disclosed under clause (ii) shall be notified of the demand for such data.

''(B) Subject to all applicable laws regarding confidentiality, only the data collected by the Secretary under this section which is not personal data shall be made available to bona fide researchers and policy analysts (including the Congress) for the purposes of assisting in the conduct of studies respecting health professions personnel.

''(4) DEFINITION.—For purposes of this subsection, the term 'program entity' means any public or private entity which collects, compiles, or analyzes health professions data under a grant, contract, or other arrangement with the Secretary under this section.

''(f) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to the States and political subdivisions thereof in the development of systems (including model laws) concerning confidentiality and comparability of data collected pursuant to this section.

''(g) DATA ON HEALTH WORKFORCE PERSONNEL.—In carrying out subsection (b), the Secretary may make grants, or enter into contracts and cooperative agreements with, and provide technical assistance to, a nonprofit entity in order to establish a uniform health workforce data reporting system to collect, compile, and analyze data on health workforce personnel.

''(h) DEFINITION.—In this section, the term 'health workforce' has the meaning given to such term in section 781.

''(i) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2009 through 2013.''.

SEC. 5. HEALTH WORKFORCE INVESTMENT GRANTS.

Title VII of the Public Health Service Act (42 U.S.C. 292 et seq.) is amended—

(1) by redesignating part F as part G; and

(2) by inserting after section 770 the following:

"PART F—HEALTH WORKFORCE INVESTMENT GRANTS

"SEC. 781. HEALTH WORKFORCE INVESTMENT GRANTS.

"(a) FORMULA GRANTS TO STATES.—

"(1) IN GENERAL.—For the purposes described in paragraph (2), the Secretary shall make an allotment each fiscal year for each State in an amount determined in accordance with subsection (d). The Secretary shall make a grant to the State of the allotment made for the State for the fiscal year if the State submits to the Secretary an application in accordance with subsection (b).

"(2) PURPOSES OF GRANTS.—A funding agreement for a grant under paragraph (1) is that the State involved will expend the grant for the purposes of—

"(A) ensuring access to health services for all individuals, particularly those with low incomes or limited access to health services, through an adequate health workforce;

''(B) improving the supply, distribution, diversity, and development of the health workforce, taking into consideration the supply, distribution, and diversity of health workforce profession specialties and subspecialties;

''(C) creating State-specific health workforce goals and objectives consistent with health status goals and national health workforce objectives developed under subsection (h); and

''(D) during the first 12-month period funded through the grant, establishing or designating a State health workforce planning entity to establish statewide processes for State health workforce planning, State health workforce data collection, policy recommendations, and State resource allocations.

''(3) PURPOSES OF NATIONAL PROGRAM.—The Secretary shall carry out this section in a manner designed—

''(A) to identify innovations in approaches to improving the supply, distribution, diversity, and development of the health workforce, taking into consideration specialties and subspecialties;

''(B) to develop national goals and objectives for improving the supply, distribution, di-

versity, and development of the health workforce, including specialties and subspecialties; and

"(C) to develop and expand programs designed to ensure access to health workforce professionals for an aging population.

"(b) APPLICATION FOR GRANT.—For purposes of subsection (a)(1), an application for a grant is in accordance with this subsection if each of the following is met:

"(1) USE OF FUNDS.—The application includes each funding agreement required by this section, including an assurance that all funds received through the grant will be used for the purposes described in subsection (a)(2).

"(2) STATEWIDE NEEDS ASSESSMENT.—The application includes a statewide needs assessment that—

"(A) will be updated not less than every 5 years; and

"(B) identifies—

"(i) long-term State-specific health workforce goals and objectives consistent with health status goals and national health workforce objectives developed under subsection (h); and

''(ii) projected needs related to the supply, distribution, diversity, and development of the State health workforce.

''(3) ANNUAL PLANS.—The application includes a plan to meet the goals and objectives, and address the needs, identified under the statewide needs assessment described in paragraph (2), and such plan—

''(A) will be updated on an annual basis; and

''(B) includes strategies related to—

''(i) collaboration between—

''(I) State departments of labor, health, education, higher education, veterans affairs, environment, and professional licensure; and

''(II) State health workforce investment boards;

''(ii) State data collection;

''(iii) State Medicaid and Medicare policies; and

''(iv) State health professions licensure and regulation.

''(4) DESCRIPTION OF FUNDING USE.—The application includes a description of how funds received through the grant will be used—

''(A) in accordance with subparagraphs (A) and (B) of subsection (a)(2), to ensure access to health services for all individuals and to improve the supply, distribution, diversity, and development of the health workforce, such as through programs related to—

''(i) health workforce training and education capacity;

''(ii) the health care safety net workforce, including health centers under section 330;

''(iii) provider cultural competency;

''(iv) health workforce diversity;

''(v) health workforce pipeline development;

''(vi) health workforce retention;

''(vii) health workforce faculty recruitment;

''(viii) health workforce faculty retention;

''(ix) health workforce career ladders;

''(x) public awareness; and

"(xi) health workforce scholarship and loan repayment programs;

"(B) to create State-specific health workforce goals and objectives in accordance with subsection (a)(2)(C) and to develop annual plans in accordance with paragraph (3) of this subsection to meet such goals and objectives; and

"(C) during the first 12-month period funded through the grant, to establish or designate in accordance with subsection (a)(2)(D) a State health workforce planning entity to establish statewide processes for State health workforce planning, State health workforce data collection, policy recommendations, and State resource allocations.

"(5) DEVELOPMENT OF APPLICATION.—The application—

"(A) is developed by or in consultation with the State agency that will be responsible for administering the program; and

"(B) is made publicly available during its development or after its submission to the Secretary in order to facilitate public comment.

"(c) ADDITIONAL GRANT REQUIREMENTS.—

''(1) RESTRICTIONS ON USE OF GRANTS.—A funding agreement for a grant under subsection (a)(1) is that the State involved will not use the grant—

''(A) to provide health services (other than health services provided as part of a health training program);

''(B) to make payments to for-profit schools; or

''(C) to provide matching funds to satisfy a condition for the receipt of other Federal funds.

''(2) NURSING PROGRAMS.—A funding agreement for a grant under subsection (a)(1) is that the State involved will expend at least 25 percent of the funds received through the grant for programs related to nursing (including registered nurses and licensed practical nurses) and advanced practice nursing (including nurse practitioners, certified registered nurse anesthetists, certified nurse midwives, clinical nurse specialists, doctorates of nursing practice, and clinical nurse leaders).

''(3) ADMINISTRATION AND EVALUATION.—A funding agreement for a grant under subsection (a)(1) is that the State involved will expend not

more than 10 percent of the funds received through the grant on administration and evaluation.

''(4) STATE AGENCY.—A funding agreement for a grant under subsection (a)(1) is that the State involved will designate a lead State agency to administer the grant, including by—

''(A) coordinating State activities under the grant with State administration of Medicaid and Medicare, including policies related to reimbursement and graduate medical education payments; and

''(B) coordinating State activities under the grant with related activities of other Federal grantees within the State, including State workforce boards, community health center grantees, and recipients of grants from the Substance and Mental Health Services Administration and the Health Resources and Services Administration.

''(5) ANNUAL REPORTS.—

''(A) IN GENERAL.—A funding agreement for a grant under subsection (a)(1) is that the State involved will submit annual reports to the Secretary—

''(i) detailing activities carried out through the grant in a standardized manner that enables the Secretary to evaluate the activities and compare performance relative to other States; and

''(ii) describing the extent to which the State has met its long-term State-specific health workforce goals and objectives identified pursuant to subsection (b)(2)(B)(i).

''(B) CONTENTS.—Each report under subparagraph (A) must include—

''(i) information on the status of the State's health workforce by profession, specialty, and geographic location, including such information on—

''(I) the supply of the State's health workforce, including with respect to primary care providers, nurses, long-term care workers, dentists, and allied health professionals; and

''(II) the diversity of the State's health workforce;

''(ii) a description of each program funded through this section during the previous fiscal year; and

''(iii) a description of efforts to coordinate the State departments responsible for administering Medicaid and Medicare funds, education and labor programs, the health care safety net, veterans programs, environmental programs, and medical licensing.

''(6) AUDITS.—A funding agreement for a grant under subsection (a)(1) is that the State involved will provide for audits of expenditures of grant funds.

''(d) DETERMINATION OF AMOUNT OF ALLOTMENT.—

''(1) IN GENERAL.—The Secretary shall determine the amount of the allotment to each State under this section for a fiscal year based on a formula.

''(2) DEVELOPMENT OF FORMULA.—The formula referred to in paragraph (1) shall be determined by the Secretary by regulation, taking into consideration the following criteria:

''(A) Existing shortages and deficiencies in health workforce distribution.

''(B) Rural, urban, and frontier areas.

''(C) Community health centers.

''(D) The number of medical, nursing, and allied health professions schools in each State.

''(e) FEDERAL PROGRAM ADMINISTRATION.—

''(1) DELEGATION WITHIN HHS.—The Secretary shall designate an identifiable administrative unit of the Department of Health and Human Services with expertise in health workforce issues to be responsible for administering the program under this section, including the following:

''(A) Coordinating activities under this section with related activities of the Department of Health and Human Services, the Department of Defense, the Department of Education, the Department of Labor, the Department of Veterans Affairs, and any other relevant Federal departments or agencies.

''(B) Disseminating health workforce information and best practices to States.

''(C) Providing technical assistance to grant recipients under this section.

"(D) Submitting reports to Congress under paragraph (2).

"(2) ANNUAL REPORTS.—The Secretary shall submit annual reports to the Congress on the following:

"(A) The amount of each allotment and grant to a State under this section.

"(B) Significant State projects funded through this section and their performance.

"(C) Significant innovations funded through this section and their outcomes.

"(D) Highlights with respect to the status of the Nation's health workforce, including—

"(i) significant changes in supply by profession, specialty, and geographic location, including with respect to primary care providers, nurses, long-term care workers, dentists, and allied health professionals; and

"(ii) significant changes in diversity by profession, specialty, and geographic location.

"(3) ADDITIONAL AUTHORITIES.—In carrying out this section, the Secretary may—

"(A) allow States receiving grants to work together in regional authorities;

"(B) impose matching fund requirements as a condition on receipt of a grant; and

"(C) allow States to use grant funds for planning and infrastructure development.

"(f) RULE OF CONSTRUCTION.—Subject to the purposes described in subsection (a)(2), nothing in this section shall be construed to prohibit a State from making funds received under this section available to other entities, including entities receiving funds under other provisions of this title or title VIII.

"(g) FEDERAL RESEARCH AND PROJECTS.—

"(1) IN GENERAL.—The Secretary may make grants to, or enter into contracts or jointly financed cooperative agreements with, public or nonprofit institutions of higher education and public or nonprofit private agencies and organizations engaged in research to identify best practices and innovative approaches to improving the supply, distribution, diversity, and development of the health workforce, taking into consideration the supply, distribution, diversity, and development of health workforce profession specialties and subspecialties.

''(2) TECHNICAL ASSISTANCE.—The Secretary shall incorporate the best practices and innovative approaches identified under paragraph (1) into any technical assistance provided to grant recipients under this section.

''(3) COORDINATION.—The Secretary shall carry out this subsection in coordination with the activities of the National Center for Health Workforce Information and Analysis, including any research, demonstrations, and evaluations under section 792(b)(4).

''(h) NATIONAL HEALTH WORKFORCE OBJECTIVES.—The Secretary, based on information and analysis of the National Center for Health Workforce Information and Analysis and the findings and recommendations of the National Health Workforce Advisory Council, shall develop national health workforce objectives to be used for purposes of subsections (a)(2)(C) and (b)(2)(B)(i).

''(i) DEFINITIONS.—In this section:

''(1) The term 'diversity' includes racial, ethnic, language ability, and gender diversity.

''(2) The term 'health workforce' includes physicians, nurses (including registered nurses and licensed practical nurses), advance practice nurses (including nurse practitioners, certified registered

nurse anesthetists, certified nurse midwives, clinical nurse specialists, doctorates of nursing practice, and clinical nurse leaders), dentists, physician assistants, chiropractors, podiatrists, optometrists and opticians, pharmacists, mental health providers (including psychologists and clinical social workers), allied health professionals (including physical therapists, occupational therapists, speech-language pathologists, audiologists, respiratory therapists, technicians, technologists, emergency medical technicians, paramedics, medical and clinical laboratory technologists and technicians, medical records and health information technicians, nuclear medicine technologists, radiologic technologists, dieticians, and nutritionists), auxiliary health professionals (including home health aides, certified nursing assistants, nursing aides, orderlies, and attendants), public health workforce professionals, and any other providers determined by the Secretary for purposes of this section to be part of the health workforce.

''(3) The term 'National Center for Health Workforce Information and Analysis' means the National Center for Health Workforce Information and Analysis established under section 792.

''(4) The term 'National Health Workforce Advisory Council' means the National Health Workforce Advisory Council established under section 762.

''(j) FUNDING.—

''(1) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2009 through 2013.

''(2) RESERVATION.—Of the amount of funds appropriated to carry out this section for a fiscal year, the Secretary shall reserve 5 percent of such amount to carry out subsection (g).''.

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