

115TH CONGRESS
2D SESSION

H. R. 3728

IN THE SENATE OF THE UNITED STATES

JULY 24, 2018

Received; read twice and referred to the Committee on Health, Education,
Labor, and Pensions

AN ACT

To amend title VII of the Public Health Service Act to reauthorize certain programs relating to the health professions workforce, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 SECTION 1. SHORT TITLE.

2 This Act may be cited as the “Educating Medical
3 Professionals and Optimizing Workforce Efficiency and
4 Readiness Act of 2018” or the “EMPOWER Act of
5 2018”.

6 SEC. 2. REAUTHORIZATION OF HEALTH PROFESSIONS**7 WORKFORCE PROGRAMS.**

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

11 “(i) AUTHORIZATION OF APPROPRIATIONS.—To
12 carry out this section, there is authorized to be appro-
13 priated \$23,711,000 for each of fiscal years 2019 through
14 2023.”.

15 (b) HEALTH PROFESSIONS TRAINING FOR DIVER-
16 SITY.—Section 740 of the Public Health Service Act (42
17 U.S.C. 293d) is amended—

18 (1) in subsection (a), by striking “\$51,000,000
19 for fiscal year 2010, and such sums as may be nec-
20 essary for each of the fiscal years 2011 through
21 2014” and inserting “\$48,970,000 for each of fiscal
22 years 2019 through 2023”;

23 (2) in subsection (b), by striking “\$5,000,000
24 for each of the fiscal years 2010 through 2014” and
25 inserting “\$1,190,000 for each of fiscal years 2019
26 through 2023”; and

6 (c) PRIMARY CARE TRAINING AND ENHANCE-
7 MENT.—Section 747(c)(1) of the Public Health Service
8 Act (42 U.S.C. 293k(c)(1)) is amended by striking
9 “\$125,000,000 for fiscal year 2010, and such sums as
10 may be necessary for each of fiscal years 2011 through
11 2014” and inserting “\$48,924,000 for each of fiscal years
12 2019 through 2023”.

13 (d) TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC
14 HEALTH DENTISTRY.—Section 748(f) of the Public
15 Health Service Act (42 U.S.C. 293k-2(f)) is amended by
16 striking “\$30,000,000 for fiscal year 2010 and such sums
17 as may be necessary for each of fiscal years 2011 through
18 2015” and inserting “\$40,673,000 for each of fiscal years
19 2019 through 2023”.

20 (e) AREA HEALTH EDUCATION CENTERS.—Section
21 751(j)(1) of the Public Health Service Act (42 U.S.C.
22 294a(j)(1)) is amended by striking “\$125,000,000 for
23 each of the fiscal years 2010 through 2014” and inserting
24 “\$38,250,000 for each of fiscal years 2019 through
25 2023”.

1 (f) NATIONAL CENTER FOR HEALTHCARE WORK-
2 FORCE ANALYSIS.—

13 (g) PUBLIC HEALTH WORKFORCE.—Section 770(a)
14 of the Public Health Service Act (42 U.S.C. 295e(a)) is
15 amended by striking “\$43,000,000 for fiscal year 2011,
16 and such sums as may be necessary for each of the fiscal
17 years 2012 through 2015” and inserting “\$17,000,000 for
18 each of fiscal years 2019 through 2023”.

19 SEC. 3. EDUCATION AND TRAINING RELATING TO GERI-
20 ATRICS.

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

1 "SEC. 753. EDUCATION AND TRAINING RELATING TO GERI-

2 ATRICS.

3 “(a) GERIATRICS WORKFORCE ENHANCEMENT PRO-
4 GRAMS.—

5 “(1) IN GENERAL.—The Secretary shall award
6 grants or contracts under this subsection to entities
7 described in paragraph (1), (3), or (4) of section
8 799B, section 801(2), or section 865(d), or other
9 health professions schools or programs approved by
10 the Secretary, for the establishment or operation of
11 geriatrics workforce enhancement programs that
12 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:

1 “(A) Transforming clinical training environments to integrated geriatrics and primary
2 care delivery systems to ensure trainees are well
3 prepared to practice in and lead in such systems.
4

5
6 “(B) Developing providers who can assess
7 and address the needs and preferences of older
8 adults and their families and caregivers at the
9 individual, community, and population levels.

10 “(C) Creating and delivering community-based programs that will provide older adults
11 and their families and caregivers with the
12 knowledge and skills to improve health outcomes and the quality of care for such adults.
13

14 “(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.

15 “(3) DURATION.—The Secretary shall award grants and contracts under paragraph (1) for a period not to exceed 5 years.

16 “(4) APPLICATION.—To be eligible to receive a grant or contract under paragraph (1), an entity described in such paragraph shall submit to the Sec-

1 retary an application at such time, in such manner,
2 and containing such information as the Secretary
3 may require.

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

9 “(6) PRIORITY.—In awarding grants and contracts under paragraph (1), the Secretary may give priority to programs that—

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

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

20 “(C) 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;

- 1 “(D) emphasize education and engagement
2 of family caregivers on disease self-manage-
3 ment, medication management, and stress re-
4 duction strategies;
- 5 “(E) provide training to the health care
6 workforce on disease self-management, motiva-
7 tional interviewing, medication management,
8 and stress reduction strategies;
- 9 “(F) provide training to the health care
10 workforce on social determinants of health in
11 order to better address the geriatric health care
12 needs of diverse populations;
- 13 “(G) integrate geriatrics competencies and
14 interprofessional collaborative practice into
15 health care education and training curricula for
16 residents, fellows, and students;
- 17 “(H) substantially benefit rural or under-
18 served populations of older adults;
- 19 “(I) integrate behavioral health com-
20 petencies into primary care practice, especially
21 with respect to elder abuse, pain management,
22 and advance care planning; or
- 23 “(J) offer short-term intensive courses
24 that—

1 “(i) focus on geriatrics, gerontology,
2 chronic care management, and long-term
3 care that provide supplemental training for
4 faculty members in medical schools and
5 other health professions schools or grad-
6 uate programs in psychology, pharmacy,
7 nursing, social work, dentistry, public
8 health, allied health, or other health dis-
9 ciplines, as approved by the Secretary; and

10 “(ii) are open to current faculty, and
11 appropriately credentialed volunteer faculty
12 and practitioners, to upgrade their knowl-
13 edge and clinical skills for the care of older
14 adults and adults with functional and cog-
15 nitive limitations and to enhance their
16 interdisciplinary teaching skills.

17 “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

18 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
19 retary shall establish a program to provide Geriatric
20 Academic Career Awards to eligible entities applying
21 on behalf of eligible individuals to promote the ca-
22 reer development of such individuals as academic
23 geriatricians or other academic geriatrics health pro-
24 fessionals.

25 “(2) ELIGIBILITY.—

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

4 “(i) an entity described in paragraph
5 (1), (3), or (4) of section 799B or section
6 801(2); or

7 “(ii) an accredited health professions
8 school or graduate program approved by
9 the Secretary.

10 “(B) ELIGIBLE INDIVIDUAL.—For pur-
11 poses of this subsection, the term ‘eligible indi-
12 vidual’ means an individual who—

13 “(i) is board certified in internal med-
14 icine, family practice, psychiatry, or li-
15 censed dentistry, or has completed any re-
16 quired training in a discipline and is em-
17 ployed in an accredited health professions
18 school or graduate program that is ap-
19 proved by the Secretary;

20 “(ii) has completed an approved fel-
21 lowship program in geriatrics or geron-
22 tology, or has completed specialty training
23 in geriatrics or gerontology as required by
24 the discipline and any additional geriatrics

1 or gerontology training as required by the
2 Secretary; and

3 “(iii) has a junior (non-tenured) fac-
4 ulty appointment at an accredited school of
5 allopathic medicine, osteopathic medicine,
6 nursing, social work, psychology, dentistry,
7 pharmacy, or other allied health disciplines
8 in an accredited health professions school
9 or graduate program that is approved by
10 the Secretary.

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

14 “(A) submits to the Secretary an applica-
15 tion, at such time, in such manner, and con-
16 taining such information as the Secretary may
17 require, and the Secretary approves such applica-
18 tion;

19 “(B) provides, in such form and manner as
20 the Secretary may require, assurances that the
21 eligible individual on whose behalf an applica-
22 tion was submitted under subparagraph (A) will
23 meet the service requirement described in para-
24 graph (7); and

1 “(C) provides, in such form and manner as
2 the Secretary may require, assurances that such
3 individual has a full-time faculty appointment
4 in an accredited health professions school or
5 graduate program and documented commitment
6 from such school or program to spend 75 per-
7 cent of the total time of such individual on
8 teaching and developing skills in interprofes-
9 sional education in geriatrics.

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

12 “(A) shall give priority to eligible entities
13 that apply on behalf of eligible individuals who
14 are on the faculty of institutions that integrate
15 geriatrics education, training, and best prac-
16 tices into academic program criteria;

17 “(B) may give priority to eligible entities
18 that operate a geriatrics workforce enhance-
19 ment program under subsection (a);

20 “(C) shall ensure that grants are equitably
21 distributed across the various geographical re-
22 gions of the United States, including rural and
23 underserved areas;

1 “(D) shall pay particular attention to geri-
2 atrics health care workforce needs among un-
3 derserved populations and rural areas; and

4 “(E) may not require an eligible individual,
5 or an eligible entity applying on behalf of an eli-
6 gible individual, to be a recipient of a grant or
7 contract under this part.

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

16 “(6) AMOUNT AND TERM.—

17 “(A) AMOUNT.—The amount of an award
18 under this subsection for eligible individuals
19 who are physicians shall equal \$100,000 for fis-
20 cal year 2017, adjusted for subsequent fiscal
21 years to reflect the increase in the Consumer
22 Price Index. The Secretary shall determine the
23 amount of an award under this subsection for
24 individuals who are not physicians.

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

4 “(7) SERVICE REQUIREMENT.—An eligible indi-
5 vidual on whose behalf an application was submitted
6 and approved under paragraph (3)(A) shall provide
7 training in clinical geriatrics or gerontology, includ-
8 ing the training of interprofessional teams of health
9 care professionals.

10 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
11 carry out this section, there is authorized to be appro-
12 priated \$40,737,000 for each of fiscal years 2019 through
13 2023. Notwithstanding the preceding sentence, no funds
14 shall be made available to carry out subsection (b) for a
15 fiscal year unless the amount made available to carry out
16 this section for such fiscal year is more than the amount
17 made available to carry out this section for fiscal year
18 2017.”.

Passed the House of Representatives July 23, 2018.

Attest:

KAREN L. HAAS,

Clerk.