

AMENDMENT **HR 3962**  
OFFERED BY MR. FORBES OF VIRGINIA  
[AHCAA\_001]

At the end of subtitle E of title V of division C (relating to public health and workforce development), insert the following new section:

1 **SEC. 2593. MEDICAL SIMULATION ENHANCEMENT.**

2 Part B of title IX of the Public Health Service Act  
3 (42 U.S.C. 299b et seq.) is amended by adding at the end  
4 the following:

5 **"SEC. 918. MEDICAL SIMULATION ENHANCEMENT.**

6 "(a) IN GENERAL.—The Director shall conduct and  
7 support research, evaluations, initiatives, and demonstra-  
8 tion projects, and provide grants or enter into contracts  
9 or cooperative agreements, to enhance the deployment of  
10 medical simulation technologies and the incorporation of  
11 such technologies and equipment into medical, nursing, al-  
12 lied health, podiatric, osteopathic, and dental education  
13 and training protocols.

14 "(b) PROGRAMS.—In carrying out subsection (a), the  
15 Director shall establish the following programs:

16 "(1) MEDICAL SIMULATION CENTERS OF EX-  
17 CELLENCE.—

1           “(A) ESTABLISHMENT.—The Director  
2 shall establish medical simulation centers of ex-  
3 cellence—

4           “(i) to provide leadership and conduct  
5 research with respect to enhancing and ex-  
6 panding the utilization of medical simula-  
7 tion technologies and simulation-based  
8 skills training for physicians, nurses, allied  
9 health professionals, and qualified stu-  
10 dents; and

11           “(ii) to improve the efficiency and ef-  
12 fectiveness of medical simulation research  
13 and programs.

14           “(B) PURPOSE.—Each medical simulation  
15 center of excellence established under sub-  
16 section (a) shall—

17           “(i) provide leadership in a specific  
18 area of medical simulation technology or  
19 knowledge;

20           “(ii) enhance and expand the knowl-  
21 edge base within the specific area of med-  
22 ical simulation technology or knowledge in  
23 line with the program requirements and  
24 the long-term interests of the medical sim-  
25 ulation community; and

1                   “(iii) serve as a resource center to in-  
2                   terested health professional schools and in-  
3                   dividuals who want to learn about medical  
4                   simulation.

5                   “(2) MEDICAL SIMULATION INNOVATION.—The  
6                   Director shall promote innovation in medical simula-  
7                   tion technologies and encourage development and de-  
8                   ployment of challenging and complex medical simula-  
9                   tion technologies and applications by—

10                   “(A) conducting and supporting research  
11                   on the development and deployment of complex  
12                   or challenging medical simulation and inter-  
13                   disciplinary simulation technologies;

14                   “(B) identifying, in consultation with the  
15                   Telemedicine and Advanced Technology Re-  
16                   search Center, particularly challenging or com-  
17                   plex medical simulation technologies and appli-  
18                   cations; and

19                   “(C) developing, in consultation with the  
20                   National Library of Medicine, an electronic  
21                   clearinghouse of medical simulation technologies  
22                   currently available and those being developed.

23                   “(3) MEDICAL SIMULATION TECHNOLOGY AC-  
24                   QUISITION.—

1           “(A) GRANTS.—The Director shall award  
2 grants to eligible entities for the purchase of  
3 medical simulation technologies for use in the  
4 training of physicians, nurses, allied health pro-  
5 fessionals, and qualified students.

6           “(B) DEFINITION.—In this paragraph, the  
7 term ‘eligible entity’ means a hospital, an aca-  
8 demic medical center, or a school of allied  
9 health, dentistry, medicine, nursing, osteopathic  
10 medicine, or podiatric medicine.

11           “(4) MEDICAL AND INTERDISCIPLINARY SIM-  
12 ULATION CURRICULA.—

13           “(A) GRANTS.—The Director shall award  
14 grants to eligible entities to incorporate medical  
15 simulation and interdisciplinary simulation  
16 technologies into curricula and training of phy-  
17 sicians, nurses, and allied health professionals.

18           “(B) DEFINITION.—In this subsection, the  
19 term ‘eligible entity’ means an academic med-  
20 ical center or a school of medicine, osteopathy,  
21 podiatry, dentistry, nursing, or allied health.

22           “(5) GRANTS TO PROFESSIONAL ORGANIZA-  
23 TIONS.—

24           “(A) GRANTS.—The Director shall award  
25 grants to eligible entities to deploy medical sim-

1           ulation technologies for the purpose of pro-  
2           viding training to health care providers.

3           “(B) DEFINITION.—In this paragraph, the  
4           term ‘eligible entity’ means an academic med-  
5           ical center, a professional organization that pro-  
6           vides accreditation or quality assurance to  
7           health care professionals, a health profession li-  
8           censing board, or an agency studying utilization  
9           of simulation-based methods in credentialing  
10          and accreditation in health care.

11          “(6) FEDERAL MEDICAL SIMULATION COORDI-  
12          NATING COUNCIL.—

13           “(A) ESTABLISHMENT.—There is estab-  
14           lished within the Department of Health and  
15           Human Services the Federal Medical Simula-  
16           tion Coordinating Council (in this paragraph re-  
17           ferred to as the ‘Coordinating Council’).

18           “(B) PURPOSE.—The Coordinating Coun-  
19           cil shall coordinate the Federal Government’s  
20           activities regarding the research on and devel-  
21           opment, deployment, and utilization of medical  
22           simulation technologies.

23           “(C) VOTING MEMBERS.—The voting  
24           members of the Coordinating Council shall con-  
25           sist of representatives of Federal agencies with

1 responsibility for improving health care delivery  
2 to patients, as follows:

3 “(i) A majority of the voting members  
4 of the Coordinating Council shall be rep-  
5 resentatives of the Department of Health  
6 and Human Services. Such majority shall  
7 consist of the Director and such individ-  
8 uals as may be appointed by the Secretary  
9 of Health and Human Services. At a min-  
10 imum, the Secretary shall appoint rep-  
11 resentatives of—

12 “(I) the Agency for Healthcare  
13 Research and Quality;

14 “(II) the National Institutes of  
15 Health;

16 “(III) the Health Resources and  
17 Services Administration;

18 “(IV) the Centers for Medicare &  
19 Medicaid Services; and

20 “(V) the Food and Drug Admin-  
21 istration.

22 “(ii) The remainder of the voting  
23 members of the Coordinating Council shall  
24 consist of—

1                   “(I) representatives of the De-  
2                   partment of Defense, appointed by the  
3                   Secretary of Defense; and

4                   “(II) representatives of the De-  
5                   partment of Veterans Affairs, ap-  
6                   pointed by the Secretary of Veterans  
7                   Affairs.

8                   “(D) LIAISONS.—In addition to the voting  
9                   members appointed pursuant to subparagraph  
10                  (C), the membership of the Coordinating Coun-  
11                  cil shall include 2 representatives of the advi-  
12                  sory panel established under subsection (c)  
13                  who—

14                  “(i) shall be selected by the Secretary  
15                  of Health and Human Services, the Sec-  
16                  retary of Defense, and the Secretary of  
17                  Veterans Affairs acting jointly;

18                  “(ii) shall be nonvoting members; and

19                  “(iii) shall serve as liaisons between  
20                  the advisory panel and the Coordinating  
21                  Council.

22                  “(E) LEADERSHIP.—The Director shall  
23                  serve as the Chair of the Coordinating Council  
24                  and shall be responsible for the leadership and

1 oversight of the activities of the Coordinating  
2 Council.

3 “(F) CONSULTATION.—In carrying out the  
4 purpose described in subparagraph (B), the Co-  
5 ordinating Council shall consult with outside or-  
6 ganizations on ways to improve medical simula-  
7 tion policy and access.

8 “(G) MEETINGS.—

9 “(i) IN GENERAL.—The Coordinating  
10 Council shall meet regularly and no less  
11 than 2 times each year.

12 “(ii) NOTICE.—Notice of any upcom-  
13 ing meeting of the Coordinating Council  
14 shall be published in the Federal Register.

15 “(iii) PUBLIC ACCESS.—Any meeting  
16 of the Coordinating Council shall be open  
17 to the public.

18 “(c) ADVISORY PANEL.—The Director shall establish  
19 an advisory panel to make recommendations on how to  
20 structure the programs under subsection (b). The mem-  
21 bers of such advisory panel shall consist of a total of at  
22 least 10 representatives of the medical simulation commu-  
23 nity, including representatives of—



1           “(1) academic medical centers or schools of  
2           medicine, osteopathy, podiatry, dentistry, nursing, or  
3           allied health;

4           “(2) health care professionals who are actively  
5           involved in medical simulation centers; and

6           “(3) at least 2 multidisciplinary associations  
7           which are recognized as having a primary focus on  
8           medical simulation.

9           “(d) DEFINITIONS.—

10           “(1) MEDICAL SIMULATION.—The term ‘med-  
11           ical simulation’ means the use of a device, such as  
12           a mannequin, a task trainer, virtual reality, or a  
13           standardized patient, to emulate a real device, pa-  
14           tient, or patient care situation or environment to  
15           teach therapeutic and diagnostic procedures, proc-  
16           esses, medical concepts, and decisionmaking to a  
17           health care professional.

18           “(2) QUALIFIED STUDENT.—The term ‘quali-  
19           fied student’ means a student enrolled full-time or  
20           part-time in—

21           “(A) a school of allied health, a school of  
22           dentistry, a school of medicine, a school of os-  
23           teopathic medicine, or a school of podiatric  
24           medicine (as such terms are defined in section  
25           799B); or

1                   “(B) a school of nursing (as such term is  
2                   defined in section 801).

3                   “(e) AUTHORIZATION OF APPROPRIATIONS.—To  
4 carry out this section, there are authorized to be appro-  
5 priated—

6                   “(1) \$50,000,000 for fiscal year 2010; and

7                   “(2) such sums as may be necessary for fiscal  
8                   years 2011 through 2014.”.

