

Committee Print

[SHOWING THE TEXT OF H.R. 2781, AS FAVORABLY FORWARDED BY THE
ENERGY AND COMMERCE SUBCOMMITTEE ON HEALTH ON JULY 11, 2019]

116TH CONGRESS
1ST SESSION

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.

IN THE HOUSE OF REPRESENTATIVES

MAY 16, 2019

Ms. SCHAKOWSKY (for herself and Mr. BURGESS) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

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,*

3 **SECTION 1. SHORT TITLE.**

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

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

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

6 “(i) **AUTHORIZATION OF APPROPRIATIONS.**—To
7 carry out this section, there is authorized to be appro-
8 priated \$24,897,000 for each of fiscal years 2020 through
9 2024.”.

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

13 (1) in subsection (a), by striking “\$51,000,000
14 for fiscal year 2010, and such sums as may be nec-
15 essary for each of the fiscal years 2011 through
16 2014” and inserting “\$51,419,000 for each of fiscal
17 years 2020 through 2024”;

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

22 (3) in subsection (c), by striking “\$60,000,000
23 for fiscal year 2010 and such sums as may be nec-
24 essary for each of the fiscal years 2011 through
25 2014” and inserting “\$20,000,000 for each of fiscal
26 years 2020 through 2024”.

1 (c) PRIMARY CARE TRAINING AND ENHANCE-
2 MENT.—Section 747(c)(1) of the Public Health Service
3 Act (42 U.S.C. 293k(c)(1)) is amended by striking
4 “\$125,000,000 for fiscal year 2010, and such sums as
5 may be necessary for each of fiscal years 2011 through
6 2014” and inserting “\$51,371,000 for each of fiscal years
7 2020 through 2024”.

8 (d) TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC
9 HEALTH DENTISTRY.—Section 748(f) of the Public
10 Health Service Act (42 U.S.C. 293k–2(f)) is amended by
11 striking “\$30,000,000 for fiscal year 2010 and such sums
12 as may be necessary for each of fiscal years 2011 through
13 2015” and inserting “\$42,707,000 for each of fiscal years
14 2020 through 2024”.

15 (e) AREA HEALTH EDUCATION CENTERS.—Section
16 751(j)(1) of the Public Health Service Act (42 U.S.C.
17 294a(j)(1)) is amended by striking “\$125,000,000 for
18 each of the fiscal years 2010 through 2014” and inserting
19 “\$42,075,000 for each of fiscal years 2020 through
20 2024”.

21 (f) NATIONAL CENTER FOR HEALTHCARE WORK-
22 FORCE ANALYSIS.—

23 (1) IN GENERAL.—Section 761(e)(1)(A) of the
24 Public Health Service Act (42 U.S.C.
25 294n(e)(1)(A)) is amended by striking “\$7,500,000

1 for each of fiscal years 2010 through 2014” and in-
2 serting “\$5,947,000 for each of fiscal years 2020
3 through 2024”.

4 (2) TECHNICAL CORRECTION.—Section
5 761(e)(2) of the Public Health Service Act (42
6 U.S.C. 294n(e)(2)) is amended by striking “sub-
7 section (a)” and inserting “paragraph (1)”.

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

14 **SEC. 3. EDUCATION AND TRAINING RELATING TO GERI-**
15 **ATRICS.**

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

18 **“SEC. 753. EDUCATION AND TRAINING RELATING TO GERI-**
19 **ATRICS.**

20 **“(a) GERIATRICS WORKFORCE ENHANCEMENT PRO-**
21 **GRAMS.—**

22 **“(1) IN GENERAL.—**The Secretary shall award
23 grants or contracts under this subsection to entities
24 described in paragraph (1), (3), or (4) of section
25 799B, section 801(2), or section 865(d), or other

1 health professions schools or programs approved by
2 the Secretary, for the establishment or operation of
3 geriatrics workforce enhancement programs that
4 meet the requirements of paragraph (2).

5 “(2) REQUIREMENTS.—A geriatrics workforce
6 enhancement program meets the requirements of
7 this paragraph if such program supports the devel-
8 opment of a health care workforce that maximizes
9 patient and family engagement and improves health
10 outcomes for older adults by integrating geriatrics
11 with primary care and other appropriate specialties.
12 Special emphasis should be placed on providing the
13 primary care workforce with the knowledge and
14 skills to care for older adults and collaborating with
15 community partners to address gaps in health care
16 for older adults through individual, system, commu-
17 nity, and population level changes. Areas of pro-
18 grammatic focus may include the following:

19 “(A) Transforming clinical training envi-
20 ronments to integrated geriatrics and primary
21 care delivery systems to ensure trainees are well
22 prepared to practice in and lead in such sys-
23 tems.

24 “(B) Developing providers from multiple
25 disciplines and specialties to work interprofes-

1 sionally to assess and address the needs and
2 preferences of older adults and their families
3 and caregivers at the individual, community,
4 and population levels with cultural and lin-
5 guistic competency.

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

11 “(D) Providing Alzheimer’s disease and re-
12 lated dementias (ADRD) education to the fami-
13 lies and caregivers of older adults, direct care
14 workers, health professions students, faculty,
15 and providers.

16 “(3) DURATION.—The Secretary shall award
17 grants and contracts under paragraph (1) for a pe-
18 riod not to exceed five years.

19 “(4) APPLICATION.—To be eligible to receive a
20 grant or contract under paragraph (1), an entity de-
21 scribed in such paragraph shall submit to the Sec-
22 retary an application at such time, in such manner,
23 and containing such information as the Secretary
24 may require, including the specific measures the ap-
25 plicant will use to demonstrate that the project is

1 improving the quality of care provided to older
2 adults in the applicant's region, which may in-
3 clude—

4 “(A) improvements in access to care pro-
5 vided by a health professional with training in
6 geriatrics or gerontology;

7 “(B) improvements in family caregiver ca-
8 pacity to care for older adults;

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

12 “(D) reports on how the applicant will im-
13 plement specific innovations with the target au-
14 dience to improve older adults' health status or
15 the quality of care.

16 “(5) **EQUITABLE GEOGRAPHIC DISTRIBUTION.**—The Secretary may award grants and con-
17 tracts under paragraph (1) in a manner which will
18 equitably distribute such grants among the various
19 regions of the United States.

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

24 “(A) have the goal of improving and pro-
25 viding comprehensive coordinated care of older

1 adults, including medical, dental, and psycho-
2 social needs;

3 “(B) demonstrate coordination with other
4 programmatic efforts funded under this pro-
5 gram or other public or private entities;

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

10 “(D) provide clinical experiences across
11 care settings, including ambulatory care, hos-
12 pitals, post-acute care, nursing homes, federally
13 qualified health centers, and home and commu-
14 nity-based services;

15 “(E) emphasize education and engagement
16 of family caregivers on disease self-manage-
17 ment, medication management, and stress re-
18 duction strategies;

19 “(F) provide training to the health care
20 workforce on disease self-management, motiva-
21 tional interviewing, medication management,
22 and stress reduction strategies;

23 “(G) provide training to the health care
24 workforce on social determinants of health in
25 order to better address the geriatric health care

1 needs of diverse populations with cultural and
2 linguistic competency;

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

7 “(I) substantially benefit rural or under-
8 served populations of older adults or conduct
9 outreach to communities that have a shortage
10 of geriatric workforce professionals;

11 “(J) integrate behavioral health com-
12 petencies into primary care practice, especially
13 with respect to elder abuse, pain management,
14 and advance care planning; or

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

17 “(i) focus on geriatrics, gerontology,
18 chronic care management, and long-term
19 care that provide supplemental training for
20 faculty members in medical schools and
21 other health professions schools or grad-
22 uate programs in psychology, pharmacy,
23 nursing, social work, dentistry, public
24 health, allied health, or other health dis-
25 ciplines, as approved by the Secretary; and

1 “(ii) are open to current faculty, and
2 appropriately credentialed volunteer faculty
3 and practitioners, to upgrade their knowl-
4 edge and clinical skills for the care of older
5 adults and adults with functional and cog-
6 nitive limitations and to enhance their
7 interdisciplinary teaching skills.

8 “(7) PRIORITY.—In awarding grants under
9 paragraph (1), particularly with respect to awarding,
10 in fiscal year 2020, any amount appropriated for
11 such fiscal year for purposes of carrying out this
12 subsection that is in excess of the amount appro-
13 priated for the most previous fiscal year for which
14 appropriations were made for such purposes, the
15 Secretary may give priority to entities that oper-
16 ate—

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

19 “(B) in States in which no entity has pre-
20 viously received an award under such paragraph
21 (including as in effect before the date of enact-
22 ment of the Educating Medical Professionals
23 and Optimizing Workforce Efficiency and Read-
24 iness for Health Act of 2019).

1 “(8) AWARD AMOUNTS.—Awards under para-
2 graph (1) shall be in an amount determined by the
3 Secretary. Entities that submit applications under
4 this subsection that describe a plan for providing
5 geriatric education and training for home health
6 workers and family caregivers are eligible to receive
7 \$100,000 per year more than entities that do not in-
8 clude a description of such a plan.

9 “(9) REPORTING.—Each entity awarded a
10 grant under paragraph (1) shall submit an annual
11 report to the Secretary on financial and pro-
12 grammatic performance under such grant, which
13 may include factors such as the number of trainees,
14 the number of professions and disciplines, the num-
15 ber of partnerships with health care delivery sites,
16 the number of faculty and practicing professionals
17 who participated in continuing education programs,
18 and such other factors as the Secretary may require.

19 “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

20 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
21 retary shall establish a program to award grants, to
22 be known as Geriatric Academic Career Awards, to
23 eligible entities applying on behalf of eligible individ-
24 uals to promote the career development of such indi-

1 viduals as academic geriatricians or other academic
2 geriatrics health professionals.

3 “(2) ELIGIBILITY.—

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

7 “(i) an accredited school of allopathic
8 medicine, osteopathic medicine, nursing,
9 social work, psychology, dentistry, phar-
10 macy, or allied health; or

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

15 “(B) ELIGIBLE INDIVIDUAL.—

16 “(i) IN GENERAL.—For purposes of
17 this subsection, the term ‘eligible indi-
18 vidual’ means an individual who—

19 “(I) has a junior, nontenured,
20 faculty appointment at an accredited
21 school of allopathic medicine, osteo-
22 pathic medicine, nursing, social work,
23 psychology, dentistry, pharmacy, or
24 allied health or at another type of ac-
25 credited health professions school or

1 graduate program described in sub-
2 paragraph (A)(ii);

3 “(II)(aa) is board certified or
4 board eligible in internal medicine,
5 family practice, psychiatry, or licensed
6 dentistry, or has completed the train-
7 ing required for the individual’s dis-
8 cipline; and

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

11 “(III) has completed an approved
12 fellowship program in geriatrics or
13 gerontology, or has completed spe-
14 cialty training in geriatrics or geron-
15 tology as required for the individual’s
16 discipline and any additional geri-
17 atrics or gerontology training as re-
18 quired by the Secretary.

19 “(ii) SPECIAL RULE.—If during the
20 period of an award under this subsection
21 respecting an eligible individual, the indi-
22 vidual is promoted to associate professor
23 and thereby no longer meets the criteria of
24 clause (i)(I), the individual may continue

1 to be treated as an eligible individual
2 through the term of the award.

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

6 “(A) submits to the Secretary an applica-
7 tion, at such time, in such manner, and con-
8 taining such information as the Secretary may
9 require, and the Secretary approves such appli-
10 cation;

11 “(B) provides, in such form and manner as
12 the Secretary may require, assurances that the
13 eligible individual on whose behalf an applica-
14 tion was submitted under subparagraph (A) will
15 meet the service requirement described in para-
16 graph (8); and

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

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

3 “(A) shall give priority to eligible entities
4 that apply on behalf of eligible individuals who
5 are on the faculty of institutions that integrate
6 geriatrics education, training, and best prac-
7 tices into academic program criteria;

8 “(B) may give priority to eligible entities
9 that operate a geriatrics workforce enhance-
10 ment program under subsection (a);

11 “(C) shall ensure that grants are equitably
12 distributed across the various geographical re-
13 gions of the United States, including rural and
14 underserved areas;

15 “(D) shall pay particular attention to geri-
16 atrics health care workforce needs among un-
17 derserved populations, diverse communities, and
18 rural areas;

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

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

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

9 “(6) AMOUNT AND TERM.—

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

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

21 “(7) SERVICE REQUIREMENT.—An eligible indi-
22 vidual on whose behalf an application was submitted
23 and approved under paragraph (3)(A) shall provide
24 training in clinical geriatrics or gerontology, includ-

1 ing the training of interprofessional teams of health
2 care professionals.

3 “(c) AUTHORIZATION OF APPROPRIATIONS.—To
4 carry out this section, there is authorized to be appro-
5 priated \$51,000,000 for each of fiscal years 2020 through
6 2024. Notwithstanding the preceding sentence, no funds
7 shall be made available to carry out subsection (b) for a
8 fiscal year unless the amount made available to carry out
9 this section for such fiscal year is more than the amount
10 made available to carry out this section for fiscal year
11 2017.”.

12 **SEC. 4. INVESTMENT IN TOMORROW’S PEDIATRIC HEALTH**
13 **CARE WORKFORCE.**

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

16 **“SEC. 775. INVESTMENT IN TOMORROW’S PEDIATRIC**
17 **HEALTH CARE WORKFORCE.**

18 “(a) IN GENERAL.—The Secretary shall establish
19 and carry out a program of entering into pediatric spe-
20 cialty loan repayment agreements with qualified health
21 professionals under which—

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

1 “(A) participate in an accredited pediatric
2 medical subspecialty, pediatric surgical spe-
3 cialty, child and adolescent psychiatry sub-
4 specialty, or child and adolescent mental and
5 behavioral health residency or fellowship; or

6 “(B) be employed full-time in providing pe-
7 diatric medical subspecialty care, pediatric sur-
8 gical specialty care, child and adolescent psychi-
9 atry subspecialty care, or child and adolescent
10 mental and behavioral health care, including
11 substance use disorder prevention and treat-
12 ment services, in an area with—

13 “(i) a shortage of health care profes-
14 sionals practicing in the pediatric medical
15 subspecialty, the pediatric surgical spe-
16 cialty, the child and adolescent psychiatry
17 subspecialty, or child and adolescent men-
18 tal and behavioral health, as applicable;
19 and

20 “(ii) a sufficient pediatric population,
21 as determined by the Secretary, to support
22 the addition of a practitioner in the pedi-
23 atric medical subspecialty, the pediatric
24 surgical specialty, the child and adolescent
25 psychiatry subspecialty, or child and ado-

1 lescent mental and behavioral health, as
2 applicable; and

3 “(2) the Secretary agrees to make payments on
4 the principal and interest of undergraduate, grad-
5 uate, or graduate medical education loans of the
6 qualified health professional of not more than
7 \$35,000 a year for each year of agreed upon service
8 under paragraph (1) for a period of not more than
9 3 years.

10 “(b) ELIGIBILITY REQUIREMENTS.—

11 “(1) PEDIATRIC MEDICAL SPECIALISTS AND PE-
12 DIATRIC SURGICAL SPECIALISTS.—For purposes of
13 loan repayment agreements under this section with
14 respect to pediatric medical subspecialty and pedi-
15 atric surgical specialty practitioners, the term ‘quali-
16 fied health professional’ means a licensed physician
17 who—

18 “(A) is entering or receiving training in an
19 accredited pediatric medical subspecialty or pe-
20 diatric surgical subspecialty residency or fellow-
21 ship; or

22 “(B) has completed (but not prior to the
23 end of the calendar year in which the Edu-
24 cating Medical Professionals and Optimizing
25 Workforce Efficiency and Readiness for Health

1 Act of 2019 is enacted) the training described
2 in subparagraph (A).

3 “(2) CHILD AND ADOLESCENT PSYCHIATRY
4 AND MENTAL AND BEHAVIORAL HEALTH.—For pur-
5 poses of loan repayment agreements under this sec-
6 tion with respect to child and adolescent mental and
7 behavioral health care, the term ‘qualified health
8 professional’ means a health care professional who—

9 “(A) has received specialized training or
10 clinical experience in child and adolescent men-
11 tal health in psychiatry, psychology, school psy-
12 chology, or psychiatric nursing;

13 “(B) has a license or certification in a
14 State to practice allopathic medicine, osteo-
15 pathic medicine, psychology, school psychology,
16 or psychiatric nursing; or

17 “(C) is a mental health service professional
18 who has completed (but not before the end of
19 the calendar year in which the Educating Med-
20 ical Professionals and Optimizing Workforce
21 Efficiency and Readiness for Health Act of
22 2019 is enacted) specialized training or clinical
23 experience in child and adolescent mental health
24 described in subparagraph (A).

1 “(3) ADDITIONAL ELIGIBILITY REQUIRE-
2 MENTS.—The Secretary may not enter into a loan
3 repayment agreement under this section with a
4 qualified health professional unless—

5 “(A) the professional agrees to work in, or
6 for a provider serving, a medically underserved
7 area, or to serve a medically underserved popu-
8 lation;

9 “(B) the professional is a United States
10 citizen, a permanent legal United States resi-
11 dent, or lawfully present in the United States;
12 and

13 “(C) if the professional is enrolled in a
14 graduate program, the program is accredited,
15 and the professional has an acceptable level of
16 academic standing (as determined by the Sec-
17 retary).

18 “(c) PRIORITY.—In entering into loan repayment
19 agreements under this section, the Secretary shall give pri-
20 ority to applicants who—

21 “(1) have familiarity with evidence-based meth-
22 ods and cultural and linguistic competence in health
23 care services; and

24 “(2) demonstrate financial need.

1 “(d) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated for each of fiscal years
3 2020 through 2024—

4 “(1) \$30,000,000 to carry out this section with
5 respect to loan repayment agreements with qualified
6 health professionals described in subsection (b)(1);
7 and

8 “(2) \$20,000,000 to carry out this section with
9 respect to loan repayment agreements with respect
10 to qualified health professionals described in sub-
11 section (b)(2).”.

12 **SEC. 5. INCREASING WORKFORCE DIVERSITY IN THE PRO-**
13 **FESSIONS OF PHYSICAL THERAPY, OCCUPA-**
14 **TIONAL THERAPY, AUDIOLOGY, AND SPEECH-**
15 **LANGUAGE PATHOLOGY.**

16 Title VII of the Public Health Service Act is amend-
17 ed—

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

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

1 **“PART G—INCREASING WORKFORCE DIVERSITY**
2 **IN THE PROFESSIONS OF PHYSICAL THER-**
3 **APY, OCCUPATIONAL THERAPY, AUDIOLOGY,**
4 **AND SPEECH-LANGUAGE PATHOLOGY**

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

6 “(a) IN GENERAL.—The Secretary may award grants
7 and contracts to eligible entities to increase educational
8 opportunities in the professions of physical therapy, occu-
9 pational therapy, audiology, and speech-language pathol-
10 ogy for eligible individuals by—

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

13 “(A) completion of an accelerated degree
14 program;

15 “(B) completion of an associate’s, bach-
16 elor’s, master’s, or doctoral degree program;
17 and

18 “(C) entry by a diploma or associate’s de-
19 gree practitioner into a bridge or degree com-
20 pletion program;

21 “(2) providing assistance for completion of pre-
22 requisite courses or other preparation necessary for
23 acceptance for enrollment in the eligible entity; and

24 “(3) carrying out activities to increase the re-
25 tention of students in one or more programs in the

1 professions of physical therapy, occupational ther-
2 apy, audiology, and speech-language pathology.

3 “(b) CONSIDERATION OF RECOMMENDATIONS.—In
4 carrying out subsection (a), the Secretary shall take into
5 consideration the recommendations of national organiza-
6 tions representing the professions of physical therapy, oc-
7 cupational therapy, audiology, and speech-language pa-
8 thology, including the American Physical Therapy Asso-
9 ciation, the American Occupational Therapy Association,
10 the American Speech-Language-Hearing Association, the
11 American Academy of Audiology, and the Academy of
12 Doctors of Audiology.

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

15 “(1) IN GENERAL.—The Secretary may require
16 recipients of awards under this section to report to
17 the Secretary concerning the annual admission, re-
18 tention, and graduation rates for eligible individuals
19 in programs of the recipient leading to a degree in
20 any of the professions of physical therapy, occupa-
21 tional therapy, audiology, and speech-language pa-
22 thology.

23 “(2) FALLING RATES.—If any of the rates re-
24 ported by a recipient under paragraph (1) fall below
25 the average for such recipient over the two years

1 preceding the year covered by the report, the recipi-
2 ent shall provide the Secretary with plans for imme-
3 diately improving such rates.

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

9 “(d) DEFINITIONS.—In this section:

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

12 “(A) is accredited by—

13 “(i) the Council on Academic Accredi-
14 tation in Audiology and Speech-Language
15 Pathology or the Accreditation Commission
16 for Audiology Education;

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

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

21 “(B) is carrying out a program for recruit-
22 ing and retaining students underrepresented in
23 the professions of physical therapy, occupa-
24 tional therapy, audiology, and speech-language

1 pathology (including racial or ethnic minorities,
2 or students from disadvantaged backgrounds).

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

5 “(A) is a member of a class of persons who
6 are underrepresented in the professions of phys-
7 ical therapy, occupational therapy, audiology,
8 and speech-language pathology (including indi-
9 viduals who are racial or ethnic minorities, or
10 are from disadvantaged backgrounds);

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

13 “(C) is enrolled (or accepted for enroll-
14 ment) at an audiology, speech-language pathol-
15 ogy, physical therapy, or occupational therapy
16 program as a full-time student at an eligible en-
17 tity.

18 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
19 are authorized to be appropriated to carry out this section
20 \$5,000,000 for each of fiscal years 2020 through 2024.”.