



1 (1) in subsection (a), by striking “\$51,000,000  
2 for fiscal year 2010, and such sums as may be nec-  
3 essary for each of the fiscal years 2011 through  
4 2014” and inserting “\$48,970,000 for each of fiscal  
5 years 2019 through 2023”;

6 (2) in subsection (b), by striking “\$5,000,000  
7 for each of the fiscal years 2010 through 2014” and  
8 inserting “\$1,190,000 for each of fiscal years 2019  
9 through 2023”; and

10 (3) in subsection (c), by striking “\$60,000,000  
11 for fiscal year 2010 and such sums as may be nec-  
12 essary for each of the fiscal years 2011 through  
13 2014” and inserting “\$14,189,000 for each of fiscal  
14 years 2019 through 2023”.

15 (c) PRIMARY CARE TRAINING AND ENHANCE-  
16 MENT.—Section 747(c)(1) of the Public Health Service  
17 Act (42 U.S.C. 293k(c)(1)) is amended by striking  
18 “\$125,000,000 for fiscal year 2010, and such sums as  
19 may be necessary for each of fiscal years 2011 through  
20 2014” and inserting “\$42,924,000 for each of fiscal years  
21 2019 through 2023”.

22 (d) TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC  
23 HEALTH DENTISTRY.—Section 748(f) of the Public  
24 Health Service Act (42 U.S.C. 293k–2(f)) is amended by  
25 striking “\$30,000,000 for fiscal year 2010 and such sums

1 as may be necessary for each of fiscal years 2011 through  
2 2015” and inserting “\$40,673,000 for each of fiscal years  
3 2019 through 2023”.

4 (e) AREA HEALTH EDUCATION CENTERS.—Section  
5 751(j)(1) of the Public Health Service Act (42 U.S.C.  
6 294a(j)(1)) is amended by striking “\$125,000,000 for  
7 each of the fiscal years 2010 through 2014” and inserting  
8 “\$38,250,000 for each of fiscal years 2019 through  
9 2023”.

10 (f) NATIONAL CENTER FOR HEALTHCARE WORK-  
11 FORCE ANALYSIS.—

12 (1) IN GENERAL.—Section 761(e)(1)(A) of the  
13 Public Health Service Act (42 U.S.C.  
14 294n(e)(1)(A)) is amended by striking “\$7,500,000  
15 for each of fiscal years 2010 through 2014” and in-  
16 serting “\$5,663,000 for each of fiscal years 2019  
17 through 2023”.

18 (2) TECHNICAL CORRECTION.—Section  
19 761(e)(2) of the Public Health Service Act (42  
20 U.S.C. 294n(e)(2)) is amended by striking “sub-  
21 section (a)” and inserting “paragraph (1)”.

22 (g) PUBLIC HEALTH WORKFORCE.—Section 770(a)  
23 of the Public Health Service Act (42 U.S.C. 295e(a)) is  
24 amended by striking “\$43,000,000 for fiscal year 2011,  
25 and such sums as may be necessary for each of the fiscal

1 years 2012 through 2015” and inserting “\$17,000,000 for  
2 each of fiscal years 2019 through 2023”.

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

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

7 **“SEC. 753. EDUCATION AND TRAINING RELATING TO GERI-**  
8 **ATRICS.**

9 “(a) GERIATRICS WORKFORCE ENHANCEMENT PRO-  
10 GRAMS.—

11 “(1) IN GENERAL.—The Secretary shall award  
12 grants or contracts under this subsection to entities  
13 described in paragraph (1), (3), or (4) of section  
14 799B, section 801(2), or section 865(d), or other  
15 health professions schools or programs approved by  
16 the Secretary, for the establishment or operation of  
17 geriatrics workforce enhancement programs that  
18 meet the requirements of paragraph (2).

19 “(2) REQUIREMENTS.—A geriatrics workforce  
20 enhancement program meets the requirements of  
21 this paragraph if such program supports the devel-  
22 opment of a health care workforce that maximizes  
23 patient and family engagement and improves health  
24 outcomes for older adults by integrating geriatrics  
25 with primary care and other appropriate specialties.

1 Special emphasis should be placed on providing the  
2 primary care workforce with the knowledge and  
3 skills to care for older adults and collaborating with  
4 community partners to address gaps in health care  
5 for older adults through individual, system, commu-  
6 nity, and population level changes. Areas of pro-  
7 grammatic focus may include the following:

8 “(A) Transforming clinical training envi-  
9 ronments to integrated geriatrics and primary  
10 care delivery systems to ensure trainees are well  
11 prepared to practice in and lead in such sys-  
12 tems.

13 “(B) Developing providers who can assess  
14 and address the needs and preferences of older  
15 adults and their families and caregivers at the  
16 individual, community, and population levels.

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

22 “(D) Providing Alzheimer’s disease and re-  
23 lated dementias (ADRD) education to the fami-  
24 lies and caregivers of older adults, direct care

1 workers, health professions students, faculty,  
2 and providers.

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

6 “(4) APPLICATION.—To be eligible to receive a  
7 grant or contract under paragraph (1), an entity de-  
8 scribed in such paragraph shall submit to the Sec-  
9 retary an application at such time, in such manner,  
10 and containing such information as the Secretary  
11 may require.

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

17 “(6) PRIORITY.—In awarding grants and con-  
18 tracts under paragraph (1), the Secretary may give  
19 priority to programs that—

20 “(A) have the goal of improving and pro-  
21 viding comprehensive coordinated care of older  
22 adults, including medical, dental, and psycho-  
23 social needs;

24 “(B) support the training and retraining of  
25 faculty, preceptors, primary care providers, and

1 providers in other specialties to increase their  
2 knowledge of geriatrics and gerontology;

3 “(C) provide clinical experiences across  
4 care settings, including ambulatory care, hos-  
5 pitals, post-acute care, nursing homes, federally  
6 qualified health centers, and home and commu-  
7 nity-based services;

8 “(D) emphasize education and engagement  
9 of family caregivers on disease self-manage-  
10 ment, medication management, and stress re-  
11 duction strategies;

12 “(E) provide training to the health care  
13 workforce on disease self-management, motiva-  
14 tional interviewing, medication management,  
15 and stress reduction strategies;

16 “(F) provide training to the health care  
17 workforce on social determinants of health in  
18 order to better address the geriatric health care  
19 needs of diverse populations;

20 “(G) integrate geriatrics competencies and  
21 interprofessional collaborative practice into  
22 health care education and training curricula for  
23 residents, fellows, and students;

24 “(H) substantially benefit rural or under-  
25 served populations of older adults;

1           “(I) integrate behavioral health com-  
2           petencies into primary care practice, especially  
3           with respect to elder abuse, pain management,  
4           and advance care planning; or

5           “(J) offer short-term intensive courses  
6           that—

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

16                   “(ii) are open to current faculty, and  
17                   appropriately credentialed volunteer faculty  
18                   and practitioners, to upgrade their knowl-  
19                   edge and clinical skills for the care of older  
20                   adults and adults with functional and cog-  
21                   nitive limitations and to enhance their  
22                   interdisciplinary teaching skills.

23           “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

24                   “(1) ESTABLISHMENT OF PROGRAM.—The Sec-  
25           retary shall establish a program to provide Geriatric



1 Academic Career Awards to eligible entities applying  
2 on behalf of eligible individuals to promote the ca-  
3 reer development of such individuals as academic  
4 geriatricians or other academic geriatrics health pro-  
5 fessionals.

6 “(2) ELIGIBILITY.—

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

10 “(i) an entity described in paragraph  
11 (1), (3), or (4) of section 799B or section  
12 801(2); or

13 “(ii) an accredited health professions  
14 school or graduate program approved by  
15 the Secretary.

16 “(B) ELIGIBLE INDIVIDUAL.—For pur-  
17 poses of this subsection, the term ‘eligible indi-  
18 vidual’ means an individual—

19 “(i) who—

20 “(I) is board certified in internal  
21 medicine, family practice, psychiatry,  
22 or licensed dentistry, or has completed  
23 any required training in a discipline  
24 and is employed in an accredited  
25 health professions school or graduate

1 program that is approved by the Sec-  
2 retary; or

3 “(II) has completed an approved  
4 fellowship program in geriatrics or  
5 gerontology, or has completed spe-  
6 cialty training in geriatrics or geron-  
7 tology as required by the discipline  
8 and any additional geriatrics or geron-  
9 tology training as required by the Sec-  
10 retary; and

11 “(ii) who has a junior (non-tenured)  
12 faculty appointment at an accredited  
13 school of allopathic medicine, osteopathic  
14 medicine, nursing, social work, psychology,  
15 dentistry, pharmacy, or other allied health  
16 disciplines in an accredited health profes-  
17 sions school or graduate program that is  
18 approved by the Secretary.

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

22 “(A) submits to the Secretary an applica-  
23 tion, at such time, in such manner, and con-  
24 taining such information as the Secretary may

1           require, and the Secretary approves such appli-  
2           cation;

3           “(B) provides, in such form and manner as  
4           the Secretary may require, assurances that the  
5           eligible individual on whose behalf an applica-  
6           tion was submitted under subparagraph (A) will  
7           meet the service requirement described in para-  
8           graph (7); and

9           “(C) provides, in such form and manner as  
10          the Secretary may require, assurances that such  
11          individual has a full-time faculty appointment  
12          in an accredited health professions school or  
13          graduate program and documented commitment  
14          from such school or program to spend 75 per-  
15          cent of the total time of such individual on  
16          teaching and developing skills in interprofes-  
17          sional education in geriatrics.

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

20                 “(A) shall give priority to eligible entities  
21                 that apply on behalf of eligible individuals who  
22                 are on the faculty of institutions that integrate  
23                 geriatrics education, training, and best prac-  
24                 tices into academic program criteria;

1           “(B) may give priority to eligible entities  
2           that operate a geriatrics workforce enhance-  
3           ment program under subsection (a);

4           “(C) shall ensure that grants are equitably  
5           distributed across the various geographical re-  
6           gions of the United States, including rural and  
7           underserved areas;

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

11          “(E) may not require an eligible individual,  
12          or an eligible entity applying on behalf of an eli-  
13          gible individual, to be a recipient of a grant or  
14          contract under this part.

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

23          “(6) AMOUNT AND TERM.—

24          “(A) AMOUNT.—The amount of an award  
25          under this subsection for eligible individuals

1           who are physicians shall equal \$76,000 for fis-  
2           cal year 2017, adjusted for subsequent fiscal  
3           years to reflect the increase in the Consumer  
4           Price Index. The Secretary shall determine the  
5           amount of an award under this subsection for  
6           individuals who are not physicians.

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

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

16          “(c) AUTHORIZATION OF APPROPRIATIONS.—To  
17          carry out this section, there is authorized to be appro-  
18          priated \$40,737,000 for each of fiscal years 2019 through  
19          2023.”.

