

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.

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## 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

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## 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 “\$14,899,000 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 sserting “\$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.—

10           “(A) REPORTS FROM ENTITIES.—Each en-  
11           tity awarded a grant under paragraph (1) shall  
12           submit an annual report to the Secretary on fi-  
13           nancial and programmatic performance under  
14           such grant, which may include factors such as  
15           the number of trainees, the number of profes-  
16           sions and disciplines, the number of partner-  
17           ships with health care delivery sites, the num-  
18           ber of faculty and practicing professionals who  
19           participated in continuing education programs,  
20           and such other factors as the Secretary may re-  
21           quire.

22           “(B) REPORTS TO CONGRESS.—

23           “(i) ANNUAL REPORT.—At the end of  
24           each fiscal year in which the Secretary  
25           awards grants under this subsection, the

1 Secretary shall submit to Congress a re-  
2 port that provides a summary of the finan-  
3 cial and programmatic performance of  
4 such grants, which may include factors  
5 such as—

6 “(I) the number of trainees;

7 “(II) the number of professions  
8 and disciplines;

9 “(III) the number of partner-  
10 ships with health care delivery sites;

11 “(IV) the number of faculty and  
12 practicing professionals who partici-  
13 pated in continuing education pro-  
14 grams; and

15 “(V) other factors that assess the  
16 impact of the program under this sub-  
17 section on the health status of older  
18 adults, the quality of care for older  
19 adults, and the knowledge and skills  
20 of the Nation’s health care workforce  
21 to care for older adults.

22 “(ii) PUBLIC AVAILABILITY.—The  
23 Secretary shall make each report sub-  
24 mitted under clause (i), and supporting  
25 data, publicly available in an accessible for-

1 mat on the internet website of the Health  
2 Resources and Services Administration.

3 “(b) GERIATRIC ACADEMIC CAREER AWARDS.—

4 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-  
5 retary shall establish a program to award grants, to  
6 be known as Geriatric Academic Career Awards, to  
7 eligible entities applying on behalf of eligible individ-  
8 uals to promote the career development of such indi-  
9 viduals as academic geriatricians or other academic  
10 geriatrics health professionals.

11 “(2) ELIGIBILITY.—

12 “(A) ELIGIBLE ENTITY.—For purposes of  
13 this subsection, the term ‘eligible entity’  
14 means—

15 “(i) an accredited school of allopathic  
16 medicine, osteopathic medicine, nursing,  
17 social work, psychology, dentistry, phar-  
18 macy, or allied health; or

19 “(ii) another type of accredited health  
20 professions school or graduate program  
21 deemed by the Secretary to be eligible  
22 under this subsection.

23 “(B) ELIGIBLE INDIVIDUAL.—

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

4           “(I) has a junior, nontenured,  
5 faculty appointment at an accredited  
6 school of allopathic medicine, osteo-  
7 pathic medicine, nursing, social work,  
8 psychology, dentistry, pharmacy, or  
9 allied health or at another type of ac-  
10 credited health professions school or  
11 graduate program described in sub-  
12 paragraph (A)(ii);

13           “(II)(aa) is board certified or  
14 board eligible in internal medicine,  
15 family practice, psychiatry, or licensed  
16 dentistry, or has completed the train-  
17 ing required for the individual’s dis-  
18 cipline; and

19           “(bb) is employed at an eligible  
20 entity; or

21           “(III) has completed an approved  
22 fellowship program in geriatrics or  
23 gerontology, or has completed spe-  
24 cialty training in geriatrics or geron-  
25 tology as required for the individual’s

1 discipline and any additional geri-  
2 atrics or gerontology training as re-  
3 quired by the Secretary.

4 “(ii) SPECIAL RULE.—If during the  
5 period of an award under this subsection  
6 respecting an eligible individual, the indi-  
7 vidual is promoted to associate professor  
8 and thereby no longer meets the criteria of  
9 clause (i)(I), the individual may continue  
10 to be treated as an eligible individual  
11 through the term of the award.

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

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

20 “(B) provides, in such form and manner as  
21 the Secretary may require, assurances that the  
22 eligible individual on whose behalf an applica-  
23 tion was submitted under subparagraph (A) will  
24 meet the service requirement described in para-  
25 graph (8); 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;

24                   “(D) shall pay particular attention to geri-  
25                   iatrics health care workforce needs among un-



1           derserved populations, diverse communities, and  
2           rural areas;

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

7           “(F) shall pay the full amount of the  
8           award to the eligible entity.

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

17          “(6) AMOUNT AND TERM.—

18                 “(A) AMOUNT.—The amount of an award  
19                 under this subsection for eligible individuals  
20                 who are physicians shall equal \$100,000 for fis-  
21                 cal year 2020, adjusted for subsequent fiscal  
22                 years to reflect the increase in the Consumer  
23                 Price Index. The Secretary shall determine the  
24                 amount of an award under this subsection for  
25                 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 \$51,000,000 for each of fiscal years 2020 through  
13          2024. 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.”.

19          **SEC. 4. INVESTMENT IN TOMORROW'S PEDIATRIC HEALTH**  
20                                   **CARE WORKFORCE.**

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

1 **“SEC. 775. INVESTMENT IN TOMORROW’S PEDIATRIC**  
2 **HEALTH CARE WORKFORCE.**

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

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

10 “(A) participate in an accredited pediatric  
11 medical subspecialty, pediatric surgical spe-  
12 cialty, or child and adolescent mental and be-  
13 havioral health residency or fellowship; or

14 “(B) be employed full-time in providing pe-  
15 diatric medical subspecialty care, pediatric sur-  
16 gical specialty care, or child and adolescent  
17 mental and behavioral health care, including  
18 substance use disorder prevention and treat-  
19 ment services, in an area with—

20 “(i) a shortage of health care profes-  
21 sionals practicing in the pediatric medical  
22 subspecialty, the pediatric surgical spe-  
23 cialty, or child and adolescent mental and  
24 behavioral health, as applicable; and

25 “(ii) a sufficient pediatric population,  
26 as determined by the Secretary, to support

1 the addition of a practitioner in the pedi-  
2 atric medical subspecialty, the pediatric  
3 surgical specialty, or child and adolescent  
4 mental and behavioral health, as applica-  
5 ble; and

6 “(2) the Secretary agrees to make payments on  
7 the principal and interest of undergraduate, grad-  
8 uate, or graduate medical education loans of the  
9 qualified health professional of not more than  
10 \$35,000 a year for each year of agreed upon service  
11 under paragraph (1) for a period of not more than  
12 3 years.

13 “(b) ELIGIBILITY REQUIREMENTS.—

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

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

1           “(B) has completed (but not prior to the  
2           end of the calendar year in which this section  
3           is enacted) the training described in clause (i).

4           “(2) CHILD AND ADOLESCENT MENTAL AND  
5           BEHAVIORAL HEALTH.—For purposes of loan repay-  
6           ment agreements under this section with respect to  
7           child and adolescent mental and behavioral health  
8           care, the term ‘qualified health professional’ means  
9           a health care professional who—

10           “(A) has received specialized training or  
11           clinical experience in child and adolescent men-  
12           tal health in psychiatry, psychology, school psy-  
13           chology, behavioral pediatrics, psychiatric nurs-  
14           ing, social work, school social work, substance  
15           use disorder prevention and treatment, mar-  
16           riage and family therapy, school counseling, or  
17           professional counseling;

18           “(B) has a license or certification in a  
19           State to practice allopathic medicine, osteo-  
20           pathic medicine, psychology, school psychology,  
21           psychiatric nursing, social work, school social  
22           work, marriage and family therapy, school  
23           counseling, or professional counseling; or

24           “(C) is a mental health service professional  
25           who has completed (but not before the end of

1 the calendar year in which this section is en-  
2 acted) specialized training or clinical experience  
3 in child and adolescent mental health described  
4 in clause (i).

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

9 “(A) the professional agrees to work in, or  
10 for a provider serving, a medically underserved  
11 area, or to serve a medically underserved popu-  
12 lation;

13 “(B) the professional is a United States  
14 citizen or a permanent legal United States resi-  
15 dent; and

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

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

1           “(1) are or will be working in a school or other  
2           pre-kindergarten, elementary, or secondary edu-  
3           cation setting;

4           “(2) have familiarity with evidence-based meth-  
5           ods and cultural and linguistic competence in health  
6           care services; and

7           “(3) demonstrate financial need.

8           “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
9           are authorized to be appropriated for each of fiscal years  
10          2020 through 2024—

11           “(1) \$30,000,000 to carry out this section with  
12           respect to loan repayment agreements with qualified  
13           health professionals described in subsection (b)(1);  
14           and

15           “(2) \$20,000,000 to carry out this section with  
16           respect to loan repayment agreements with respect  
17           to qualified health professionals described in sub-  
18           section (b)(2).”.

○