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.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

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

SEC. 2. REAUTHORIZATION OF HEALTH PROFESSIONS WORKFORCE PROGRAMS.

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

“(i) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there is authorized to be appropriated $24,897,000 for each of fiscal years 2020 through 2024.”.

(b) HEALTH PROFESSIONS TRAINING FOR DIVERSITY.—Section 740 of the Public Health Service Act (42 U.S.C. 293d) is amended—

(1) in subsection (a), by striking “$51,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011 through 2014” and inserting “$51,419,000 for each of fiscal years 2020 through 2024”;

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

(3) in subsection (c), by striking “$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014” and inserting “$14,899,000 for each of fiscal years 2020 through 2024”.

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(c) Primary Care Training and Enhancement.—Section 747(e)(1) of the Public Health Service Act (42 U.S.C. 293k(e)(1)) is amended by striking “$125,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014” and inserting “$51,371,000 for each of fiscal years 2020 through 2024”.

(d) Training in General, Pediatric, and Public Health Dentistry.—Section 748(f) of the Public Health Service Act (42 U.S.C. 293k–2(f)) is amended by striking “$30,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2015” and inserting “$42,707,000 for each of fiscal years 2020 through 2024”.

(e) Area Health Education Centers.—Section 751(j)(1) of the Public Health Service Act (42 U.S.C. 294a(j)(1)) is amended by striking “$125,000,000 for each of the fiscal years 2010 through 2014” and inserting “$42,075,000 for each of fiscal years 2020 through 2024”.

(f) National Center for Healthcare Workforce Analysis.—

(1) In general.—Section 761(e)(1)(A) of the Public Health Service Act (42 U.S.C. 294n(e)(1)(A)) is amended by striking “$7,500,000
for each of fiscal years 2010 through 2014” and inserting “$5,947,000 for each of fiscal years 2020 through 2024”.

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

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

SEC. 3. EDUCATION AND TRAINING RELATING TO GERIATRICS.

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

“SEC. 753. EDUCATION AND TRAINING RELATING TO GERIATRICS.

“(a) GERIATRICS WORKFORCE ENHANCEMENT PROGRAMS.—

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

“(2) REQUIREMENTS.—A geriatrics workforce
enhancement program meets the requirements of
this paragraph if such program supports the devel-
opment 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, commu-
nity, and population level changes. Areas of pro-
grammatic focus may include the following:

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

“(B) Developing providers from multiple
disciplines and specialties to work interprofes-
sionally to assess and address the needs and preferences of older adults and their families and caregivers at the individual, community, and population levels with cultural and linguistic competency.

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

“(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.

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

“(4) APPLICATION.—To be eligible to receive a grant or contract under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including the specific measures the applicant will use to demonstrate that the project is
improving the quality of care provided to older adults in the applicant’s region, which may include—

“(A) improvements in access to care provided by a health professional with training in geriatrics or gerontology;

“(B) improvements in family caregiver capacity to care for older adults;

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

“(D) reports on how the applicant will implement specific innovations with the target audience to improve older adults’ health status or the quality of care.

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

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

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

“(B) demonstrate coordination with other programmatic efforts funded under this program or other public or private entities;

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

“(D) 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;

“(E) emphasize education and engagement of family caregivers on disease self-management, medication management, and stress reduction strategies;

“(F) provide training to the health care workforce on disease self-management, motivational interviewing, medication management, and stress reduction strategies;

“(G) provide training to the health care workforce on social determinants of health in order to better address the geriatric health care
needs of diverse populations with cultural and linguistic competency;

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

“(I) substantially benefit rural or underserved populations of older adults or conduct outreach to communities that have a shortage of geriatric workforce professionals;

“(J) integrate behavioral health competencies into primary care practice, especially with respect to elder abuse, pain management, and advance care planning; or

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

“(i) focus on geriatrics, gerontology, chronic care management, and long-term care that provide supplemental training for faculty members in medical schools and other health professions schools or graduate programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health, or other health disciplines, as approved by the Secretary; and
“(ii) are open to current faculty, and appropriately credentialed volunteer faculty and practitioners, to upgrade their knowledge and clinical skills for the care of older adults and adults with functional and cognitive limitations and to enhance their interdisciplinary teaching skills.

“(7) PRIORITY.—In awarding grants under paragraph (1), particularly with respect to awarding, in fiscal year 2020, any amount appropriated for such fiscal year for purposes of carrying out this subsection that is in excess of the amount appropriated for the most previous fiscal year for which appropriations were made for such purposes, the Secretary may give priority to entities that operate—

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

“(B) in States in which no entity has previously received an award under such paragraph (including as in effect before the date of enactment of the Educating Medical Professionals and Optimizing Workforce Efficiency and Readiness for Health Act of 2019).
“(8) Award Amounts.—Awards under paragraph (1) shall be in an amount determined by the Secretary. Entities that submit applications under this subsection that describe a plan for providing geriatric education and training for home health workers and family caregivers are eligible to receive $100,000 per year more than entities that do not include a description of such a plan.

“(9) Reporting.—

“(A) Reports from Entities.—Each entity awarded a grant under paragraph (1) shall submit an annual report to the Secretary on financial and programmatic performance under such grant, which may include factors such as the number of trainees, the number of professions and disciplines, the number of partnerships with health care delivery sites, the number of faculty and practicing professionals who participated in continuing education programs, and such other factors as the Secretary may require.

“(B) Reports to Congress.—

“(i) Annual Report.—At the end of each fiscal year in which the Secretary awards grants under this subsection, the
Secretary shall submit to Congress a report that provides a summary of the financial and programmatic performance of such grants, which may include factors such as—

“(I) the number of trainees;

“(II) the number of professions and disciplines;

“(III) the number of partnerships with health care delivery sites;

“(IV) the number of faculty and practicing professionals who participated in continuing education programs; and

“(V) other factors that assess the impact of the program under this subsection on the health status of older adults, the quality of care for older adults, and the knowledge and skills of the Nation’s health care workforce to care for older adults.

“(ii) PUBLIC AVAILABILITY.—The Secretary shall make each report submitted under clause (i), and supporting data, publicly available in an accessible for-
mat on the internet website of the Health
Resources and Services Administration.

“(b) GERIATRIC ACADEMIC CAREER AWARDS.—

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

“(2) ELIGIBILITY.—

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

“(i) an accredited school of allopathic
medicine, osteopathic medicine, nursing,
social work, psychology, dentistry, phar-

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

“(B) ELIGIBLE INDIVIDUAL.—
“(i) IN GENERAL.—For purposes of this subsection, the term ‘eligible individual’ means an individual who—

“(I) has a junior, nontenured, faculty appointment at an accredited school of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health or at another type of accredited health professions school or graduate program described in subparagraph (A)(ii);

“(II)(aa) is board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or has completed the training required for the individual’s discipline; and

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

“(III) has completed an approved fellowship program in geriatrics or gerontology, or has completed specialty training in geriatrics or gerontology as required for the individual’s
discipline and any additional geriatrics or gerontology training as required by the Secretary.

“(ii) Special rule.—If during the period of an award under this subsection respecting an eligible individual, the individual is promoted to associate professor and thereby no longer meets the criteria of clause (i)(I), the individual may continue to be treated as an eligible individual through the term of the award.

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

“(A) submits to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary approves such application;

“(B) provides, in such form and manner as the Secretary may require, assurances that the eligible individual on whose behalf an application was submitted under subparagraph (A) will meet the service requirement described in paragraph (8); and
“(C) provides, in such form and manner as
the Secretary may require, assurances that such
individual has a full-time faculty appointment
in an accredited health professions school or
graduate program and documented commitment
from such school or program to spend 75 per-
cent of the total time of such individual on
teaching and developing skills in interprofes-

dional education in geriatrics.

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

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

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

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

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

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

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

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

“(6) AMOUNT AND TERM.—

“(A) AMOUNT.—The amount of an award under this subsection for eligible individuals who are physicians shall equal $100,000 for fiscal year 2020, adjusted for subsequent fiscal years to reflect the increase in the Consumer Price Index. The Secretary shall determine the amount of an award under this subsection for individuals who are not physicians.
“(B) Term.—The term of any award made under this subsection shall not exceed 5 years.

“(7) Service requirement.—An eligible individual on whose behalf an application was submitted and approved under paragraph (3)(A) shall provide training in clinical geriatrics or gerontology, including the training of interprofessional teams of health care professionals.

“(c) Authorization of Appropriations.—To carry out this section, there is authorized to be appropriated $51,000,000 for each of fiscal years 2020 through 2024. Notwithstanding the preceding sentence, no funds shall be made available to carry out subsection (b) for a fiscal year unless the amount made available to carry out this section for such fiscal year is more than the amount made available to carry out this section for fiscal year 2017.”.

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

Section 775 of the Public Health Service Act (42 U.S.C. 295f) is amended to read as follows:
“SEC. 775. INVESTMENT IN TOMORROW’S PEDIATRIC HEALTH CARE WORKFORCE.

“(a) In general.—The Secretary shall establish and carry out a program of entering into pediatric specialty loan repayment agreements with qualified health professionals under which—

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

“(A) participate in an accredited pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health residency or fellowship; or

“(B) be employed full-time in providing pediatric medical subspecialty care, pediatric surgical specialty care, or child and adolescent mental and behavioral health care, including substance use disorder prevention and treatment services, in an area with—

“(i) a shortage of health care professionals practicing in the pediatric medical subspecialty, the pediatric surgical specialty, or child and adolescent mental and behavioral health, as applicable; and

“(ii) a sufficient pediatric population, as determined by the Secretary, to support
the addition of a practitioner in the pediatric medical subspecialty, the pediatric surgical specialty, or child and adolescent mental and behavioral health, as applicable; and

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

“(b) ELIGIBILITY REQUIREMENTS.—

“(1) PEDIATRIC MEDICAL SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS.—For purposes of loan repayment agreements under this section with respect to pediatric medical subspecialty and pediatric surgical specialty practitioners, the term ‘qualified health professional’ means a licensed physician who—

“(A) is entering or receiving training in an accredited pediatric medical subspecialty or pediatric surgical subspecialty residency or fellowship; or
“(B) has completed (but not prior to the end of the calendar year in which this section is enacted) the training described in clause (i).

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

“(A) has received specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance use disorder prevention and treatment, marriage and family therapy, school counseling, or professional counseling;

“(B) has a license or certification in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling; or

“(C) is a mental health service professional who has completed (but not before the end of
the calendar year in which this section is enacted) specialized training or clinical experience in child and adolescent mental health described in clause (i).

“(3) ADDITIONAL ELIGIBILITY REQUIREMENTS.—The Secretary may not enter into a loan repayment agreement under this section with a qualified health professional unless—

“(A) the professional agrees to work in, or for a provider serving, a medically underserved area, or to serve a medically underserved population;

“(B) the professional is a United States citizen or a permanent legal United States resident; and

“(C) if the professional is enrolled in a graduate program, the program is accredited, and the professional has an acceptable level of academic standing (as determined by the Secretary).

“(c) PRIORITY.—In entering into loan repayment agreements under this section, the Secretary shall give priority to applicants who—
“(1) are or will be working in a school or other pre-kindergarten, elementary, or secondary education setting;

“(2) have familiarity with evidence-based methods and cultural and linguistic competence in health care services; and

“(3) demonstrate financial need.

“(d) Authorization of Appropriations.—There are authorized to be appropriated for each of fiscal years 2020 through 2024—

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

“(2) $20,000,000 to carry out this section with respect to loan repayment agreements with respect to qualified health professionals described in subsection (b)(2).”.