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(Original Signature of Member)

116TH CONGRESS
1ST SESSION

H. R.

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

Ms. SCHAKOWSKY introduced the following bill; which was referred to the Committee on _____

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 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.—

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 **“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).”.